

an unrealistic and unresponsive Medicare fee schedule has done more to erode emergency medical service in rural America than any other threat to medical care in this country. Because Medicare fees fail to accurately reflect the rural medical environment, rural EMS is facing grave danger of being put out of business by a fee schedule that fails to recognize the actual costs confronting rural ambulance/EMS service.

Therefore, I am introducing the "Medicare Rural Ambulance Service Equity Act of 2001," to increase by 20 percent the payment under the Medicare program for ambulance services furnished to Medicare beneficiaries in rural areas.

For rural ambulance/EMS, the majority of their revenue (60 to 70 percent) comes via Medicare reimbursements. Unfortunately, existing reimbursement fee schedules do not accurately reflect real-world circumstances confronting rural service. New Center for Medicaid and Medicare Services (CMS) (previously referred to as HCFA) fee schedules, anticipated to go into effect by early fall, will not adequately correct the problem. Rural ambulance/EMS providers in every State will remain the hardest hit under the new fee schedule due to their low-volume of calls and transfers each year.

Timely and accurate reimbursement schedules for ambulance/EMS services that accurately reflects real-world costs and expenses are critical to the rural providers' ability to continue to operate. Passage of the "Medicare Rural Ambulance Service Equity Act of 2001" will level the playing field for rural emergency medical service.

All too often we are seeing rural EMS providers go out of business—citing financial loss. The primary contributing factor they cite for their loss—an unrealistic and unresponsive Medicare reimbursement fee schedule.

Recently the town council in Avonmore, Pennsylvania voted to close their ambulance/EMS after 27 years. Their reason, they couldn't afford to remain in business. Why, because with nearly 68 percent of their revenues from Medicare reimbursements they couldn't afford any longer to maintain the service for the community—A sad but all too true reality confronting rural medical care in America.

The "Medical Rural Ambulance Service Equity Act of 2001" is not the panacea for the growing shortcomings of health care in America, but its 20 percent increase in reimbursement will stop the hemorrhaging that we are experiencing in rural emergency medical service.

We all have something to lose by not putting a halt to the erosion of rural EMS. Therefore, I call on all Members of Congress to immediately pass this important piece of health legislation.

A TRIBUTE TO SISTER SHARON BECKER, A HEALTH CARE COMMUNITY LEADER

HON. JERRY LEWIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. LEWIS of California. Mr. Speaker, I would like today to congratulate Sister Sharon

Becker of St. Mary Medical Center in Apple Valley, California, who has been elected to the leadership council of the Sisters of St. Joseph of Orange. In that position, she will be one of five Sisters who are responsible for giving direction to this health care community.

Since she joined St. Mary Medical Center in 1993, Sister Sharon's vision and leadership has helped make the hospital one of the most highly-regarded in the High Desert and recognized throughout San Bernardino County for its quality of care. Her dedication to serving the poor and disadvantaged has made St. Mary's a leader in services to the needy in the area. She has been forceful in convincing other community leaders to also ensure that a safety net remains in place for the truly needy.

While in Apple Valley, Sister Sharon developed a program for at-risk pregnant women that is now a full-fledged outreach center. She opened a High Desert office for Catholic Charities, making its disaster relief and services to the poor available for the first time. She established a Food Resource Center that provides a range of counseling services for families receiving government food assistance. She started an annual "Share the Warmth" drive to acquire shoes and coats for needy children. And she started an annual Thanksgiving food drive for needy families. She was one of the original members of the San Bernardino County Children and Families Commission.

As a member of the leadership council, Sister Sharon will help direct the ministries of the Sisters of St. Joseph of Orange. Through the St. Joseph Health Care System, the council oversees the operation of 15 acute health care facilities, as well as an array of clinics, home-health-care services and hospices in California, Texas and Arizona. The sisters have been ministering to the sick since 1912 in California, and their hospitals served 143,000 inpatients and 2.3 million outpatients in 2000.

Mr. Speaker, the patients who receive top-notch care at St. Mary's Medical Center will enthusiastically endorse Sister Sharon as a good choice to help run the ministries health care system. We will miss her direct leadership in the High Desert, but have no doubt that she will ensure that the entire system improves over her five-year term. Please join me in congratulating her and wishing her well in this important new role.

INTRODUCING THE RENTERS RELIEF ACT

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. ENGEL. Mr. Speaker, I rise today to introduce legislation that addresses a crisis in our country. My bill, the Renters Relief Act, provides a refundable tax credit of up to \$2,500 for people paying more than 30 percent of their income toward housing costs.

Throughout our nation, millions of working families are struggling to make ends meet. Housing costs are often the greatest drain on a family's economic resources.

I would like to call to my colleagues' attention some disturbing facts from around the

country: In Atlanta, Georgia there are 11,907 families waiting for housing assistance from HUD; In the Los Angeles Metro region more than 400,000 renters have incomes less than 50 percent of the area median income, and pay over half of their income for rent or are living in severely substandard housing, the "worst" case scenario. In Boston, the average monthly fair market rent for a two-bedroom apartment in the metro area is \$874, that means a family must earn at least \$35,000 or else they will be spending more than 30 percent of their income on housing.

We have heard the statistics over and over. The fact is we are not producing enough housing that is guaranteed for low and moderate-income people. We are not building nearly enough public housing to accommodate our needs. Incomes are not keeping up with housing costs. I have been frustrated at not being able to help more of my constituents.

In fact, three years ago Secretary Cuomo said that "Not even families working full-time at minimum wage can afford decent quality housing in the private rental market. This is not just a big city problem but affects America's growing suburbs as well."

HUD's own research indicates that a wide variety of market forces have contributed to this crisis of housing affordability through the 1990s. Among these are "continued suburbanization of population and employment, regulatory barriers to development of multifamily housing, underinvestment in affordable housing by local communities, continuing discriminatory barriers, and the simple economics of supply and demand in which rising incomes for higher income families drive up rents faster than the poorest families can afford. Also, the growth in the crisis during the 1990s can also be attributed to the elimination of Federal appropriations for additional rental vouchers between 1995 and 1998."

I urge my colleagues to turn the tide. Join me in moving the Renters Relief Act forward!

HONORING DR. BOBBY JONES OF NASHVILLE, TENNESSEE FOR TWENTY-FIVE YEARS OF SERVICE TO THE GOSPEL MUSIC INDUSTRY

HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 27, 2001

Mr. CLEMENT. Mr. Speaker, I rise today to honor Dr. Bobby Jones of Nashville, Tennessee. For more than twenty-five years, he has promoted and performed gospel music during his "Bobby Jones Gospel" shows worldwide. In fact, I have known him for a number of years and consider him to be a personal friend.

Bobby Jones is truly a pioneer in taking gospel music to a wider audience via television programming beginning with his local television show on WSMV—Channel 4 in Nashville, and over the past twenty years as a personality on Black Entertainment Television (BET). His programs have inspired, informed, and entertained a generation of Americans. In fact, "Bobby Jones Gospel" is credited with