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 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.

African American community.

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 all 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 operations. 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 new preventive benefits as a result within 180 days of enactment. In the case of Medicare, the savings occurring 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. COLUMBKIILLE 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