

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