

preserving affordable housing for senior citizens, "aye" on No. 452, the Energy and Water Appropriations Conference Report, "aye" on rollcall vote No. 453, the Continuing Resolution for FY 1999, "aye" on No. 454 regarding East Timor, "aye" on No. 455 expressing sympathy for Taiwanese earthquake victims, "aye" on No. 456 to protect Social Security, and "aye" on No. 457, the Health Research and Quality Act.

TRIBUTE TO HEALTH HILL  
HOSPITAL FOR CHILDREN

HON. STEVE C. LATOURETTE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. LATOURETTE. Mr. Speaker, it is with great pride that I announce the renaming of Health Hill Hospital for Children to the Cleveland Clinic Children's Hospital for Rehabilitation.

Since 1998, Health Hill Hospital for Children has been part of the Cleveland Clinic Health System. Devoted entirely to pediatric development, Health Hill has one of the largest teams of pediatric therapists in the nation. In addition to being one of the world's preeminent medical research and educational facilities, the Cleveland Clinic Health System is northeast Ohio's foremost provider of comprehensive medical and rehabilitative services to children requiring long-term treatment. In 1983, the Cleveland Clinic Foundation became the first medical center in the United States to be designated as a National Referral Center by the Health Care Financing Administration (HCFTA), Department of Health and Human Services. More specifically, Cleveland Clinic Children's Hospital for Pediatric Rehabilitation—Health Hill—is a national health resource for pediatric rehabilitation.

The primary goal for Health Hill is to create a more independent lifestyle for these children and their families. Not only does the hospital's pediatric staff provide excellent care to critically ill and disabled children, but they do so in a comforting and caring environment that eases the children's fears and worries. For example, by providing unique programs, like the Day Hospital Program, children can receive daily intensive therapy without having to be hospitalized. Day Hospital patients receive therapy, nursing and medical care, yet are able to return home to their families each evening and weekend. Providing patients with the opportunity to maintain their routines and home lives is so important in making a sick child feel as "normal" as possible. The hospital serves children with a variety of illnesses, ranging from spinal cord and head injuries, respiratory problems, feeding disorders, and burns to chronic or congenital medical conditions.

Mr. Speaker, Health Hill Hospital has proven to be more than just a "hospital." Their commitment to providing the highest standards of medical services for special needs children is why they continue to be a shining example of one of the best children's specialty hospitals. Cleveland Clinic Children's Hospital for Rehabilitation is affiliated with the renowned Cleve-

land Clinic Foundation, ranked among the ten best hospitals in the nation by U.S. News and World Report's annual guide to "America's Best Hospitals." It is exciting to see the resources of this prestigious hospital devoted to the care of children.

Again, I am honored to announce the Cleveland Clinic Children's Hospital for Rehabilitation's new designation, and commend the Foundation's outstanding achievements throughout the past 78 years.

INTRODUCTION OF BILL TO ENSURE  
FREER AND FAIRER  
TRADE

HON. LARRY COMBEST

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, October 1, 1999

Mr. COMBEST. Mr. Speaker, I am introducing a bill that provides the United States Trade Representative with additional tools to ensure freer and fairer world trade.

For U.S. agriculture, trade is an essential part of their livelihood. Currently exports account for 30 percent of U.S. farm cash receipts and nearly 40 percent of all agricultural production is exported. U.S. farmers and ranchers produce much more than is consumed in the United States, therefore exports are vital to the prosperity and success of U.S. farmers and ranchers.

For years, United States agriculture has provided a positive return to our balance of trade. In order to continue this positive balance, and to improve upon it, markets around the world must be open to our agricultural exports.

One of the biggest threats to trade policy is the inability to make certain the trade agreements are adhered to and other countries live up to their commitments. This weakens support across the country for trade agreements. This is true for farmers and ranchers, and others interested in exporting United States goods around the world.

The bill my colleagues and I are introducing today addresses this issue by requiring that the United States Trade Representative (USTR) periodically revise the list of goods subject to retaliation when a foreign country fails to comply with a WTO ruling. The goal of this legislation is implementation of the recommendations adopted in the WTO dispute settlement proceedings or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

Right now retaliation is the only authorized tool for persuading countries to comply with WTO decisions. No matter how selective USTR is in applying this retaliation tool, American jobs and businesses are affected. The preference is obviously that countries comply with WTO decisions and provide market access for the products of United States agriculture.

That is the goal of this bill and I urge my colleagues to join me in this effort.

BILL EXPLANATION

This bill amends section 306 of the Trade Act of 1974 by: Requiring that if the United States imposes duties or withdraws the benefits of a trade agreement because a country

fails to implement a World Trade Organization (WTO) decision, the United States Trade Representative (USTR) must review and revise its action 4 months after the date of the action and every 6 months thereafter.

The revision may be minor ("in whole or in part").

Exceptions: USTR may waive the requirement if: (1) USTR determines that the targeted country is ready to implement the WTO decision; or (2) USTR determines, in consultation with the affected U.S. industry or petitioner in the case, that revision of the action is unnecessary.

Standard for revision: USTR shall act in a manner that is most likely to result in implementation of the recommendations adopted in the dispute settlement proceeding, or in achieving a mutually satisfactory solution to the issue that gave rise to the dispute.

HEALTH RESEARCH AND QUALITY  
ACT OF 1999

SPEECH OF

HON. MICHAEL E. CAPUANO

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 28, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 2506) to amend title IX of the Public Health Service Act to revise and extend the Agency for Health Care Policy and Research:

Mr. CAPUANO. Mr. Chairman, I rise in support of the Pediatric Graduate Medical Education (GME) amendment offered by Mrs. JOHNSON of Connecticut. The amendment, identical to H.R. 1579, The Children's Hospital Research and Education Act of 1999, would provide targeted Graduate Medical Education funding to our nation's freestanding children's hospitals by creating a fair and equitable financing system for pediatric physician training.

In today's increasingly competitive health care marketplace, independent children's teaching hospitals face serious challenges in receiving adequate patient care reimbursement to cover the added costs of their GME program. Unlike other teaching hospitals, freestanding children's hospitals do not qualify for the one remaining, stable source of GME financing—Medicare—because they care for children, not the elderly. As a consequence, these hospitals receive less than 0.5% of the level of Medicare direct and indirect medical education support that all teaching hospitals receive. Boston Children's Hospital, located in my district, estimates the cost of GME to be in excess of \$20 million of which only \$2–3 million is reimbursed from the state's Medicaid program. This leaves \$17 million in unreimbursed expenditures that the hospital is forced to absorb. This gap in federal support jeopardizes highly successful pediatric training programs and places these children's hospitals at increasing competitive risk.

Comprehensive GME financing reform is needed by all hospitals, however, its achievement is several years away at best. This bill addresses the need for interim federal GME support for these children's teaching institutions which although accounting for less than