

all faithful people could live together. When he passed away, he was working toward expanding the Center to include a museum, library, and school. He wanted to create a place that Muslims would be proud of, and Christians and Jews would be comfortable exploring.

Mr. Samawi has inspired us all with his vision for a more spiritually united Greater Cincinnati. He will be missed by the entire religious community.

CONGRESSIONAL AND EXECUTIVE
BENEFITS MUST BE CONTROLLED

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. COBLE. Mr. Speaker, when I first came to Congress in 1985, I took to the well of the House to protest members' perks. In particular, I cited the congressional pension plan and the federal employees Thrift Savings Plan as "overly generous at best, outrageously extravagant at worst." Although I've been waging this battle for fourteen years, no action has been taken to date to reduce either benefit.

So, once again, I am introducing a package of bills designed to relieve beleaguered taxpayers from footing the bill for certain congressional and executive branch benefits.

The first bill eliminates the congressional pension for members who are not yet vested. I do not believe extravagant retirement benefits are necessary to entice qualified Americans to run for Congress. They are costly and excessive.

The second bill revises former presidents' benefits. I am proposing to end Secret Service protection for future former presidents after one year; their spouses and minor children will no longer be entitled to Secret Service protection after Inauguration Day. We estimate this will save \$15 million per year once it is implemented.

The bill also changes the law prospectively to prevent presidents from double- or triple-dipping from the federal government. Specifically, it requires a former president to waive the right to each other annuity or pension to which he (or she) is entitled under any other Act of Congress (that is, any other federal pension which he earned), in order to receive the presidential pension. The value of the presidential pension is equal to the annual rate of basic pay for cabinet-level officials. As of January 1, 1999, that figure is \$151,800.

Finally, the bill will deny a presidential pension until a former president reaches the prevailing retirement age under Social Security.

Here is an example of the costs the taxpayers face following President Clinton's service. President Clinton will be in his mid-fifties at the end of his second term. Since his presidential pension kicks in immediately upon his leaving office on Inauguration Day, he could draw over two-and-one-quarter million dollars in pension benefits before he reaches retirement age.

Please don't misunderstand me. I hope that all current, former and future presidents lead long and fruitful lives upon leaving office. However, the vast majority of Americans struggle

EXTENSIONS OF REMARKS

to make ends meet, and often are unable to save for their own retirement. Nevertheless, they are forced to contribute to the retirement packages of former presidents and members of Congress.

Over the years, my constituents have shared with me their outrage over the lavishness and cost of these benefits. I believe elected officials need to make real sacrifices if we hope to gain the support of the American people for shared sacrifice to keep our country on the path to fiscal prosperity.

I believe these bills represent bold and dramatic proposals. That is why I hope my colleagues will join me in pushing this legislation to passage.

TERM LIMITS WITH THREE 4-YEAR
TERMS

HON. BILL McCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. McCOLLUM. Mr. Speaker, today, I am introducing a proposed amendment to the Constitution that will not only limit the number of terms a Member of Congress may serve. This proposal would extend the length of a single term in the House from 2 to 4 years. Senators would remain in 6-year terms.

The arguments for term limits are well-known. The Founding Fathers could not have envisioned today's government, with year-round sessions and careers in Congress. Term limits would eliminate the careerism that permeates this institution, enticing Members to work toward extending their careers—a goal sometimes at odds with the common good. There are simply too many competing interests groups.

However, my proposal takes the essence of term limits to limit the influence of careerism and the incessant campaigning it requires, by increasing the length of a term in the House of Representatives. Currently, each Member of the House serves 2-year terms. That means that after each election, a House incumbent must begin campaigning again almost immediately. This dangerous cycle almost never stops. A 4-year term would mitigate this to a certain degree. Looking at it another way, a person would have to run only three times to serve the maximum number of years. That is certainly an improvement, especially when tied to term limits.

Mr. Speaker, it is important to note that a 4-year term will not eliminate the House of Representatives' function as the people's House. Today's technology almost instantly allows people in Washington, DC to know how the people they represent in their district feel about issues of the day. No longer must Representatives periodically make the trek home to put themselves back in touch with the local wants and needs. Now we fly home on weekends, read our local papers in DC, receive countless polls and tune in to the news.

In the end, Mr. Speaker, there will be no loss of service by lengthening the term of office while limiting them. Indeed, it will improve as more attention is paid to legislating instead of campaigning. This is a complete reform package deserving of our attention.

MEDICAL CLINICAL TRIAL
LEGISLATION

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. BENTSEN. Mr. Speaker, I rise today to introduce legislation, the Medicare Clinical Trial Coverage Act of 1999, that would provide Medicare coverage for patient costs related to participation in clinical trials. Clinical trials are research studies that test new medications and therapies in clinical settings and are often the only treatment available for people with life-threatening diseases such as cancer, AIDS, heart disease, and Alzheimers.

As the representative for the Texas Medical Center, where many of these life-saving trials are being conducted, I believe there is a real need for this legislation to guarantee that patients can receive the cutting-edge treatment they need. I believe we must ensure that Medicare beneficiaries can obtain the best available treatment for their illnesses. Without this guarantee, patients must work aggressively to make sure that they receive the care they need. We must end this uncertainty and guarantee the best available care for all Medicare patients.

I have been contacted by many researchers at the Texas Medical Center, including the University of Texas MD Anderson Cancer Center, University of Texas Health Science Center, Baylor College of Medicine, and the Children's Nutrition Research Center, about the need for this legislation. These researchers are conducting clinical trials to test new medical therapies and devices such as gene therapy, bone marrow transplantations, and targeted antibody therapy that will lead to better medical care and save lives.

Although there may be costs associated with more access to clinical trials, I believe that we should ensure access to clinical trials as a means to ensure quality health care services. I also believe that this Medicare reimbursement policy would encourage other health plans to cover these routine costs.

It is also important to note that providing Medicare coverage for clinical trials will increase participation in such trials and lead to faster development of therapies for those in need. It often takes three to five years to enroll enough participants in a cancer clinical trial to make the results legitimate and statistically meaningful. In addition, less than three percent of cancer patients, half of whom are over 65, currently participate in clinical trials. This legislation will likely increase enrollment and help researchers obtain meaningful results more quickly.

This legislation would apply to all federally-approved clinical trials, including those approved by the Departments of Health and Human Services, Veterans' Affairs, Defense, and Energy; the National Institutes of Health; and the Food and Drug Administration.

There are currently three types of costs associated with clinical trials—the cost of the treatment or therapy itself, the cost of monitoring such treatments, and the cost of health care services needed by the patient. Clinical trials usually cover the cost of providing and