

Social Security. His priorities for agriculture have included export market development, further regulatory relief, and improved risk management options.

In another parallel to my own experiences, BILL BARRETT's public service didn't begin in the Nation's capital. He started at the grassroots level and has been active in local, State, and national politics for many years. He was a member of the Nebraska Unicameral Legislature from 1979–90 and served as Speaker the last four of those years.

As Ohio's Seventh District Representative to the Congress of the United States, I take this opportunity to join with members of the Nebraska Congressional delegation and the rest of his colleagues in the U.S. House of Representatives to honor the efforts and the many outstanding achievements of Representative BILL BARRETT. His many contributions as a Member of the House of Representatives will be long remembered in Congress and by the people of Nebraska.

HONORING CONGRESSWOMAN  
TILLIE FOWLER

**HON. JUANITA MILLENDER-McDONALD**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 3, 2000*

Ms. MILLENDER-McDONALD. Mr. Speaker, it gives me great pride to congratulate my colleague and good friend Congresswoman TILLIE FOWLER on her exemplary service to her district and the nation as she retires from the U.S. Congress.

Congresswoman FOWLER is well known as a determined advocate for a strong national defense and has worked with great success on behalf of the military personnel and facilities in her district and around the country. Congresswoman FOWLER supported me immensely as I secured \$5 million in the Fiscal Year 2000 Defense Appropriations bill for the Women in Military Service for America Memorial at Arlington National Cemetery. These funds were used for much needed maintenance to the memorial. Over the past 3 years Congresswoman FOWLER has joined me in organizing a wreath laying ceremony at the Women's Memorial to pay homage to the thousands of women who have served in our armed services. Congresswoman FOWLER has served graciously and energetically as co-host of this very touching ceremony. The Women's Memorial was dedicated on October 18, 1997 and stands as the nation's only major national memorial honoring women who have served in our Nation's Armed Forces during all eras and in all services.

I have been fortunate to serve with Congresswoman FOWLER on the House Transportation and Infrastructure Committee. Together, we have worked for needed improvements to road, mass transit, water, and public works infrastructure. She is one of the hardest working Members I have had the pleasure of working with on this committee. I applaud Congresswoman FOWLER for her dedication to serving the interests of her constituents and the nation. She has been an outstanding colleague and a good friend. I feel privileged to have worked with the Congresswoman and wish her God speed as she embarks upon another endeavor.

PERSONAL EXPLANATION

**HON. ELIJAH E. CUMMINGS**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 3, 2000*

Mr. CUMMINGS. Mr. Speaker, yesterday, I was unavoidably detained and missed rollcall No. 592. I would have voted "aye."

PERSONAL EXPLANATION

**HON. DANNY K. DAVIS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Friday, November 3, 2000*

Mr. DAVIS of Illinois. Mr. Speaker, I was absent from the House when the following votes were taken. Had I been present on the following items my vote would have been the same as indicated following the resolution.

Oct. 30, 583, H. Res. 663, on agreeing to the Resolution Providing for consideration of S. 2485; and Corrections in the enrollment of H.R. 2614, "yes"; Oct. 30, 582, H. Res. 663, on ordering the Previous Question Providing for consideration of S. 2485; and Corrections in the enrollment of H.R. 2614, "yes"; Oct. 30, 581, H. Res. 662, on agreeing to the Resolution Providing for consideration of certain joint resolutions making further continuing appropriations for 2001, "yes"; Oct. 30, 580, H. Res. 662, on Ordering the Previous Question Providing for consideration of certain joint resolutions making further continuing appropriations for FY 2001, "yes"; Oct. 30, 579, motion, on hour of meeting, "yes"; Oct. 30, 578 H.J. Res. 120, on Passage Further Continuing Appropriations for FY 2001, "yes"; Oct. 30, 577, Journal, on Approving the Journal, "yes"; Oct. 29, 576, H.R. 4577, on Motion to Instruct Conferees Making Appropriations for Labor, Health and Human Services for Fiscal Year 2001, "yes"; Oct. 29, 575, H.J. Res. 119, on Passage Further Continuing Appropriations for FY 2001, "yes"; Oct. 29, 574, Journal, on Approving the Journal, "yes"; Oct. 28, 573, H.R. 4577, on Motion to Instruct Conferees Making Appropriations for Labor, Health and Human Services for Fiscal Year 2001, "yes"; Oct. 28, 572, H.R. 4577, on Motion to Instruct Conferees Making Appropriations for Labor, Health and Human Services for Fiscal Year 2001, "yes"; Oct. 28, 571, H.J. Res. 118, on Passage Further Continuing Appropriations for FY 2001, "yes"; Oct. 28, 570, Journal, on Approving the Journal, "yes"; Oct. 19, H.R. 4541, to Authorize and Amend the Commodity Exchange Act to Promote Legal Certainty, Enhance Competition, and reduce Systematic Risk in Markets for Futures and Over the Counter Derivatives, and for other Purposes, "yes".

MOTION TO INSTRUCT CONFEREES ON H.R. 4577, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT 2001

SPEECH OF

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 31, 2000*

Mr. DINGELL. Mr. Speaker, recently, the House of Representatives passed legislation giving billions of dollars to Medicare providers, the bulk of which went to Medicare HMOs. This legislation did virtually nothing for providers under Medicaid. Yet, in almost every State across the nation, Medicaid payment rates are a fraction of what Medicare pays.

The motion offered by the gentleman from Texas, Mr. BENTSEN, insists that the conferees to the Labor HHS bill ensure provider payments in the Medicaid Program are adequate to ensure that the children, disabled, and working families covered by Medicaid have access to quality health care. I appreciate his commitment to readdress this in the next Congress.

Medicaid covers 38 percent of all births in this country. It pays for 30 percent of all visits to pediatricians. The Medicaid Program insures more than 21 million children in this country. It also pays for a significant portion of nursing home care for the elderly. Medicaid is an insurance program that provides care for the most vulnerable in our society. By failing to ensure that Medicaid provider payments are adequate, access is jeopardized and we are failing our children, our elderly parents, and the disabled who depend on this program for their health care.

In my home State of Michigan, I have worked to ensure providers get adequate reimbursement so that they will continue to participate in the Medicaid Program and provide quality care. But, the situation remains dismal. Medicaid payments for obstetric care in Michigan are less than half of the Medicare rate. Payment for primary care services is also barely half of what Medicare pays. This, at a time when the state has more than a billion dollars in budget surplus and will receive more than 300 million dollars this fiscal year in tobacco settlement money.

In Michigan, what is becoming increasingly troubling is that the state is attempting, by expanding the use of HMOs in Medicaid, to wash its hands completely of any responsibility to ensure providers are paid adequately. The state is shifting beneficiaries wholesale into managed care, yet the state is failing to monitor aggressively the adequacy of HMOs' payments to doctors, hospitals, and nursing homes that provide care for beneficiaries. In Michigan, inadequate provider payments by managed care plans under contract with the state have resulted in disruption in care and difficulty for many in obtaining care. Particularly acute problems have surfaced for individuals with HIV and children with special needs. We have a responsibility to ensure provider payments are adequate for beneficiaries whether they are in fee-for-service or managed care.

Nursing homes too, receive woefully low reimbursement to care for Medicaid beneficiaries. In 2000, it is projected that more than

half of all nursing home care will be paid for by Medicaid. Yet, we know from research, much of which has been conducted by my colleague HENRY WAXMAN and the Government Reform Committee Democratic staff, that conditions in many nursing homes do not meet even the most basic standards.

Given that my colleague from Texas offered this motion, I would like to also mention a few facts about this problem in the state of Texas. A recent Government Reform Committee investigation in Texas examined the 1,230 nursing homes in that state which serve more than 86,000 Texans. Their investigation found that there are serious deficiencies in many of these homes. More than 80 percent of the homes violated federal health and safety standards during recent state inspections. More than half of the homes had violations that caused actual harm to residents or placed them at risk of serious injury.

The State of Texas ranks 45th out of 50 states in terms of nursing home payments for Medicaid beneficiaries. In 1999, the average Texas per diem rate was a little over \$80 per person. The majority of nursing home beneficiaries are the frailest and most vulnerable of all. We have a responsibility to ensure that the payments for the care of our parents are adequate; that the payments do not encourage facilities to skimp on care; and that there is ample staffing to ensure the health and safety of nursing home residents. Unfortunately, many states have not been meeting these responsibilities.

Low provider payments also thwart efforts to promote dental health. A recent Center for Health Care Strategies report on increasing access to dental services in Medicaid noted: "In many states, dentists are not participating in Medicaid programs, mainly due to the low Medicaid reimbursement rates. Dentists have

little financial incentive to see Medicaid patients, and often have a disincentive—they lose money on each patient, as reimbursement rates in many states do not cover costs." If states are not even paying dentists enough to cover costs, how can we expect them to participate?

A September 2000 study by the General Accounting Office confirms this problem: "While several factors contribute to the low use of dental services among low-income persons who have coverage for dental services, the major one is finding dentists to treat them. Some low-income people live in areas where dental providers are in short supply, but many others live in areas where dental care for the rest of the population is readily available."

In Texas in 1998, there were 8,656 active dentists in the state—only 1,923 of them—or 22 percent—treated Medicaid patients. This number is clearly not adequate to treat the 2,680,583 Medicaid patients enrolled in the state in that year. These low payment rates are denying children access to dental services. A child with a toothache, like anyone else, has a hard time concentrating or learning.

Letters from the National Governors' Association and the National Council of State Legislatures threatened cuts in state Medicaid programs and reductions in coverage if the motion were adopted. I am appalled by their callous statements. It is miserly and uncompassionate to say that, in this time of record prosperity, states cannot afford to pay providers so that the most vulnerable, sickest, and frailest members of society can be assured decent care. Especially when on average nearly 60% of every dollar of Medicaid spending is contributed by the Federal Government.

Perhaps what the Republican governors who support the NGA threat mean is that they would choose to allocate their money differently. My home state of Michigan has managed to provide tax cuts for the rich in three of the past four years. Last year they enacted a \$300 million tax cut, yet they have done little to address the inadequacy of provider payments in Medicaid. Many Republican governors, it appears, would rather help their wealthy friends, than spare a dime to help children, elderly, and pregnant women who depend on Medicaid for their health insurance coverage.

Some members that oppose ensuring adequacy of Medicaid payments argue that we voted for the repeal of the so-called "Boren Amendment" in the Balanced Budget Act of 1997 (BBA) and now we're reversing our position. I would just remind my colleagues that we voted for a lot of provisions in the BBA. Many of us also voted for Medicaid provider cuts. Now, however, we recognize the deep impact on these cuts on providers and beneficiaries—both in Medicare and Medicaid.

We recently passed a bill that added billions to Medicare provider payments, but the Republican Leadership stripped out many of the provisions helping Medicaid providers. Medicaid providers must be paid adequately. How can we expect providers to remain committed to providing quality care and continue treating patients in Medicaid if their reimbursement does not even cover their overhead costs? About 20 percent of children in this country are covered by Medicaid, as are about four million seniors. They don't have legions of well-paid lobbyists roaming the halls of Congress, and they don't contribute large sums of money to political campaigns. But they need and deserve our help.