of a DEA investigation whenever a patient's death can be linked to the use of a controlled substance.''

If we've learned anything from the managed care debate, it is that the American public wants medical decisions made by doctors and their patients—not health plan or government bureaucrats. This bill goes in the opposite direction from those desires.

We are at this point not because of any need for a new law. We are here because the Christian right is pushing this issue as yet another part of their wish list. They want to force it through the process even though there are serious, legitimate questions about its unintended consequences. Its supporters want it passed regardless of those concerns so that it can send a political message. We should resolve those concerns, not shut our eyes and rush it into law.

The last minute appropriations gimmick is Congress at its worst. Because there is legitimate opposition to passing the legislation through the regular legislative process, this is an attempt to tie the Department of Justice's hands via Congress' ability to control their spending authority. I strongly oppose inclusion of this provision in the omnibus appropriations package and urge my colleagues to join me in defeating this misguided legislation, which attempts to please a political constituency at the cost of appropriate medical care for terminally ill patients.

DISSENTING VIEWS TO H.R. 1842 OMITTED FROM COMMITTEE ON RESOURCES REPORT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. MILLER of California. Mr. Speaker, due to an administrative error, dissenting views were inadvertently omitted when the Committee on Resources filed House Report No. 105–781, on H.R. 1842, a bill to terminate further development and implementation of the American Heritage Rivers Initiative. I submit a copy of the dissenting views that would have been filed on this legislation to be printed in the CONGRESSIONAL RECORD. I have also asked that these views be included in the official Archive of the legislative history of this bill.

H.R. 1842—DISSENTING VIEWS

The American Heritage Rivers Initiative is intended to make the government serve the people more efficiently—and in fact that is what it will do. The program would affect only rivers where the local citizens have specifically requested the designation of their rivers as American Heritage Rivers. H.R. 1842 is a bill that would prevent the President from responding to those requests and coordinating the delivery of government services to those local communities. We must oppose this bill, which would stand in the way of government efficiency and effectiveness.

The American Heritage Rivers Initiative is designed to help citizens who ask for assistance with federal river programs. It is driven entirely by requests from local communities who ask to have their rivers designated, and specify the federal programs they believe can serve community goals for their rivers. Once the designations are made, the program will continue to be guided by *local* goals for river restoration and economic development. The designated ''River Navigator'' will respond to *local* requests to coordinate federal agency assistance.

The American Heritage Rivers Initiative doesn't involve new regulatory authority or new land acquisition. It simply coordinates existing federal programs and asks the federal government to be more responsive to the people. It will not impose any new federal mandates on private land. In fact, the Executive Order on the American Heritage Rivers Initiative provides repeated assurances that no such actions will occur and that Fifth Amendment rights will be protected. And of course, zoning and land use decisions will remain under local control. Nothing about the American Heritage Rivers Initiative changes that traditional local authority.

Concerns have been raised regarding the participation of designated ''River Navigators'' in local court proceedings and zoning board hearings. CEQ Chair Kathleen A. McGinty assured the Committee that the River Navigators would not take such action in their roles as River Navigators. Obviously, the White House cannot anticipate every circumstance where the government might be sued and federal employees might have to testify. But the White House has promised that River Navigators will not be intervening in local courts and zoning boards in their roles as River Navigators. This is as much as could be expected.

The American Heritage Rivers Initiative will not impose new zoning or new regulations on private property. It will not involve new federal land acquisition. It will simply respond to local communities who request help in accessing government services. We oppose the bill to terminate this worthwhile program.

GEORGE MILLER, ED MARKEY, NEIL ABERCROMBIE, ENI FALEOMAVAEGA, SAM FARR, PATRICK KENNEDY, ADAM SMITH, DONNA CHRISTIAN-GREEN, LLOYD DOGGETT, DALE KILDEE, FRANK PALLONE, NICK JOE RAHALL, BRUCE VENTO, MAURICE HINCHEY, CALVIN DOOLEY, WILLIAM DELAHUNT, CARLOS ROMERO-BARCELO

IN HONOR OF BROOKLYN COPS AWARDED THE TOP COPS AWARD

HON. EDOLPHUS TOWNS

OF NEW YORK,

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. TOWNS. Mr. Speaker, I rise today to pay tribute to the Brooklyn Police Officers who were honored in the Top Cop Award Ceremony.

These men, who everyday place themselves on the line are a vital resource to Brooklyn in particular and New York State in general. Their heroism above and beyond their call to duty is an admirable and honorable task. These officers without regard for their own safety, used their excellent training and resources to thwart a potential domestic terrorist act.

With the use of civilian informants, the officers were made aware of plans to use explosive devices with the intent of targeting and destroying a section of the New York subway system. One can imagine the tragedy that may have ensued had those deadly plans been carried out. Thanks to the expedient tactical plans created by the officers they were able to catch the would be domestic terrorists before they were able to do any harm. This act is just one of the many these officers do day in and day out constantly protecting civilians from unseen dangers and harm.

These officers embody the true and honorable spirit of law enforcement. They stand as shining examples of what it means to uphold law and justice. Though they deserve so much more for their constant and tireless commitment, this award shows our support and understanding of the danger of the job they do for us everyday. I want these officers to know that I personally thank them for protecting me and my loved ones from an all too close possible incident of domestic terrorism. May their honor and valor stand as an example to others, officers and civilians, of the true meaning of dedication and selflessness.

Mr. Speaker, I would like to ask you and my colleagues on both sides of the aisle to rise with me to give a well deserved round of applause for Brooklyn's Top Cops—Officer Joseph Dolan, Sergeant, John A. English, Jr., Officer Michael F. Kenan, Officer David Martinez, Lieutenant Owen C. McCaffrey, Deputy Inspector Raymond McDermott, Captain Ralph Pascullo, and Officer Mario Zorovic.

SENSE OF CONGRESS REGARDING FORMER SOVIET UNION'S REPRESSIVE POLICIES TOWARD THE UKRAINIAN PEOPLE

SPEECH OF

HON. TOM LANTOS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, October 10, 1998

Mr. LANTOS. Mr. Speaker, I join my colleagues on the House International Relations Committee in supporting the adoption of House Concurrent Resolution 295 remembering the suffering of the people of Ukraine on the 65th anniversary of the horrendous 1932–1933 famine which resulted in the death of more than seven million people—a quarter of the population of that land.

Such massive loss of life, Mr. Speaker, is always a great tragedy, but the Ukraninian famine was a particularly devastating event because it was largely an articial diaster—it was the consequence of vicious misguided policies of the Stalinist regime in the Soviet Union. In 1929, the Soviet dictator, Josef Stalin, decreed the implementation of the policy of collectivization in agriculture, largely to ensure government control over the country's agriculture. This was done in order for the totalitarian government in the Kremlin to control more of the country's agricultural products to provide hard currency and capital for investment in industrialization.

After forced collectivization began in 1929, the rural population of Ukraine began to suffer. The diet of the population began to worsen. By the fall of 1931 the people of this rich breadbasket were trying to survive on a diet of potatoes, beets and pumpkins. Hunger people from Ukraine were traveling in ever larger groups to neighboring areas, particularly to Russia, to find food.

By the spring of 1932 people began to die of starvation. Conditions were so difficult that when peasants began the spring sowing, they kept the seeds that were necessary for that year's crop home for their children to eat. This

further exacerbated the crisis. Western journalists provided reports of the seriousness of the situation in Ukraine, and the few non-Soviet visitors who were permitted to visit Ukraine confirmed the seriousness of this tragedy.

Demographers who have carefully studied this era have concluded that seven to ten million people died as a consequence of this government-induced famine and the terror and repression carried out against peasants in Ukraine. When Members of Congress wrote to the Soviet government at that time, the Soviet Foreign Minister responded by calling reports of the famine 'lies circulated by counterrevolutionary organizations abroad.''

Mr. Speaker, it is most appropriate that we commemorate—in sorrow and in regret—this tragic episode in the history of Ukraine. It is important that in remembering this period, we commit ourselves to take action to prevent similar atrocities in the future in Ukraine or in any other nation.

This is also an occasion, Mr. Speaker, for us to rejoice that the people of Ukraine are now in the position to determine their own destiny. As a free and independent nation, the fate of the people of Ukraine now lies in their own hands. It is important for the people of Ukraine to know that we in the United States welcome their independence and that we are committed to their success as they seek to move toward a free and open and democratic society and toward a prosperous and free market economy.

Mr. Speaker, I join in marking this tragic era in the history of Ukraine, and I extend my best wishes to the people of Ukraine as they work to assure that such a catastrophe never befalls their country.

LIHEAP PROGRAM

SPEECH OF

HON. LUCILLE ROYBAL-ALLARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Ms. ROYBAL-ALLARD. Mr. Speaker, I am outraged that the Labor, Health and Human Services Appropriations bill has eliminated all funding for LIHEAP, the Low Income Home Energy Assistance Program.

This critical program provides energy assistance to over 170,000 households in my home state of California and over 4 million needy families nationwide. Many of these families have young children and over half include elderly or handicapped persons.

By eliminating LIHEAP, Congress is causing unnecessary suffering and forcing poor families to choose between heating their homes and buying food for their children. When winter temperatures fall below zero, children can freeze to death.

When heat waves soar above 90 degrees, the elderly and handicapped are at high risk of heat stroke and other grave health complications. The heat wave in Texas this past summer killed over 100 people, many of whom were elderly. Clearly, air conditioning is a life and death matter.

This vital program can be fully funded for the modest sum of 1.1 billion dollars. It is unconscionable that we would even consider eliminating this inexpensive and compassionate program.

I urge my colleagues to restore full funding for the LIHEAP program in the omnibus appropriations bill.

MANAGED CARE MANAGES NOT TO CARE ABOUT MEDICAL PRIVACY

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 13, 1998

Mr. MARKEY. Mr. Speaker, on September 27, The Washington Post chronicled a shocking violation of patient privacy and the aggressive tactics of Pharmacy Benefits Managers. This article shines a light on efforts by PBMs, often owned by drug manufacturers to accumulate extremely sensitive and private medical data on individuals which they claim is being used to manage their health plans more economically. The article describes the experience of a woman whose prescription purchases were tracked by a pharmacy benefits manager, which in turn, used the information to inform her doctor that she would be enrolled in a ''depression program'', to monitor her prescriptions for anti-depression medication and to target her for ''educational'' material on depression. Even more alarming is that her employer had free access to all this sensitive information.

As it turns out, this woman was not suffering from any depression-related illness. Her doctor prescribed the medication to help her sleep. She had no idea that by signing up for her managed care plan, she was signing up for an invasion of her privacy. By using her prescription-drug-card, the privacy she had every right to expect between patient, doctor and pharmacist was breached and abused

This story serves to underscore my concern that laws protecting the privacy of personal information are woefully inadequate. In this electronic age, we must strengthen our privacy rights in proportion to the supersonic speed at which privacy can now be stripped from unsuspecting patients. I urge my colleagues to reflect on this situation and to work to address it in the next Congress.

[From the Washington Post, Sept. 27, 1998]

PLANS' ACCESS TO PHARMACY DATA RAISES PRIVACY ISSUE—BENEFIT FIRMS DELVE INTO PATIENT RECORDS

By Robert O'Harrow Jr.

Joan Kelly knew she would save money at her pharmacy when she used her prescription-drug card to buy an antidepressant her doctor prescribed to help her sleep. Instead of paying $17 for a month's supply of trazodone, she paid just $8.

But Kelly didn't know that when she filled her prescription last fall at a drugstore in Austin, Tex., she would also be swept up in a technology-driven revolution to control medical costs, a new kind of managed care that trampled on her notions of privacy.

Sensitive information about her prescription was flashed to PCS Health Systems, a company in Scottsdale, Ariz., that administers her pharmacy benefit on behalf of her health insurance plan. Computers instantly matched her information with other data previously collected about medications she had been taking, and the new data was stored for review by PCS administrators.

A few months later, PCS sent Kelly's doctor a letter. At the request of Kelly's employer, it said, the company had peered into one of its databases of more than 500 million prescriptions, pinpointed her as someone who used antidepressants and enrolled her in a ''depression program.'' Kelly's prescriptions would not be monitored, it said, and the doctor would be notified of any lapses. Kelly also would be sent educational material on depression.

The aim of the company, the letter noted, was to ''optimize pharmaceutical care.''

When Kelly's doctor told her about the letter, Kelly began to fret about being watched. She wondered if her bosses at Motorola Inc., which runs its own health insurance plan, would mistakenly think she was mentally ill.

''I feel it's an invasion of privacy,'' said Kelly, 50, who has worked at Motorola for 20 years as an engineering assistant. ''I feel that if I go looking for a job or a promotion, they'll say, 'She's on antidepressants.'''

A Motorola spokesman said the company chooses not to receive information about specific employee prescriptions, but there are no laws preventing it from doing so. Indeed, there are few federal rules governing the use of personal information by companies such as PCS.

They are called pharmacy benefit managers. Not long ago, such companies primarily determined if individuals' prescriptions were covered by a health plan. Today, they are technology-savvy giants that stand at the heart of a dramatic change in how medicine is being practiced under managed care.

Using powerful computers, these firms have muscled their way into what was once a close and closed relationship between patients and their doctors and pharmacists. They have established electronic links to just about every pharmacy in the United States. And they now gather detailed prescription information on the 150 million Americans who use prescription cards. PCS, which administers the benefit of 56 million people, adds about 35 prescriptions a second to a storehouse of 1.5 billion records.

PCS and other benefit managers said prescription cards should be considered an unprecedented opportunity to improve medical care and save health plans money.

Working on behalf of health plans, the benefit managers said, they use the data to pinpoint dangerous overlaps in medications that shouldn't be taken together, or to suggest generic drugs that might be just as effective at a fraction of the cost. They also reach out directly to patients and advise them on when and how to take their medication, a practice they say saves money by improving individuals' health. Industry officials estimate that their companies have saved health plans billions of dollars in recent years.

''They're the patient's caretaker,'' said Delbert Konnor, president of the Pharmaceutical Care Management Association, an industry group that represents some of the nation's largest benefit managers. ''They're monitoring the physician. They're monitoring the patient. They're also monitoring the costs.

''The whole health care industry is in a state of strategic flux,'' Konnor added. ''It's the information that really is the valuable portion of what's going on.''

But a growing number of patients, doctors and pharmacists complain that they never gave explicit approval for personal information to be collected and analyzed. Some doctors contend that the benefit managers have overstepped their roles as administrators, and they worry that new programs touted as improving care mask efforts to market drugs.

Critics say the top three benefit managers sometimes highlight medications made by their parent companies—drug manufacturers