

Born in Damascus, Syria, Mr. Samawi realized that simple misunderstandings could create problems among people of different religions. His dream was to build an Islamic Center in the Cincinnati area to help bring an end to those misunderstandings. He spent his own resources and the last years of his life working towards that goal. His dream became a reality in 1995. What began as a plan for a modest meeting place blossomed into a glorious building. However, it was not the building for which he will be remembered for, but rather his vision for a better understanding of the Islamic religion.

One of the Center's missions, in addition to providing a place of worship for Muslims in the Cincinnati area, is to reach out to area Christians and Jews. Mr. Samawi felt that the Islamic faith was plagued by misunderstanding. He spent a great deal of his life trying to remove the barriers of misunderstanding so that all faithful people could live together. When he passed away, he was working toward expanding the Center to include a museum, library, and school. He wanted to create a place that Muslims would be proud of, and Christians and Jews would be comfortable exploring.

Mr. Samawi has inspired us all with his vision for a more spiritually united Greater Cincinnati. He will be missed by the entire religious community.

CONGRESSIONAL AND EXECUTIVE BENEFITS MUST BE CONTROLLED

HON. HOWARD COBLE

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. COBLE. Mr. Speaker, when I first came to Congress in 1985, I took to the well of the House to protest members' perks. In particular, I cited the congressional pension plan and the federal employees Thrift Savings Plan as "overly generous at best, outrageously extravagant at worst." Although I've been waging this battle for fourteen years, no action has been taken to date to reduce either benefit.

So, once again, I am introducing a package of bills designed to relieve beleaguered taxpayers from footing the bill for certain congressional and executive branch benefits.

The first bill eliminates the congressional pension for members who are not yet vested. I do not believe extravagant retirement benefits are necessary to entice qualified Americans to run for Congress. They are costly and excessive.

The second bill revises former presidents' benefits. I am proposing to end Secret Service protection for future former presidents after one year; their spouses and minor children will no longer be entitled to Secret Service protection after Inauguration Day. We estimate this will save \$15 million per year once it is implemented.

The bill also changes the law prospectively to prevent presidents from double- or tripling from the federal government. Specifically, it requires a former president to waive the right to each other annuity or pension to which he (or she) is entitled under any other Act of Congress (that is, any other federal pension which he earned), in order to receive the presidential pension. The value of the presidential pension is equal to the annual

rate of basic pay for cabinet-level officials. As of January 1, 1999, that figure is \$151,800.

Finally, the bill will deny a presidential pension until a former president reaches the prevailing retirement age under Social Security.

Here is an example of the costs the taxpayers face following President Clinton's service. President Clinton will be in his mid-fifties at the end of his second term. Since his presidential pension kicks in immediately upon his leaving office on Inauguration Day, he could draw over two-and-one-quarter million dollars in pension benefits before he reaches retirement age.

Please don't misunderstand me. I hope that all current, former and future presidents lead long and fruitful lives upon leaving office. However, the vast majority of Americans struggle to make ends meet, and often are unable to save for their own retirement. Nevertheless, they are forced to contribute to the retirement packages of former presidents and members of Congress.

Over the years, my constituents have shared with me their outrage over the lavishness and cost of these benefits. I believe elected officials need to make real sacrifices if we hope to gain the support of the American people for shared sacrifice to keep our country on the path to fiscal prosperity.

I believe these bills represent bold and dramatic proposals. That is why I hope my colleagues will join me in pushing this legislation to passage.

TERM LIMITS WITH THREE 4-YEAR TERMS

HON. BILL MCCOLLUM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. MCCOLLUM. Mr. Speaker, today, I am introducing a proposed amendment to the Constitution that will not only limit the number of terms a Member of Congress may serve. This proposal would extend the length of a single term in the House from 2 to 4 years. Senators would remain in 6-year terms.

The arguments for term limits are well-known. The Founding Fathers could not have envisioned today's government, with year-round sessions and careers in Congress. Term limits would eliminate the careerism that permeates this institution, enticing Members to work toward extending their careers—a goal sometimes at odds with the common good. There are simply too many competing interests groups.

However, my proposal takes the essence of term limits to limit the influence of careerism and the incessant campaigning it requires, by increasing the length of a term in the House of Representatives. Currently, each Member of the House serves 2-year terms. That means that after each election, a House incumbent must begin campaigning again almost immediately. This dangerous cycle almost never stops. A 4-year term would mitigate this to a certain degree. Looking at it another way, a person would have to run only three times to serve the maximum number of years. That is certainly an improvement, especially when tied to term limits.

Mr. Speaker, it is important to note that a 4-year term will not eliminate the House of Rep-

resentatives' function as the people's House. Today's technology almost instantly allows people in Washington, DC to know how the people they represent in their district feel about issues of the day. No longer must Representatives periodically make the trek home to put themselves back in touch with the local wants and needs. Now we fly home on weekends, read our local papers in DC, receive countless polls and tune in to the news.

In the end, Mr. Speaker, there will be no loss of service by lengthening the term of office while limiting them. Indeed, it will improve as more attention is paid to legislating instead of campaigning. This is a complete reform package deserving of our attention.

MEDICAL CLINICAL TRIAL LEGISLATION

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. BENTSEN. Mr. Speaker, I rise today to introduce legislation, the Medicare Clinical Trial Coverage Act of 1999, that would provide Medicare coverage for patient costs related to participation in clinical trials. Clinical trials are research studies that test new medications and therapies in clinical settings and are often the only treatment available for people with life-threatening diseases such as cancer, AIDS, heart disease, and Alzheimers.

As the representative for the Texas Medical Center, where many of these life-saving trials are being conducted, I believe there is a real need for this legislation to guarantee that patients can receive the cutting-edge treatment they need. I believe we must ensure that Medicare beneficiaries can obtain the best available treatment for their illnesses. Without this guarantee, patients must work aggressively to make sure that they receive the care they need. We must end this uncertainty and guarantee the best available care for all Medicare patients.

I have been contacted by many researchers at the Texas Medical Center, including the University of Texas MD Anderson Cancer Center, University of Texas Health Science Center, Baylor College of Medicine, and the Children's Nutrition Research Center, about the need for this legislation. These researchers are conducting clinical trials to test new medical therapies and devices such as gene therapy, bone marrow transplantations, and targeted antibody therapy that will lead to better medical care and save lives.

Although there may be costs associated with more access to clinical trials, I believe that we should ensure access to clinical trials as a means to ensure quality health care services. I also believe that this Medicare reimbursement policy would encourage other health plans to cover these routine costs.

It is also important to note that providing Medicare coverage for clinical trials will increase participation in such trials and lead to faster development of therapies for those in need. It often takes three to five years to enroll enough participants in a cancer clinical trial to make the results legitimate and statistically meaningful. In addition, less than three percent of cancer patients, half of whom are over 65, currently participate in clinical trials.

This legislation will likely increase enrollment and help researchers obtain meaningful results more quickly.

This legislation would apply to all federally approved clinical trials, including those approved by the Departments of Health and Human Services, Veterans' Affairs, Defense, and Energy; the National Institutes of Health; and the Food and Drug Administration.

There are currently three types of costs associated with clinical trials—the cost of the treatment or therapy itself, the cost of monitoring such treatments, and the cost of health care services needed by the patient. Clinical trials usually cover the cost of providing and monitoring the therapies and medications that are being tested. However, such programs do not cover routine patient care costs—those medical items and services that patients would need even if they were not participating in a clinical trial. Under current law, Medicare does not provide coverage for these costs until these treatments are established as standard therapies. Medicare does not consider these patient costs to be reasonable and necessary to medical care. My legislation would explicitly guarantee Medicare coverage for patients' costs associated with clinical trials. Such costs serve as a significant obstacle to the ability of older Americans to participate in clinical trials.

As I stated earlier, Medicare claims for the health care services associated with clinical trials are not currently reimbursable. A recent GAO report concluded that Medicare is currently reimbursing for certain costs associated with clinical trials, even though the Health Care Financing Administration (HCFA), the federal agency responsible for Medicare, has stated that Medicare policy should not reimburse for these medical services. In fact, the GAO report estimates that HCFA reimburses as much as 50 percent of claims made under Part B and 15 percent of the claims made under Part A. While some physicians and hospitals have been able to convince Medicare to cover some of these patient care costs in certain trials, such coverage has been uneven and there is no firm rule governing them. I believe we must end this inconsistency and ensure that patient costs are fully covered. My legislation will also require all types of Medicare plans, including Medicare managed care plans, to guarantee such coverage.

My legislation would also ensure that all phases of clinical trials are explicitly covered under this new benefit. Under the New Drug application process, there are three types of clinical trials—Phase I, Phase II, and Phase III trials. Phase I trials test the safety of a potential treatment. Phase II and III trials examine both the efficacy and the safety of a treatment. Phase II trials are generally smaller and involve fewer patients. Phase III trials include a larger number of patients to ensure that the proposed treatments help patients. My legislation requires that Medicare pay for all types of clinical trials.

Last year, I was contacted by a constituent about the need for this legislation. Mr. Keith Gunning contacted our office regarding his mother-in-law, Mrs. Maria Guerra. Mrs. Guerra is suffering from pre-myelodysplastic (AML), a type of leukemia that is common among senior citizens. Mrs. Guerra was enrolled in a Medicare HMO that would not permit her to join a clinical trial at University of Texas MD Anderson Cancer Center for the treatment she needed. After much effort, Mrs. Guerra

dropped her Medicare HMO coverage and returned to traditional, fee-for-service Medicare. With her new Medicare coverage, Mrs. Guerra petitioned MD Anderson to join a clinical trial. After much effort on the part of her son-in-law, Mr. Gunning, Mrs. Guerra joined a clinical trial. It is still unclear whether all of the cost associated with her clinical trials will be covered by Medicare. My legislation would guarantee that Mrs. Guerra would get the services she needs and would require all types of Medicare plans to provide coverage for clinical trials, including Medicare managed care plans. I have visited with Mrs. Guerra and she is currently undergoing treatment.

My legislation also includes a requirement that the Secretary of Labor and Health and Human Services prepare a report to determine how many group health plans currently cover the patient care costs associated with clinical trials and how much it would cost to cover all federally approved clinical trials. I believe that this report to Congress will show how cost-effective these treatments are and ensure that all health care plans provide access to clinical trials.

President Clinton has also proposed similar Medicare coverage for patient care costs related to clinical trials, but the Administration's plan is limited to cancer clinical trials and is a capped entitlement. My legislation would include more types of federally-approved clinical trials, so more patients would be able to participate in these cutting-edge therapies.

THE TRUTH IN BUDGETING ACT

HON. JAMES L. OBERSTAR

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, January 6, 1999

Mr. OBERSTAR. Mr. Speaker, I rise today to join my good friend and colleague, BUD SHUSTER, in introducing legislation to take the aviation, harbor maintenance, and inland waterways trust funds off-budget. This legislation will ensure that all revenues contributed by users of our transportation system to develop and maintain those systems are spent for their intended purposes.

For aviation, this legislation has a very simple, but critical, goal; ensuring that the American public continues to travel safely, securely, and efficiently in our nation's aviation system.

The airline and aerospace industries are important contributors to the U.S. economy, providing highly skilled, high paying jobs. They directly employ approximately 1.5 million people, and generate more than \$100 billion in wages. The total, worldwide economic impact of air transport was \$1.14 trillion in 1994 and this is expected to increase to \$1.7 trillion by the year 2010.

However, these economic gains will only be achieved if we have the air traffic safety, security, and airport infrastructure to take advantage of them. Problems in the current system are already appearing and are projected to be even greater in the future. In 1987, the FAA estimated that there were 21 airports at which air carrier flights were delayed by a total of more than 20,000 hours; by 1997, there were 27 airports, and that number is expected to grow to 31 by 2007. In addition, according to Delta Airlines, air traffic inefficiencies cost it approximately \$360 million a year. Further-

more, FAA's lack of progress on air traffic control (ATC) modernization has led to suggestions in international forums that current U.S. management of oceanic ATC be taken away. And as the National Civil Aviation Review Commission found "although 19 out of 20 of the busiest airports in the world are in the U.S., the nation can no longer claim that it has the world's most modern air traffic control system."

We tried to begin addressing these challenges in 1990, by passing legislation that would have increased investment in airports and air traffic modernization. Under that law, a plan was established to allow new revenues coming into the aviation trust fund to be fully spent and the trust fund surplus, that existed at the time, to be gradually drawn down. In a spirit of cooperation, the reported bill also eliminated the penalty clause that the then-House Committee on Public Works and Transportation used to limit funding of operations from the trust fund if capital development was insufficient. As the report accompanying the bill said at that time: "We believe that we can best meet our common goals by working cooperatively, rather than relying on penalty clauses and other legal forcing mechanisms."

Unfortunately, that agreement was violated by the Office of Management and Budget and the Appropriations Committee. In 1990, we set out modest amounts of funding for facilities and equipment (F&E) and the airport improvement program (AIP), but they soon went by the wayside. By 1994, rather than spending \$2.1 billion for AIP and \$2.5 billion for F&E, instead \$1.69 billion was spent for AIP and \$2.12 billion for F&E. In fiscal year 1991, capital investment was 50 percent of the FAA budget, by FY1998, it was 42 percent. And rather than drawing down the trust fund balance, the uncommitted balance in the trust fund is now estimated to be \$22 billion by 2004 and \$53 billion by 2008.

Additionally, the General Accounting Office has confirmed that airport capital needs are \$10 billion a year. The present system of aviation financing provides about \$6–7 billion a year, with the AIP program contributing less than \$2 billion a year to those needs. Furthermore, funding for F&E is woefully inadequate. In fact, F&E is appropriated at \$2 billion for FY1999, a level \$400 million below an F&E level of \$2.4 billion in FY1991. These inadequate levels of F&E and AIP funding contribute to delays for passengers and increased costs for airlines, and increased maintenance costs for FAA due to delayed replacement of obsolete equipment. These results are shameful, especially when money dedicated for investment in airports and air traffic equipment sits idle because of budget constraints unrelated to the needs of the aviation system. In effect, trust fund revenues are withheld to balance the rest of the budget.

To remedy this, we need to build on last year's historic TEA 21 legislation which established that revenues collected from users of the highway system for the Highway Trust Fund should be spent only for the purposes for which they are collected, the development of our highways and transit systems. The same principle should now be applied to the aviation system.

The bill we are introducing today is the first step to reversing the unfortunate recent trends in aviation funding and ensuring that we invest sufficiently to protect an irreplaceable economic jewel: our nation's aviation system. With