

have voted "yea" on rollcall vote 89 (Mr. KASICH's amendment to H.R. 3908), "nay" on rollcall vote 90 (Mr. WELDON's amendment to H.R. 3908), "yea" on rollcall vote 91 (Mr. STEARNS' amendment to H.R. 3908), "yea" on rollcall vote 92 (Mr. PAUL's amendment to H.R. 3908), "yea" on rollcall vote 93 (Mr. TANCREDO's amendment to H.R. 3908), "nay" on rollcall vote 94 (on motion to recommit with instructions), and "nay" on rollcall vote 95 (on passage of H.R. 3908).

ORGAN PROCUREMENT ORGANIZATION CERTIFICATION ACT

**HON. DAVE CAMP**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Monday, April 3, 2000*

Mr. CAMP. Mr. Speaker, I rise today on behalf of myself and my colleagues, Representatives JOHNSON of Connecticut, PORTMAN, MATSUI, and PALLONE to introduce the Organ Procurement Organization Certification Act. This important legislation will improve the process that the Health Care Financing Administration (HCFA) uses to certify organ procurement organizations (OPOs).

Each day about 57 people receive an organ transplant, but another 13 people on the waiting list die because not enough organs are available. According to the United Network for Organ Sharing, there are now 68,220 patients in the United States on the waiting list for a transplant. April 16 through 22 is National Organ and Tissue Donor Awareness Week. Communities nationwide will be celebrating the critical importance of organ and tissue donation. First designated by Congress in 1983, this week is used to raise awareness of the critical need for organ and tissue donation and to encourage all Americans to share their decision to donate with their families so their wishes can be honored. This is especially important as the gap between the supply of organs and the growing number of transplant candidates continues to widen.

Next week, it is expected that the House will consider legislation dealing with organ allocation—this issue has been very controversial and certainly deserves our attention. But one of the most critical aspects of the organ transplant system gets very little attention. Organ Procurement Organizations—or OPOs—play a critical role in procuring and placing organs and are therefore key to our efforts to increase the number and quality organs available for transplant. The OPOs' job is to provide all of the services, within a geographic region, for coordinating the identification of potential donors, requests for donation, and recovery and transplant of organs. The professionals in the OPOs evaluate potential donors, discuss donation with family members, and arrange for the surgical removal of donated organs. They are the people that are responsible for preserving the organs and making arrangements for distribution within the national organ sharing policies. Finally, the OPOs provide information and education to medical professionals and the

I don't think that most people are aware of how significant these organizations are, or the

impact they have on these recipients' lives. There are currently 60 organ procurement organizations in the United States. Unfortunately, OPOs are suffering from what many other health care providers deal with on a regular basis—excessive regulations from HCFA.

Under current regulations, OPOs are subject to a recertification process every two years. Within that process, HCFA's current measures for certification are based on invalid assumptions. First, they assume that potential donors are equivalent per capita in each OPO service area. Harvard University and industry studies have demonstrated otherwise. Demographic and epidemiologic data have shown wide variations across the country in suicides, homicides, and gunshot wounds; in motor vehicle fatalities; and in HIV incidence and frequency. HCFA also assumes that potential donors die where they live. Recent data examining donors recovered with a home address outside of the OPO service area, however, show wide variations. None of these variations are adjusted by HCFA. HCFA also assumes that populations are accurately determined and assigned. We know, however, that there exist differential growth rates across the country with lags in reporting, and we know that census undercounts vary across the nation. HCFA frequently splits populations arbitrarily across counties as part of OPO service area assignments. None of these variations are adjusted for in the current measures. These are just a few of the problems. I'm not a statistician, but even I can see the inefficiencies in these measures.

For example, while Michigan ranks below the national average in its rate of recovery of vital organs, it is the single largest supplier in the country of human bone for transplantation. The processes for identifying potential donors and obtaining consent is virtually identical for human organs and for bone. Therefore, it cannot be an organization performance issue that causes Michigan to appear to be a poor performer in recovering vital organs.

To compound matters, every two years, these OPOs face decertification, and unlike other HCFA certification programs, there is no provision for corrective action plans to remedy a deficient performance and there is no appeals process for resolving conflicts. The current system forces OPOs to compete on the basis of an imperfect grading system, with no guarantee of an opportunity for a fair hearing based on their actual performance. This situation pressures many OPOs to focus on the certification process itself rather than on activities and methods to increase donation, undermining what should be the ultimate goal of the program. In addition, the two year cycle—which is shorter than any other certification program administered by HCFA—provides little opportunity to examine trends and even less incentive for OPOs to mount long term interventions.

The General Accounting Office, the Institute of Medicine, the Harvard School of Public Health and a host of others have criticized HCFA's use of the population based standard. HCFA has updated certification processes and increased the cycle of accreditation for Medicare Hospitals, Home Health Services, Ambulatory Surgery Centers, Long Term Care Organizations and Methadone Clinics—but they

have done nothing to change the certification process for OPOs, despite Congressional urging these changes.

We are introducing legislation that will accomplish three major objectives. First of all, it will impose a moratorium on the current recertification process for OPOs and the use of the population-based performance measurements. Under this bill, the certification of qualified OPOs will remain in place through January 1, 2000, for those OPOs that are certified as of January 1, 2000. Second, the bill requires the Secretary of Health and Human Services to promulgate new rules governing OPO recertification by January 1, 2002. These new rules are to rely on outcome and process performance measures based on evidence of organ donor potential. Finally, the bill provides for the filing and approval of a corrective action plan by an OPO that fails to meet the standards, a grace period to permit corrective action, an opportunity to appeal a decertification to the Secretary on substantive and procedural grounds and a four-year certification cycle.

It is my hope that through enacting this legislation, we can improve a system that touches hundreds of thousands of lives every year. I urge all of my colleagues to join us as co-sponsors.

PERSONAL EXPLANATION

**HON. MARK GREEN**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Monday, April 3, 2000*

Mr. GREEN of Wisconsin. Mr. Speaker, my vote on final passage of H.R. 3908, the Emergency Supplemental Appropriations Act, was mistakenly recorded Thursday, March 30. I intended to vote "nay", as I had indicated throughout debate on the bill. An "aye" vote was recorded.

MOURNING THE PASSING OF  
ROBERTO L.G. LIZAMA

**HON. ROBERT A. UNDERWOOD**

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

*Monday, April 3, 2000*

Mr. UNDERWOOD. Mr. Speaker, today I pay tribute and mourn the passing of Roberto L.G. Lizama. Tun Bob or Uncle Bob as he was affectionately known in the Chamorro community of the Washington, DC area had a distinguished military career and was a leader of the local Guam community. Eager to assist with any function, reliable for anyone in need of help, a winning smile and a kind word were all part of Uncle Bob's character. He was beloved by his family, the local Guam community and the thousands of Chamorros who have passed through Washington, DC over the past several decades.

Uncle Bob was born on April 21, 1927 in the prewar Guam village of Sumady. He had a typical upbringing on the ranch and he was willing to share many stories of his young life as a helper to his family on the ranch. His