

53 percent and the share of beneficiaries reporting premiums of \$75 or more a month rising from 3 percent to 21 percent. Joining another Medicare HMO, however, does not appear to protect beneficiaries against premium increases or cost concerns. One quarter of those who joined another HMO reported paying higher premiums after switching HMOs and said they expect to have higher doctor and hospital expenses.

Continuity of Care: Most beneficiaries (91 percent reported having one person they think of as their personal doctor or nurse. However, 22 percent of beneficiaries said that they had to find a new personal doctor after their plan withdrew, and 17 percent had to find a new specialist. Beneficiaries in traditional Medicare with no supplemental coverage were much less likely than others were to report having a personal doctor after their plan pulled out and more likely to report having to change specialists. For markets where provider financial viability is already threatened by high percentages of uncompensated care and dwindling commercial insurance payers, continuity of care is further diminished.

Impact on Patient Interactions: Time spent with Medicare patients on each visit is being reduced, and multiple visits for multiple problems are being required. Some physicians selectively refer the more difficult, costly cases to other physicians. Videos are being substituted for face-to-face patient counseling and education.

Cutting Amenities: Services for the convenience of patients are being dropped, such as arranging for community services, in-office phlebotomy and x-ray services, and incidentals such as post-procedure care kits. Screening and counseling are being curtailed. Satellite offices are being closed. Telephone consultations are being reduced, with office staff returning more telephone calls from patients.

Impact on Access: Medicare patient loads are being reduced, limited or eliminated. Some physicians accept Medicare patients only by referral. Money-losing services, especially surgical procedures, are not being offered to Medicare patients. Simple procedures formerly performed in the office are done in outpatient facilities. In addition, access to specialists is decreasing. Specialists refer patients back to primary care physicians as soon as possible, and are less willing to become primary physicians for their chronically ill patients. "Reimbursement generosity from private insurance relative to that from Medicare negatively affects physicians' assignment rates, implying that the elderly's access to health care and/or the financial burden is likely to be jeopardized by further reductions in Medicare

Technology lags: Many providers are not renewing or updating equipment used in their office, but shifting to hospitals to perform Medicare procedures. Purchases of equipment for promising new procedures and techniques are being postponed or canceled.

SOLUTION

How should we design Medicare if we had it to do over again? To restore the viability of the program's promise to future generations, and to prevent the drop in access of quality, cost effective healthcare for beneficiaries, the American Medical Association's approach makes sense. Medicare funding, states the AMA, must be shifted from the pay-as-you-go system to one in which beneficiaries have a larger responsibility to provide health insurance for their own retirement health care during their working years. Shifting out of a tax-based, pay-as-you-go

system to a system of private savings can assure that all working Americans have access to health care in retirement. This does not mean, however, that government would not have a major role to play. The government would continue to make a substantial contribution toward the purchase of insurance for the elderly and it would enforce requirements for individual saving. From a financial standpoint, greater individual funding of retirement health care has at least five advantages over a government-based system:

A private system would allow individuals to freely choose the types of health care plans that meet their particular needs.

Individual funding would remove federal budgetary considerations and the accompanying extraneous budgetary issues from government policy toward the system.

Much of the funding of a private system would be invested in economic activity in the private sector, rather than in unfunded federal debt that must be repaid by subsequent tax revenue.

A higher rate of return is possible with investment of funds in private sector economic activity than in government debt instruments.

And, above all else, provider as well as Medicare+Choice HMO reimbursement would be appropriately set at free market competitive levels, as established by the consumer. (Rethinking Medicare: A Proposal from the American Medical Association—"Solutions for Medicare's Short-term and Long-term Problems", February, 1998).

CONCLUSION

It is somewhat paradoxical to think that providers of healthcare and their long-time adversary, the HMO (or in this case, the Medicare+Choice HMO), actually may have something in common. Providers of healthcare and managed care organizations agree that the Health Care Financing Administration, and its reimbursement methodologies, have eliminated some of the incentive for providing quality, cost effective access to care for beneficiaries. Nevertheless, because there is only a finite amount of dollars that HCFA can provide to the delivery of healthcare for beneficiaries, any short-lived alliance between providers and HMOs breaks down. Both parties will continue to fight over available healthcare dollars. Worse yet, as the population ages and the number of Medicare beneficiaries grows—leading to a subsequent decline in Medicare tax revenues per beneficiary—the battle for government healthcare funding will increase.

Most health care groups and analysts believe Congress will allocate some additional money to Medicare fixes this year. The large budget surpluses, the greater-than-expected savings from 1997 Medicare cuts, and the data supporting providers' and managed cares' claims of financial pain make it difficult for lawmakers to ignore the problems. "I think the surplus makes it easier to make corrections and to make a larger amount of corrections," said Rick Pollack, executive vice president for the American Hospital Association. Bob Blendon, a health policy and political analysis professor at Harvard University, however, states that members of Congress "... may be concerned about paying for tax cuts and a Medicare prescription drug benefit, as well as ensuring that Medicare cuts won't have to be reinstated if the surplus disappears." Despite the cautious optimism among providers, in a highly charged political environment like a presidential election year, the issue remains undecided and unresolved, and the deterioration in service continues apace.

Aetna U.S. Healthcare: 23 counties in 14 states, 355,000 lives.

Humana: 45 counties in 6 states, 84,000 lives.

Foundation Health Systems: 18 markets in 6 states, 19,000.

Oxford Health Plan: 6 Louisiana parishes, 5,900.

Gulf South Health Plans: 5 Louisiana parishes, 4,000.

United Healthcare: Bristol County, R.I., 1,700.

Additional Pullouts pending:

Cigna Corporation, Philadelphia Pennsylvania, announced last month that it is leaving 13 of its 15 Medicare HMO markets, affecting about 104,000 members, effective January 1, 2001. Cigna cites Medicare payment reductions mandated by the BBA have made it difficult for MCOs generally to offer benefits cost effectively. (Healthcare Financial Management, July 2000, "Cigna Drops Most Medicare HMOs").

Carefirst Blue Cross and Blue Shield reports its intent to close Maryland's largest Medicare HMO by year-end, displacing 32,000 members. Carefirst blames the government's skimpy reimbursement rates, which it says aren't keeping pace with medical cost increases.

Pacificare's Secure Horizon plan will uproot 20,300 lives when it exits 15 markets in Arizona, Colorado, Texas and Washington. The company has been changing its benefit offerings and boosting members' premiums and copayments in an effort to offset reduced government payments. "For us to remain viable in the long term, congressional action is needed. We've been urging Congress for over two years to increase funding for the Medicare+Choice program," says Robert O'Leary, CEO Pacificare. (Modern Healthcare, July 10, 2000, "More Plans dropping Medicare HMOs").

IN HONOR OF COMMANDER CHRISTOPHER JENKINS OF THE NEW YORK COUNTY AMERICAN LEGION

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 the late Christopher Jenkins, the former American Legion New York County Commander, who passed away this past summer. Mr. Jenkins, the first African-American ever to become the Commander of the New York County American Legion, was an outstanding veterans' activist and leader in the Harlem community.

A member of "the Greatest Generation," Mr. Jenkins served in the U.S. Navy during World War II. Originally from Savannah, GA, Mr. Jenkins moved to Harlem after his military discharge and began a career with the New York City Department of Sanitation. He became a Legionnaire at Harlem's Colonel Charles Young Post No. 398 in the late 1940's. He was elected the Post Commander in 1958 and was later reelected to this office more than 15 times. He was then elected New York County Commander in 1975 and served until 1976. From 1992 to 1993 he served as the First District Commander, Department of the New York American Legion. In 1995, he was elected

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EXTENSIONS OF REMARKS

25785

Vice Commander of the Department of the New York American Legion, remaining in this office until his retirement from the Legion in 1996.

Aside from his work with the local American Legion post, Mr. Jenkins was an extremely well-liked leader in his Harlem neighborhood. He was the founder of the Jackie Robinson Senior Citizen Center's Chorale Group and active in numerous community and religious organizations.

Mr. Speaker, I salute the laudable accomplishments and community activities of Christopher Jenkins. A proud, loyal, and dedicated leader, Mr. Jenkins' gracious and friendly personality, his involvement in the American Legion, and his leadership in the Harlem community, will be sorely missed.

PERSONAL EXPLANATION

HON. NEIL ABERCROMBIE

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. ABERCROMBIE. Mr. Speaker, on Sunday, October 29, 2000, I was unavoidably detained and I was unable to vote on three rollcall votes. Had I been present, I would have voted as follows: Rollcall 574—Approval of the Journal—"yes"; rollcall 575—One Day Continuing Resolution—"yes"; and rollcall 576—Pallone Motion to Instruct Labor-HHS Appropriations Conferees—"yes."

On Monday, October 30, I was unavoidably detained and I was unable to vote on the seven rollcall votes taken. Had I been present, I would have voted as follows: Rollcall 583—Technical Corrections to Minimum Wage Legislation/St. Croix Island—"yes"; rollcall 582—Previous Question—"no"; rollcall 581—Rule to Allow Additional Continuing Resolutions—"yes"; rollcall 580—Previous Question—"no"; rollcall 579—Hour of Meeting October 31 at 6:00 p.m.—"no"; rollcall 578—Passage One Day Continuing Resolution—"yes"; and rollcall 577—Approval of the Journal—"yes."

IN HONOR OF THE NATIONAL ASSOCIATION OF CUBAN-AMERICAN WOMEN

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. MENENDEZ. Mr. Speaker, I rise today to honor the National Association of Cuban-American Women (NACAW) for promoting excellence and achievement for minority women.

NACAW's philosophy and focus has helped create the support that is essential for building a strong community. With an understanding that the individual is the building block for the success of every community, NACAW has provided excellent support and guidance for Cuban-American women, and for the community as a whole.

In pursuit of its goals, NACAW has developed a comprehensive agenda:

to work with other women's organizations to develop a strong national platform in response to common concerns;

to serve as a forum for Cuban-American women and other minority women to ensure their participation and representation in national organizations;

to increase awareness of education and career opportunities for Cuban-American women and other minority women;

to promote participation of Cuban-American women in Hispanic community service activities;

and to accurately portray the characteristics, values, and concerns of Cuban-American women.

Since its founding, NACAW has sponsored a variety of important programs:

NACAW's Educational Opportunities Center disseminates information about post-secondary programs, scholarships, and financial aid sources.

NACAW sponsors an annual awards ceremony that honors outstanding Cuban-American leaders, as well as leaders outside of the community, who have contributed to the advancement of Hispanics.

In order to maintain the tradition of "Dia de los Reyes Magos" ("Feast of the Epiphany"), NACAW has sponsored a number of toy-collection campaigns for disadvantaged children.

I ask my colleagues to join me in honoring the National Association of Cuban-American Women for their contributions to the Cuban-American community and to the lives of minority women.

PERSONAL STATEMENT

HON. FRANK MASCARA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. MASCARA. Mr. Speaker, on October 30, 2000 I was unavoidably absent and missed rollcall votes Nos. 580–583. For the record, I would have voted "aye" on the rollcall Nos. 580, 581, and 583.

For the record, I would have voted "no" on rollcall vote No. 582, the Rule on S. 2485.

PERSONAL EXPLANATION

HON. MIKE McINTYRE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. McINTYRE. Mr. Speaker, on October 28 through October 30, 2000, I was in North Carolina and was unavoidably absent for rollcall votes 570 through 581. Had I been present I would have voted "yes" on rollcall votes 570 through 578, "no" on rollcall vote 579, and "yes" on rollcall votes 580 and 581.

PERSONAL EXPLANATION

HON. LUIS V. GUTIERREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent from this chamber on Tues-

day, October 24, 2000 when rollcall vote No. 543 was cast and on Wednesday, October 25, 2000 when rollcall vote No. 551 was cast. I want the record to show that had I been present in this chamber at the time these votes were cast, I would have voted "no" on each of these rollcall votes.

REAL CULPRIT IN AIR INDIA
BOMBING IS INDIAN GOVERNMENT

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 31, 2000

Mr. TOWNS. Mr. Speaker, we are all pleased that the Canadian government has maintained an active investigation of the Air India bombing in 1985 that killed 329 people. Terrorism is always unacceptable, and all decent people condemn it.

Thus, I read with interest this past weekend that Canada had arrested two Sikhs, Ripudaman Singh Malik and Ajaib Singh Bagri, for this bombing. Unfortunately, I believe that these two individuals are being scapegoated. The book *Soft Target*, written by journalists Brian McAndrew of the Toronto Star and Zuhair Kashmeri of the Toronto Globe and Mail, shows that the Indian government itself carried out this atrocity.

According to McAndrew and Kashmeri, the Indian Consul General in Toronto, Mr. Surinder Malik, pulled his wife and daughter off the flight shortly before it took off. A friend of the Consul General who was a car dealer in Toronto also cancelled his reservation. An Indian government official named Siddhartha Singh was also scheduled on the doomed flight and cancelled. Surinder Malik called the Canadian authorities about the crime before it was reported publicly that it had occurred to try to point them to a Sikh he claimed was on the passenger list. The pilot of the flight was a Sikh.

It looks like the Royal Canadian Mounted Police, who made the two arrests this weekend, were not open to the evidence that the Indian government was responsible, even though Canada's other investigate agency, the Canadian State Investigative Service, tried to warn them. *Soft Target* quotes a CSIS agent as saying, "If you really want to clear the incident quickly, take vans down to the Indian High Commission and the consulates in Toronto and Vancouver, load up everybody and take them down for questioning. We know it and they knew it that they are involved."

Clearly, the objective was to damage the Sikh freedom movement and raise the spectre of "Sikh terrorism" to justify another of India's campaigns of violence against the Sikhs.

Mr. Speaker, this is unfortunately not the only case of Indian state terrorism. The repression of Christians, which has taken the form of burning churches, murdering priests, raping nuns, burning a missionary and his two young sons to death, and other atrocities, is well known. In November 1994, the Indian newspaper *The Hitavada* reported that the late Governor of Punjab, Surendra Nath, was paid over \$1.5 billion by the Indian government to foment state terrorism in Punjab and Kashmir.