

dampened their excitement. To ease that burden for parents and students alike, I rise today to introduce legislation that will make the interest on college loans fully tax deductible, permanently, for every student.

Over the course of a lifetime, a college graduate can expect to earn \$1 million more than someone with a high school diploma alone. Yet, as higher education has become more necessary, it has become more expensive. A study released in May by the National Center for Public Policy and Higher Education shows that the price of tuition is now beyond the reach of many working families. Private colleges are just plain unaffordable, and public colleges are becoming less affordable each year. To pay these high costs, students and their parents increasingly take out larger and larger educational loans. The average college graduate with loans begins working with \$11,000–\$18,000 of debt.

I believe that education is the single most important investment we can make in our children's future. Our government believes that home ownership is an investment that the government should support, and it allows the interest on home interest loans to be tax deductible. Congress should extend the same kind of support to student loan interest.

CONGRATULATING COLORADO
STATE UNIVERSITY FOOTBALL

HON. BOB SCHAFFER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. SCHAFFER. Mr. Speaker, I rise today to congratulate the Colorado State University football team for winning the 2002 Rocky Mountain Showdown. On August 31, in front of a crowd of 75,531 fans packed into Invesco Field at Mile High, the Rams defeated in-state rival University of Colorado 19–14.

This win is a result of great offensive play, with two touchdowns from running back Cecil Sapp and one from quarterback Bradlee Van Pelt. In addition, the Rams determined defense helped beat the University of Colorado by capturing four key turnovers.

Although Colorado State was a seven-and-a-half point underdog going into the game, by the end they proved themselves a team not to be underestimated. The Rams have won the Showdown rivalry three of the last four seasons and are compelled to challenge their 18-54-2 record against the University of Colorado football team. Dedicated and powerful, Colorado State players are headed by Coach Sunny Lubick's skillful leadership, which will continue to drive their dominance.

I commend the starting line up for a great game. Starting for the defense Peter Hogan LE, Brvan Save NT, Patrick Goodpaster DT, Andre Sommersell RE, Jeff Flora, Drew Wood MLB, Eric Pauly OLB, Dexter Wynn LCB, Landon Jones FS, David Vickers SS, Rhett Nelson RCB. The starting offensive lineup: Bradlee Van Pelt QB, Cecil Sapp RB, Joey Cuppari WR, Chris Pittman WR, Joel Dreessen HB, Matt Bartz TE, Aaron Green OL, Morgan Pears WG, Mark Dreyer C, Albert Bimper SG, Erik Pears ST. Also, playing special teams: Joey Huber P, and Jeff Babcock PK.

In addition, I congratulate the other team members and coaches who contributed to the

CSU victory: Rahssan Sanders RB, Eric Hill WR, Adam Wade LB, Brandyn Hohns WR, Steve Tufte DB, Jason Hepp, Benny Mastropaolo DB, Henri Childs RB, Miles Kockevar DB, Hayward Adam LB/S, J.J. Stepien WR, Doug Heald LB, Courtney Jones LB, Lavell Mann DL, Jamie Amicarelia OL, Michael Brisiel OL, Russell Sprague WR, Thomas Wallace DE, Brandon Alconcel TE, James Sondrup TE, Jonathon Simon DL, Chris Kiffin, Assistant Coaches John Benton, Mick Delaney, Tom Ehlers, Dan Hammerschmidt, Larry Kerr, Matt Lubick, Marvin Sanders, Brian Schneider, and Jesse Williams.

Congratulations to Colorado State for their victory. I wish them success throughout the remainder of the 2002 football season. Go Rams!

A CALL FOR ACTION: THE CENTERS FOR MEDICARE AND MEDICAID SERVICES NEEDS TO ADDRESS CRNA BILLING ISSUE IMMEDIATELY

HON. DOUG BEREUTER

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. BEREUTER. Mr. Speaker, this Member wishes to submit, for the CONGRESSIONAL RECORD, a letter to Mr. Thomas Scully, Administrator of the Centers for Medicare and Medicaid Services (CMS), requesting that he address a Certified Registered Nurse Anesthetist (CRNA) billing issue immediately. This Member is taking this unusual step for additional visibility in the hope that this serious problem will be fixed immediately.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 17, 2002.

Mr. THOMAS SCULLY,
Hubert Humphrey Building,
Washington, D.C. 20201.

DEAR MR. SCULLY: On behalf of the Nebraska Hospital Association, Nebraska's 56 Critical Access Hospitals (CAH) and the communities they serve, I respectfully request that the Centers for Medicare and Medicaid Services (CMS) address a Certified Registered Nurse Anesthetist (CRNA) billing issue immediately.

As you are aware, most CAHs are eligible to bill for CRNA services on a "pass-through" basis. This means that they receive cost-based reimbursement for those CRNA services. To receive periodic payments for CRNA's services, the CMS has instructed Nebraska hospitals to bill these services, including professional services, on a UB-92 form rather than to the Medicare Part B carrier on a HCFA-1500. The hospitals have also been instructed to use the revenue code "964" to bill for the CRNA's professional services on the UB-92 form.

However, it is my understanding that the CMS non-outpatient prospective payment system code editor (OCE) will not allow CRNA claims to be processed (and as such cannot be paid) with revenue code 964. Consequently, Nebraska hospitals have not received their Medicare payments which have been due for more than a year. Many Nebraska hospitals are having their cash flow suspended by hundreds of thousands of dollars in some cases. Therefore, this is a significant issue to these hospitals.

We have been informed that the CMS will not be able to change the 964 edit until April

1, 2003. A system fix should be made now or at the next quarterly update rather than wait until April 1, 2003. A temporary "fix" has been used by other fiscal intermediaries through the use of revenue code 379 in lieu of 964, which is a generic "anesthesia" revenue code. This will at least allow the hospital claims to be paid. However, one or more fiscal intermediaries are concerned with compliance and fraud and abuse issues and will not allow hospitals to use revenue code 379 as a temporary fix.

In order for CMS to address this problem immediately, I am requesting that CMS issue a letter of instruction or a program memorandum to Nebraska and other fiscal intermediaries (whatever document may be issued in the least amount of time). This letter should be clear in its direction to fiscal intermediaries to use the revenue code 379 as a temporary fix in order to get the hospitals' claims processed without delay. I am aware that a draft program memorandum has been issued with regard to this matter. If the CMS could make that program memorandum final, then fiscal intermediaries could utilize revenue code 379.

In my opinion, the CMS also needs to designate an individual that fiscal intermediaries or hospital associations can contact regarding critical access hospital issues. This individual needs to understand how a CAH operates, as well as how policies changed by the CMS will affect other issues, particularly billing. The 964 revenue code is a good example of problems many CAHs are experiencing. I am certain that any critical access hospital in Nebraska would be glad to host this individual for a tour and orientation of how a CAH operates.

Again, I respectfully request that you address this CRNA billing issue immediately, as it seriously curtails the financial viability of rural hospitals. I look forward to your prompt response and for your information, I intend to place this letter in the CONGRESSIONAL RECORD.

Best wishes,

DOUG BEREUTER,
Member of Congress.

IN RECOGNITION OF TOUCHPOINT
HEALTH PLAN

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 2002

Mr. GREEN of Wisconsin. Mr. Speaker, today I'd like to recognize and honor, before this House, Touchpoint Health Plan for receiving an "Excellent" Accreditation Status by the National Committee for Quality Assurance (NCQA) for its commercial managed care organization.

Being named the "highest performing plan in the nation overall," Touchpoint established itself as one of the premier managed care plans in the country, setting four national benchmarks in the areas of Breast Cancer Screening, Beta Blocker Treatment After Heart Attack and two measures of diabetic care.

No plan in the nation has distinguished itself more consistently in terms of performance measures than Touchpoint. It has a proud history of providing superior care to folks in my northeastern Wisconsin district, receiving a Full Accreditation from NCQA three years ago—the highest level available.

According to NCQA, this accreditation places Touchpoint among "an elite group of