Ms. McCARTHY of Missouri. Mr. Speaker, I rise today to recognize the National Association of People with AIDS (NAPWA)—the leading advocate on behalf of all people living with HIV and AIDS in order to end the pandemic and human suffering caused by HIV/AIDS. NAPWA was founded in 1983 in Denver, Colorado, at the Second National AIDS Forum. This organization has been at the forefront of the AIDS epidemic to address the issues of equality and equal access to treatment and prevention. NAPWA is an effective, innovative, and powerful volunteer-based organization that has been instrumental in the development of effective new treatments and a cure for HIV disease. Please join me in commending NAPWA for its tireless efforts on behalf of people with AIDS.

NAPWA provides Community Education, Information and Referral Service, to provide alerts, and reports, as well as supporting an Information and Referral Service, to provide many services to legislators and for his dedicated service and efforts in the fight against AIDS.

At this forum, NAPWA will welcome Roger A. Gooden—an AIDS survivor and tireless advocate for people with AIDS—as the newly elected Chairman of the Board of Directors. Mr. Gooden has a rich history of fighting for AIDS/HIV treatment and prevention, as well as for the rights of people with AIDS. He currently serves on the State of Missouri’s Governor’s Council on AIDS and the Board of Directors of the National Council on Alcoholism and Drug Dependence of Greater Kansas City. Recently, Mr. Gooden was honored by the Missouri Department of Health Division of Environmental Health and Communicable Disease Prevention, Bureau of HIV/AIDS Care and Prevention Services, in recognition of his dedication and service to the State of Missouri in advocating for people living with HIV/AIDS and the prevention of the spread of HIV. Mr. Gooden was also honored by Kansas City Mayor Emanuel Cleaver and the City Council with a resolution and proclamation recognizing his election as Chairman of the Board of NAPWA and for his dedicated service and efforts in the fight against AIDS.

NAPWA is an active and effective organization, providing many services to legislators and people with AIDS/HIV. For instance, NAPWA provides Community Education, Technical Assistance, and Regional Training Workshops around the country for people with HIV, to give them the skills they need to participate in HIV prevention community planning with Ryan White CARE Act Planning Bodies. NAPWA also coordinates a diverse national network of committed public speakers through the Leadership Development Initiative. This initiative, coupled with the Youth Initiative involves outreach services where peers talk to peers about AIDS/HIV, encouraging each other to modify risk behaviors and change attitudes toward people with AIDS/HIV.

NAPWA also participates in a wide array of prevention, health promotion, and educational efforts for those infected with and at risk for HIV. NAPWA publishes several fact sheets, alerts, and reports, as well as supporting an Information and Referral Service, to provide the latest developments in the effort to end the AIDS crisis. This forum will provide an opportunity for city, county, state, and national leaders, AIDS Service organizations, HIV infected individuals, health departments, faith communities, and medical professionals to talk about issues surrounding the AIDS epidemic and the funding that is needed to maintain quality health care services and innovative prevention strategies.

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Mr. Speaker, NAPWA’s highest priority is the development of effective new treatments and a cure for HIV disease. Please join me in commending NAPWA for its tireless efforts on behalf of people with AIDS.

EXTENSIONS OF REMARKS

HON. KAREN McCARTHY
OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES
Tuesday, July 27, 1999

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ELECTRONIC DISCLOSURES DELIVERY ACT OF 1999

HON. MARGE ROUKEMA
OF NEW JERSEY
IN THE HOUSE OF REPRESENTATIVES
Tuesday, July 27, 1999

Mrs. ROUKEMA. Mr. Speaker, millions of consumers today routinely conduct business over the Internet, buying and selling a myriad of products and services from companies large and small, near and far. Many of these consumers already conduct much of their banking business over the web, checking balances, transferring funds and paying bills without leaving their homes. This explosion of online banking offers great benefits on both sides of the transactions: even the tiniest small-town bank can have access to a national marketplace, while consumers can comparison shop for the best interest rates or the small-town bank can have access to a national marketplace, while consumers can comparison shop for the best interest rates or

In sponsoring this legislation, we want to make clear that we do not intend to discourage the Federal Reserve from moving ahead. Instead, we want to encourage other agencies to follow the Fed’s lead and work with the authority to amend the laws in question. We hope the pace of regulatory activity in this area will be stimulated by congressional interest and action.

Congress and the regulators must play a leadership role in updating many of the consumer protection laws to reflect new technologies and establish a coherent legislative framework for the delivery of financial services through electronic commerce. With the introduction of this legislation, we can begin the debate that set us on the path to enacting responsible legislation that will enhance consumer access to financial services while maintaining appropriate consumer protections.

SUMMARY OF THE ELECTRONIC DISCLOSURES DELIVERY ACT OF 1999

The “Electronic Disclosures Delivery Act of 1999” (the Act) amends the Truth in Lending Act, the Equal Credit Opportunity Act, the Fair Credit Reporting Act, the Real Estate Settlement Procedures Act, the Truth in Savings Act and the Consumer Leasing Act to provide for the electronic delivery of disclosures, notices, and any other information that is required to be given to consumers under these acts. The legislation provides that acknowledgments given in connection with disclosures or notices may also be provided electronically.
Creditors may rely upon the use of electronic communications to acknowledge receipts for delivery of disclosures, notices and other information through electronic communications provided that the consumer:

Expressly consents to online disclosures and acknowledgments and does so electronically; receives a description of the type of information to be provided electronically; receives an explanation of how to access and retain the online disclosures, including consideration of the consumer’s ability to print or download such disclosures; and receives a notice of the period of time that the information will be available to the consumer in electronic form.

The legislation provides the appropriate regulator with the authority to prescribe regulations from time to time to clarify the procedures applicable to the delivery of electronic communications. The legislation further provides the appropriate regulator with the authority to prescribe, without affecting or impairing the legal effectiveness of the delivery of electronic communication provided for in the Act, procedures which provide consumers with the option to request paper copies of any such communications if it finds that such procedures are necessary and appropriate to supplement electronic communications. The legislation would be effective upon date of enactment.

The legislation addresses only electronic delivery of information to consumers. It does not affect the substantive rights and responsibilities of any party or the content of any disclosures, including both the timing and format of disclosures and the information to be provided.

**RECOGNIZING THE PLIGHT OF HOME HEALTH CARE AGENCIES**

**HON. J.C. WATTS, JR.**

**OF OKLAHOMA**

**IN THE HOUSE OF REPRESENTATIVES**

**Tuesday, July 27, 1999**

Mr. WATTS of Oklahoma, Mr. Speaker, there is a growing concern over the devastating situation that is plaguing Home Health Care Agencies in this country.

Today I am introducing the Medicare Home Health Services Equity Act of 1999 to provide greater equity to Medicare-certified home health agencies, and to ensure access to Medicare beneficiaries to medically necessary home health services furnished in an efficient manner under the Medicare Program.

Quality, efficient home health care agencies are suffering under the punitive Interim Payment System and are going out of business. The per beneficiary limits imposed on home health agencies do not, for a great number of agencies, accurately reflect the costs necessarily incurred in the efficient delivery of needed home health services to beneficiaries.

The amount of reductions in reimbursement for home health services furnished under the Medicare program significantly exceeds the amount of reduction in reimbursement for any other service furnished under the Medicare program. This comes at a time when the need for home health services by the Nation’s elderly citizens is growing.

Although this is a nation-wide problem, the impact on my home state of Oklahoma has been disproportionately high. In Oklahoma alone, 198 of the 381 licensed home health care agencies have been forced to close their doors, of which 146 were Medicare certified.

Surviving home health agencies which have managed to stay in business have curtailed their medical services due to financial constraints. As a result of this terrible tragedy, the sickest, most frail Medicare beneficiaries are being deprived access to medically necessary home health services. Thousands of elderly and disabled Americans are not receiving the type of quality care at home that they so much need and deserve.

In our efforts to end fraud and abuse, we must make certain that the benefits and much needed services of home health agencies are not lost. Home health care is the least expensive, most cost efficient provider of medical services for Medicare beneficiaries and must be preserved.

For that reason, I am introducing the Medicare Home Health Services Equity Act of 1999. It is critically important that we address this crisis promptly and pass this vital legislation.

**ASSESSING HMO CURBS**

**HON. DOUG BEREUTER**

**OF NEBRASKA**

**IN THE HOUSE OF REPRESENTATIVES**

**Tuesday, July 27, 1999**

Mr. BEREAUSER. Mr. Speaker, this Member highly commends to his colleagues the following portions of an editorial "Assessing HMO Curbs," which appeared in the July 21, 1999, edition of the Omaha World-Herald.

"But one thing is reasonably clear. The debate so far has been less about health care than it has been about campaigning for election in 2000. Democrats want to go into the election season with an excuse to portray Republican candidates as indifferent to the suffering of sick and injured people. The theme is part of a blue-print for restoring Democratic Party control of Congress."

"Michael M. Weinstein, in The New York Times, took a keen look at the situation for his readers Sunday. "The debate consisted largely of name-calling," he said, with Vice President Al Gore and House Democratic Leader Richard Gephardt calling the GOP plan a charade and a fraud, respectively, and GOP Sen. Phil Gramm of Texas accusing the Democrats of wanting to destroy HMOs by mandating expensive coverage that would drive costs into the stratosphere."

"But the partisanship obscures an important truth," Weinstein wrote. "The substantive differences are narrower than they seem." However, in the context of election-year politics, combatants on both sides concede they could find ways to give Americans protection from health-care plans that wrongly skim over.

"Republicans, said Weinstein, know that their bill would never get past President Clinton. They like the bill because it will help them wring campaign contributions out of HMOs and insurance companies. Democrats, the Times writer said, privately concede that their bill overreaches. Both will make themselves popular with their generous long-time allies, the members of the Trial Attorneys Association."

The Democratic bill would repeal a ban on lawsuits against HMOs, furthering the attorney's goal of expanding the field for punitive damages. Weinstein identifies four issues that he says should be relatively easy to compromise: A method by which patients and their physicians can appeal to medical authorities for the denial of reimbursement by an HMO; a definition of medical necessity; a modified right to sue for denial of service; and the question of whether the legislation would be made to conform with state regulations.

"But it is also true that the debate so far has been less about health care than it has been about campaigning for election in 2000."

"Mandated coverage, such as a patient bill of rights, drives up costs, which are typically passed on to the buyers of the health-care coverage—the same businesses and patient groups that turned to HMOs to keep costs down. Policy-makers must now answer the question of what would happen if costs were raised so high that more people, because of unaffordability, became uninsured. What would be the logic behind that?"

"The question is how to preserve the benefits of cost-cutting while minimizing its potential to hurt people. Reasonable people, including a handful of moderate Republicans, seem to be saying that a rational way exists to make the system more humane without sacrificing cost-control."

**INTRODUCTION OF PATIENT ABUSE PREVENTION ACT OF 1999**

**HON. FORTNEY PETE STARK**

**OF CALIFORNIA**

**IN THE HOUSE OF REPRESENTATIVES**

**Tuesday, July 27, 1999**

Mr. STARK. Mr. Speaker, I am pleased to introduce the "Patient Abuse Prevention Act of 1999," which is being simultaneously introduced in the Senate by Senator HERBERT...