

to support activities of the National Center for Missing and Exploited Children.

Programs under the Runaway and Homeless Youth Act have received a total appropriation of \$59 million in FY 1999, while existing activities under the Missing Children's Assistance Act received a total of \$17 million. The National Center for Missing and Exploited Children has received federal grants for the past 14 years, with the FY 1999 Commerce-Justice-State Appropriations Act earmarking \$8 million for the center.

The measure authorizes \$10 million a year for grants to the National Center, with the funds to be used to operate the national resource center and its 24-hour toll-free telephone line; provide assistance to families and law enforcement agencies in locating and recovering missing and exploited children; coordinate public and private missing children programs; and provide technical assistance and training to law enforcement agencies and others in preventing, investigating, prosecuting and treating cases of missing and exploited children.

The measure allows the Department of Health and Human Services (HHS) to establish a single consolidated application review process for funding requests under the law, but requires that funds be separately identified in all grants and contracts. As under current law, 90% of program funds would have to be used to establish and operate basic runaway centers and transitional living programs, with transitional living programs to receive between 20% and 30% of annual appropriations. Furthermore, this bill allows basic center grants to be used for drug education programs—which are crucial to making sure that children stay off the streets.

The bill also recodifies much of the act to remove duplicative provisions and more clearly defines the types of services that may be provided under the programs. It also allows HHS, in awarding grants, to take into consideration the geographical distribution of proposed services and areas of a state that have the greatest needs, and then requires HHS to conduct on-site evaluations of grant recipients that have been awarded funds for three consecutive years—a good oversight provision. Furthermore, this bill requires HHS to report to Congress every two years on the status and activities of grant recipients, along with HHS evaluations of those grantees.

S. 249 also authorizes such sums as necessary through FY 2003 for the Sexual Abuse Prevention Program, under which HHS is authorized to make grants to private nonprofit agencies for street-based outreach and education activities to runaway, homeless and street youth who are at risk of sexual abuse. Along those lines, the bill requires HHS to conduct a study on the relationship between sexual abuse and running away from home.

Mr. Speaker, our purpose in passing this bill is to build awareness around the issue of missing children, find those who are currently missing and to prevent future abductions. By passing this legislation we will continue our efforts in identifying ways to work effectively in our districts to address this very important issue and stem future suffering amongst our families.

EXTENSIONS OF REMARKS

GALISTEO BASIN INTRODUCTORY REMARKS

HON. TOM UDALL

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. UDALL of New Mexico. Mr. Speaker, today I rise to introduce legislation to provide for the protection of various historical sites in the Galisteo Basin of New Mexico. The Galisteo Basin has a rich cultural history dating back to 1598 when Spanish Conquistadors arrived in the area and found thriving Pueblo Indian communities. These communities, dating back to prehistoric times, had their own unique traditions of religion, architecture and art. The interaction of the Spanish and Pueblo Indian cultures witnessed periods of coexistence and conflict which has contributed significantly to present day "New Mexican" culture. Protecting what remains of the early pueblo communities is important to New Mexicans and to those who seek an understanding of early Southwestern history.

These sites include examples of stone and adobe pueblo architectural styles, typical of Native American pueblo communities, both prior to and during early Spanish colonization periods; Native American petroglyph art, and historic missions constructed by the Spaniards as they sought to convert the native populace to Catholicism. Unfortunately, many of these sites may be lost through weathering, erosion, vandalism, and amateur excavations. This legislation however, creates a program under the Department of the Interior to preserve twenty-six archeological sites in the Galisteo Basin, conduct additional archeological research in the area, and provide for public interpretation of the sites.

Although many of the sites are on federal public lands, other sites are on either state trust lands or on private property. Under this legislation, site preservation, research and public interpretation would be conducted on federal public lands and could be augmented with voluntary cooperative agreements with state agencies and private land owners. These agreements would provide state and private landowners technical and financial assistance to preserve sites located on their property. This legislation also provides for the purchase or exchange of property where the parties deem it appropriate.

Mr. Speaker, this is a companion bill to a bill introduced in the other chamber by Senator BINGAMAN of New Mexico. By preserving these sites, we should be able to preserve the history and culture embodied in these sites for future generations. I am confident that this chamber realizes the importance of this bill in preserving New Mexican history for current and future generations. Therefore, I ask immediate consideration and passage of this bill.

May 26, 1999

IN RECOGNITION OF COLBY STADJUJAR

HON. JOE SKEEN

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. SKEEN. Mr. Speaker, I rise today to pay tribute to Colby Stadjuhar, a student at Picacho Middle School, who recently performed an act of bravery by rescuing Jeanine Cook, a drowning victim, from the irrigation canals in Las Cruces, New Mexico.

This was not just any drowning victim. This was Jeanine Cook, a doctoral student and teacher at New Mexico State University's college of engineering department who is partially paralyzed and confined to a wheel chair. On Monday, May 17, 1999 Ms. Cook was walking her dog when another dog attacked hers. During the attack the leash became entangled in the wheel chair causing the chair to slide into the canal.

Colby Stadjuhar and his two friends were riding along the canals when he noticed a woman screaming for help. Without hesitation Colby went into the water and rescued Ms. Cook while his friends, Melissa Girard and Jenni Brown retrieved the wheel chair from the flowing water.

As Congress continues to address the state of young people in today's society I stand up to remind my colleagues, do not let the few problems distract from the good that comprises the true state of the majority of our youth. The act by Mr. Stadjuhar, Ms. Girard and Ms. Brown was one of responsibility, courage and citizenship. They are excellent role models for their peers and by honoring them for their valor, it is my hope that many will follow in their footsteps.

CARDISS COLLINS POST OFFICE
BUILDING, OTIS GRANT COLLINS
POST OFFICE BUILDING, MARY
ALICE (MA) HENRY POST OFFICE
BUILDING, AND ROBERT
LEFLORE, JR. POST OFFICE
BUILDING

SPEECH OF

HON. DANNY K. DAVIS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, May 24, 1999

Mr. DAVIS of Illinois. Mr. Speaker, I am pleased to sponsor H.R. 1191, a bill to designate four postal facilities in the Seventh Congressional District of Illinois. The four persons who I seek to name these postal facilities after have a long history of being servants, activists heroes and heroines in their respective communities. In fact, the first person the Honorable Cardiss Collins is a former Member of Congress and she served as ranking member of the Government Reform Committee before she retired in 1996. She represented the residents of the Seventh Congressional District for 23½ years.

Cardiss Collins established herself as a real advocate for Airline Safety, protection of children, gender equity in College athletics, women's health, establishment of the Office of Minority Health in HHS and has the distinction of

being the longest serving African American female to serve in the House of Representatives.

In 1991, she wrote the law which extends Medicare Coverage for mammography screening, thereby, allowing millions of elderly and disabled women to receive this vital service. She was successful in praising legislation which expanded Medicaid coverage for pap smears in order to better provide for the early detection of cervical uterine cancers.

In 1979, Congresswoman Collins served as Chairperson for the Congressional Black Caucus and was the first African American woman to serve as a Democratic Whip at-large.

The second postal facility is named after Otis Grant Collins, who prior to his death in 1992, was recognized as one of the premier activists in apprenticeship training in this country. In addition, while serving as a State Representative in the Illinois General Assembly he was a champion of laws that protected minority communities from redlining.

The third postal facility is named after Mary Alice "Ma" Henry, who prior to her death in 1995, was recognized as one of Chicago's most caring and compassionate community activists. She is remembered as a courageous leader for the poor, uninsured and left out of our society. In 1976, the Mary Alice "Ma" Henry Family Health Center was dedicated and now serves over 20,000 patients every year.

The fourth postal facility is named after former State Representative Robert LeFlore, Jr. who prior to his death in 1993, was recognized as a leading advocate for the disadvantaged and underprivileged. He was a tireless worker, on behalf of seniors and children and his contributions will be remembered a long time.

These individuals represent the best of Chicago and the nation. Their contributions have been significant and their legacies have been embedded in the communities they touched. Therefore, I am pleased to sponsor this bill on behalf of some of the greatest leaders in the African American community.

INTRODUCTION OF MEDICARE MODERNIZATION NO. 6: MEDICARE PREVENTIVE CARE IMPROVEMENT ACT OF 1999

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. STARK. Mr. Speaker, I am very pleased today to introduce the sixth bill in my Medicare modernization effort: the "Medicare Preventive Care Improvement Act of 1999." This bill carries forward the overall theme of modernization: to improve the quality of health services for Medicare beneficiaries, and achieve potential savings for the program.

Medicare should provide state-of-the-art health services to its beneficiaries. But in order to achieve this, Medicare needs more flexibility to adapt and change with today's ever-changing health sciences. Currently, Medicare relies on Congressional decision-making for too many of its day-to-day oper-

ations. For example, my colleagues and I have often been asked to consider whether or not to include additional services in Medicare's benefits package. In order to do this, we have to weigh the costs and benefits of highly technical information that we know virtually nothing about. Often, our decisions are based more on political motivations than sound scientific analysis. This is no way to run a health insurance plan.

Fortunately, we have experts in the Department of Health and Human Services who are qualified to make these decisions. Now we just need to give them the authority to do so. The "Medicare Preventive Care Improvement Act of 1999" would allow the Secretary of Health and Human Services to make decisions about whether or not to cover new preventive health measures. If the Secretary determines that covering a new preventive service would be cost effective, she may implement that coverage without seeking an Act of Congress. Granting such administrative flexibility is the cornerstone of my modernization effort.

In 1997, Congress passed a series of preventive health initiatives for Medicare including: Yearly Mammography Screening; Increased coverage of Screening Pap Smear and Pelvic Exams; Prostate Cancer Screening; Colorectal Cancer Screening; Diabetes Self Management and Training Services (and coverage of blood test strips and glucose monitors); and Bone Mass Measurement tests (osteoporosis screening).

Recognizing the importance of preventive health care to the Medicare population, the BBA also provided for a study to analyze the potential expansion or modification of preventive and other services covered under Medicare. Unfortunately, the BBA did not take this commitment to preventive care one step further by allowing the Secretary to implement preventive services that are found to be cost effective. This bill leaves the technical, medical, cost-benefit analysis issues up to the Secretary and the expert doctors in the Department to resolve.

If we want Medicare beneficiaries to avail themselves of preventive services, we must make it simple and affordable for them to do so. This bill also makes two necessary improvements in that regard. Currently, some preventive services are subject to the \$100 Part B deductible while others are specifically exempted from the application of the deductible. The Medicare Preventive Care Improvement Act would standardize the policy so that all preventive benefits are exempt from the deductible. In addition, under current Medicare rules, providers can balance bill for some preventive services, but not others. This legislation would firmly establish in law that balance billing for all preventive services is prohibited.

What type of preventive care services might be allowed under the bill I am introducing today? In recent years, I have received a number of letters and reports from kidney disease specialists saying that if Medicare were more flexible in providing care to those approaching end-stage renal disease, we could in many cases delay the onset of ESRD and the need for dialysis by months or even years.

Each year a person is on dialysis with terminal ESRD, it costs Medicare and the tax-

payer \$40,000 to \$60,000. ESRD patients are consistently the most expensive patients enrolled in the program. Yet experts have said that dietary consultation, occasional dialysis, and early placement of dialysis access, are all tools which can save money, pain, and improve the quality of life of ESRD patients. I do not know if these claims are valid. I am not a doctor. But HHS has the experts, and if the Department's physicians and researchers find these claims are true, of course we should start to cover those preventive services. The Secretary should have the flexibility to provide these services when she finds that the evidence supports their use as cost-saving, quality-improving actions, without requiring an Act of Congress.

Another example of a qualified preventive service is independent living services for the blind. When someone is stricken with blindness, they can access several training programs that help them learn to live independently. Without this training, blind persons risk becoming institutionalized. Until this bill, if the Secretary determines that rehabilitation such as this would prevent a blind person from having to move to a more intensive setting, she may cover such services.

Modern medicine keeps developing new miracles to delay or prevent terrible illnesses. If Medicare is to be a modern health insurance plan, it must be able to cover these preventive care services quickly. Forward looking treatments like those included in the BBA take the position that a disease prevented is a dollar saved. Logically, if we prevent diseases from occurring, Medicare will save money in the long run. In the case of Medicare, the savings can be considerable. The bill I am introducing today gives the Medicare Administrator the tools to use modern health advances to save lives and money.

The BBA of 1997 was a good first step, but did not go far enough toward improving the overall service available to Medicare beneficiaries. The "Medicare Preventive Care Improvement Act of 1999" provides for greater flexibility to adopt preventive health measures without having Members of Congress play doctor.

IN HONOR OF ST. COLUMBKILLE PARISH SCHOOL

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 26, 1999

Mr. KUCINICH. Mr. Speaker, I rise today to honor S. Columbkille Parish School, which has been named a 1999 Blue Ribbon School of Excellence by the U.S. Department of Education.

Only 266 schools in the country earned this prestigious award this year. Blue Ribbon Schools are considered to be models of both excellence and equity where educational excellence for all students is a high priority. St. Columbkille Parish School had to demonstrate its effectiveness in meeting local, state and