

served in the Armed Forces of the former Republic of Vietnam. As an original sponsor of the Congressional Dialogue on Vietnam and the Adopt-A-Voice-of-Conscience program, it is not only my honor, but my privilege to have introduced this resolution on behalf of all Vietnamese-Americans and especially, the tens of thousands living in Northern Virginia. It is imperative that we never forget the sacrifices that the members of Armed Forces of the Republic of Vietnam made so that future generations may live in freedom.

I urge my colleagues to support this important resolution because it reaffirms Congress' commitment to Vietnamese-Americans and others whose work helps to keep the spirit of freedom alive for those still living in Vietnam.

It is my strongest hope that the citizens of Vietnam will one day be free: free to elect their own leaders and government, free to worship as they please, free to speak and print their own opinions without fear of persecution or harassment, and simply free to live their lives without government intrusion. This is the will of democracy and the Vietnamese people.

IN HONOR OF JOHN BACO

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 11, 2000

Mr. KUCINICH. Mr. Speaker, I rise today in tribute to John Baco, pitcher for the baseball team at St. Ignatius High School in Ohio. John has been selected by the Cleveland Plain Dealer as a member of their All-Star baseball team for the Spring 2000 season.

John has demonstrated exceptional athletic ability and tremendous commitment to his sporting activities. As pitcher of the St. Ignatius Wildcats, this gritty senior right-hander is the model of composure. In compiling a 9–0 record with posted victories in the sectional finals, district finals, regional semifinals and state semifinals, John was a part of a St. Ignatius team that made history by advancing to the school's first state championship baseball game. In a complete-game, eight-inning effort against perennial power Cincinnati Moeller in the state semifinals, he stuck out 14, four shy of the big-school Final Four record. These impressive records mirror John's commitment to responsibility. His strong faith and belief in her abilities has enabled her to become one of the finest athletes in northern Ohio.

Recognition by the Cleveland Plain Dealer of John's accomplishments is an amazing honor because it acknowledges the hours of sacrifice and patience needed to cultivate stamina and perseverance, as well as excellence in teamwork and cooperation. More importantly, I am inspired by his motivation, poise, and good sportsmanship on and off the playing field. Knowing that he tried his best is more important than actually winning. Clearly, he is the quintessential model of grace under pressure. I am impressed by such optimism and devotion. He is truly remarkable. I know that John has much to offer. I look forward to offering more congratulations to this promising athlete in the future.

My fellow colleagues, John Baco is an outstanding and inspirational individual. Please join me in honoring his notable accomplishments and achievements in baseball.

MEDICARE RX 2000 ACT

SPEECH OF

HON. DAVE WELDON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 28, 2000

Mr. WELDON of Florida. Mr. Speaker, I rise in strong support of the Prescription Drug Package, H.R. 4680, The Medicare Rx 2000 Act. 2.7 million Floridians depend on Medicare for their health-care coverage. Currently, we are taking tremendous steps to provide American seniors with comprehensive prescription drug coverage, because no seniors should have to choose between life saving prescription drugs and food for their table. This program will be flexible and voluntary and will give every senior citizen a choice between at least two different plans.

Our plan recognizes that two-thirds of American senior citizens have their own prescription drug coverage from their retirement, or they have little need for prescription drugs throughout the course of the year. These are the lucky ones and we do not want to force them into a plan they do not want nor need. However, some seniors have a tremendous prescription drug burden. Estimates indicate that the average senior citizen will have an annual prescription drug cost of over \$2,300 by the year 2003. Some would argue that this is because of inflated drug prices. That may be good rhetoric, but the truth is not that simple.

As a physician, I understand the importance of prescription drugs to seniors. I also understand the great amount of time and effort and expense that goes into manufacturing a drug. These miracle pills take years to craft, test, and finally pass Federal Drug Administration (FDA) muster. It's been said that it costs upwards of one-half billion dollars to get a drug from original conception to the shelf in your local pharmacy. True, prices are higher, but that is due to the increased research and development in our pharmaceutical labs that offer Americans vast improvements over drugs that are currently on the market. With nearly every drug there are side effects. Advances in new drugs offer Americans more precise drugs with fewer side effects and greater conveniences. These advanced drugs are, because of their complexities, more expensive to develop and produce.

According to studies on the impact of our plan, the costs of prescription drugs would quickly fall by 25%, by giving seniors the same collective bargaining powers as members of other prescription drug plans and by forcing pharmacies to compete for seniors' business. Under our plan, the federal government would assume 50% of a senior's drug cost up to \$2,350. In addition to this coverage, the plan would guarantee catastrophic coverage so that no senior will ever have to pay over \$6,000 a year for life saving prescription drugs.

Another facet of this bipartisan Medicare Rx plan is that it provides a 100% benefit to the

poorest seniors. Under our plan, any senior whose annual income is 135% of the poverty level or below will have their full premiums, deductibles and co-payments assumed by the federal government.

Some have offered an alternative plan which would be run solely by the federal government. It is estimated that such an alternative plan would not force competition and would, instead, rely on government mandates and price controls. The Congressional Budget Office (CBO) has said that this alternative would only reduce prices by about one-half of the amount of the bipartisan plan. Additionally, government price controls would place the government in a greater position of determining which research companies conduct certain types of research, and I believe that would ultimately reduce the availability of new, more precise drugs.

I would add, that as a physician, I know how important it is that doctors work with their patients to find drugs that best serve the patients' needs and that are most affordable for the patients. For example, some of the more expensive drugs may be time-release drugs and only require that a patient take that drug once a day. On the other hand, there may be a considerably less expensive drug that a patient may have to take twice a day. It is important that doctors take the time to work with their patients to find the best drug treatment for their patient and consider that patient's physical and budgetary considerations. I have repeatedly done this in my practice.

In this nation we are very blessed. And the prescription drug plan that we are considering is indeed a demonstration of our bounty. It addresses this need in a manner that focuses the most effort to serving those with greatest need. It ensures that market forces, not government price controls and mandates—which have always lead to poor quality and inefficiency—are the mechanisms employed to help keep costs down. It ensures that those who currently have coverage are not forced to pay for something they do not need. And, it works in such a way that will lower drugs costs for all seniors.

Finally, to those who would argue that we should have a government run prescription drug plan, I would only point out one of the latest battles in Medicare. Since Medicare was established it has been required that a physician supervise a nurse anesthetist who may be administering the anesthesia to a senior. Over the past decade, the nurse anesthetists have put on a massive lobbying effort to urge Medicare to remove the physician supervision requirement and allow nurse anesthetists to work unsupervised. On June 27, a peer reviewed medical study was released showing that when administering anesthesia in the absence of an anesthesiologist (a physician), the loss of life was 2.7 per thousand greater than it would have been under the supervision of an anesthesiologist. The Administration, which sets the rules for Medicare, is in the process of removing this supervision requirement. Any argument that seniors are better off with a government mandated system is severely undercut by this recent action by Medicare and should give us all pause at such a prospect.

I say let's pass this bipartisan bill. Let us move forward with a plan that does meets