

fully supporting his chosen profession, Paul's wife, Cathylee Weaver has had a major impact on the Air Guard's Family Enrichment programs. With dignity and grace, she dedicated time and attention to Air National Guard families, which led to her recently being voted as Volunteer of the Year of Family Programs. Clearly, the Air National Guard will lose not one, but two, exceptional people.

Let me close by saying that as both its Deputy and Director, General Weaver has made the Air National Guard a stronger and more capable partner for the Air Force. His distinguished and faithful service has provided significant and lasting contributions to our Nation's security. I know the members of the Senate will join me in paying tribute to this outstanding citizen-airman and true patriot upon his retirement from the Air National Guard. We thank General Weaver, and wish him, Cathylee, and the entire Weaver family much health, happiness, and Godspeed.

KIDS TO KIDS: WARM CLOTHING FOR AFGHAN CHILDREN

Mr. JEFFORDS. Mr. President, I would like to draw my Colleagues' attention to an important initiative that is taking shape in Vermont. On Monday of this week, I attended a very special ceremony at Lawrence Barnes School in Burlington to kick off a program called Kids to Kids. The event was organized by Vermont Boy and Girl Scouts and its goal is simple—a drive to collect and send warm clothing to Afghan children. My wife, Liz, and I wholeheartedly agreed to be honorary co-chairs of this program and we are pleased to be part of a mission that involves the Boy Scouts and Girl Scouts, the Islamic Society of Vermont, the National Guard and the business community.

We in Vermont know the importance of being well-prepared for the frigid winter months, and we are fortunate to be in a position to help. But I am particularly pleased that the impetus for this clothing drive has come from the children. Vermonters have always stood eager and ready to lend a hand to those in need, and it fascinates me to see how this tradition passes from one generation to the next. It is the Boy Scouts, Girl Scouts, and school children of Vermont who will make this campaign a success, and the importance of their role cannot be stressed enough.

This campaign is so much more than simply a gesture of good will. It is a matter of saving lives. Thousands of children have fled Afghanistan with nothing more than the clothing on their backs. The flood of Afghan refugees started many years ago, and now there are many thousands of displaced children living in refugee camps.

Many of these children are suffering under conditions that no child should have to bear. They are hungry and they are cold. With winter setting in, some-

thing like a warm winter sweater, which so many of us take for granted, is a luxury item that is far beyond their reach.

From our small State to Afghan refugee camps, the boys and girls of Vermont are proving that they can make a difference. I am certain their "good turn" will be as rewarding for them as it is for the children of Afghanistan.

NATIVE AMERICAN BREAST AND CERVICAL CANCER TREATMENT TECHNICAL AMENDMENT ACT OF 2001

Mr. BINGAMAN. Mr. President, last evening, the Senate passed by unanimous consent S. 1741, the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001, which I had introduced with Senator McCAIN and 23 other bipartisan co-sponsors.

S. 1741 is identical to S. 535 and was introduced as a freestanding bill to address a jurisdictional concern raised with the committee referral of the initial bill. Due to the importance of the legislation, I am pleased that the entire Senate saw fit to allow this bill to be reintroduced and passed by unanimous consent yesterday.

The legislation makes a simple, yet important, technical change to the Breast and Cervical Cancer Treatment and Prevention Act of 2000 by clarifying that American Indian and Alaska Native women should not be excluded from receiving coverage through Medicaid for breast and cervical cancer treatment.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 gives States the option to extend coverage for the treatment of breast and cervical cancer through the Medicaid program to certain women who have been screened through the National Breast and Cervical Cancer Early Detection Program, or Title XV of the Public Health Service Act, and who do not have what is called "creditable coverage," as defined by the Health Insurance Portability and Accountability Act of 1996, or HIPPA.

In referencing the HIPPA definition of "creditable coverage," the bill language inadvertently precludes coverage to Native American women who have access to medical care under the Indian Health Service, or IHS. HIPPA included a reference to IHS or tribal care as "creditable coverage" so that members of Indian Tribes eligible for IHS would not be treated as having a break in coverage, and thus subject to pre-existing exclusions and waiting periods when seeking health insurance, simply because they had received care through Indian health programs, rather than through a conventional health insurance program. Thus, in HIPPA, the inclusion of the IHS or tribal provision was intended to benefit American Indians and Alaska Natives, not penalize them.

However, use of the HIPPA definition in the recent Breast and Cervical Cancer Treatment and Prevention Act has the exact opposite effect. In fact, the many Indian women, who rely on IHS or tribal programs for basic health care, are specifically excluded from the law's new eligibility under Medicaid. Clearly it was not the intent of Congress to specifically discriminate against low-income Native American women and to deny them much needed health treatment to combat breast or cervical cancer.

The legislation resolves these problems by clarifying that, for purposes of the Breast and Cervical Cancer Prevention and Treatment Act, the term "creditable coverage" shall not include IHS-funded care so that American Indian and Alaska Native women can be covered by Medicaid for breast and cervical cancer treatment, as they are for all other Medicaid services. Since a number of States are currently moving forward to provide Medicaid coverage under the State option, the need for this legislation is immediate to ensure that some American Indian and Alaska Native women are not denied received life-saving breast and cervical cancer treatment due to a Congressional drafting error.

In addition, this bill would also reduce the administrative burdens this language places on states. Under administrative guidance, some Native American women can be enrolled on the program depending on a determination of their "access" to IHS services, which depends on certain documentation obtained by Native American women seeking breast and cervical cancer treatment from IHS. In order to determine the Medicaid eligibility of Native American women who are screened as having breast or cervical cancer through the Title XV program each year, states are having to put together a whole set of regulations and rules to make these special "access" determinations.

During this year, almost 50,000 women are expected to die from breast or cervical cancer in the United States despite the fact that early detection and treatment of these diseases could substantially decrease this mortality. While passage of last year's bill makes significant strides to address this problem, it fails to do so for certain Native American women and that must be changed as soon as possible.

In support of Native American women across this country that are being diagnosed through CDC screening activities as having breast or cervical cancer, this legislation will assure that they can also access much needed treatment through the Medicaid program while also reducing the unnecessary paperwork and administrative burdens on states.

I would like to thank all Senators for their support and specifically thank