

from under them after a year's time. The current system simply presents seniors with false hopes.

The fault for this situation lies with: HCFA, for not offering reasonable floor reimbursement rates, the HMOs, for seeking unreasonably high profits above patient care, and with the Congress, for failing to attach any punitive measures to HMOs that pull out of certain counties when they arbitrarily decide they will not meet their projected profit margin.

Mr. PALLONE's motion is a good first step toward solving this problem even though it represents the bare minimum of what the Congress should do to address this crisis. Last year, the Congress sent \$1.4 billion in additional funds to HMOs so that they would remain in the Medicare+Choice Program. Yet no accountability provisions were attached. The result was further pullouts this year. The House did the same thing last week with the Balanced Budget Act (BBA) giveback legislation that was incorporated into the tax bill; additional funds for HMOs with no strings attached. I predict this latest action will meet with the same results.

For the sake of those seniors who have been left out in the cold by their Medicare+Choice providers, I urge my colleagues to vote for this motion, and restore some common sense and basic accountability to this broken program.

IN HONOR OF DR. HERBERT B. ANDERSON, PASTOR OF THE BRICK PRESBYTERIAN CHURCH, ON HIS RETIREMENT

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mrs. MALONEY of New York. Mr. Speaker, I rise today to pay tribute to Dr. Herbert B. Anderson, the Pastor of the Brick Presbyterian Church in Manhattan, New York, on his retirement after twenty-two years of service to the church. Dr. Anderson will be honored for his many years at the church at a Festival Service of Worship this upcoming November.

Dr. Anderson, recently confirmed to become Pastor Emeritus after his retirement, has dedicated his life to the Presbyterian Church. After graduating from Chicago's McCormick Theological Seminary in 1954, Dr. Anderson began his career as a young pastor at the First Presbyterian Church in Harrison, Arkansas. After five years in this position, he moved onto the Southminister Presbyterian Church in Tulsa, Oklahoma, where he served as pastor for eight years. He then began preaching at the First Presbyterian Church in Lake Forest, Illinois, where he remained from 1967–1978 until he moved to the Brick Presbyterian Church, where he has remained.

Throughout his many years as a pastor, Dr. Anderson has served as a member and leader of numerous religious organizations. Since 1993, Dr. Anderson has been the Chairman of the Federation of Protestant Welfare Agencies, Inc. He has also worked to promote interfaith dialogue and understanding. In the early 1980s, Dr. Anderson served on the dele-

gations of the Appeal of Conscience Foundation to China, Argentina, and Hungary. In 1975 he traveled to Nairobi, Kenya as the Delegate to the Fifth Assembly, World Council of Churches. Throughout the years, Dr. Anderson's extensive involvement in Presbyterian and interfaith organizations has served as a contribution to the already superior reputation of the Brick Presbyterian Church.

Mr. Speaker, as a member of his congregation, I am confident that the work of Dr. Anderson will have a lasting effect on the Brick Presbyterian Church's congregation, whether it is through our recollection of a particularly memorable sermon by Dr. Anderson, or through the many wedding and baptism ceremonies that Dr. Anderson has presided over. Although Dr. Anderson is retiring, his many contributions to the Brick Presbyterian Church will continue to be appreciated for many years to come.

I congratulate Dr. Anderson on his inspiring career and I wish him an enjoyable retirement.

OMNIBUS INDIAN ADVANCEMENT ACT

SPEECH OF

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 26, 2000

Mr. YOUNG of Alaska. Mr. Speaker, as chairman of the Resources Committee and author of title XV of H.R. 5528 as passed by the House, I wish to make a statement to provide factual background and clarify congressional intent as to the meaning and implementation of that title.

The Secretary of Interior has created allocation pools for acreage entitlements of regional corporations under sections 14(h)(1) and 14(h)(8) of the Alaska Native Claims Settlement Act (ANCSA) and conveyances to one regional corporation under section 14(h)(1) may have the effect of reducing the entitlements of all other regional corporations under section 14(h)(8). Chugach Alaska Corporation (Chugach) currently has significant entitlement remaining under its section 14(h)(1) allocation and the Secretary believes Chugach is over-conveyed under its current section 14(h)(8) but allocations under section 14(h)(8) have not been finalized. In the event that any acreage ultimately conveyed to Chugach as a result of title XV would have the effect of reducing the section 14(h)(8) allocations of other regional corporations under current regulations, section 1506(a) provides that such reduction shall be charged solely against Chugach's final section 14(h)(8) allocation, notwithstanding such current regulations, or other applicable law.

SUPPORT FOR H.R. 5543

HON. HEATHER WILSON

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mrs. WILSON. Mr. Speaker, the House recently passed a bill to increase the minimum

wage, increase the amount Americans can save each year through an IRA, and to improve add funds to Medicare and Medicaid programs. An important part of that Medicare package improves the reimbursement rates for Medicare+Choice. This program offers more choices for seniors to decide what kind of health care plan they prefer. The Medicare+Choice managed care plans usually offer better services and benefits than traditional Medicare—most importantly—they can provide prescription drug coverage to seniors who cannot afford a Medigap policy. In my district, nearly 60 percent of seniors who earn less than \$20,000 per year who chose a Medicare+Choice plan. But in my state, Medicare reimbursement for this program is half of what places in New York or Florida receive. And New Mexico's rate is too low for the plans to continue to offer the same quality service. H.R. 5543 will correct that disparity.

This measure is strongly supported by New Mexicans, and I wish to bring your attention to the attached article written by Bob Bada, that clearly illustrates the current situation and need for this legislation and the need for a long term reform of Medicare.

THE DUAL EDGED SWORD OF MEDICARE REIMBURSEMENT—THE MEDICARE PROVIDER AND HEALTH MAINTENANCE ORGANIZATION PERSPECTIVE

(By Bob Badal)

While the nation's booming economy and concomitant boosts in Federal tax revenues over the past six to seven years has extended the solvency of the current Medicare program to 2023, the baby-boom generation soon will begin to enter the program. Paying for the extended range of benefits for this increase in senior citizens will exact a large financial toll. In 2025, 69.3 million elderly and disabled persons are expected to be eligible for Medicare, up from 39 million today. The share of our nation's gross domestic product spent on Medicare is projected to almost double from 2.7 percent in 1998 to 5.3 percent in 2025. Congress passed the Balanced Budget Act of 1997 ("BBA") to secure the financial stability of the Medicare program by providing an estimated \$115 billion in cuts, over five years, in spending to physicians, hospitals, nursing homes, and home health agencies. In addition, the BBA sought to provide alternative network and product choice to beneficiaries via Medicare+Choice plans. Medicare patients, as intended by the BBA, would be able to elect coverage from Preferred Provider Organizations or private insurers, or they could establish a medical savings account, financed by the Health Care Finance Administration ("HCFA"), and purchase a high-deductible insurance policy. With the benefit of hindsight, it is apparent that the BBA, and subsequent amendments, have negatively affected not only the financial stability of Medicare providers, but also the level of choice for the beneficiaries it is mandated to protect. On this point, Senator Pete Domenici R-N.M., Chairman of the Senate Budget Committee stated: "Seniors in many communities are treated like second-class seniors because their choice and access to care is practically nonexistent. We have created a system of healthcare defined by the 'haves' and 'have nots'".

MEDICARE REIMBURSEMENT TO PROVIDERS

The BBA has created a surplus in funds for the Medicare Program over the past 2 years. This surplus is a pyrrhic victory, however. The BBA has reached a surplus by effectively