

and has served on the California State Parks Accessibility Task Force.

Ms. Cangemi has been honored by the California Department of Rehabilitation and the Point Reyes National Seashore, and has received the J.C. Penney Golden Rule Award. Ms. Cangemi and her organization have been featured in several magazines, and Ms. Cangemi has published articles on access.

Mr. Speaker, Phyllis Cangemi is truly an outstanding citizen of the 14th Congressional District. I am privileged to represent her and proud to enter these words of congratulations into the RECORD.

LEGISLATION TO GRANT A MEDICAID WAIVER TO D.C. CHARTERED HEALTH PLAN

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 4, 1993

Ms. NORTON. Mr. Speaker, I am pleased to introduce a bill to direct the Secretary of Health and Human Services to waive for 3 years the 75/25 requirement, described in section 1903(m)(2)(A)(ii) of the Social Security Act, as applied to D.C. Chartered Health Plan, Inc. This legislation is vital to the District of Columbia because it will allow D.C. Chartered Health Plan, a high quality health maintenance organization, to continue providing health care services to low-income residents of the District for whom there is no other care of comparable quality, especially at the cost.

D.C. Chartered Health Plan is a private, managed-care organization that has been in existence since 1986. Chartered's emphasis on preventive health care for its low-income patients has resulted in a decrease in the number of unnecessary emergency room visits and in overall improved health among its enrollees. Chartered's long-term commitment to quality health care for low-income people is further demonstrated by its work in providing free services, such as vaccinations and blood pressure checks, in some of the neediest Washington neighborhoods.

Under current law Federal Medicaid funds are available only to match State expenditures under risk-based contracts with HMO's and other prepaid plans if at least 25 percent of the enrollees in the plan are not Medicaid or Medicare recipients, the 75/25 requirement. Between 1988 and 1991, D.C. Chartered operated under an initial 3-year waiver of the 75/25 requirement as provided by law and had a comprehensive risk contract with the District of Columbia. During this time period Chartered saved the District at least \$3 million it otherwise would have spent with the traditional Medicaid Program.

As a relatively newly established HMO, Chartered has not yet been able to meet the 75/25 requirement because of the problems presented in competing in the commercial market against large, long established plans. Chartered's initial waiver expired over 1 year ago. Since expiration of the waiver, the District of Columbia Medicaid Program has maintained a cost contract with D.C. Chartered, with the hope that Chartered's waiver would be extended and thereby allow the District to renew its risk contract with Chartered. The cost contract poses particular problems be-

cause Chartered has significantly expanded coverage and access to Medicaid enrollees by seeking better primary care access to physicians and by providing outpatient coverage and transportation assistance, even where it would not ordinarily be provided by D.C. Medicaid. Under a risk contract Chartered was able to afford these benefits by assuring early intervention and avoiding unnecessary and expensive institutional care. However, the terms of Federal requirements for a cost contract are not flexible in allowing or recognizing many costs that Chartered has found necessary in order to operate an effective prepaid program.

D.C. Chartered is the only prepaid organization participating in the D.C. Medicaid Program. Many of the valuable health services Chartered provides are above and beyond what is required by the Medicaid Program. Further, under the terms of Chartered's participation in the D.C. Medicaid Program, Chartered is subject to annual quality assurance audits, the results of which have been consistently outstanding. Unless Chartered is granted an extension of the waiver as this bill provides, its services may no longer be as widely available in the District, thereby leaving a huge void in the health care options for the neediest of District of Columbia residents. Further, the District government could not replace Chartered's services at the same level of cost and quality. In these fiscally tight, cost-conscious times, D.C. Chartered stands as a glimmer of hope. I urge my colleagues to support this bill when it comes to the floor.

RURAL ECONOMIC DEVELOPMENT RESOLUTION

HON. BOB CLEMENT

OF TENNESSEE
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 4, 1993

Mr. CLEMENT. Mr. Speaker, 2 weeks ago President Clinton presented to Congress, an extensive and bold economic stimulus agenda for America. An agenda that is designed to encourage job and economic growth through investment in our Nation's infrastructure and other fiscal initiatives.

Today I am introducing the "Rural Economic Investment and Revitalization Resolution." The point of my resolution is simple. Rural America deserves recognition from both Congress and the President during the consideration of economic stimulus proposals.

Mr. Speaker, rural communities across America provide a vital role in the economic health and well-being of the United States. Twenty-one percent of the total U.S. employment is located in rural areas. Employment in these areas however, increased by only 12 percent between the years of 1979-89 while employment in metro areas increased by nearly 21 percent during this time.

Now, I encourage the job and economic growth of metro areas, but these statistics simply highlight the inequalities rural areas experience in economic development initiatives. These inequities were the major cause for nearly half of all rural counties in America to lose population in the mid-1980's.

Rural areas provide a strong traditional heritage which has continued to be vital to the American spirit. The United States Census Bureau defines 97.5 percent of the land area in

America as "rural." This, combined with the fact that 24 percent of all Americans reside in rural areas, stresses the point that economic investment in rural development is investment in America.

The types of incentives which are required for improved economic growth in rural areas are infrastructure improvement, small business assistance and educational enhancement programs; all of which encourage economic revitalization.

Mr. Speaker, if America were a body then rural areas would surely be considered its heart. Congress and the President cannot afford to miss the opportunity to commit ourselves to rural America. To neglect rural America is to neglect the heart of America. We simply cannot afford not to invest in rural America. The importance of these areas in the revitalization of the American economy is unlimited. I strongly urge my colleagues in Congress to support this resolution.

THE FIRST-TIME HOMEBUYER AFFORDABILITY ACT OF 1993

HON. BILL ORTON

OF UTAH
IN THE HOUSE OF REPRESENTATIVES

Thursday, March 4, 1993

Mr. ORTON. Mr. Speaker, last Thursday, I introduced the First-time Homebuyer Affordability Act of 1993 on behalf of myself and many other colleagues. The purpose of this bill is to increase homeownership opportunities for families and individuals struggling to buy their first home.

If enacted, this provision would allow the direct use of IRA funds—without tax or penalty—to make a down payment for a first-time home purchase. It would also allow a parent to use IRA funds for a loan or downpayment assistance to a son or daughter buying their first home.

Two weeks ago, President Clinton introduced his comprehensive economic plan. In the introduction to this plan, the President articulated a vision of fundamental change—"to invest in people, to reward hard work and restore fairness, and to recognize our families and communities as the cornerstones of America's strength."

One of the best ways to promote families and communities in our country is to raise our level of homeownership. The First-time Homebuyer Affordability Act of 1993 would do precisely that by addressing the fundamental problem young people face in buying their first home—accumulating the necessary cash to meet down payment requirements. It does so by dynamically accessing the \$650 billion pool of funds currently found in IRA accounts.

Congress has already recognized the potential of opening up IRA funds for home purchase. Last year, we twice passed comprehensive tax bills containing a waiver of the 10 percent penalty for premature withdrawal of IRA funds for a first-time home purchase. Accessing IRA funds for this purpose only makes sense. After all, what better long-term savings and investment vehicle is there than the purchase of a single family home. For probably the majority of retirees, equity in a home is the single greatest asset. Therefore, I expect that as we debate and act on a comprehensive tax bill in the next few months, a