

Whereas Ken Wensel has taken Fenton High School to great heights in academic and extra curricular achievement unparalleled in the Metro League and;

Whereas Ken Wensel has been a constant supporter of high school journalism and was named the Michigan Interscholastic Press Association Administrator of the Year for 1999 and;

Whereas Ken Wensel is recognized for his high level of commitment and drive to make Fenton High School the best it could be and;

Whereas Fenton High School's accomplishments are in large measure a result of Ken Wensel's talent and commitment and are a source of pride to the community of Fenton.

Therefore, the Congress of this United States of America declares June 12, 1999, as Dr. Kenneth Wensel Day in the community, state and nation.

A TRIBUTE TO NORMAN H.  
LOUDENSLAGER

**HON. ROBERT A. BRADY**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 7, 1999*

Mr. BRADY of Pennsylvania. Mr. Speaker, I rise today to pay tribute to Mr. Norman H. Loudenslager, who recently retired as Treasurer of the Democratic County Executive Committee of Philadelphia, a position in which he served for 14 years. Throughout his life, Norman has demonstrated a steadfast and resolute commitment to working people through his leadership in organized labor and the Democratic Party. He has been an active member of the Democratic Party for over 40 years, serving as Committeeman in Philadelphia's 25th Ward and for ten years as Leader of the 25th Ward.

Norman's dedication to the needs of working men and women, however, has never been limited to his activities in the Democratic Party. For over 50 years, Norman has been an active member of the Philadelphia Chapter of the International Association of Machinist & Aerospace Workers, serving as President, Vice President, Secretary Treasurer, and the Directing Business Representative for the Philadelphia Area, Southern New Jersey and Delaware Machinist Lodges. He has also served as a Delegate to the Philadelphia AFL-CIO for more than 30 years, and as a Delegate to the Pennsylvania Department of Labor and Industry. As we all know, the Democratic Party and organized labor have a special relationship in American politics—Norman is one of the persons responsible for that bond. As a union member myself, I would like to extend my sincere gratitude to him for standing up for working people for all these years.

Perhaps most importantly, Norman's commitment to his community has always been hands-on. As with all great leaders, he has led by example, being recognized as the Police Athletic League's Man of the Year in 1980 and earning the City of Hope's Spirit of Life Award. His dedication to Philadelphia is grounded in the understanding that just one man can make a difference.

Mr. Speaker, it is because of persons like Norman Loudenslager that Americans have fair labor standards. It is because of persons

like Norman Loudenslager that the Democratic Party remains committed to the working people of this country. It is because of persons like Norman Loudenslager that a new generation of Americans remains committed to their community.

Mr. Speaker, we need more people like Norman Loudenslager.

COMMEMORATION OF DR. HENDERSON D. MABE, IN ERWIN, NORTH CAROLINA

**HON. BOB ETHERIDGE**

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 7, 1999*

Mr. ETHERIDGE. Mr. Speaker, I rise today to call the attention of the Congress to commemorate the excellent medical and educational, political and community service rendered by the late Dr. Henderson D. Mabe of Erwin, North Carolina. I also commend the generosity and the personal integrity of Dr. Mabe who passed away in Erwin recently.

Dr. Mabe was born in Kinston, North Carolina. He received his graduate degree in medical sciences at Wake Forest College. At Watts Hospital in Durham, under the supervision of Dr. Ralph Fleming, he served his residency duty. Relocated to Erwin as a temporary substitute for a local doctor recovering from illness, Dr. Mabe became very much attached to the Erwin community. In fact, he spent his entire life at Erwin except when he served his country as a medical doctor in the United States Navy during the Korean Conflict. In addition to his valuable medical contribution, Dr. Mabe was an influential politician. Having demonstrated his leadership skills as president of the student body and president of his senior class, Dr. Mabe ran for the State Legislature where he served one term from 1963 to 1964 as one of the most respected officials.

Dr. Mabe was highly regarded as a distinguished doctor and scholar, politician and community member. He was loved and respected by the community not only because of his excellent medical service but also because of his personal integrity. As the former U.S. Senator Robert Morgan, a close friend of Dr. Mabe stated: "Long before Medicaid and Medicare programs were available for the aged and needy, Buster Mabe cared for them and never asked or expected pay. He never turned anyone away if he had to stay at the office until late in the evening, as he often did. We also pay tribute today to one of the most remarkable family doctors this country has ever seen. Dr. Mabe will be sorely missed, but his influence will be felt forever."

Dr. Mabe's thoughtful dedication and contribution to advance the progress and education in the medical field as well as to strengthen the Erwin community lives on. In his bequest, Dr. Mabe made a gift worth \$2 million to the North Carolina Community Foundation for the establishment of the Henderson D. Mabe Jr. Endowment Fund with a special emphasis on the Erwin community. The gift is the largest charitable donation in the history of Harnett County. In his spirit, this fund will be

used to provide college scholarships for Harnett area high school seniors with preference to those living in or around Erwin who have planned to pursue a degree or certification in the medical field at a college, university, community or junior college, technical school, nursing school or other post secondary school training. The fund will also support graduates from Harnett County high schools especially from in or around Erwin who are full time students at Bowman Gray, the Medical School of University of North Carolina, East Carolina Medical School or Duke Medical School. In addition, Good Hope Hospital and St. Stephen's Episcopal Church in Erwin where Dr. Mabe has been an active member will benefit as well.

Mr. Speaker, I commend the high achievements and personal integrity of Dr. Henderson D. Mabe. Dr. Henderson D. Mabe lived a rich life as a remarkable and distinguished doctor and scholar, public servant and community member of Harnett County, North Carolina. Dr. Mabe will be sorely missed, but he has left a legacy that will live on for many years to come.

GOOD LUCK AND CONGRATULATIONS TO MAJOR GENERAL MORRIS J. BOYD

**HON. CHET EDWARDS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 7, 1999*

Mr. EDWARDS. Mr. Speaker, I rise to congratulate a great Army officer and soldier—Major General Morris J. "Morrie" Boyd—and thank him for his contributions to the Army and the country.

General Morrie Boyd will retire in June after a long and distinguished career. He is a consummate professional whose performance in over three decades of service, in peace and war, has personified those traits of courage, competency and commitment that our nation has come to expect from its Army officers.

Morrie entered service on the 6th of April 1965. He was selected to attend Officer Candidate School and was commissioned as a second lieutenant in 1966. He served as an artillery officer in Vietnam from October 1966 to June 1968 and again from April 1970 to March 1971. While deployed to Vietnam, he served as an assistant firing platoon leader, executive officer of a battery, commanded a howitzer battery, commanded a platoon from the 21st Aviation Company, and was the Intelligence and Security Officer for the 212th Aviation Battalion.

Morrie was again deployed for combat during Operation Desert Shield/Desert Storm. From December 1990 to May 1991, he served as the commander of the 42nd Field Artillery Brigade in Saudi Arabia.

He came to Washington in the mid-90s to serve as the Chief, Army Legislative Liaison from June 1995 to June 1997. From June 1995 to June 1997, he ably assisted the Army's senior leadership in dealing with Members of Congress and their staffs. He was very focused on helping elected officials and their staffs understand the needs of the Army as it

transformed itself from a forward deployed force to a power projection force.

Morrie most recently served as the Deputy Commanding General for III Corps and Fort Hood. Throughout his career, he focused his talent and energy to improve the areas of Warfighting, Training, Modernization, Mobilization, and Quality of Life for soldiers and their families.

On a personal note, I am pleased to call Morrie a close, personal friend. He is a role model for all of us: a man of integrity, decency and compassion.

Let me also say that every accolade to Morrie must also be considered a tribute to his family, his wife of 30 years, Maddie and his son, Ray. As a wife and a mother Maddie has been a true partner in all of his accomplishments.

General Boyd's career has reflected a deep commitment to our nation, which has been characterized by dedicated selfless service, love for soldiers, and a commitment to excellence. I ask Members to join me and offer our heartfelt appreciation for a job well done over the past thirty years and best wishes for continued success, to a great soldier and friend of Congress—General Morris J. Boyd.

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INTRODUCTION OF THE MEDICARE  
PATIENT ACCESS TO TECH-  
NOLOGY ACT OF 1999

**HON. JIM RAMSTAD**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Monday, June 7, 1999*

Mr. RAMSTAD. Mr. Speaker, new advances in medical technology are improving the lives of millions of Americans every day:

New implantable devices are restoring and repairing ailing organs.

New diagnostics are permitting rapid detection of life-threatening diseases and allowing physicians to peer inside the human body without surgery.

Miniature surgical devices are allowing patients to recover more quickly and new technologies are empowering patients to monitor and test their conditions from home and reduce or eliminate pain.

Yet many of these life-saving and life-enhancing technologies remain unavailable to the people who need them most, America's nearly 40 million Medicare beneficiaries. This is because of the complex, interwoven systems that Medicare uses to evaluate, approve and pay for new medical technologies.

That's why I am introducing "The Medicare Patient Access to Technology Act" to make targeted adjustments in the technical methods and systems that Medicare uses to adopt and pay for new medical products. By correcting and coordinating the payment levels and identification codes, the bill will improve access to needed therapies for millions of Medicare patients, both today and in the future.

As you know, Mr. Speaker, the Food and Drug Administration (FDA) reviews medical technologies to ensure that they are "safe and

effective." After passing through FDA, such technologies must also be deemed "reasonable and necessary" by HCFA for them to be integrated into the portfolio of services that Medicare makes available to its beneficiaries.

After being approved for coverage, technologies must receive a "procedure code," a four or five digit identifying code that health care providers use in submitting claims to payers.

Finally, Medicare must set a payment level for each technology and treatment through another reimbursement system designed for reimbursing hospitals, physicians, skilled nursing facilities and other care providers.

Unfortunately, a problem at any of these stages can seriously delay a product from reaching Medicare patients.

For example, Mr. Speaker:

Exogen, Inc., a small company that developed an ultrasound device for healing bone fractures, has encountered 4 years of delays in getting Medicare coverage. Oddly enough, the product is currently being reimbursed by more than 800 private insurers and health plans, but not by Medicare.

The Cordis Corporation, a division of Johnson & Johnson, encountered significant problems in obtaining appropriate Medicare coding and payment for coronary stents, which are stainless steel tubes used to treat narrowing of the coronary arteries. The company faced challenges in obtaining a unique code for the stent procedure from HCFA, and once the new code was assigned, Medicare took several more years to place the device in the appropriate payment category. Sadly, the reason for the delay was Medicare's database was only a partial data set and HCFA's precedent did not allow it to use sample data in determining the hospital costs of providing the stent.

A manufacturer of a cochlear ear implant halted active marketing of one model and stopped research on another because of inadequate Medicare reimbursements. According to an article that appeared in *The New England Journal of Medicine* at the time, payment for the device remained well below its average cost, causing hospitals to "ration the availability of the device to Medicare patients because of the financial losses involved. Eventually, so few patients received the implant that the manufacturer discontinued its production." (Nancy M. Kane, D.B.A., and Paul D. Manoukian, M.D., M.P.H., "The Effect of the Medicare Prospective Payment System on the Adoption of New Technology," *The New England Journal of Medicine*, November 16, 1989, pp. 1378-1382.)

The most distressing problem in all of these cases, as in many others just like them, is that Medicare patients are being denied access to beneficial therapies.

I am pleased that HCFA is attempting to address the problems associated with its process for making national coverage decisions for new technologies. However, unless the shortcomings in the coding and payment systems are corrected, HCFA will not fully achieve its ultimate goal of improving Medicare's health care delivery system.

Several distinct issues need to be addressed:

Medicare's system for creating and assigning procedure codes to medical technologies is cumbersome and slow.

Medicare's methods of updating Medicare payment levels and payment groups to accommodate changes in medical technology increase the risk that Medicare will lag behind new advances in medical technology.

Medicare's refusal to use data that are developed outside of the Medicare program blinds the program to useful insights about the costs, charges and outcomes of medical technologies.

To address these issues, "The Patient Access to Medical Technology Act of 1999" would:

1. Adjust Medicare payment levels and payment categories at least annually to reflect changes in medical practice and technology.

2. Use valid external sources of information to update payment categories if Medicare's data are limited or not yet available. More specifically, the bill directs HCFA to use a valid, statistically representative sample and also to draw on external sources of data when its own dataset is inadequate. It directs HCFA to consider statistically representative data from such sources as private insurers, manufacturers, suppliers and other non-Medicare entities.

3. Update national procedure codes (HCPCs Level II) more frequently to reduce delays and timelags. Without an accurate identifying code, technologies and procedures cannot be reimbursed appropriately by Medicare. It can take HCFA up to 18 months to approve a new code because of the way the agency structures its calendar for making such changes. This bill would make the process more efficient by eliminating the single annual deadline for applications and permitting such requests to be accepted on a rolling, quarterly basis.

4. Continue to use local procedure codes to ensure availability of the most recent advances in medical technology. Most coverage decisions are made at the local level by local contractors, which use the "HCPCS Level III Codes" to describe new technologies that have not yet been incorporated into the national coding process. HCFA has proposed eliminating these useful codes, but this bill would require HCFA to maintain this effective local system.

5. Establish an advisory committee on Medicare coding and payment to ensure that HCFA's coding and payment systems are open, prompt and functioning properly. This panel would complement HCFA's newly formed Medicare Coverage Advisory Committee.

Mr. Speaker, this bill will correct a number of complex but significant problems that currently plague HCFA's coverage, coding and payment systems. Most importantly, it will help ensure that Medicare beneficiaries have timely access to life-enhancing and life-saving medical advances.

Mr. Speaker, I urge my colleagues to support this important legislation.