

The need for a ban on handguns cannot be overstated. Unlike rifles and shotguns, handguns are easily concealable. Consequently, they are the weapons of choice in most murders, accounting for 10,000 homicides a year and nearly 13,000 suicides a year. In fact, handguns account for 78 percent of all firearm crimes even though they represent only 25 percent of all firearms in circulation.

Most other industrialized countries have a virtual ban on handgun sales, which accounts for the vast difference in homicide rate between the United States and these other nations. In 1990, handguns killed only 22 people in Great Britain, 13 in Sweden, 91 in Switzerland, 87 in Japan, 10 in Australia, and 68 in Canada. In the United States, handgun fatalities totaled 10,567.

Unfortunately, gun violence is getting worse in this country, not better. Between 1960 and 1980, the Nation's firearm death rate increased 160 percent while the rate for other homicides declined. In 1993, death rates from firearm injuries and motor vehicle injuries were statistically equal, making it almost certain that firearms will emerge as the Nation's leading cause of traumatic death in 1994 once the figures have been tabulated. At these rates, 3 million people will have been shot (including 350,000 fatalities) by the end of the year 2000 since the beginning of 1993.

Dr. James R. Hughes, a fellow with the American Academy of Pediatrics, has analogized the epidemic of handgun violence in this country to that of polio in the early 1950's. At that time, there were 10,000 cases of crippling polio a year in the United States. By the late 1980's, that number had been reduced to 10. Today, instead of enduring 10,000 cases of polio, we watch as 10,000 people are murdered by handguns each year. Yet somehow, there are many people in this country who do not feel we need to search for a cure for the disease of violence. I could not disagree more.

If we do not act now, the "gun culture" will continue to thrive, sapping our health care system of its much needed resources. As the victims of gun violence pour in, hospitals across the Nation are closing affiliated trauma centers because of the spiraling costs associated with treating gunshot wounds. From 1989 to 1991, the average per-patient cost of gunshot wounds at a major New York hospital was \$9,646. That figure does not even consider the costs of ambulance services, follow-up care, medication, and rehabilitation.

Furthermore, studies have shown that firearm injuries are more costly than any other type of injury. The total cost of firearm injuries in 1990 was \$20.4 billion. That figure includes direct costs, indirect costs, and life years lost. It represents a 42 percent increase in costs from 1985 to 1990.

Over the same 5-year period, direct medical costs from firearm injuries exhibited the greatest increase—55 percent—and totaled \$1.4 billion for 1990. Other studies have placed direct medical costs as high as \$4 billion a year.

The "Public Health and Safety Act of 1995" would abate the rising tide of handgun violence and its negative impact on the viability of our health care system. It would prohibit the importation, exportation, manufacture, sale, purchase, transfer, receipt, possession, or transportation of handguns and handgun ammunition. Violators would be subject to penalties of up to \$5,000 and up to 5 years in prison.

A 6-month "grace period" would be established during which time handguns could be turned in to any law enforcement agency with impunity and for reimbursement at the greater of \$25 or the fair market value of the handgun. After the grace period's expiration, handguns could be turned in voluntarily with impunity from criminal prosecution, but a civil fine of \$500 would be imposed.

Exemptions from the handgun ban would be permitted for Federal, State, or local government agencies, including military and law enforcement; collectors of antique firearms; federally-licensed handgun sporting clubs; federally-licensed professional security guard services; and federally-licensed dealers, importers, or manufacturers.

I urge the Judiciary Committee to consider this legislation without delay. While passage of the Brady bill and assault weapons ban were good initial steps toward reducing gun violence, passage of this bill would be the giant leap forward this country so desperately needs.

The "Public Health and Safety Act of 1995" represents an approach to handgun control which deserves the support of all Members of Congress who want to stop gun murders now. If this legislation is not passed swiftly, handguns will continue to be sold "over the counter" as easily as aspirin; the nation's at-risk youth will continue to attempt to resolve their problems by turning to handgun violence; and all of us will continue to fear for our lives when we step out of our homes at night.

THE COLON CANCER SCREENING AND PREVENTION ACT—INTRODUCED

HON. BENJAMIN L. CARDIN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Monday, February 13, 1995

Mr. CARDIN. Mr. Speaker, today I am introducing the Colon Cancer Screening and Prevention Act. This legislation provides for Medicare coverage of preventive services to enhance the early detection and treatment of colorectal cancer—the second deadliest cancer in America.

Colorectal cancer is more common than either breast or prostate cancer, and strikes men and women in almost equal numbers. This year alone it is estimated that over 138,000 new cases will be diagnosed and more than 55,000 lives lost.

If colorectal cancer is not found early, less than 60 percent of persons diagnosed will survive for 5 years. Early detection, however, can boost the 5-year survival rate to 91 percent. That is an astonishing difference which can be appreciated in terms of both lives and dollars saved.

With well documented and highly effective detection and prevention strategies, colorectal cancers have become almost completely preventable. Every major Federal employee health plan recognizes the importance of colorectal screening measures and provides coverage for these services. Yet—although the average age at the time of diagnosis is 71—Medicare does not provide coverage of screening and preventive services for colorectal cancers.

With this legislation Medicare beneficiaries are eligible for two screening services at spec-

ified intervals. For those at high risk of developing colorectal cancer—due to previous experience of cancer or precursor polyps, a history of a chronic digestive disease condition, the presence of recognized gene markers, or other predisposing factors—a more comprehensive and invasive procedure is also covered.

Specifically, the Colon Cancer Screening and Prevention Act first enables early detection of colorectal cancers by providing for an annual fecal occult blood test [FOBT]. This is a non-invasive test that checks for blood in a stool sample, at an average cost of only \$5. Research shows that this simple test, with follow-up examination of a positive result, reduces the risk of death from colorectal cancer by between 33 and 43 percent.

Second, this legislation includes benefit coverage of a flexible sigmoidoscopy examination, which enables a doctor to inspect the lower part of the colon where 50 to 60 percent of polyps and cancers occur. This preventive service would be available no more than once every 4 years.

Third, the Colon Cancer Screening and Prevention Act allows individuals at high risk for developing colorectal cancer to receive a screening colonoscopy exam no more than once every 2 years. This procedure allows examination of the entire colon and, if necessary, biopsy and removal of suspicious polyps, which are the precursors to almost all colon cancers.

The preventive screening services in the Colon Cancer Screening and Prevention Act are standard medical procedures recommended by the American Cancer Society, the National Cancer Institute, the American College of Gastroenterology, the American Gastroenterological Association, and the American College of Physicians. Among the many professionals who have provided the scientific and technical information underlying this legislation, I particularly appreciate the efforts of Marvin Schuster, M.D. of Johns Hopkins University, who serves as treasurer of the American College of Gastroenterology.

The ACG worked closely with me last year in developing this legislation and documenting the need for this benefit. The Colon Cancer Screening and Prevention Act has been endorsed by many consumer groups, including the Crohn's and Colitis Foundation, the United Ostomy Association and the Digestive Diseases National Coalition, as well as professional societies such as the American Medical Association and the American Nurses Association.

In an environment of rising health care costs, this amendment will save Medicare dollars. Screening to detect colorectal cancers and providing necessary treatments early in the course of the disease not only improves the quality of life for patients but is much cheaper than providing intensive, expensive medical treatment to individuals in the late stages of colorectal cancer.

Many of my colleagues recognize the gap in Medicare coverage resulting from the failure to provide sensible, preventive colorectal screening benefits. This legislation, which received strong bipartisan support during the 103d Congress, closes that gap, providing Medicare beneficiaries with necessary, cost-effective services. I urge my colleagues to join me in