

approve a crucial \$5 million increase in the Bank's Administrative budget that will enable the Bank to modernize their computer systems and to insert personnel into key markets to help American businesses sell overseas. This modernization is absolutely necessary at this time to ensure that the Bank is Y2K compliant. New systems and personnel will also help the bank reduce turn-around time on decisions for both small and large U.S. exporters.

The gentleman's amendment would prohibit the Bank, as well and the Overseas Private Investment Corporation and the Trade Development Agency, from entering into any new obligations. This extremely dangerous amendment plays right into the hands of our European and Asian competitors, who will not cease to subsidize and finance the deals that their companies make simply because we will have chosen to do so; rather, this amendment will make it even more difficult for American exporters to compete in the combative worldwide marketplace, cutting U.S. jobs in the process.

This amendment may save a few dollars, but I assure my colleagues that the costs in lost exports and lost jobs far outweigh any savings we may incur. I urge my colleagues to fight to preserve American jobs and vote against this amendment.

IN SUPPORT FOR THE PATIENTS'
BILL OF RIGHTS

HON. EARL POMEROY

OF NORTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. POMEROY. Mr. Speaker, today I am signing the discharge petition for the purpose of forcing floor consideration of the Patient's Bill of Rights.

I have held back from this action before this time out of my expectation the House Speaker would have brought this issue—if not this bill—forward before the August recess.

I am disappointed the majority leadership has broken its commitment to have House action on this matter this week. The Senate has acted. The American people want Congress to act. Because the indefinite House delay is irresponsible and very unfortunate I am signing the discharge petition. I hope all minority members who have yet to sign will join me in this action. I further hope that we will be joined by a sufficient number of Republicans who understand that it is time to act, in order to finally force House action on this issue.

EXPLANATION OF OMNIBUS LONG-
TERM HEALTH CARE ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, August 3, 1999

Mr. STARK. Mr. Speaker, Representative MARKEY and I have introduced the Omnibus Long-Term Health Care Act of 1999. We are joined by Representatives MCGOVERN, MCDERMOTT, MOAKLEY, OLVER, CAPUANO, and GORDON.

The following is a detailed outline of the provisions of this legislation. We invite members of the House to join us in cosponsoring this legislation. We invite the public to suggest refinements and additions to the legislation to make it more comprehensive, workable, and effective legislation to help the millions of Americans facing the problems of obtaining quality long-term health care.

TITLE I: LONG-TERM CARE GIVER TAX CREDIT

Title I of the bill provides a \$1000 tax credit similar to the one described by the President in his State of the Union address. Our proposal has several notable differences. First, our tax credit is completely refundable, and there is no distinction between care for an adult or a child. If the credit is not refundable, it will fail to help those families in greatest need of help.

To be honest, \$1000 is not that much money for long-term care, but it does provide a family with modest relief that they can use as they see fit. That is why we have structured the bill to ensure that those who most need the support will receive the refund.

Another important distinction between our proposal and the President's is the treatment of children with long term care needs. The President's proposal would limit the tax credit to \$500 for children with long term care needs. We do not agree with this policy. The long-term care needs of a disabled child are just as expensive and emotionally and troubling as they are for an adult.

Our legislation also has a broader definition of individuals with long-term care needs. The President's proposal includes individuals who require assistance in to perform activities of daily living (bathing, dressing, eating, continence, toileting, and transferring in and out of a bed or chair). This is a good start but does not include people with severe mental health disabilities or developmental disabilities who cannot live independently.

Finally, our legislation limits the amount of the refund for the wealthy, not the poor. In our bill, reductions in the refund begin at the upper income levels, not the lower income levels. The full refund is available up to income of \$110,000 for a joint return, \$75,000 for an individual return, and \$55,000 for a married individual filing a separate return. Above these levels, the refund is decreased by \$50 by every \$1,000 over the threshold level.

TITLE II: LONG-TERM CARE MEDICARE IMPROVEMENTS

Title II of the legislation addresses a range of reforms and improvements to Medicare benefits. The goal of this title is to provide adequate long-term coverage to patients with chronic health care needs. We believe that we can adjust Medicare benefits so that people can continue to live in their homes and communities, and enjoy the contact with their families and friends. These proposals are cost effective as they rely on services in facilities other than hospitals and skilled nursing facilities, and allow people to continue to live in familiar surroundings with their family.

1. LONG-TERM HOME HEALTH AIDE BENEFITS

The first section extends Medicare Home Health Aid-Type services to chronically dependent individuals. This section establishes a new "long-term" home health benefit to maintain people with chronic conditions at home

rather than in more expensive settings. Many people can no longer take care of themselves because physical or mental disabilities impair their ability to perform basic activities of daily living (ADLs), including eating, bathing, dressing, toileting, transferring in and out of a bed or chair, and continence. These are activities that we all take for granted. The inability to do any of these independently is distressing for the patient and a clear indication of the extent of the impairment.

This provision allows individuals who suffer from a chronic physical or mental condition that impairs two or more ADLs to receive in-home care. To help contain costs, the provision would require competitive bidding of these services.

2. ADULT DAY CARE

The second section of this title's reforms is a provision for Medicare Substitute Adult Day Care Services. This provision would incorporate the adult day care setting into the current Medicare home health benefit. The provision allows beneficiaries to substitute any portion of their Medicare home health services for care in an adult day care center (ADC). Adult day care centers provide effective alternatives to complete confinement at home. Many States have used Medicaid funding to take advantage of ADCs for their patients.

For many, the ADC setting is superior to traditional home health care. The ADC can provide skilled therapy like the home health provider. In addition, the ADC also provides rehabilitation activities and means for the patients. Similarly, the ADCs provide a social setting within a therapeutic environment to serve patients with a variety of needs.

To achieve cost-savings, the ADC would be paid a flat rate of 95% of the rate that would have been paid for the service had it been delivered in the patient's home. The care would include the home health benefit and transportation, meals and supervised activities. As an added budget neutrality measure, the title allows the Secretary of Health and Human Services to lower the payment rate for ADC services if growth in those services is greater than current projections under the traditional home health program.

This program is not an expansion of the home health benefit. It would not make any new people eligible for the Medicare home health benefit. Nor would it expand the definition of what qualifies for reimbursement by Medicare for home health services. This legislation recognizes that ADCs can provide the same services, at lower costs, than traditional home care. Furthermore, the legislation recognizes the benefits of social interaction, activities, meals, and a therapeutic environment in which trained professionals can treat, monitor, and support patients.

The legislation also includes important quality and anti-fraud protections. In order to participate in the Medicare home care program, ADCs must meet the same standards set for home health agencies. The only exception is that the ADCs would not be required to be "primarily" involved in the provision of skilled nursing services and therapy services. The exception recognizes that ADCs provide services to an array of patients and that skilled nursing services and therapy services are not their primary activity.