

Medicare to all seniors who want one. This bill would ensure that all seniors who choose to participate would pay the same low premiums and receive the same benefits, regardless of where they live. Moreover, low-income seniors who cannot afford to pay the premiums would not be denied prescription drug coverage under the Democratic alternative.

It is time that Congress make prescription medicines available to all seniors who need them. I urge my colleagues to oppose this Republican giveaway to private insurance companies and support the Democratic alternative.

HONORING MR. TOM MESSENGER

**HON. SCOTT McINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 10, 2000*

Mr. McINNIS. Mr. Speaker, I would like to take a moment to honor a man that has devoted his career to protecting the health of people in the great State of Colorado, Tom Messenger. After 30 years of service to the citizens of Colorado, Tom is set to retire this week, bringing to a close what has been a truly distinguished career.

As his family, friends and colleagues celebrate Tom's retirement, I would like to pay tribute to his substantial efforts to improve the quality of life for all Coloradans. His career is eminently deserving of both the praise and thanks of this body.

Tom began his tenure as an environmental health advocate in 1970. He first started as a sanitarian for the Tri-County District Health Department and, after earning a masters degree, started a career at the Colorado Health Department. Early in his career, Tom demonstrated both the integrity and the skill needed to conduct a responsible, responsive and successful food safety program. His ambition and ability gave rise to his rapid ascension through the ranks of the Department. In 1980, Tom became the Department of Consumer Protection Assistant Director, holding that position until 1988. After a brief stint as the Department's budget director, Tom later returned to the Consumer Protection Division, serving as its appointed Director until today.

Tom has spent twenty seven years with the Department and his efforts to protect Colorado's health have been considerable. He has been the catalyst in bringing state, local and federal governments together toward mutually agreeable health policies. Throughout his career, Tom has been highly effective in bringing these often divergent entities together to address emerging health issues. In recent times, Tom has made a parade of bold breakthroughs in the Department, including providing the leadership at the state level to help ensure the successful introduction of a state retail food law, and coordinating a proactive action plan with the state dairy industry to address issues of antibiotic residues. Although these accomplishments only scratch the surface of what Tom has achieved, they both are indicative of the type of success that he has repeatedly encountered in his time working for the State of Colorado.

It is with this, Mr. Speaker, that I would like to pay tribute to Mr. Messenger and his efforts

to make his community, state and nation a better and healthier place to live. His dedication and know-how have distinguished him greatly. The citizens of Colorado owe Tom a debt of gratitude and I wish him well during his retirement. Your family, friends and colleagues are proud of you, Tom, and we all are thankful for your dedicated service over the past three decades.

INTRODUCTION OF SAINT CROIX  
ISLAND HERITAGE ACT

**HON. JOHN ELIAS BALDACCI**

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

*Monday, July 10, 2000*

Mr. BALDACCI. Mr. Speaker, I am introducing today legislation to help Calais, Maine, commemorate the 400th anniversary of an internationally historic event. In 1604, a group of adventurers led by a French nobleman established a settlement on Saint Croix Island in the Saint Croix River that forms part of the border between Maine and New Brunswick. By accounts it was one of the earliest settlements in North America.

The residents of the region, with the Saint Croix Economic Alliance and the Sunrise County Economic Council and with the cooperation of state and federal agencies have worked for several years to develop a regional heritage center to mark the event with a celebration in 2004 with the United States, Canada and France. The island itself is the only international historic site in the National Park System. The heritage center in Calais will preserve and chronicle the region's cultural, natural, and historical heritage.

The work began with an evaluation of the market potential for the heritage center and preparation of a preliminary exhibit and operating plans. The loose-knit coalition secured planning funds and seed money from local businesses, the city of Calais, and the U.S. Forest Service. A full-time project coordinator is in place to oversee the development of the project.

It is time for the National Park Service to step forward. The Saint Croix Island Heritage Act would grant the Park Service the authority to provide assistance. The bill directs the Park Service to facilitate the development of the heritage center in time for the 400th anniversary of the island's settlement by French explorers. It authorizes the Secretary of the Interior to enter into cooperative agreements with other federal agencies as well as with non-profit organizations, and state and local governments. It also authorizes \$2.5 million for this endeavor.

QUALITY HEALTH CARE  
COALITION ACT OF 2000

SPEECH OF

**HON. MATT SALMON**

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 29, 2000*

The House in Committee of the Whole House on the State of the Union had under

consideration the bill (H.R. 1304) to ensure and foster continued patient safety and quality of care by making the antitrust laws apply to negotiations between groups of health care professionals and health plans and health insurance issuers in the same manner as such laws apply to collective bargaining by labor organizations under the National Labor Relations Act:

Mr. SALMON. Mr. Chairman, I rise to comment on H.R. 1304, the Quality Health Care Coalition Act—Representative CAMPBELL's bill which the House passed on June 29. While I had some reservations about this bill, I supported the legislation because I believe that it ultimately will level the playing field for health care providers when they negotiate patient-care agreements with managed care companies. I believe that we should do all we can to restore the relationship between patient and physician. Too often, managed care companies negotiate with providers on a "take it or leave it" basis. And because many independent physicians have little leverage over third party payers, they must take what is offered for their services or lose patients. We improve the quality of patient care when we give physicians a greater role in determining care.

Mr. Chairman, as you know, the bill would give physicians and other health care providers the same collective bargaining options (under the Clayton and Sherman Acts) accorded to labor organizations under the National Labor Relations Act. Smartly, the negotiating authority granted by H.R. 1304 sunsets in three years. At that point, the General Accounting Office will study the impact of the legislation and make recommendations on how to improve it.

Opponents of the bill argue that it will allow physicians to form monopolies. Nothing in this legislation preempts the FTC or anti-trust department at DOJ from overseeing the business practices of groups formed by doctors. And the bill specifically states that physicians must negotiate in "good faith" with managed care companies. I encourage the FTC and the DOJ to continue to pay close attention to any activity that would adversely affect patients. Ironically, it is the HMOs which seem to exhibit monopolistic behavior. Over the last decade, third party payers have increasingly exercised their market power over both patients and doctors.

As I mentioned before, I have some reservations about the bill. For example, I am concerned that the legislation might create agreements where HMOs will pass any increase in health care costs to patients. I am also concerned that any shift in cost to patients will increase the number of uninsured. But, that argument is used every time Congress tries to reform the current health care system and it is the reason we cannot break the stranglehold that HMOs have on our health care decisions. At some point, we must return the health care market back to patients and doctors. I believe that this bill is a small step toward restoring the patient-physician relationship.