

Art Evans' insight and experience. He has truly made Genesee County a better place in which to live. I ask my colleagues in the 106th Congress to join me in congratulating him for his dedication and commitment to justice.

PROVIDING FOR USE OF CATAFALQUE IN CRYPT BENEATH ROTUNDA OF CAPITOL IN CONNECTION WITH MEMORIAL SERVICES FOR THE LATE HONORABLE HARRY A. BLACKMUN, FORMER ASSOCIATE JUSTICE OF THE SUPREME COURT OF THE UNITED STATES

SPEECH OF

**HON. BILL LUTHER**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 9, 1999*

Mr. LUTHER. Mr. Speaker, I rise today to pay tribute to the life and legacy of late Supreme Court Justice Harry Blackmun. Ascending from a modest St. Paul Childhood to the Nation's highest court, Mr. Blackmun served the people of Minnesota for decades with his meticulous yet open legal mind before dutifully serving his Nation as Supreme Court Justice for 24 years.

Reflective and courageous Justice Blackmun bore great personal burdens in order to translate the Constitution's theory of liberty into fundamental guarantees for all people. He was a genuine and humble public servant. His passing will be mourned by people everywhere.

THE BREAST AND CERVICAL  
CANCER TREATMENT ACT OF 1999

**HON. RICK LAZIO**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 11, 1999*

Mr. LAZIO of New York. Mr. Speaker, I rise today to introduce legislation that will allow states the option of providing Medicaid coverage to women who have been diagnosed with breast and cervical cancer through the federal government's National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

This bill would allow women who are screened through the CDC program and diagnosed with cancer to help obtain the quality treatment they deserve. The Breast and Cervical Cancer Treatment Act would allow women to focus their efforts on getting well instead of worrying about how they or their family will be able to pay for their treatment.

Currently, screening services through this CDC-administered program are provided to women who earn too much to be eligible for Medicaid but not enough for private insurance. The nine-year-old program exists in 50 states, in five U.S. territories, in the District of Columbia, and through 15 American Indian/Alaska Native organizations.

The CDC screening program is a terrific success and has saved an untold number of lives. Since its inception in 1990, the program has provided more than 1.5 million screening tests to women who might have otherwise not had access to it.

More than 700,000 mammograms have been provided to primarily low-income women. Of this number, over 48,000 of the tests were abnormal, and over 3,600 cases of breast cancer were diagnosed. In addition, through the 850,000 cervical cancer screenings, more than 26,000 pre-cancerous lesions were detected, and 400 women were diagnosed with invasive cervical cancer.

But frankly, screening and early detection are only half the battle. These proactive efforts must be coupled with a quality plan for follow-up treatment. As the CDC program works today, treatment for these women is—at best—an ad hoc system. Women must rely on a tremendous amount of time and effort from volunteers, state workers, doctors, public hospitals, and others, to find appropriate treatment services for their disease. Follow-up services are very rare, and 5% of women in this program are never even treated. Congress needs to provide a plan that follows through for these women.

In my district of Long Island, the severity of this problem is very real. My staff has dealt with a number of women with varying issues that stemmed from this loophole of care in the current system.

For example, one woman from Suffolk County—while she was extremely grateful for the screening programs available to her—often referred to her treatment as “begging” because she often had to get treatment anywhere she could find it.

Another constituent with breast cancer felt like her disease was “public” because she found that the only way to get treatment as a woman in this situation is to tell every advocate and every doctor about your situation—to make these extraordinarily personal problems public—in the hope that someone can find what you need and help.

Finally, one woman chose not to get tested because she knew that treatment would not be guaranteed. This final example is what frightens me the most—some women are avoiding a screening that could save their life because of the potential expense it might cost them.

Seeing a need to complete this quality program, I joined with my colleagues Rep. ANNA ESHOO and Rep. ILEANA ROS-LEHTINEN, to sponsor The Breast and Cervical Cancer Treatment Act of 1999. Our legislation will allow states the option of providing Medicaid coverage to women who have been screened and diagnosed with breast and cervical cancer through the CDC program. In my view, this bill is the best long-term solution. Congress needs to ensure Americans that our government programs are working for them and that Congress is making the right decisions.

I am proud to introduce this critical piece of legislation in an effort to ensure that all women of all income levels will have access to the screening and appropriate and quality treatment to help combat this terrifying disease.

INTRODUCTION OF THE BREAST  
AND CERVICAL CANCER TREATMENT  
ACT OF 1999

**HON. ANNA G. ESHOO**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, March 11, 1999*

Ms. ESHOO. Mr. Speaker, I rise today to talk about two diseases we all hope to avoid but which often touches too many of our lives—breast and cervical cancer.

Mr. Speaker, breast and cervical cancer are killers. Breast cancer kills over 46,000 women each year and is the leading cause of death among women between 40 and 45. Cervical cancer will kill, 4,400 of our wives, daughters, mothers and sisters this year.

In 1990, Congress took the first step to fight breast and cervical cancer by passing the Breast and Cervical Cancer Mortality Prevention Act. This law authorized a breast and cervical cancer-screening program for low-income, uninsured or underinsured women through the Centers for Disease Control (CDC).

This law was an important first step, but it was only a first step. While the current program covers screening services, it does not cover treatment for women who are found to be positive through the program. The bill I am introducing today with my colleagues, Representatives LAZIO, CAPPAS, and ROS-LEHTINEN, takes the next critical step by providing lifesaving treatment for these dreaded diseases.

Our bill, the Breast and Cervical Cancer Treatment Act of 1999, would establish an optional state Medicaid benefit for the coverage of certain women who were screened and diagnosed with breast or cervical cancer under the CDC National Breast and Cervical Cancer Early Detection Program.

Thankfully, Mr. Speaker, we possess the technology to detect and treat breast and cervical cancer. But we must pair this with the will to help women fight these diseases. The current method of providing treatment is through an ad hoc patchwork of providers, volunteers, and local programs that often results in unpredictable, delayed, or incomplete. Our bill would provide a consistent, reliable method of treatment for uninsured and underinsured women fighting breast or cervical cancer.

Mr. Speaker, I am pleased to say that over 90 of my colleagues from both sides of the aisle have already signed on to be original cosponsors of the Breast and Cervical Cancer Treatment Act. These members who have shown their support for this bill recognize that breast and cervical cancer are not only women's diseases. For the son who has lost a mother, the husband who has lost a wife, or the mother who has lost a daughter, this disease is a family disease.

In the last decade we have made great strides in diagnosing and treating breast and cervical cancer. But the causes of these cancers remain unknown and for many women how they will pay for their treatment remains unknown as well. Mr. Speaker, our hope is that Breast and Cervical Cancer Treatment Act will help change that.