EXTENSIONS OF REMARKS

INTRODUCTION OF THE MILITARY TRIBUNALS ACT OF 2003

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 13, 2003

Mr. SCHIFF. Mr. Speaker, today I am introducing, with my colleague Mr. FRANK of Massachusetts, the Military Tribunals Act of 2003 to provide congressional authorization for tribunals to try unlawful combatants against the United States in the war on terrorism.

As the war on terrorism continues and more suspected al Qaeda terrorists are arrested, Congress must ensure that justice is delivered swiftly and responsibly in order to punish the terrorists as well as to prevent future attacks.

Article 1, Section 8 of the Constitution provides that it is the Congress that has the power to establish tribunals inferior to the Supreme Court. Up until now, however, there has been no congressional authorization for military tribunals. Efforts to form such tribunals, to date, have been performed solely by executive order of the President with clarifying regulations promulgated by the Secretary of Defense.

Some would argue, not implausibly, that despite the clear language of Article 1, Section 8, congressional authorization is not necessary; that as Commander-in-Chief, the President has the authority to regulate the affairs of the military which extends to the adjudication of unlawful combatants. However, if Congress fails to act, any adjudications by military tribunal will likely be challenged in court on the basis that the tribunals were improperly constituted.

The Military Tribunals Act of 2003 establishes the jurisdiction of these new courts to quickly and efficiently prosecute suspected al Qaeda terrorists who are not U.S. citizens or lawful residents. The bill preserves the basic rights of habeus corpus, appeal, and due process. Furthermore, this legislation protects the confidentiality of sources of information, protects classified information, and also protects ordinary citizens from being exposed to the dangers of trying these suspects.

Perhaps of most importance, in the context of a war without a clear end and against an enemy without uniform or nation, this bill requires the President to report to Congress on who is detained, for how long, and on what basis.

Mr. Speaker, in sum, the Military Tribunals Act of 2003 gives the Commander-in-Chief the power to try unlawful combatants, provides the confidence that these judgments will be upheld, establishes clear rules of due process, and ensures that the hallmarks of our democracy are not compromised.

STATE HIGH-RISK POOL DRUG ASSISTANCE PROGRAM ACT

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 13, 2003

Mr. UDALL of Colorado. Mr. Speaker, today I am introducing the State High-risk Pool Drug Assistance Program Act. The bill provides much needed relief on prescription drug costs for those individuals who get health insurance coverage through a qualified state high-risk pool insurance program.

While much of the debate on prescription drugs has focused on older Americans, there is another group of Americans who need affordable access to prescription drugs. These people are the 153,000 individuals who get health care coverage through a state high-risk pool insurance program.

Thirty states have established high-risk pools for individuals who cannot obtain or afford health insurance in the individual market. High-risk pools generally cover people who have been denied coverage because of a pre-existing condition or who have received quotes from insurers that are higher than the premiums offered by the risk pools. Their premiums range from 124 percent to 200 percent of the standard market rates in their state.

For example, a female, non-smoker who lives in Adams County in Colorado may pay $850 a month in premiums to obtain coverage through Cover Colorado, my state's highrisk pool. If this woman takes medications to manage a chronic disease, she will have fewer dollars to spend on them. I have heard stories about people with chronic conditions cutting their pills in half, choosing between paying for drugs and paying for food, or forgoing the medications altogether. These folks shouldn't be forced to make these choices at all. I think it's time for Congress to do something to help state high-risk pools, consumers, employers and state legislatures control the cost of healthcare.

My bill would add qualified state high-risk pool programs to the list of entities that participate in the Public Health Service's 340B pricing program, which was created in 1992 to help safety net providers purchase outpatient drugs at discounted rates. The 340B program has expanded access to care to low-income and vulnerable populations without increasing the financial burden on taxpayers. The program has saved safety net providers and the taxpayers hundreds of millions of dollars in outpatient drug costs. We should extend the program to include high-risk pools.

My bill uses the National Association of Insurance Commissioners definition of qualified state high-risk pool so that all risk pools would be able to participate in the program. It gives the Secretary of Health and Human Services the power to promulgate regulations to carry out the program so that it is run similarly to the successful AIDS Drug Assistance Program; however it sets minimum regulations for the operation of the program. People who are enrolled in a risk pool and who take maintenance drugs for chronic conditions could save 40 percent on their prescriptions.

The bill uses the federal government's purchasing power to provide discounts to drugs for high-risk pools nationwide. If individuals in high-risk pools can't get the drugs they need to manage their condition, they could end up in the emergency room and cost the taxpayers millions of dollars. If they weren't covered under the risk pool, they would most likely end up in Medicaid or uninsured, which would cost the taxpayers millions of dollars. Ironically, many consumers in risk pools have conditions that would qualify them for one of the public programs currently covered under the 340B drug discount program. But their income level is too high for public health programs and too low to afford coverage in the individual market, and that's only if they aren't denied coverage due to a pre-existing condition.

Some may ask what the federal interest is in this issue. Congress has already determined that interest by guaranteeing that people have access to high-risk pools through the Health Insurance Portability and Accessibility Act of 1996 and the Trade Act of 2002, both of which are federal laws. Since the federal government is requiring high-risk pools to cover more people, it should make high-risk pools covered entities under the 340B program to save taxpayer dollars.

The legislation is good for the insurance market, consumers, employers and states. It is good for the insurance market and for consumers because high-risk pools stabilize health insurance coverage and reduce the number of uninsured.

It is good for the risk pools because the savings that they experience from the drug discount can be used to provide more affordable coverage and better health plans.

It is good for consumers because it will give people in high-risk pools access to affordable maintenance medications for chronic conditions and keep them out of the emergency room.

It is good for employers because if we control the costs of the high-risk programs, it will keep down the assessments that insurers and employers pay to fund the program.

And it is good for states because if we control the costs of the program, cash-strapped states won't have to find additional funds to stabilize the risk pool, and the state's contribution will go a lot further.

Mr. Speaker, a small but not insignificant number of people would benefit from my legislation, and it would save millions of dollars in health care costs and uncompensated care. This is a prevention bill, a cost savings bill, a pro-business bill and a taxpayer savings bill. I look forward to working with my colleagues and all interested parties to pass meaningful drug assistance legislation for our nation's state high-risk pools.