The Journal of the American Medical Association (JAMA) on April 15, 1998 reported that a major review of more than 600 research articles and original data conclusively showed that ''addiction conforms to the common expectations for chronic illness and addiction treatment has outcomes comparable to other chronic conditions.'' It states that relapse rates for treatment for drug/alcohol addiction (40%) compare favorably with those for 3 other chronic disorders: adult-onset diabetes (50%), hypertension (30%) and adult asthma (30%).

A March 1998 GAO report also surveyed the various studies on the effectiveness of treatment and concluded that treatment is effective and beneficial in the majority of cases.

A number of state studies also show that treatment is cost-effective and good preventive medicine.

A Minnesota study extensively evaluated the effectiveness of its treatment programs and found that Minnesota saves $22 million in annual health care costs because of treatment.

A California study reported a 17 percent improvement in other health conditions following treatment—and dramatic decreases in hospitalizations.

A New Jersey study by Rutgers University found that untreated alcoholics incur general health care costs 100 percent higher than those who receive treatment.

So, the cost savings and effectiveness of chemical dependency treatment are well-documented. But putting the huge cost-savings aside for a minute, what will treatment parity cost?

First, there is no cost to the federal budget. Parity does not apply to FEHBP, Medicare or Medicaid.

First, there is no cost to the federal budget. Parity does not apply to FEHBP, Medicare or Medicaid.

According to a national research study that based projected costs on data from states which have already enacted chemical dependency treatment parity, the average premium increase due to full parity would be 0.2 percent. (Mathematical Policy Research study, March 1998)

A Milliman and Robertson study projected the worst-case increase to be 0.5 percent, or 66 cents a month per insured.

That means, under the worst-case scenario, 16 million alcoholics and addicts could receive treatment for the price of a cup of coffee per month to the 113 million Americans covered by health plans. At the same time, the American people would realize $5.4 billion in cost-savings from treatment parity, according to the California Drug and Alcohol Treatment Assessment.

U.S. companies that provide treatment have already achieved substantial savings. Chevron reports saving $10 for each $1 spent on treatment. GPU saved $6 for every $1 spent. United Airlines reports a $17 return for every dollar spent on treatment.

And, Mr. Speaker, no dollar value can quantify the impact that greater access to treatment will have on the spouses, children and families who have been affected by the ravages of addiction. Broken families, shattered lives, messed-up kids, ruined careers.

Mr. Speaker, this is not just another policy issue. This is a life-or-death issue for 16 million Americans who are chemically dependent, covered by health insurance but unable to access treatment.

We know one thing for sure. Addiction, if not treated, is fatal. That's right—addiction is a fatal disease.

Last year, 95 House members from both sides of the political aisle co-sponsored this substance abuse treatment parity legislation.

This year, let's knock down the barriers to treatment for 16 million Americans.

This year, let's do the right thing and the cost effective thing and provide access to treatment.

This year, let's pass treatment parity legislation to deal with the epidemic of addiction in America.

Mr. Speaker, the American people cannot afford to wait any longer.

I urge all members to cosponsor the Harold Hughes, Bill Emerson Substance Abuse Treatment Parity Act.

## SOUTHSIDE SAVANNAH RAIDERS—H.R. NO. 566

### HON. JACK KINGSTON

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Mr. KINGSTON. Mr. Speaker, today, I rise to recognize the outstanding achievements of the Southside Savannah Raiders, and I present to you this resolution.

*Whereas*, the Southside Savannah Raiders, the terrific youth baseball team for boys 14 years old and under, won the 1998 State Baseball Championship promoted by the Georgia Association of Recreation and Parks Departments; and

*Whereas*, the victorious Raiders are sponsored by the Vietnam Veterans of America Chapter 671, but all of Savannah shared in their victory in Brunswick on July 18, 1998; and

*Whereas*, the Southside Savannah Raiders had an overall record of 32 wins and five losses during the 1998 season while clinching the League, City, District 2, and Georgia Games titles; and

*Whereas*, these fine young athletes demonstrated exceptional ability, motivation, and team spirit throughout their regiorous season, and the experience they have shared has provided them many wonderful memories, friendships, and values; and

*Whereas*, the members of the 1998 Raiders are Joey Boaen, Christopher Burnsed, Brady Cannon, Robert Cole, Brian Crider, Matthew Dotson, Kevin Edge, Michael Hall, Mark Hamilton, Garett Harvey, Zach Hillard, Bobby Keel, Corey Kesseler, Chris Palmer, Matt Thomas, and Ellis Waters; and the coaches are Linn Burnsed, Danny Boaen, and Gene Dotson, *now therefore, be it resolved by the House of Representatives;* that the members of this body congratulate the Southside Savannah Raiders on their state championship and wish each member of the team all the success in the future.

*Be it further resolved* that the Clerk of the House of Representatives is authorized and directed to transmit an appropriate copy of this resolution to the Southside Savannah Raiders.

## CHILDREN'S LEAD SCREENING ACCOUNTABILITY FOR EARLY-INTERVENTION ACT OF 1999

### HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Mr. MENENDEZ. Mr. Speaker, I am pleased today to introduce the Children's Lead Screening Accountability for Early-Intervention Act of 1999. This important legislation will strengthen federal mandates designed to protect our children from lead poisoning—a preventable tragedy that continues to threaten the health of our children.

Childhood lead poisoning has long been considered the number one environmental health threat facing children in the United States, and despite dramatic reductions in blood lead levels over the past 20 years, lead poisoning continues to be a significant health risk for young children. CDC has estimated that about 890,000, or 4.4 percent of children between the ages of one and five have harmful levels of lead in their blood. Even at low levels, lead can have harmful effects on a child's intelligence and his, or her, ability to learn.

Children can be exposed to lead from a number of sources. We are all cognizant of lead-based paint found in older homes and buildings. However, children may also be exposed to non-paint sources of lead, as well as lead dust. Poor and minority children, who typically live in older housing, are at highest risk of lead poisoning. Therefore, this health threat is of particular concern to states, like New Jersey, where more than 35 percent of homes were built prior to 1950.

In 1996, New Jersey implemented a law requiring health care providers to test all children under the age of 6 for lead exposure. But during the first year of this requirement, there were actually fewer children screened than the year before, when there was no requirement at all. Between July 1997 and July 1998, 13,596 children were tested for lead poisoning. The year before that more than 17,000 tests were done.

At the federal level, the Health Care Financing Administration (HCFA) has mandated that Medicaid children under 2 years of age be screened for elevated blood lead levels. However, recent General Accounting Office (GAO) reports indicate that this is not being done. For example, the GAO has found that only about 21% of Medicaid children between the ages of one and two have been screened. In the state of New Jersey, only about 39% of children enrolled in Medicaid have been screened.

Based on these reviews at both the state and federal levels, it is obvious that improvements must be made to ensure that children are screened early and receive follow up treatment if lead is detected. that is why I am introducing this legislation which I believe will address some of the shortcomings that have been identified in existing requirements.

The legislation will require Medicaid providers to screen children and cover treatment for children found to have elevated levels of lead in their blood. It will also require improved data reporting of children who re tested, so that we can accurately monitor the results of the program. Because more than 75%—or nearly 700,000—of the children found to have

elevated blood lead levels are part of federally funded health care programs, our bill targets not only Medicaid, but also Head Start, Early Head Start and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). Head Start and WIC programs would be allowed to perform screening or to mandate that parents show proof of screenings in order to enroll their children.

Education, early screening and prompt follow-up care will save millions in health care costs; but, more importantly will save our greatest resource—our children.

## PERSONAL EXPLANATION

### HON. DEBBIE STABENOW

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Ms. STABENOW. Mr. Speaker, I was unavoidably detained on May 24, 1999 and was not able to vote on H.R. 1251 and H.R. 100.

Had I been present, I would have voted ''yea'' on H.R. 1251.

Had I been present, I would have voted ''yea'' on H.R. 100.

## INTRODUCTION OF THE TEACHER EMPOWERMENT ACT

### HON. WILLIAM F. GOODLING

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Mr. GOODLING. Mr. Speaker, today I am joining with the distinguished Chairman of the Subcommittee on Postsecondary Education, Training and Life-long Learning, Mr. MCKEON, Mr. CASTLE, the Speaker of the House, the Majority Leader, Mr. WATTS, Mr. BLUNT, Ms. PRYCE, and other distinguished Members of the House to introduce the Teacher Empowerment Act. As someone who has spent a lifetime in education as a parent, a teacher, a school administrator, and a Member of Congress, I know that after parents, the most important factor in whether a child succeeds in school is the quality of the teachers in the classroom. An inspirational, knowledgeable, and qualified teacher is worth more than anything else we could give a student to ensure academic achievement.

The Teacher Empowerment Act will go a long way toward helping local schools improve the quality of their teachers, or to hire additional qualified teachers, and to do this in the way that best meets their needs. The Teacher Empowerment Act will provide $2 billion per year over 5 years to States and local school districts to help pay for the costs of high quality teacher training and for the hiring of new teachers. We do this by consolidating the following programs: Eisenhower Professional Development, Goals 2000, and ''100,000 New Teachers.''

We have tried to develop legislation that will have bipartisan support, and we will continue to do so as the bill moves along. However, our approach differs significantly from the Administration's. The Administration's legislative proposal is prescriptive and centered on Washington. We lift restrictions and encourage local innovation.

The Administration's proposal is so focused on reducing class size that it loses sight of the bigger quality issue. We try to find the right balance between reducing class size, retaining, and retraining quality teachers. And in our bill, class size is a local issue, not a Washington issue.

In math and science, the Administration increases set-asides and makes no provision for local school districts that do not have significant needs in those areas. Our approach is different because we maintain the focus on math and science, but also provide additional flexibility for schools that have met their needs in those subject areas.

The Administration takes dollars from the classroom by allowing the Secretary of Education to maintain half of all funds for discretionary grants and to expand funding for national projects. Our bill reduces funding for national projects and sends 95 percent of the funds to local school districts.

The Administration wants to put 100,000 new teachers into classrooms, but requiring this would force States and local school districts to put many unqualified teachers in the classroom. We allow schools to decide whether they should use the funds to reduce class size, or improve the quality of their existing teachers, or hire additional special education teachers.

Finally, one point that I would like to make is that improving the quality of our teachers does not mean that we need national certification. In fact, our bill prohibits it. Again, it's a question of who controls our schools: bureaucracies in Washington, or people at the State and local level who know the needs of their communities.

The Teacher Empowerment Act is good legislation. It provides a needed balance between the quality and quantity of our teaching force. I hope that we can work together on this legislation, in a bipartisan manner, so that we see enactment of this legislation, along with our other reforms in ESEA, in this Congress.

## RECTIFYING IRS RULING FOR VETERANS

### HON. ELLEN O. TAUSCHER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Mrs. TAUSCHER. Mr. Speaker, I am pleased to join with my colleague from California, Mr. BRIAN BILBRAY, to introduce a bill to rectify an unjust Internal Revenue Service (IRS) ruling which adversely affected our nation's veterans.

In a 1962 IRS ruling, an allowance was made for the deduction of flight training expenses from a veteran's income tax even if veterans' benefits were received to pay the training costs. Subsequently, many veterans used their G.I. benefits to go to flight school and correctly deducted these expenses on their income tax forms. In 1980, the IRS revised its 1962 ruling by terminating this tax deduction in Revenue Ruling 80–173. However, the IRS decided to apply this new ruling retroactively, which meant the veterans who had utilized this deduction would now have to pay back their tax refund to the IRS. This decision was detrimental to the taxpayers who took the deduction as instructed, and therefore simply unfair.

Naturally, these taxpayers took their case to court. In April 1985, the 11th Circuit Court of Appeals, in Baker v. United States, considered this issue and sided with the taxpayer. The IRS did not appeal the decision to the U.S. Supreme Court. Consequently, the veterans who fought the battle in the 11th Circuit Court of Appeals received refunds of the tax they had been required to pay. At the same time, however, veterans who suffered from the retroactive IRS ruling but who fell outside the purview of that court decision were not given refunds. Similarly situated veterans were therefore being treated differently by the IRS due to geographic location.

This bipartisan legislation will permit those veterans who settled with the IRS on less favorable terms or were precluded from having the IRS consider their claims because of the time limits in the law, a one-time opportunity to file for a refund. This way the remaining veterans and the IRS would have a second chance to come to a much more equitable settlement.

Nationwide, this legislation will affect the approximately 200 remaining veterans who have still not received an equitable settlement from the IRS—roughly ⅓ of these veterans reside in the State of California.

Basically this legislation boils down to restoring a sense of fairness. We need to do what is right and put an end to this inequitable situation once and for all. These veterans stood up for America—it's time we stand up for them.

## TRIBUTE TO LIEUTENANT GENERAL LESTER L. LYLES

### HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, May 27, 1999*

Ms. LEE. Mr. Speaker, I rise today to pay tribute to Lieutenant General Lester L. Lyles, United States Air Force, on the occasion of his promotion to General. On May 27, 1999, LTG Lyles will become only the 2nd African American four star commander in the United States Air Force currently on active duty.

LTG Lyles has fought tirelessly and contributed greatly to the defense of our nation and to equal opportunity for other soldiers of color.

He currently is serving as the director of the Ballistic Missile Defense Organization, Department of Defense at the Pentagon. The organization is presidentially chartered and mandated by Congress to acquire highly effective ballistic missile defense systems for forward-deployed and expeditionary elements of the U.S. Armed Forces.

LTG Lyles entered the Air Force in 1968 as a distinguished graduate of the Air Force Reserve Officer Training Corps program. He served in a variety of both tactical and staff positions throughout his illustrious career. In 1992, LTG Lyles became the vice-commander of Ogden Air Logistics Center, Hill Air Force Base. He served as commander of the center from 1993–1994, then was assigned to command the Headquarters Space and Missile Systems Center, Los Angeles Air Force Base. He served in this capacity until August 1996 when he assumed his current position.