

Congressional Fire and Emergency Services Caucus, and one who has continually kept informed on these issues, I realize the importance of this bill. By giving these men and women the opportunity to be treated fairly in the workplace, we are recognizing that firefighters and EMS personnel are employees that deserve overtime for their valiant efforts. These individuals are professionally trained in fire suppression, and work to keep our communities safe.

Every day across America the story is the same: public officers—be they firefighters, emergency services personnel, or law enforcement officials—leave their families to join the thin red and blue line that protects us from harm. They put their lives on the line as a shield between death and the precious gift of life. Mr. Speaker, I know the dedication of our men and women in the fire community, and know the risks they take each day they do their job.

As we all know, recent Court rulings have stated the EMS personnel do not qualify for the overtime exemption in the Fair Labor Standards Act because the bulk of their time is spent doing non-fire protection activities. This is absurd. During working hours, these men and women sit on alert for the calls that come in, and spend their time working on their fire stations. This legislation is long overdue, and I believe that we are taking the right steps by granting our firefighters this overtime status.

Mr. Speaker, I would like to thank my colleague from Maryland for introducing this important piece of legislation, and I look forward to working with him again on other fire related issues.

HONORING DR. EDOUARD JOSEPH  
HAZEL

**HON. EDOLPHUS TOWNS**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, November 9, 1999*

Mr. TOWNS. Mr. Speaker, I rise today to honor Dr. Edouard Joseph Hazel, an international leader in medicine.

Edouard Joseph Hazel was born on November 10, 1951, in Port-au-Prince, Haiti, the third largest Caribbean country. Dr. Hazel went to private schools and joined the School of Medicine of the State University of Haiti. He graduated in 1975, and moved to the United States where he obtained his Board Certification in Internal Medicine and Infectious Disease.

Dr. Hazel is currently the Acting Chief of the Department of Medicine of Coler Hospital, where he was instrumental in establishing the first long-term program for patients infected with the HIV virus. In spite of his busy schedule with this municipal hospital, Dr. Hazel is also completing a term as the President of the New York State Chapter of the Association of Haitian Physicians Abroad, and is the current general secretary for the national committee of this organization of some 2,000 American physicians.

Dr. Hazel is at the forefront of the movement that ultimately defeated discriminatory

policies and practices of the FDA and the CDC against Haitian Americans who were singled out as the carriers of the HIV virus. During his tenure, he visited the U.S. Base of Guantanamo, Cuba, where HIV-infected Haitian refugees were held and helped articulate the legal argument to ensure that this group received appropriate medical care. He was also one of the first scientists who recognized the danger that the HIV virus could represent for people of color all over the world.

Dr. Hazel also understands the importance of coalition building and works closely with numerous organizations such as the Hispanic American Physician Association, the Providence Society, the local chapter of the National Medical Association, and the Caribbean Health Association, to name a few. Dr. Hazel is also the current Director of the Visiting Physician Program of the Health and Hospital Corporation at Coler Goldwater Hospital, a program that has provided extensive training in the diagnosis and the management of transmissible diseases to physicians practicing in the Dominican Republic.

Fully aware of the changes taking place in the health care industry, Dr. Hazel has been vehemently working to increase the participation of minority professionals in shaping a better health care system.

Mr. Speaker, I would like you and my colleagues from both sides of the aisle to join me in honoring Dr. Edouard Joseph Hazel.

MEDICARE, MEDICAID AND SCHIP  
BALANCED BUDGET REFINEMENT  
ACT OF 1999

SPEECH OF

**HON. JIM RYUN**

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 5, 1999*

Mr. RYUN of Kansas. Mr. Speaker, I have heard over and over from the health care professionals and the Medicare patients in the 2nd District of Kansas about how devastating the unintended consequences of the Balanced Budget Act have been on the Medicare system.

The BBA's attempt to reduce waste and fraud and prolong the life of Medicare by reducing reimbursements has unfortunately resulted in less care per patient, especially in rural Kansas. From 1997 to 1998 the average reimbursement per patient in Kansas dropped from \$4,060 to \$2,642 and the average number of visits per patient dropped from 65 to 42. We can be certain that these figures do not reflect a sudden dramatic increase in healthy seniors.

Too many seniors have watched their rural hospital or home health clinic close or are denied care as a result of the budget cuts. In Kansas alone, 60 Home Health Agencies have closed their doors over the last two years. It's time for us to reverse the Balanced Budget Act's death sentence on Medicare and the Health Care Financing Administration's poor interpretation of the Act.

I was particularly pleased when Chairman THOMAS, the author of this bill, came to Kansas to hear first hand the concerns of health

care providers in my district. I know the Chairman took these concerns and so many others from around the country into consideration when he drafted this legislation.

The Medicare Balanced Budget Refinement Act is a positive step toward halting the closing of home health agencies and rural hospitals and will ensure greater patient access to quality care. Particularly significant to keeping the doors of home health agencies open is the delay of the 15% payment reduction until a year after implementation of the prospective payment system. The Act also recognizes the paperwork burden the OASIS questionnaire places on nurses and agency staff and provides a \$10 payment for each patient requiring this paperwork. The Medicare cuts for home health agencies were deep, and we cannot continue to expect agencies to do more with less. More importantly, many seniors will be able to remain in their homes rather than checking into hospitals and nursing homes.

Small rural hospitals have also suffered from the BBA as their limited budgets have been stretched thin. The Medicare Balanced Budget Refinement Act assists small rural hospitals with the cost of transition to the new prospective payment system through the availability of up to \$50,000 in grants to purchase computers, train staff and cover other cost associated with the transition. The Act eliminates the requirement for states to review the need for swing beds through the Certificate of Need (CON) process. It also eliminates the 5 constraints on length of stay providing flexibility for hospitals with under 100 beds to participate more extensively in the Medicare swing bed program.

Mr. Speaker, I voted against the Balanced Budget Act in 1997 largely because of the negative impact it would have on rural health care. I support H.R. 3075 because it goes a long way to correct the problems with the current system.

CONFERENCE REPORT ON S. 900,  
GRAMM-LEACH-BLILEY ACT

SPEECH OF

**HON. EDWARD R. ROYCE**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, November 4, 1999*

Mr. ROYCE. Madam Speaker, the historic legislation that we are considering today, is a win for the consumer, a win for the U.S. economy and a win for America's international competitive position abroad.

American consumers will benefit from increased access, better services, greater convenience and lower costs. They will be offered the convenience of handling their banking, insurance and securities activities at one location. More importantly, with the efficiencies that could be realized from increased competition among banks, insurance, and securities providers under this proposal, consumers could ultimately save an estimated \$18 billion annually.

Federal Reserve Chairman Alan Greenspan has stated that "Consumers of financial services are denied the lower prices, increased access and higher quality services that would