

There are some health policy problems, however.

In the BBA, we capped most outpatient rehabilitation services at \$1500 per patient per year for physical and speech-language therapy, and for occupational therapy. This was good budget policy, in that it provided an immediate limit to a sector that was growing at totally unacceptable rates that seemed to have little to do with the true need for rehabilitation services. It is terrible health policy, however, because in fact there are individuals who desperately need more than \$1500 in therapy.

I am introducing The Medicare Rehabilitation Benefit Equity Act today to provide exceptions from the \$1500 cap for those who clearly need extra services. It will also require that we move to a diagnostic payment system that makes good health policy sense. Under my proposal, the \$1500 dollar limitations on services will be replaced by a patient classification system effective January 1, 2002.

While the BBA policy needs to be modified, some limitations on rehabilitation services were clearly necessary. Between 1990 and 1996 Medicare expenditures for outpatient rehabilitation therapy rose 18 percent annually, totaling \$962 million in 1996. During that time, outpatient rehabilitation spending shifted substantially away from hospitals and toward rehabilitation agencies and comprehensive outpatient rehabilitation facilities (CORFs). Payments to agencies and CORFs rose at an average annual rate of 23 percent and 35 percent, respectively.

Clearly, Congress had to act—and using a meat-ax approach—we did. It is time to revisit this issue and substitute some decent health policy for blunt budget policy. The Medicare Payment Advisory Commission recently examined the potential impact of the coverage limits and found that some patients were more likely to exceed the dollar limits than others. The Commission found that hip fracture patients had the highest median payments and stroke patients incurred the next highest payments. While Medicare spent, on average, about \$700 per outpatient rehabilitation patient in 1996, half of all stroke patients exceeded the \$1500 physical and speech therapy limit. In contrast, less than 20 percent of patients with back disorders exceeded the physical and speech therapy limit. In 1996 about one-third of patients treated in non-hospital settings (rehabilitation agencies and CORFs) incurred payments in excess of \$1500 for outpatient physical and speech therapy or \$1500 for occupational therapy. Half of the patients affected by the limits exceeded them by \$1,000 or more.

My legislation will minimize the inequity and disruption of the BBA limits without substantially affecting the program savings. It allows for a system of exceptions identical to those proposed in legislation by Senator GRASSLEY. It then requires the Department of Health and Human Services to develop and implement a new coverage and payment policy of outpatient physical and speech-language therapy services and outpatient occupational therapy services. Instead of uniform, but arbitrary, dollar limitations, the new policy would be based on classification of individuals by diagnostic category and severity of diagnosis, in both inpatient and outpatient settings.

The Medicare Rehabilitation Benefit Equity Act also requires that the revised coverage policy of setting durational limits on outpatient physical and speech language therapy and occupational therapy services by diagnostic category be implemented in a budget-neutral manner. This change in payment is related to overall utilization, it will not change the use of fee schedules or affect the payment rates for providers of these services. The payment methodology will be designed to be budget neutral in relation to the exceptions policy created by this legislation. Current law provisions to adjust the annual coverage limits on outpatient rehabilitation therapy services by the medical economic index (MEI), beginning in 2002, are retained.

The Medicare Rehabilitation Benefit Equity Act recognizes that the Department of Health and Human Services' Health Care Financing Administration currently lacks the data necessary to implement a coverage policy based on a patient classification system on January 1, 2000. It further recognizes that assuring services for Medicare beneficiaries in the year 2000 is HCFA's number one priority. For these reasons, a phased—and longer than desired—transition to a patient classification coverage policy is necessary.

I urge my fellow Members of Congress to join me in support of the Medicare Rehabilitation Benefit Equity Act of 1999. Together we can ensure that implementation of the BBA dollar limits on outpatient rehabilitation services will not disproportionately affect our most vulnerable Medicare beneficiaries.

TRIBUTE TO BILL "BULL"
DAVIDSON

HON. MARION BERRY

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 6, 1999

Mr. BERRY. Mr. Speaker, I was saddened to learn of the passing of Bill Davidson, affectionally known as "Bull" in Stuttgart, Arkansas on Saturday, May 2. Everyone who follows Arkansas State University football is familiar with this personable and talented man but I'd like to take this opportunity to enlighten my colleagues about this gentleman who will always be regarded as one of the greatest coaches ASU has ever had.

Bill was originally from Manila, AR but had lived for many years in Jonesboro, AR, home of Arkansas State University. His involvement with ASU began in 1953 when he was a center-linebacker on the football team and continued when named the offensive coordinator in 1963 for then head coach Bennie Ellender. In addition to being the offensive coordinator, Bill also served as the offensive line coach. He was one of the primary reasons ASU when undefeated in 1970 and were named National Champs for their division. When Coach Ellender left for Tulane University in 1971, Coach Davidson was placed at the helm. The first few years of Bill's tenure were somewhat lean, but the 1973 team finished 8-3 and portended future success. This success was realized in 1975 with an undefeated season and 16 players from that team signing pro con-

tracts. It is considered by many ASU fans as the greatest ASU football team in the school's history. Unfortunately for ASU, in 1979 Bill gave up the head coaching reins primarily due to a severe problem back which had plagued him for some time. He then became an associate athletic director until his retirement in 1990. Bill was twice named Southland Conference Coach of the Year and was inducted into the Arkansas State University Hall of Honor in 1984.

I know there are college head coaches that have had more on field success than Coach Davidson, though his 51-31-1 record during his tenure is very respectable, however, I doubt any would surpass his ability to motivate and inspire his players. This was achieved in a number of ways and that is the mark of a great football coach, not just being proficient with X's and O's but discerning the team's personality and adapting their style of coaching to it.

It would also be difficult to find a coach who was more beloved by his players. Often ending a tough practice with all the players gathered around him, Bill would tell a joke or two and send everyone to the showers with a smile on their faces. His stories about other players he played with or coached were also in great demand and guaranteed to break-up any listener. It was this wit and humor that enabled Coach Davidson to be a very effective recruiter of top high school football players throughout the country.

The people of Northeast Arkansas and ASU in particular will miss "Bull" Davidson but his legacy will be the young men in whom he instilled many of life's valuable lessons: physical and mental toughness, perseverance, dedication, and perhaps the most important of all, not making excuses for any failure that might befall them.

Bill is survived by his wife Donna and his daughter Sharon to whom I send my most sincere condolences.

BANKRUPTCY REFORM ACT OF 1999

SPEECH OF

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 5, 1999

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 833) to amend title II of the United States Code, and for further purposes:

Mr. KENNEDY. Mr. Chairman, H.R. 833 provides fair and reasonable bankruptcy reform to a system that is badly in need of repair. Chapter 7 of the Bankruptcy Code was established to help honest, debt burdened individuals gain a fresh start. In 1982, when economic times were tough, less than 400,000 individuals used this portion of the Code, which forgives all existing debts.

Oddly, in today's economy in which real per capita annual disposable income is growing, unemployment rates are low, and the market is strong, Chapter 7 filings are at a record high with over 1.4 million people asking to be