

passenger boarded and splashed gasoline around and seriously burned several passengers.

The point of this litany here is not that transit is inherently dangerous. In fact it is not. The statistics are clear that people are far safer taking mass transit than they are driving a car when you look at the accidents, drunk driving, drive-by shootings and carjackings. But we can and should make that transportation experience as safe as possible for the general public and the men and women who provide that service.

The Federal Government has in fact already taken steps, for example, in the area of air traffic. The men and women who provide services to us on airline flights are covered under Federal law. It is important not just for the people who deliver that service but, of course, sending that important signal about what the expectation is from the Federal Government to preserve safety is also very important to protect the passengers themselves.

That is why I am introducing legislation this week to fill this gap, because sadly there is no Federal protection, clear Federal signal about public safety as it relates to the employees who provide transit service by bus and by rail, nor do the 6 million Americans who take transit every day have the peace of mind that such a clear signal would afford. The legislation would make it a Federal crime to intentionally damage mass transit vehicles, impair the ability to safely operate the vehicle, commit an act that would cause the death or serious bodily injury to an employee or a passenger. It is a comprehensive approach to make sure that we do fill this gap, that we do make sure that we are doing everything we can to protect the workers and passengers of America's transit systems.

I hope that my colleagues will join me in cosponsoring this legislation. I think the 6 million riders who rely on mass transit every day to make their communities more livable expect no less of us.

#### HMO'S PULLING OUT AND NOT RENEWING THEIR CONTRACTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Florida (Mr. STEARNS) is recognized during morning hour debates for 5 minutes.

Mr. STEARNS. Today, Mr. Speaker, there is one issue that I hear an awful lot about from constituents in my district. I just finished eight town meetings. The question they ask me repeatedly is why are Medicare health maintenance organizations no longer available? It is not an easy question to answer because the issue is a complex one and there is no simple explanation.

Today I would like to share with Members my understanding of some of

the major reasons why HMOs have decided not to renew their plans in central Florida and elsewhere in this country. Thus far this action has affected over 440,000 Medicare beneficiaries across this country.

Mr. Speaker, the Balanced Budget Act of 1997 restructured the system for setting the rates by which Medicare pays HMOs. The Balanced Budget Act may have been overly ambitious in setting its deadlines and these ambitious deadlines may be having the opposite effect. HCFA, the Health Care Financing Administration, created numerous problems by issuing interim final regulations that contain overly expansive interpretations of the BBA and are frankly contrary to congressional intent. HCFA also has been rigid in its implementation of the 1997 Balanced Budget Act, even though the act called for flexibility in implementing the new Medicare choice. Nevertheless, HCFA has chosen to be heavy-handed and these regulations have led to less rather than more options and choices for Medicare beneficiaries.

Health plans must also be more flexible to the new Medicare program. The new payments, the requirement for implementation of a risk adjuster, new patient protections with their emphasis on quality and the user fee for providing information to beneficiaries all must be taken into consideration. However, Mr. Speaker, the primary question we are talking about this morning is the disparity in the payments to the various counties. I believe the payment methodology is the main reason why payments are falling behind the rate of medical care inflation and that is why the HMO plans are leaving the Medicare program.

In addition, HCFA has decided to implement a new methodology for calculating the adjusted community rate (ACR). This is how health plans determine the minimum amount of Medicare noncovered benefits that they must provide and the premiums that they can charge for such benefits. The deadline may have been unworkable under the existing time frame.

So, in conclusion, Mr. Speaker, I believe that one of the most compelling reasons for HMOs leaving was that they were asked to file their adjusted community rate, by May 1. It was just not feasible. There should have been more flexibility by HCFA. I wrote a letter to the HCFA administrator to express my concern about the fact that the plans were required to submit proposals by May 1 instead of the traditional November 15 deadline based upon the regulations that were not issued until mid-June of that year.

In central Florida, I have found that many of my constituents no longer have HMOs. They are concerned, I am concerned, and others of us on the Committee on Commerce have expressed deep concern to the adminis-

trator of HCFA and we are hoping that the flexibility that is required in the program will be implemented by the new administrator.

The plans that withdrew their Medicare HMO coverage indicated they did so because of the new filing date for ACR's coupled with the knowledge that the risk adjuster proposal being designed by HCFA could result in less payments to plans.

So, Mr. Speaker, for these reasons and others we now must act.

We need to act in a bipartisan manner to help create real choice in Medicare which includes HMO's for all of our senior citizens.

#### SUNDRY MESSAGES FROM THE PRESIDENT

Sundry messages in writing from the President of the United States were communicated to the House by Mr. Sherman Williams, one of his secretaries.

#### INTRODUCTION OF LEGISLATION REGARDING GHB, A DATE RAPE DRUG

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized during morning hour debates for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, this morning I rise to thank the gentleman from Michigan (Mr. UPTON) and the gentleman from Pennsylvania (Mr. KLINK) for the hearing that they will hold this week as part of the responsibilities of the Subcommittee on Oversight and Investigations of the Committee on Commerce. This coming Thursday, that hearing will be held, and I will testify before the Committee on Commerce on GHB, a date rape drug. This uncontrolled substance has been used to commit date rape by rendering victims helpless to defend themselves against attack.

The GHB legislation that I am sponsoring, H.R. 75, is a result of a tragedy that took place in Texas involving a young woman named Hillory J. Farias. Hillory was a 17-year-old athlete and model student who died from an overdose of GHB on August 5, 1996. Throughout the 105th Congress, we worked very hard to hold hearings to introduce this legislation and to introduce this Congress to the importance and the tragedies of the abuse of GHB. Hillory and two friends went out to a club on the night she died. This was a teenagers club, a club that did not sell alcohol. While at the club, she drank only soda. Later that evening she complained of feeling sick and her friends took her home with a severe headache. The next morning her grandmother found her unconscious and not breathing. Hillory was rushed to the hospital where she tragically died.