

from this base to Kosovo, where they dropped eleven percent of the precision ordnance while flying less than one percent of the sorties. As General Leroy Barnidge said at the tenth anniversary ceremony, "The airplane exceeded everybody's expectations. It's got a war-fighting capability that is second to none."

Mr. Speaker, I know that all of our colleagues in the House will join me in celebrating the tenth anniversary of the most revolutionary design in bombing aircraft since World War II.

IT'S TIME TO CONSIDER A
PATIENTS' BILL OF RIGHTS

HON. DENNIS MOORE

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 5, 1999

Mr. MOORE. Mr. Speaker, the people of Kansas' Third District sent me to Washington, D.C., to represent their concerns and do all I can to address major, pending federal issues. For this reason, I was very disappointed when it became apparent in the last few days that the House would not be considering proposals to enact a Patients' Bill of Rights.

One of my first actions as a freshman Member of Congress was to join as an original cosponsor of H.R. 358, the Patients' Bill of Rights. This important legislation will ensure basic rights for patients and give them the protections they deserve. While the majority was unable to reach the consensus necessary within their caucus to bring a proposal in this area before the House for consideration this week, I am pleased that Commerce Committee Ranking Democrat JOHN DINGELL has continued active discussions with three members of the majority who are physicians—Doctors GANSKE, COBURN and NORWOOD—in an attempt to reach a bipartisan consensus on a proposal to provide meaningful protections for managed care patients and physicians.

I also want to bring to the attention of my colleagues a recent newspaper column by Steve Rose, the chairman of Sun Publications, which publishes the Johnson County Sun and several other newspapers that serve my congressional district. I commend to everyone Mr. Rose's commentary regarding the real-world problems that indicate a need for enactment this year of a Patients' Bill of Rights.

DARLA WANTS HER RIGHTS

My good friend Darla is all for the Patients' Bill of Rights. She's had it up to here and won't take it anymore.

Just last week, Darla called her doctor to ask if he thought it might be a good idea for her to try a new medication on the market called Celebrex, for her arthritis. Darla also has a stomach disorder, ulcerative colitis, so she has to be careful of side effects.

Her doctor thought Celebrex was a good medication to try, at first in a small dose. So, he called the pharmacy in Overland Park and ordered a 30-day supply. When Darla arrived at the counter, however, she met trickled-down red tape, straight from the insurance company.

The pharmacist explained that the health insurance provider had denied the prescription until Darla tried a generic brand first.

"What's the difference between the generic drug and Celebrex?" asked Darla. The phar-

macist replied, "They're about the same, except the generic drug can be a little harder on your stomach."

"That won't do," replied Darla, "I have ulcerative colitis, and I can't stand any medications that irritate the stomach."

The pharmacist was sympathetic, but there was nothing to be done. Darla was advised to consult her doctor, who could contact the insurance company.

That's exactly what Darla did. She called her doctor and explained what had happened. Said the doctor, "I'll contact the insurance company, and get this resolved."

A day later, Darla got a call from her doctor.

"I just spent an hour-and-a-half on the phone with the insurance company," said the doctor. "I could not speak with anyone with any medical background. After being put on hold three times, and being switched from one person to another, all I got was a clerk who wouldn't budge. I lost."

Darla is still fuming.

There are millions of Darlas out there. And when the President calls for a Patients' Bill of Rights, he has a lot of folks clapping.

Ironically, the President's proposal would do nothing for Darla. It only addresses mandatory emergency room care, an appeals process when insurance companies deny critical procedures, and the right of patients to sue insurance companies.

Nonetheless, Darla figures, probably correctly, that if this first Bill of Rights can be passed, it undoubtedly will be amended later to deal with some of her issues.

Insurance companies will scream that governments' intervention will only drive up health care costs. And they're probably right.

But if you asked Darla, she would be glad to pay a little more to let the insurance companies know they cannot just roll over her, or her doctor.

The Bill of Rights cure might be worse than the insurance disease, but Darla is so frustrated, she says she's willing to take that risk.

CHILDREN'S ASTHMA RELIEF ACT
OF 1999

HON. HENRY A. WAXMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 5, 1999

Mr. WAXMAN. Mr. Speaker, I rise today to join my colleague, FRED UPTON, in introducing the Children's Asthma Relief Act of 1999.

Asthma is one of the most significant and prevalent chronic diseases in America. The Centers for Disease Control and Prevention (CDC) reports that 6.4 percent of the population, or 17.3 million Americans, report having asthma. This represents a dramatic 75 percent increase in self-reported cases from 1980 to 1994.

Asthma is disproportionately hurting children. Today, it is the most common childhood chronic disease. Five million American children have asthma. And as Surgeon General David Satcher recently concluded, the United States is "moving in the wrong direction, especially among minority children in the urban communities." The most devastating indicator of our Nation's lack of progress is the news that, from 1980 to 1993, the mortality rate for

children and teens with asthma rose a staggering 78 percent.

Just a few days ago, Dr. Philip Landrigan reported in the Journal of Asthma that higher asthma hospitalization rates are associated with children, communities of color and the poor. The potential causes for the disproportionate impact of asthma are wide ranging, from the lack of preventive care, poor housing conditions and increased exposure to indoor allergens, to sedentary lifestyles and the siting of polluting commercial facilities.

Our country can and must do more to prevent and treat asthma. I am pleased to introduce the Children's Asthma Relief Act of 1999, which was originally introduced by DICK DURBIN and MIKE DEWINE in the Senate. This legislation provides \$50 million for pediatric asthma prevention and treatment programs, allowing states and local communities to target and improve the health of low-income children suffering from asthma. The Act would also increase the enrollment of these children into Medicaid and state Children's Health Insurance Programs (CHIP), such as California's Healthy Families.

I am also pleased that the Act includes mobile "breathmobiles" among the community-based programs eligible for funding. These school-based mobile clinics were developed by the Southern California chapter of the Asthma and Allergy Foundation of America, in conjunction with Los Angeles County, Los Angeles Unified School District and the University of Southern California.

This legislation has the support of leading child health and asthma organizations, including the American Lung Association, the American Academy of Pediatrics, Association of Maternal and Child Health Programs, the National Association of Children's Hospitals, the American Academy of Chest Physicians and the Children's Health Fund.

As an honorary co-chair of Asthma Awareness Day, I urge my colleagues to join us in cosponsoring the Children's Asthma Relief Act of 1999.

INTRODUCTION OF A BILL TO EXPAND ALASKA NATIVE CONTRACTING OF FEDERAL LAND MANAGEMENT

HON. DON YOUNG

OF AKASKA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 5, 1999

Mr. YOUNG of Alaska. Mr. Speaker, I am pleased to introduce a bill to expand Alaska Native contracting of Federal land management functions and activities and, promote hiring of Alaska Natives by the federal government within the State of Alaska.

This bill was developed in response to my request to the Alaska Federal of Natives at their retreat in August of 1998. Pursuant to the Indian Self-Determination and Education Assistance Act, tribes are authorized to enter into contracts with the Department of the Interior to directly administer programs previously administered by that agency. Congress strongly advocated this change to allow tribes to provide direct and improved services to their members.