

After exhaustive studies, analysis and discussion of this issue, the time to pass this measure is now. In the name of equitable access to this resource, I urge the passage of this bill.

RECOGNIZING THE FAIRFAX COUNTY CHAMBER OF COMMERCE 2003 VALOR AWARD RECIPIENTS

**HON. TOM DAVIS**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. TOM DAVIS of Virginia. Mr. Speaker, I rise today to recognize an extraordinary group of men and women in Northern Virginia. Each year, the Fairfax County Chamber of Commerce, along with the Fairfax County Board of Supervisors, recognizes public safety officials who have courageously demonstrated selfless dedication to public safety. These individuals are honored with the highest honor that Fairfax County bestows upon its public safety officials—The Valor Award.

There are several Valor Awards that a public safety officer can be given: The Lifesaving Award, a Certificate of Valor, or a Gold, Silver, or Bronze Medal of Valor. During the 25th Annual Awards Ceremony, 88 men and women from the Office of the Sheriff, Fire and Rescue Department, and Police Department received one of the aforementioned honors for their bravery and heroism.

It is with great honor that I enter into the RECORD the names of the recipients of the 2003 Valor Award in the Fairfax County Fire and Rescue Department. Receiving the Lifesaving Award: Captain John Hart, Shift Supervisor Roy B. Shroul III, Asst. Shift Supervisor Tammy Read, Psc.III Judith Lassiter, Psc.III Susan Farnia, Psc.III Alicia Dale, Lieutenant Joseph Palau, Firefighter Juan C. Ayala, Technician Gregory W. Hunter, Technician David H. Gilmore, Technician Bryan J. Nix, and Technician James H. Williams; Certificate of Valor: Senior Building Inspector Michael A. Andreano, and Firefighter James M. Furman; Silver Medal of Valor: Lieutenant Wayne B. Stottleyer, and Technician Ronald S. Pifer; Bronze Medal of Valor: Master Technician John C. Mayers.

Mr. Speaker, in closing, I would like to take this opportunity to thank all the men and women who serve the Fairfax County Fire and Rescue Department. The events of September 11th served as a reminder of the sacrifices our emergency service workers make for us everyday. Their constant efforts on behalf of Fairfax County citizens are paramount to preserving security, law and order throughout our neighborhoods, and their individual and collective acts of heroism deserve our highest praise. I ask that my colleagues join me in congratulating this group of extraordinary citizens.

INTRODUCTION OF THE MEDICARE Rx DRUG BENEFIT AND DISCOUNT ACT

**HON. CHARLES B. RANGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. RANGEL. Mr. Speaker, today, I am proud to introduce the Medicare Rx Drug Benefit and Discount Act with JOHN DINGELL, the Dean of the House and Ranking Member of the Energy and Commerce Committee. Our Ranking Member on the Ways and Means Health Subcommittee, PETE STARK, has had a leadership role in the development of this legislation, as have so many other health care leaders in our caucus.

This legislation makes good on our promise to add affordable, comprehensive prescription drug coverage to Medicare.

The Democratic bill will look, smell, taste, and feel like any other Medicare benefit, because it is a Medicare benefit. Beneficiaries will not be forced to join an HMO or other private insurer to get the prescription drugs they need.

Under this legislation, every beneficiary will be guaranteed a \$25 monthly premium, \$100 annual deductible, 20 percent coinsurance and \$2000 out-of-pocket limit, no matter where they live.

We provide additional assistance for low-income beneficiaries. Those with incomes up to 150 percent of the poverty level (\$13,470 for one person) will pay nothing.

Those with incomes between 150–175 percent of poverty (\$13,470–\$15,715 for a single person) will pay premiums on a sliding scale with no additional cost-sharing.

The Medicare Rx Drug Benefit and Discount Act would: lower prescription drug costs for all Americans, regardless of whether they are covered by Medicare, give all Medicare beneficiaries the option of a reasonably-priced guaranteed prescription benefit under Medicare, and ensure that senior citizens and people with disabilities receive coverage for the drug their doctor prescribes and not some substitute that an insurance company deems “equivalent.”

Unlike the President’s and other Republicans’ proposal, our plan would never force seniors into an HMO or similar private plan in order to get a prescription drug benefit.

Republicans claim they will give seniors a “Medicare” prescription drug benefit, but their proposals are really just a way to provide subsidies to insurance plans and HMOs, not to help beneficiaries.

Republicans claim they will give beneficiaries choices, but their proposals really leave virtually all of the important decisions to the private insurance companies. Under the GOP plan, private insurers will decide which drugs are covered and which are not. If your drug is not on the list, too bad. Millions of seniors will not be able to afford their prescriptions under the GOP plan. Under the GOP plan, private insurers can pick and choose which pharmacies to include in their networks. If your neighborhood pharmacy is not on the preferred list, you are out of luck.

The bottom line is that those who can buy insurance under the GOP plan may find their choice of pharmacies severely limited or that they cannot get coverage for the drugs prescribed by their doctor.

Ultimately, there is only one choice the President and other Republicans want to force seniors to make—the choice of either their family doctor or their life-saving medicines. Under the GOP plan, seniors in search of even modest drug benefits would have to leave the traditional Medicare program—where they have the choice of any doctor they want—and join an HMO or other private insurer that may or may not cover their family doctor.

Many HMOs and private insurers have unfairly limited health care in the past. That’s what the Patients’ Bill of Rights debate has been about. They’ve been unreliable partners in Medicare to date; just look at the problems in the Medicare+Choice program. And now the Republicans want to put them in charge of this medication benefit under their “privatization” model.

Republican leaders have never liked Medicare. Former Speaker Gingrich once said Medicare would “wither on the vine because we think people are voluntarily going to leave it.” In 1995, Dick Armey called Medicare: “a program I would have no part of in a free world.”

Republican proposals lay the groundwork for them to make good on their desire to do away with the program. The Republican prescription drug plan is the first step towards privatizing Medicare. They would force seniors to deal with private insurance companies instead of having the choice of getting prescriptions through Medicare. They would also institute so-called “modernizations” that would significantly raise the premiums of beneficiaries who wish to stay in the traditional Medicare program.

In contrast, we base our plan—not on a flawed privatization model—but on the successful Medicare program. We offer a genuine Medicare plan, providing affordable voluntary drug coverage to all American seniors through Medicare.

Under this legislation, no senior will ever have to choose between putting food on the table or paying the rent or getting the medicines they need.

This legislation also helps reduce the skyrocketing costs that seniors and other beneficiaries currently pay for prescription drugs by utilizing the collective negotiating power of Medicare’s 40 million beneficiaries to guarantee lower drug prices. By closing some loopholes in current law that prevent or delay generic drugs from coming to market, this legislation also reduces drug prices for all Americans.

While our Republican colleagues are engaged in a cynical political exercise designed to bring themselves political cover, we offer serious legislation. It would bring senior citizens Medicare prescription drug coverage.

When President Harry Truman first proposed Medicare in his second term, a wide array of Republican forces were against him saying he could not do it. Truman said: “We may not make it [now], but someday we will.” Eventually, Truman and other Medicare advocates succeeded. Harry and Bess Truman became the first Medicare enrollees in 1965.

The Republican leadership may prevent us from passing a true Medicare prescription drug benefit now, but they cannot stop us in the long run because that is what seniors and all Americans have said they really want.

As PETE STARK points out, prescription drug coverage is as essential to seniors’ good

health in the 21st century as coverage of doctor visits and hospital stays was in the 20th century.

If you want to see the real difference between Democrats and Republicans, look at Medicare prescription drug coverage. While Republicans protect the pharmaceutical industry's profits, Democrats protect seniors from skyrocketing prescription drug costs. I urge my colleagues to look at the fine print, and to vote for this legislation when the opportunity arises.

INTRODUCTION OF THE CHILD  
MEDICATION SAFETY ACT OF 2003

**HON. MAX BURNS**

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. BURNS. Mr. Speaker, today I am pleased to introduce the Child Medication Safety Act of 2003. This legislation will address a significant problem facing children and their parents throughout the nation and provide parents with protections from being forced into making decisions about their child's health under duress.

Last year, the House Government Reform Committee held a hearing exploring an issue that should shock all of us. Witnesses at this hearing testified that some school officials have taken it upon themselves to decide that a child needs to be placed on psychotropic drugs. These school officials are not licensed medical practitioners, and yet they have felt comfortable telling parents that their child must be on a psychotropic drug or their child would not be allowed to attend school any longer.

This is unconscionable.

No parent should ever be coerced by a teacher or principal or other school official to place their child on a psychotropic drug. No child should ever face the denial of educational services only because they are not taking a psychotropic drug.

What are these psychotropic drugs? Ritalin, Adderall, and others are drugs that, when carefully prescribed by a licensed medical practitioner and carefully monitored in the administration, can help an individual with attention deficit disorder (ADD) or attention deficit-hyperactivity disorder (ADHD) control the symptoms of their disease so that they can function. These can be miracle drugs for many people, and when properly diagnosed and properly administered, many people benefit greatly from these drugs.

But psychotropic drugs also have a dark side. These drugs are listed on Schedule II of the Controlled Substances Act. Drugs are placed on Schedule II when: "(A) The drug or other substance has a high potential for abuse, (B) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions; or (C) Abuse of the drug or other substances may lead to severe psychological or physical dependence."

Why are parents being forced by some schools to place their child on a drug that "may lead to severe psychological or physical dependence?" These are drugs that have a high potential for abuse. These are drugs that the DEA says have a high diversion rate. This is unreal.

Teachers, principals, or other school personnel may mean well, and may think that they are doing the right thing, but most are not trained medical personnel and have absolutely no business forcing a parent to choose between their child's education and the potential harm of these drugs.

Now I do not want to demonize these drugs. When a licensed medical practitioner properly diagnoses a child as needing these drugs, the administration of these drugs may be entirely appropriate and very beneficial. But these decisions must be made without coercion or threat of the denial of education.

This Act has a simple message: states that take federal education funds must prevent school district personnel, teachers, principals, and other non-licensed medical professionals, from forcing a child to be on psychotropic drugs in order to attend school or receive services.

This is a common sense piece of legislation, and I strongly encourage my colleagues to support this bill.

THE PRESIDENT'S COMMISSION ON  
THE UNITED STATES POSTAL  
SERVICE

**HON. ELIJAH E. CUMMINGS**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. CUMMINGS. Mr. Speaker, I would like to insert into the RECORD a letter from the Congressional Black Caucus (CBC) sent to Mr. Dennis Shea, Executive Director of the President's Commission on the United States Postal Service (Commission). The President's nine-member bipartisan Commission was established to identify the operational, structural, and financial challenges facing the Postal Service; examine potential solutions; and recommend legislative and administrative steps to ensure the long-term viability of postal service in the United States. The Commission will submit its report to the President by July 31, 2003.

The letter outlines concerns the CBC and many of its constituents have with issues before the Commission. The CBC believes that:

First, before we change the United States Postal Service to accommodate modern technologies (Internet, electronic transfers, electronic bill payments), it is important to bear in mind that millions of Americans do not have the access or ability to use these services, especially those who are economically disadvantaged, and older Americans;

Second, considering the possibility of the privatization of the United States Postal Service, it seems clear that small rural and inner city markets will not support private business, thus leading to a reduction in the level of services and the ability of people living in these markets to communicate; and

Lastly, drastic change to the structure of the United States Postal Service also has the potential of reducing employment opportunities for veterans (who enjoy preferential employment) and groups under-represented in private industry (women and people of color).

Thus, any effort to dismantle the United States Postal Service could serve to negatively impact those populations traditionally marginalized in our country. I urge the Com-

mission to look into the concerns outlined in the CBC's letter. I urge the President to carefully consider the Commission's recommendations in light of these concerns.

CONGRESSIONAL BLACK CAUCUS,

*Washington, DC, February 21, 2003.*

Mr. DENNIS SHEA,

*Executive Director, President's Commission on the U.S. Postal Service, Washington, DC.*

DEAR MR. SHEA: On behalf of the Congressional Black Caucus, we respectfully submit the following comments regarding the extremely important issues before the Commission on the United States Postal Service.

President Bush established the Commission on the United States Postal Service on the premise that modern telecommunications, the Internet, electronic transfers and electronic bill paying may justify or require changes in the Postal Service. However, millions of Americans, especially those who are economically disadvantaged and older Americans, do not have access to these means of communication. For them, the Postal Service continues to provide the only practical and available means of communication and commerce. Any change to the Postal Service that would affect the continued availability of universal mail service at uniform rates would threaten to further erode their economic security.

Some advocates of changes in the Postal Service also advocate privatization of the Postal Service. That movement, too, is based on the false premise that we may be able to dispense with the provision of universal service. For Americans in our rural areas and for many in our inner cities, a profit motive cannot support provision of essential services. This has always been and must remain the responsibility of our government. It is essential that there remain a universal postal system that spreads the cost of maintaining universal service among all those who use it. Any change that would favor the efficiency of private markets over the public interest in communications among all Americans would further isolate Americans who are already disadvantaged by economic circumstance or geographical location. We urge you not to support any policy that might permit that to happen.

We also want to caution against any change that would undermine the economic security of postal employees. In the Postal Reorganization Act of 1970, Congress recognized that employees of the former Post Office Department of the federal government were severely underpaid and labored in very unfavorable working conditions. In that Act, Congress improved postal wages and provided for free collective bargaining by unions representing postal employees. That system has worked very well. In the more than thirty years since Congress authorized the last wage increase for postal employees, postal wages have kept pace with inflation, and there has been no major work stoppage of the sort that disrupted postal services in 1970.

The Postal Service employs hundreds of thousands of women, African-Americans and other racial minorities. For many of these postal employees, the fact that the Postal Service provides a living wage and adequate fringe benefits, regardless of race or gender, has been critically important. This is in contrast to the private sector of our economy, where there remains an unfortunate disparity between the employment opportunities and compensation available to white males and the opportunities and compensation available to women and racial minorities. Therefore, any effort to dismantle the Postal Service would be a regressive step, contrary to our national effort to provide equal employment opportunities for women and racial minorities.