Madera, California. Troop 116 has influenced the lives of approximately 700 men and boys in the values of citizenship, leadership by example, caring for the environment, respecting one's fellow man, and respecting the religious values of others.

During the troop's 50 years it has guided 42 of its members through the requirements to attain the ultimate rank of Eagle Scout. About eight percent of Troop 116's youth have attained the Eagle Scout Rank—about four times the national average. Scout training has also enabled two scouts to receive the Life Saving Awards from the National Council for saving a life while greatly risking their own.

Troop 116 has participated in several activities, and encourages volunteerism. It has sent many members to the periodic National jamborees held at various national historical sites. Scouts have initiated and participated in numerous food and clothing drives for the needy, a variety of clean-up and local improvement projects, as well as volunteering and doing a host of maintenance and upgrading projects in state and federal parks.

The Eagle Scouts will recognize their sponsor, The United Methodist Church of Madera, by presenting an Eagle's Nest as a sign of appreciation for the church's sponsorship over the past 50 years.

Mr. Speaker, I rise today to recognize Boy Scout Troop 116 in their 50th Anniversary for doing its part to positively influence the lives of men and boys in the Central Valley, and contribute to the community. I urge my colleagues to join me in wishing Troop 116 many years of continued success.

MEDICARE MODERNIZATION BILL NO. 3—RURAL CASE MANAGEMENT ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 29, 1999

Mr. STARK. Mr. Speaker, it gives me great pleasure to introduce the Rural Case Management Act of 1999, a common sense approach to delivering high-quality, coordinated health care in rural America. This is the third week, and the third bill, in my campaign to modernize and improve Medicare.

Health care needs in rural areas are unique. Whereas many metropolitan areas suffer from an over-supply of providers, often there is only one provider serving a vast number of rural communities. One-size-fits-all solutions do not work for these opposite ends of the health care spectrum.

Yet, Republicans continue to promote managed care as the solution for all problems and people. Most recently, they have asked taxpayers to subsidize private managed care companies in rural counties, despite the widely acknowledged reality that managed care cannot function in rural areas due to the lack of providers. Changes made in 1997 BBA result in outlandish over-payments to private managed care plans that serve rural markets. In some counties, health plans are being paid almost twice as much as it costs traditional fee-for-service Secretary to operate there. Putting more money into an idea that simply cannot work is ridiculous. It's like watering a garden that has no seeds.

The Rural Case Management Act of 1999 would eliminate the waste established in the BBA by making payments directly to rural providers who coordinate care for their patients. This benefit would help coordinate care for the chronically ill, such as diabetes or HIV/AIDS patients, improve notification for preventive services, such as mammograms and flu shots, and provide follow-up care for people who need it. The choice to participate would be entirely voluntary: no one would be ''locked in'' to the web of a rural managed care plan that had limited providers and limited budgets.

There is no evidence that managed care is better for consumers than fee-for-service Medicine. In fact, for the frail chronically ill, evidence suggests the contrary. If HMOs were established in rural communities, beneficiaries in the area might be forced to join in order to get any service from the few local doctors and the one local hospital. Then, if they needed expensive care at a specialty center, would their local providers be reluctant to refer them to that center for care, when the cost would come out of the small budget of the local, rural HMO?

In light of the Patients Bill of Rights debate and the managed care horror stories I have shared with my colleagues in the past, I wonder if we should be subjecting rural America to monopolistic ''managed care'' unless much stronger consumer protections and quality measures are in place.

Providers are also having a difficult time with managed care. In a recent Project Hope survey, providers reported very serious problems with HMO reimbursement, clinical review, and paperwork. We should not encourage the growth of a health system with this many problems.

The most valuable thing managed care offers is coordinated follow-up care. This is an administrative function. Providers in areas without managed care can serve this function effectively. We can reap the benefits of managed care without throwing more money at an idea that simply will not work. The bill I am proposing would pay rural providers a special amount to provide the best thing that managed care has to offer: care management.

Some Members believe that bringing managed care into rural areas would being prescription drug coverage to rural beneficiaries. This is not likely. Managed care needs competition in order to work. But there will never be competition in many rural areas. The problem is that rural areas do not have ''extra'' providers to compete against one other.

Competition is also what results in extra benefits in Medicare managed care. Health plans vying for greater enrollment entice beneficiaries to their plan by providing extra benefits, such as prescription drug coverage and zero deductibles. Due to the lack of competition, these extra benefits will seldom be offered in rural areas. A recent GAO report noted that prescription drugs were the only extra benefit for which overall beneficiary access increased in 1999. However, access to prescription drugs actually decreased in lower payment (i.e., rural) areas. This decrease occurred despite the 23 percent payment increase in low-payment counties (compared to only 4 percent increase in all other counties). The GAO report proves that more money will not guarantee extra benefits in rural areas. We must find creative alternatives to solve the unique problems of health access in rural America.

Managed care is not a silver bullet solution for delivering health care. In the best of worlds, managed care can offer coordinated health services for enrollees. The same function can be provided by providers who live in rural areas and have an established relationship with their patients. This bill eliminates the middle man by sending payments directly to providers in rural areas. Instead of spending money to create managed care plans in areas of provider shortages, this bill helps to improve the quality of care by putting the money where it is needed most. I strongly encourage members' support.

IN RECOGNITION OF OCCUPATION THERAPY MONTH

HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 29, 1999

Mrs. TAUSCHER. Mr. Speaker, I rise in recognition of Occupation Therapy Month and in recognition of the invaluable services that occupational therapists provide to their patients. Occupational therapists provide people with the support, the rehabilitation, and the medical care that enables them to live full lives and function at the highest possible level, despite disability, illness, injury, or other limitations. Occupational therapists work in nursing homes, support individuals with mental illnesses, assist physically disabled individuals in performing ordinary life activities, and help children in our schools learn at the highest level. Occupational therapy is a necessary component of quality medical care in that it allows individuals who face physical challenges to retain their independence and to perform the daily activities that we all take for granted.

I know from personal experience that this is true. A number of years ago, my father contracted Guillan-Barre Syndrome, a devastating illness which leaves the individual in temporary paralyzed state. We were truly fortunate that we had the highest quality medical care. The doctors saved my father's life. The therapists gave him his life. Their expertise and specialized knowledge allowed him to resume his daily activities and stay independent.

My daughter Katherine is an active, energetic seven-year old who plays soccer and a number of other sports. Seeing her today, you would never guess that as an infant she spent a year of her life in a full body cast because of problems with her hip. Again, we had the most qualified and experienced doctors caring for her, but I believe that it was her therapists who were responsible for assuring that she would remain active and energetic for the rest of her life.

Quality medical care is a composite and I would like to recognize the contribution that occupational therapists make in assuring that our medical system not only cures patients, but allows them to live their lives to the fullest.