

THE SILVER ANNIVERSARY CAPITAL PRICE FESTIVAL, JUNE 2-11, 2000

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2000

Ms. NORTON. Mr. Speaker, I rise to pay tribute to the 25th Annual Capital Pride Festival, a celebration of and for the National Capital Area's lesbian, gay, bisexual, and transgendered communities and their friends.

Since its beginning in 1975, the Capital Pride Festival has grown from a small block party into a nine-day series of events. On Sunday, June 11, 2000, the Festival will culminate in a large downtown parade and a magnificent Pennsylvania Avenue street fair attended by people of all backgrounds from the District and the region. In 1999, more than 200 contingents marched in the parade; more than 200,000 people attended the street fair in the shadow of the Capitol; and hundreds of vendors and organizations set up stalls, booths and pavilions. The street fair featured more than five hours of local entertainers and national headline performers.

Last year, when I recognized this celebration in the House, it had been 35 years since the passage of the Civil Rights Act of 1964. Yet another year has passed, and despite evidence of pervasive prejudice in employment, Congress has not yet protected sexual ori-

entation from discrimination. Far worse, in the fact of many reports of violence and physical abuse, Congress has not yet enacted protection against abuse solely because of a person's sexual orientation. Congress must pass the Employment Non-Discrimination Act (ENDA). Congress must pass the Hate Crimes Prevention Act and, now, Congress must pass the Permanent Partners Immigration Act of 2000.

In this new millennium, let us achieve the American goal of eliminating discrimination based on sexual orientation, unite loved ones, celebrate the accomplishments of the Gay and Lesbian Community, and remember those who we have lost.

Mr. Speaker, I ask the House to join me in saluting the 25th Annual Capital Pride Festival, its organizers, the Whitman-Walker Clinic and One-in-Ten, its sponsors, and the volunteers, whose dedicated and creative energy make the Pride Festival possible. May we truly have "Pride 25."

TAX CREDITS WITHOUT INSURANCE REPORT DON'T WORK: PART 2

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2000

Mr. STARK. Mr. Speaker, yesterday, I submitted data (page E247) showing that refundable tax credits to purchase health insurance don't work, unless we accompany the credits with insurance reform.

Yesterday's data on 120 different price quotes for individual and family insurance did not include any follow-up calls to the insurers to see what would happen if there were medical underwriting.

I asked my staff to call 8 insurers in the Los Angeles and Northern Virginia markets which had provided quotes through the Internet service, Quotesmith.com. My staffer confirmed the Internet quoted price and then said, "Oh by the way, four years ago, I had a bout of skin cancer. . . ." You would have thought my staffer had an active case of bubonic plague! the results are listed below.

Again, Mr. Speaker, this small sample experiment shows that refundable tax credits without insurance reform are not worth much. I urge Members interested in this approach to consider the types of reforms included in H.R. 2185.

PRICE QUOTES AFTER MEDICAL UNDERWRITING

Health insurance company	Price before cancer (per month)	Price after cancer (per month)	Response ¹
Los Angeles, California			
Blue Cross of California	\$109	\$501/\$288	A physical is required. Initially, 15-20% increase in rates for pre-existing conditions. when condition specified as cancer, there is a temporary plan that is offered for a period of 5-6 months at \$501, until the actual plan of \$288 has an opening.
Health Net Life Insurance	107	0	Access was automatically denied over the phone once the condition of cancer was mentioned.
CPIC Life	125	0	Access was automatically denied over the phone once the condition of cancer was mentioned.
Aetna US Healthcare	171	0	Only provide coverage through employment.
CIGNA	134	N/A	No physical is required, however there is a set of questions that need to be answered before exact rate can be given.
FAIRFAX COUNTY, VIRGINIA			
Celtic Life	167	167	Do not increase their prices based upon any pre-existing condition. However, they will either include a rider coverage, exclusion clause, or decline coverage.
Reliance Insurer/Ultimate choice Company	113	N/A	Possible chance for increase, however more incline to provide exclusion clause.
Unicare Life and Health Insurance	164	1,2 164	Based upon actual diagnosis there maybe a waiver clause added that will eliminate any sort of payment for conditions related to the cancer for either 2,5, or 10 years after entering the plan.

¹ Responses based upon information from sales representatives not actual underwriters.
² Company may or may not increase fees, based upon doctor's findings and underwriters suggestion.

LETTER OF GRATITUDE

HON. BERNARD SANDERS

OF VERMONT
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2000

Mr. SANDERS. Mr. Speaker, I insert for printing in the RECORD the following letter from Robert and Patricia Arnold of Newport, Vermont expressing their gratitude to the personnel of the Naval Nuclear Power Training Command for taking action to save their son, Nathaniel's, life.

I believe the views of Robert and Patricia Arnold will benefit my colleagues.

NEWPORT, VT,
December 27, 1999.

Admiral [Frank L.] BOWMAN
Director, Dir. Div. of NAVREACT DOE, Washington, DC.

DEAR ADMIRAL BOWMAN, On November 23, 1999, our eighteen year old son, Nathaniel Spencer Arnold, a Seaman in training at Naval Nuclear Power Training Command, was admitted to the hospital and near death as a result of a serious illness he had encoun-

tered in the preceding six weeks. Nathaniel had enlisted in the Navy on July 29th, 1999, competed boot camp, and was three weeks into his training at Naval Nuclear Power Training Command. He had graduated from boot camp with academic honors for his division and, as of November 24th, was maintaining a 3.2 average at Naval Nuclear Power Training Command. The significance of his efforts and ability are better understood with the knowledge that he maintained this standing at Naval Nuclear Power Training Command while losing 45 of his normal 150 pounds in the course of battling the illness he had encountered during the preceding six weeks. It is also indicative of the value Nathaniel placed on fulfilling his desire to enter the Navy and to excel at his chosen career.

On November 26, we were contacted by Lt. Callahan, acting in behalf of the Navy and the Naval Nuclear Power Training Command, to notify us of the seriousness of our son's illness and to arrange for and make the travel arrangements to get my wife and I down to Charleston. We were informed that due to the seriousness of his illness, the Navy had established a watch for him pending either his recovery or his death. It would

be difficult to detail all the events which have transpired since that eventful day but suffice it to say that despite his prognosis at the time, Nathaniel survived his illness and went on to impress the doctors with his remarkably quick and continuing recovery process. Words can never express the personal meaning to us of Nathaniel's recovery.

Nonetheless, we can express our appreciation to the Navy and the personnel acting in behalf of the Navy for the efforts taken in behalf of Nathaniel and ourselves. This letter is written to express for the record our deep appreciation to the Navy and its representatives at the Naval Nuclear Power Training Command in Charleston, South Carolina, for those efforts. It is very plain to us that Nathaniel's life would have been lost but for the efforts of the Navy in securing the medical treatment he received. It is also very plain to us that our presence with Nathaniel also played an important role in his survival of that eventful night of November 26th in which he turned the corner with respect to battling his illness. . . . a presence he would have been denied but for the help we obtained with our travel arrangements through the efforts of the Navy personnel at Naval Power Training Command.

I would like to specially recognize Captain Hicks, the commanding officer of the NNPTC, for his role in ensuring that the Naval Nuclear Power Training Command offered its best to Nathaniel and ourselves during this process. And I would be remiss not to mention the efforts of Commander Crossley and Lt. Callahan for the quality of their efforts in Nathaniel's and our behalf. I would like to commend Commander Crossley for his direct interest and rapport with Nathaniel which contributed in no small way to Nathaniel's recovery. And I would like to commend Lt. Callahan for his personal interest and the thoroughness with which he carried out the directions of Captain Hicks and Commander Crossley in ensuring that everything possible was done for Nathaniel and ourselves while in Charleston. And the direct interest of not only Petty Officer Baker but also his wife in Nathaniel's well-being during his hospitalization should not be omitted. All of these individuals contributed not only in Nathaniel's recovery but also conveyed a very positive image of the Navy to all involved in this process. . . . from the hospital staff all the way down to the family and friends of the other residents of the Intensive Care Unit at the Trident Medical Center in Charleston and ourselves.

We would like to do all we can to recognize the Navy's efforts in helping Nathaniel successfully recover from his illness and to recognize the individual endeavors of the Navy personnel in carrying out those efforts. We would also like to recognize the excellent relationship which exists between the Navy and the medical staff of the Trident Medical Center which permitted Nathaniel to receive the care he required. This letter is being written for that purpose and my wife and I hope that it has, in some way, accomplished our desire to recognize the Navy, its personnel, and those operating in behalf of the Navy for their excellence in returning to us the life of our son.

Very truly yours,
ROBERT AND PATRICIA ARNOLD.

THE MEDICARE WELLNESS ACT OF
2000

HON. MARK FOLEY

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2000

Mr. FOLEY. Mr. Speaker, for far too long, our health care system has been taking the wrong approach. The primary focus has been on treating people once they become sick rather than preventing their illness in the first place. I have often spoken out in favor of a greater focus on preventive health care. My home state of Florida has one of the largest senior populations in the country. Heart disease and cancer account for roughly 60% of deaths in the state each year, with strokes contributing significantly to the other 40%. It would be great if we could cut the incidence of heart disease and strokes in half by providing individuals with nutrition and smoking cessation counseling.

More and more, health care providers and health insurance companies in the private sector are making periodic disease screening and lifestyle counseling available to their patients at no extra cost. In fact, they are encouraging their patients to take advantage of these services. Although we did pass several very impor-

tant preventive benefits in the Balanced Budget Act of 1997, I would like to see the federal Medicare system play a greater role in promoting disease prevention and healthy lifestyles.

I am pleased to join Congressman LEVIN in sponsoring the Medicare Wellness Act in the House to encourage this fundamental shift in Medicare policy. In addition to expanding disease screening and prevention services, this bill will also create mechanisms within the Department of Health and Human Services to increase awareness of factors that impact health and to encourage a change in personal health habits.

Not only does preventive care create a healthier population with a higher quality of life, it also saves money. This is especially important for the Medicare system as we struggle to control its spending to maintain its solvency in the wake of rising health care costs. Even though expanding preventive benefits will cost money in the short term, the long term savings will be immense. Keeping people healthier will reduce the number of hospital admissions, operations, and drug prescriptions—three of Medicare's highest cost items.

I am confident that with the combined efforts of Congressman LEVIN and myself—along with Senators GRAHAM, JEFFORDS and BINGAMAN—the Medicare Wellness Act will be a significant part of any Medicare legislation that is considered this year.

MEDICARE WELLNESS ACT OF 2000 SUMMARY

The Medicare Wellness Act represents a concerted effort to change the fundamental focus of the Medicare program. It would change the program from a sickness program to a wellness program, one that treats illness before it happens.

Title I: Establishes the Healthy Seniors Promotion Program. This program will bring together all the agencies within the Department of Health and Human Services that address the medical, social and behavioral issues affecting the elderly and instruct them to conduct a series of studies that will increase knowledge about and utilization of prevention services among the elderly.

Title II: Adds several new preventative screening and counseling benefits to the Medicare program, including: screening for hypertension, counseling for tobacco cessation (for those with a history of tobacco use), screening for glaucoma (for high-risk beneficiaries), counseling for hormone replacement therapy, screening for vision and hearing loss, nutrition therapy (for high risk beneficiaries), expanded screening and counseling for osteoporosis, and screening for cholesterol (for beneficiaries with a history of heart disease).

Title III: Establishes a health risk appraisal and education program aimed at major behavioral risk factors such as diet, exercise, alcohol and tobacco use, and depression. This program will target both pre-65 individuals and current Medicare beneficiaries. The main goal of this program is to increase awareness among individuals of major risk factors that impact on health, to change personal health habits, improve health status, and save the Medicare program money.

Titles IV and V: Authorize prevention demonstration projects and require the Institute of Medicine to conduct a study every five years to assess the scientific validity of the entire

Medicare prevention benefits package. The study will be reviewed by Congress using a "fast-track" process which will force Congress out of the business of micro-managing the Medicare program.

Title VI: Authorizes a demonstration project on depression screening. The results will be evaluated by the Institute of Medicine, which will make recommendations to Congress about whether to add this benefit to Medicare.

THE MEDICARE WELLNESS ACT OF
2000

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 9, 2000

Mr. LEVIN. Mr. Speaker, today I am pleased to join with my colleague, MARK FOLEY, in introducing the Medicare Wellness Act of 2000. We believe this bill will accelerate Medicare's transformation from a "sickness" program to a "wellness" program. Helping seniors stay healthy improves quality of life for Medicare beneficiaries, and in the long run, it will save Medicare money on hospitals and nursing homes.

The Medicare Wellness Act would modernize Medicare by adding basic preventive care benefits. Most working Americans take these benefits—things like blood pressure screening, glaucoma testing, and cholesterol screening—for granted. Unfortunately, the Medicare program currently pays nothing if seniors choose to get these screenings.

In 1997, Congress added the first preventive care benefits to Medicare. For the first time, Medicare beneficiaries could get mammograms, colorectal cancer screening, and diabetes self-management services. Unfortunately, the number of seniors getting those screenings has not increased as much as we hoped. Part of the reason is that all those benefits are still subject to Medicare cost-sharing. For many seniors, that means they still can't afford to get the screenings they need. Another problem is that seniors simply are not aware of the new benefits. The Medicare Wellness Act would correct both problems by eliminating cost sharing for prevention services and authorizing new public education efforts.

In my congressional district, use of Medicare's prevention benefits is still disappointingly low. According to researchers at the Dartmouth Medical School, over 70% of my senior constituents do not receive annual mammograms, and over 80% are not screened for colorectal cancer. I believe the Medicare Wellness Act will help improve these rates, while also giving 1.4 million people in Michigan access to new prevention benefits.

We are pleased to be joined in this effort by Senators BOB GRAHAM, JIM JEFFORDS, and JEFF BINGAMAN, who have introduced companion legislation in the other body.

The bipartisan, bicameral consensus that Medicare needs to cover preventive benefits gives us a real opportunity to improve Medicare now. The sooner we act, the sooner senior citizens will have better health insurance.