1987, he became manager of the Baltimore Orioles, the team he so dearly loved.

Cal Ripken, Sr., and Cal Ripken, Jr., represent the first ever father-son teammates to win a World Series, in 1983. In addition, Cal Sr. is the first manager to ever manage two sons, Cal Jr. and Billy, on the same major league baseball team at the same time.

On March 25, 1999, at the age of 63, Cal Sr. succumbed to lung cancer. Cal Sr. never moved away from his hometown. There he was not known as the father of Cal Jr. but as a neighbor who would help anyone who was in need. After his retirement from baseball, Cal remained involved in the community by lending his support to many causes. Specifically, Cal and Vi dedicated their time and money to many charities, including the Maryland Special Olympics and the Boys and Girls Clubs of Harford County.

Cal also hosted an annual instructional baseball camp for youngsters who wanted to learn how to play the game of baseball. Cal Sr. loved to teach and would spend countless hours helping those who wanted to learn from this man, who had spent his entire life in the game of baseball.

Cal Sr. and Vi were the driving force behind the Boys and Girls Clubs of Harford County in Maryland. Recently, the Justice Department granted the Boys and Girls Clubs $77,777.77 in memory of Cal Sr. The sevens symbolize the number worn by Cal Sr. on the baseball field. The number 7 is now etched inside the third base coach's box at Camden Yards.

I offer my sincerest sympathies to Cal's wife Vi, his children, Cal Jr., Billy, Fred, and Ellen. The loss of Cal Sr. is felt by all who admired this great man who gave back so much to his community.

PILT PAYMENTS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Montana (Mr. HILL) is recognized for 5 minutes.

Mr. HILL of Montana. Mr. Speaker, as my colleague knows, I have the great honor and great privilege of representing the State of Montana here in the House of Representatives.

Montana is one of the largest districts, both in population and area, in the Congress. I represent an area of 148,000 square miles and approximately 900,000 people.

Mr. Speaker, about 30 percent of Montana is owned by the Federal Government; and that is about 42½ thousand square miles, or 27.2 million square acres. To put that into perspective, Mr. Speaker, the Federal lands in Montana is about equivalent to the size of the entire State of Kentucky or the entire State of Louisiana, or Mississippi, New York, Ohio, Pennsylvania, Tennessee, and Virginia.

As you colleagues know, Mr. Speaker, State and local governments are prohibited from taxing Federal lands. But State and local governments are obligated to provide services: law enforcement services, fire protection, search and rescue, schools, hospitals, and other emergency services.

The Federal Government compensates local governments really in two ways. One, it makes payments to State and local governments in lieu of taxes. We call this PILT payments. In addition to that, the Federal Government provides for revenue sharing. The receipts and certain income from the development of resources go to State and local governments. Certain minerals, timber harvest, oil and gas leases, even a portion of outfitter fees, 25 percent, go to State and local governments.

But, Mr. Speaker, the PILT payments, the payment in lieu of taxes payments, in Montana is about 17 cents per acre of Federal land. Private land in Montana, on average, produces revenues to State and local governments of about $1.48. So the PILT payments are not much more than 10 percent of what private taxes would produce.

In 1995, the Congress authorized the first increase in PILT payments in over 20 years. However, Congress has failed to appropriate the full level of PILT payments authorized and the Clinton administration has never requested the full level of funding.

But even more troubling is the Clinton administration has been locking up the public lands by dramatic reductions in timber harvest, withdraw of mineral districts, the shutting down of oil and gas expiration, and the closing of public lands for recreation and for tourism, and that has further reduced the revenues and income to State and local government.

More troubling than that even, the Clinton administration recently proposed the ending of revenue sharing arrangements altogether. Mr. Speaker, this proposal has been opposed by local governments and it has been opposed by the Montana legislature.

Mr. Speaker, what this resolution says is that Montana local governments, Montana State government opposes the Clinton administration's policies of closing down the public lands and failure to fulfill its obligations under PILT payments. We have to restore resource development, Mr. Speaker, and we have to fully fund the PILT payments.

Mr. Speaker, I include for the RECORD a copy of the resolution passed with 119 votes in the Montana 1998 legislature.

MONTANA STATE CAPITOL,
Helena, MT, March 31, 1999.

Hon. RICK HILL,
U.S. House of Representatives, Washington DC.

DEAR REPRESENTATIVE HILL: On behalf of the State of Montana it is my honor and duty to send you the attached copy of House Joint Resolution 19 for your information.

House Joint Resolution 19 is urging the full funding of payments in lieu of taxes on federal land in Montana, the proper harvest of the allowable sale quota for timber, and a renewal of the federal governments' compact with state and local governments to contribute a fair share of taxes on federal land in Montana.

On behalf of the Speaker of the House, the President of the Senate and all of the members of these esteemed bodies, I thank you for your consideration of this resolution.

Sincerely,

MIKE COONEY,
Secretary of State.

Enclosure.

A JOINT RESOLUTION OF THE SENATE AND THE HOUSE OF REPRESENTATIVES OF THE STATE OF MONTANA URGING THE FULL FUNDING OF PAYMENTS IN LIEU OF TAXES ON FEDERAL LAND IN MONTANA, THE PROPER HARVEST OF THE ALLOWABLE SALE QUOTA FOR TIMBER, AND A RENEWAL OF THE FEDERAL GOVERNMENT'S COMPACT WITH STATE AND LOCAL GOVERNMENTS TO CONTRIBUTE A FAIR SHARE OF TAXES ON FEDERAL LAND IN MONTANA

Whereas, the ability of Montana's economy has historically been dependent on use of our abundant natural resources; and

Whereas, the natural resource harvest has contributed billions of dollars to Montana's economy by providing employment opportunities to members of our communities and by supporting our business communities; and

Whereas, revenue from industries related to natural resource harvest has produced taxes for the support of local and state governments; and

Whereas, the federal government has long recognized the importance of supporting local governments in counties where the United States controls management of public lands by reimbursing state and local governments by payments in lieu of taxes (PILT); and

Whereas, a variety of federal legislation, such as the Forest Reserve Act of 1890 sought to make equitable distribution to counties and to the education system of 25% of net proceeds derived by the sale of resources harvested on federal land; and

Whereas, the federal government is now reducing the volume of timber cut in relation to the allowable sale quotas (ASQ), redistributing funds historically contained in the 25% fund (outfitter fees), reducing its commitment to full funding of PILT, which was reduced from 100% in 1994 to 53% in 1998, and redefining its commitment to states and counties (a decoupling effort to overturn the 1890 Forest Reserve Act); and

Whereas, this effort has and will cause irreparable financial harm to state and local governments, our natural resource industries, and employment opportunities for Montanans.

Now, therefore, be it resolved by the Senate and the House of Representatives of the State of Montana:

That the Legislature of the State of Montana petition the U.S. Congress to ensure a full commitment by the federal government to full funding of PILT, a commitment toward the proper harvest of the natural resource base by way of already adopted ASQ, and a renewal of its compact with states and local governments to contribute to the federal government's fair share in taxes on land present in Montana but retained by the federal government.

Be it further resolved, that the Secretary of State send copies of this resolution to the President of the United States, the Secretary of State of the United States, the President of the United States Senate, the Speaker of the United States House of Representatives, the Western Governors' Association, and the Montana Congressional Delegation.

ENACT THE DIABETES RESEARCH WORKING GROUP REPORT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. NETHERCUTT) is recognized for 5 minutes.

Mr. NETHERCUTT. Mr. Speaker, 2 months ago the Diabetes Research Working Group released its report entitled ''Conquering Diabetes: A Strategic Plan for the 21st Century.'' This document was a result of over a year of effort on the part of 12 scientific experts and four representatives from the lay diabetes community. Support was provided by dozens of other individuals both from within the National Institutes of Health and from outside the NIH.

The Working Group was established by Congress as part of the Fiscal Year 1998 Appropriations Act and based on legislation I introduced in the last session of Congress. It requested that NIH establish the Group to develop a comprehensive plan for NIH-funded diabetes research.

Dr. Ronald Kahn is an outstanding physician and scientist. He was selected the chairman of the group. He has spent literally thousands of hours meeting and talking with countless individuals to establish a consensus on the direction of diabetes research. The report has exceeded all expectations. It clearly details the magnitude of the disease both on the individual and on our society.

On an individual level, diabetes affects virtually every tissue of the body with severe damage. Since 1980, the age-adjusted death rate due to diabetes has increased by 30 percent, while the death rate has fallen for other common diseases, such as cardiovascular disease and stroke.

☐ 1815

Diabetes affects about 16 million Americans, with 800,000 new cases diagnosed each year. The societal impact is likewise staggering. One in four Medicare dollars are spent to treat people with diabetes. And over one in 10 health care dollars spent are spent for diabetes. In economic terms, the cost to society is over $105 billion each year.

The report identifies five areas of extraordinary research opportunities for making progress in understanding and treating and ultimately preventing and curing diabetes. These five areas are the genetics of diabetes and its complications; autoimmunity and the beta cell; cell signaling and cell regulation; obesity; and clinical trials and research. Within each area, specific research recommendations are made, and in all areas rapid advancements are anticipated.

Finally, ''Conquering Diabetes,'' the name of this report, presents an analysis of current spending and estimates, program-by-program, of the cost of implementing each opportunity. Current spending, the group reports, is far short of what is required to make progress on this complex and difficult problem. They calculate that an increase of $384 million in fiscal year 2000, rising to $1.166 billion in fiscal year 2004 is, quote, required to have a robust and effective diabetes research effort, one which will reduce the rising burden created by this debilitating disease.

The release of the report has generated extraordinary interest among the scientific community, Mr. Speaker. Some argue that advances in research must be present to generate an increased NIH portfolio, while others argue that the presence of research dollars will generate advances as in the case of AIDS. By either standard, the time to establish a national commitment to diabetes research is now.

Mr. Speaker, Congress must seize upon the momentum in diabetes research and fully enact the Diabetes Research Working Group Report recommendations. It will take a commitment of $827 million in the next fiscal year. The scientific community has united to develop a concrete plan and now it is up to the Congress to unite to make this plan a reality.

I must conclude, Mr. Speaker, by saying that this is a very important initiative for our country. I know it is going to be a difficult year economically for the appropriations subcommittee that has to deal with this issue, but I must say it is in the Nation's best interest, it is in the interest of scientific research and the diabetic and all the complications that come from diabetes that the Congress step up and say $827 million is the number. I urge my colleagues to support this initiative in the House.

PROPOSED LEGISLATION SEEKS TO DEAL WITH HIGH COST OF PRESCRIPTION DRUGS TO NATION'S SENIORS

The SPEAKER pro tempore (Mr. PEASE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Maine (Mr. ALLEN) is recognized for 60 minutes as the designee of the minority leader.

Mr. ALLEN. Mr. Speaker, I want to talk tonight about prescription drugs, about the high cost they represent to many seniors across this country, and about legislation that I have introduced in the House that will solve a good part, or allow substantial discounts on the cost of prescription drugs for Medicare beneficiaries.

But first a little history. Last June I asked for a report to be done by the minority staff, the Democratic staff, of the Committee on Government Reform on which I sit. I asked for that study to be done on prescription drugs, for one reason. Every time I spoke to seniors in my district back in Maine, I always heard the same questions: What can we do about the high cost of prescription drugs?

I remember distinctly one gentleman down in Sanford who stood up and said, ''You know, I'm spending $200 a month now on my prescription medication. My doctor just told me that I have to take another pill. The cost is $100 a month, and I'm not going to take it, because I simply can't afford to spend that additional $100.''

I heard that over and over again from seniors who simply could not afford to take the medication that their doctors told them they had to take. It is a serious problem across this country. Let us look at some of the numbers.

Many seniors, as this chart shows, simply cannot afford to take the medication their doctors prescribe. Seniors are 12 percent of the population in this country, but they use 33 percent of all prescription drugs. Approximately 37 percent of all seniors have no coverage at all for prescription drugs.

In fact, there are many seniors who do have some coverage, perhaps under a MediGap policy, but that coverage really does not do them very much good. For example, they may have a deductible of $250, a co-pay of 50 percent, and a cap of $1,200 or $1,500 per year. That does not do people who are paying $5,000 a year for their prescription drugs much good at all.

The average drug expenditure for Medicare beneficiaries is $942 per year. But in listening to seniors in my district in Maine, many are spending much more than that. In fact, many cannot afford to take the drugs that their doctor prescribes. So what do they do? One thing they do is they take one pill out of three, they mix and match, they cut a pill in half, they try to get by by taking some of their drugs but not all of their drugs.

It is a serious health care problem. We have reason to believe that it is sending people to the hospital, where expenses are high, who really do not need to go there if they could afford to take their medications. Thirteen percent of older Americans, that is almost 5 million people, report that they were forced to choose between buying food and buying medicine.

Let me give my colleagues a couple of stories. I hear from women in my district, they send me letters that say, ''I don't want my husband to know, but I am not taking my prescription medication, because my husband's sicker than I am and we can't afford both his medication and my medication. So I'm not taking mine.''

Back in July of 1998 when I did the first report on the study I will describe in a moment, I got a letter from a woman who sent me a letter saying, ''I'm writing to you because I don't know where else to turn. Here is a list of the prescription medications that my husband and I are supposed to take every month.'' The bottom line in prices was $650 per month. ''And here,'' she said, ''are our two monthly Social Security statements that represent all of our monthly income.'' The bottom line was $1,350. You cannot spend $650 of a $1,300 a month income on prescription drugs. You simply cannot do it. People cannot live like that. So they