

1981. During this time, it has become routine for agencies to address the issues covered in those Executive Orders; however, the public rulemaking notices published in the Federal Register often do not reflect clearly the agency's rationale for the rulemaking action, and the agency discussions of proposed and final rules, contained in the Federal Register "Preamble" to the substance of the rule, are highly inconsistent in format and depth of information, making it difficult for the public to understand the basis for the rule and how particular issues were addressed. Often, such information might exist, but it is not summarized in the Federal Register notice, but is contained in an agency docket or other files, where it is generally inaccessible to all but the most knowledgeable and Washington-based individuals. In other words, the current rulemaking information presentation system is not "user-friendly" for the public.

The proposed bill would address this matter by requiring the Office of the Federal Register to establish a uniform format for Federal agency rulemaking that would make clear how an agency addressed certain issues that are commonly addressed in rulemaking and which are covered in the regulatory Executive Order. If a particular issue was not relevant for an individual rulemaking, presumably the agency would simply put "not applicable" under that subject heading in the Federal Register notice.

This should not make more work for agencies; in fact, it should reduce effort for all concerned, particularly our citizens.

One provision would call for some additional effort, but it would be minimal. The "Public Notice" section of the proposed legislation (Sec. 4) would establish certain reporting requirements for agencies regarding number of rules promulgated and reviewed by OMB each year. The purpose of this is to allow Congress to track the level of regulatory activity from year to year.

I urge my colleagues and the American public to support this legislation.

TRIBUTE TO CARL S. SMITH

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 1998

Mr. GREEN. Mr. Speaker, I rise today to reflect on the passing of an outstanding man, a legendary Houstonian, and a great Texan, Carl S. Smith, who died this week at the age of 89. Carl served 51 years as Harris County's Tax Assessor and Collector. Mr. Smith served the citizens of Harris County with distinction and honor.

Carl was a legend in Harris County politics. He was first appointed to the office by the Harris County Commissioners Court in 1947. The next year, he won election to the office and was re-elected 12 times.

Well liked and respected, Mr. Smith was revered by many of his employees. He was always known for insisting, from his staff, on unwavering courtesy to the public. He expected much of this staff, but he treated them kindly and with respect.

Carl had a real interest in helping all people. In 1952, he was the first Harris County official to promote an African-American employee to an important government position, a deputy

clerkship. In addition, he wrote the statewide property tax exemption for citizens over 65 that was later adopted as a constitutional amendment.

Carl's wife of 59 years, Dorothy DeArman Smith, died in 1991. They were parents of two daughters, Nancy Stewart and Pam Robinson, both of Houston.

Mr. Speaker, I ask all the Members of the House to join me in offering their gratitude for the hard work and dedication of Carl S. Smith.

AUTHORIZING VA HEALTH CARE FOR VETERANS EXPOSED TO NASOPHARYNGEAL RADIUM IRRADIATION THERAPY—H.R. 4367

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, July 31, 1998

Mr. EVANS. Mr. Speaker, today I am introducing legislation to authorize the Department of Veterans Affairs to provide health care treatment to veterans exposed to Nasopharyngeal Radium Irradiation Therapy (NRIT) and to include these veterans in its Ionizing Radiation Registry (IRR) Program. Joining me as original co-sponsors of the bill in the House are Representatives BOB FILNER, COLLIN PETERSON, CORRINE BROWN, FRANK MASCARA, BARBARA LEE, LUIS GUTIERREZ, CIRO RODRIGUEZ, JULIA CARSON, NEIL ABERCROMBIE, and JOSEPH KENNEDY. The measure I am introducing today is similar to legislation submitted to Congress by the Administration and closely reflects S. 1822, as introduced by Senator SPECTER and cosponsored by most of the members of the Senate Veterans Affairs' Committee: Senators THURMOND, JEFFORDS, MURKOWSKI, ROCKEFELLER, AKAKA, WELLSTONE, LIEBERMAN, and MURRAY.

During the 1940's to the 1960's, many submariners and air crew members were occupationally exposed to NRIT to prevent ear injury. The Centers for Disease Control has estimated that as many as 20,000 service members may have received this treatment. Treatment was not limited to service members. This therapy was prevalent among civilians and was even used to treat children. Studies have found statistically significant associations between exposure to this therapy as a child and development of certain head and neck cancers. Associations between health outcomes and adult exposure to therapy are less clear, but poor recordkeeping on the use of this treatment may not allow new studies to determine definitive associations within the veteran population and previous studies have been flawed.

VA has noted that the high levels of exposure among treated individuals may call for special consideration of this population. Exposure to radiation during nasopharyngeal treatments was greater than the exposure of many of the veterans who already populate VA's IRR. Given the high incidence of exposure to this therapy for occupational purposes among the veteran population, the relatively high levels of exposure these individuals were subjected to, and the scientific evidence that exists, the Administration requested that Congress authorize these veterans' treatment in VA medical facilities. It is time to give the veterans who received NRIT treatments—many

of whom did so involuntarily—the benefit of the doubt. It is time to allow VA to treat them and the conditions it believes may be linked to this exposure and add them, along with other veterans who were exposed to far lower levels of radiation, to its registry. This is a responsible bill—and it's the right thing to do.

I urge my colleagues to sign on as a cosponsor to this important legislation.

PATIENT PROTECTION ACT OF 1998

SPEECH OF

HON. HARRIS W. FAWELL

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, July 24, 1998

Mr. FAWELL. Mr. Speaker, I would like to take some time to talk about some "good news" in the area of private health care. So often, the news media and Congress will tend to center on what's wrong with private health care and ignore the many good things that have happened, and are happening in private health care.

For instance, let us recognize that about 132 million people in America are getting their health care in the private market via employer provided health care under the ERISA statute! About 80 million of these people are receiving their health care from their employers under self-insured health plans, that is, where the employer is acting as their own insurance company, so to speak. Here, we are talking about fee for service plans, PPOs and variations of managed care. But under these self-insured plans, in general the employer does not pay "premiums" or transfer the obligation to pay benefits to an insurance company or HMO. Instead, the employer takes the place of the insurance company and may even contract directly with hospitals, doctors, other providers and health care networks. The market dynamics of these arrangements help to bring the price of health care down. Most of the large corporations in the United States use this method to supply health coverage to their employees. The remainder of the 132 million people who receive their employer provided health insurance from their employers do so under standard indemnity insurance policies, HMO contracts or other forms of fully-insured health insurance coverage purchased by their employers. With the exception of governmental plans, all private employer provided health coverage plans are under ERISA, although indemnity health insurance policies and HMO policies (referred to as "fully insured" coverage, as opposed to "self-insured" coverage) are subject to regulation by the states. That is, while the employer provided plan (i.e. the employer benefit plan consisting of medical care) is always under ERISA, in those instances where an employer buys an indemnity or HMO policy for his employees, the states control the issuance, make up and conditions of the policies themselves.

The important point, however is that the employers of America, under the ERISA statute are voluntarily providing health insurance coverage for their employees. There is no law requiring employers to finance health care, fully or partially, for their employees. ERISA, insofar as health care is concerned, has functioned over the years—especially in the area of self-insurance—with relatively little interference from either federal or state laws. It is