

Rollcall 637, recommitting the legislative appropriations conference report, No;

Rollcall 638, final passage, fiscal year 1996 legislative appropriations conference report, Yes;

Rollcall 639, cutting \$493 million for Stealth bombers, Yes;

Rollcall 640, cutting \$1 billion for F-22 R&D, Yes;

Rollcall 641, supporting abortion rights, Yes;

Rollcall 642, opposing abortion rights, No;

Rollcall 643, cutting intelligence spending, No;

Rollcall 644, cutting 3 percent across the board, Yes;

Rollcall 645, regarding political advocacy, No;

Rollcall 646, final passage, fiscal year 1996 Defense appropriations, No;

Rollcall 647, regarding BRAC recommendations, No; and

Rollcall 648, motion to instruct on Treasury-Postal appropriations, Yes.

### THE SCHOOL BASED HEALTH CLINIC ACT

#### HON. NYDIA M. VELÁZQUEZ

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 1995

Ms. VELÁZQUEZ. Mr. Speaker, I rise before you today to announce the introduction of legislation that is long overdue. The School Based Health Clinic Act ensures that every child shall have access to high quality health care services. I trust that this body will act to ensure prompt passage of this critical bill.

Tragically, over 12 million children, and almost half of all elementary school students, lack access to basic preventative health care such as immunizations and physical exams. The barriers that may stand in their way are inadequate or no health insurance, few available caregivers, and lack of convenient transportation.

This dilemma has caused many communities to establish school based health clinics. These clinics have proven to be very successful in their mission—bringing comprehensive health care to children in need.

Unfortunately, many centers cannot get the funding that they desperately need to continue operating. The School Based Health Center Act will provide seed money for expanding these centers to new communities. My bill will increase access to health services for school kids by requiring that HMO's and other managed care plans provide assistance to school based health centers.

Mr. Speaker, our children are in dire need of health care services. Far too many children are not immunized, they do not receive dental care, and only get to see a doctor in the emergency room. We now have a unique opportunity to make a positive impact on the health and well being of our Nation's most needy children.

I urge my colleagues on both sides of the aisle to join me in sponsoring this historic piece of legislation, and bring comprehensive health care to children in dire need of care.

### THE MEDICARE DEBATE

#### HON. BRIAN P. BILBRAY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 1995

Mr. BILBRAY. Mr. Speaker, I ask that the following editorial from the San Diego Union Tribune, dated September 22, 1995, be inserted in the RECORD.

#### THE MEDICARE DEBATE

(By Brian Bilbray)

The current radio and television ad campaign employed to derail Medicare reform efforts reminds me of a B horror movie—a ridiculous script, unbelievable characters and a wildly exaggerated villain. If the big-labor-financed advertisements running against me in San Diego weren't so distorted and outrageous they would be humorous.

But there is nothing funny about the impending bankruptcy of the health-care system upon which 37 million American seniors now depend. However, the distortions and scare tactics surrounding the debate do a great disservice to seniors and those of us in Congress who wish to arrive at a reasonable solution to preserve the system.

As we begin to debate the specifics of Republican proposals to reform Medicare, we will keep in mind what the opponents of Medicare reform have forgotten: The future of Medicare depends upon a dialogue, not a shouting match. The real villains are those who cheapen the debate and contribute no ideas or solutions of their own.

The Medicare Preservation Act of 1995, introduced in the House of Representatives this week, is a starting point for debate, not the final product for reform. Since April, when President Clinton's trustees warned that the system would be bankrupt by the year 2002, I have met with seniors, doctors and hospital administrators in San Diego. They provided me with input and ideas, which have become part of the proposal we are now debating in Congress.

The Republican plan is based upon the belief that individuals will make better choices about their health care than the government. Seniors will be able to choose from the same types of health-care plans now found in the private sector. If a senior is now spending a great deal of out-of-pocket expense on MediGap insurance to cover prescription drugs, he or she can choose not to enroll in "traditional" Medicare and may instead want to pick a plan that includes drug coverage.

Seniors also will have an option of a "MediSave" program, in which a high-deductible policy is purchased and the government deposits money to cover that deductible in an interest-bearing account in a bank of their choice. This gives them complete control over important medical decisions, with their doctors, without worrying about an insurer's or Medicare's payment policies.

The bill introduced this week also exposes the shameless fear tactics of the past few months which have alleged that premium costs for seniors enrolled in Medicare Part B will drastically increase. Today, seniors pay premiums that are 31.5 percent of Part B costs.

Under our proposal, the premiums will continue to be calculated that way, so that they will increase slightly every year, just as they have done since the inception of the program. Beneficiaries will not face any increase in deductibles and co-payments, in contrast to what our critics are claiming.

Under our proposal, doctors and hospitals will be allowed to form provider-service net-

works to cover Medicare benefits, without the insurance company or managed-care company as an intermediary. A group of doctors or hospitals functioning as a network would be required to meet solvency and marketing requirements. Per-beneficiary contributions will be adjusted for age and other factors so that Medicare is providing funds according to need.

The health-care dollars spent by a senior in San Diego may be drastically different than those spent by a senior in Nashua, N.H.—our plan provides for this flexibility. Every Medicare provider must agree to take all applicants and allow participants to stay in the plan as long as they want; no one will be shut out due to an illness or a pre-existing condition.

How do Republicans reduce Medicare's rate of growth—one that has been running at hyperinflationary levels? Two ways: Increased health-care choices for seniors who will spend their dollars more efficiently, and increased competition between providers. In addition, the Medicare Preservation Act will shrink the subsidy Medicare currently provides to more affluent seniors.

According to the Congressional Budget Office, a 65-year-old couple, both retiring this year, will collect \$126,000 more from Medicare than they paid in during their working years.

For millions of seniors, this subsidy is vital to their retirement income security, but this is a luxury the taxpayers cannot afford for wealthier seniors. Single seniors with incomes over \$75,000 and couples with incomes over \$150,000 will begin to pay higher premiums instead of receiving a subsidy from the taxpayers.

The scare tactics and misinformation campaign designed to derail Medicare reform will continue. However, senior participants in the system know that doing nothing to save Medicare is not an option. The calls I have received from seniors in San Diego have been overwhelmingly against the "Mediscare" advertisements.

As one woman from La Jolla asked, "How gullible do the labor unions think we are? Preservation of Medicare means reform, and as long as reform continues to involve dialogue with San Diegans, I have more confidence in the process." I agree, and I urge opponents of Medicare reform to focus on the process of debate, don't further debase the process.

### IN MEMORIAM: THE OFFICE OF TECHNOLOGY ASSESSMENT, 1972-95

#### HON. AMO HOUGHTON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 28, 1995

Mr. HOUGHTON. Mr. Speaker, the Congressional Office of Technology Assessment [OTA], which served the Congress with such great distinction for more than 20 years, will close its doors on September 29, 1995. On behalf of all the Members of this body, I would like to express my deep appreciation to the more than 200 dedicated and talented individuals at OTA who have served us so selflessly. And I want to share with you a brief summary of their accomplishments.

As you know, OTA's job was to provide the Congress with an objective, thorough analysis of many of the critical technical issues of the day. And that it did, examining cutting edge science in medicine, telecommunications, agriculture, materials, transportation, defense, indeed in every discipline and sector important