

succeeding decade. Despite advances in surgical techniques and adjuvant therapy, there has been only a modest improvement in survival for patients with advanced cancers.

The good news is that colorectal cancer is preventable, and it is highly treatable when discovered early. Most cases of the disease begin as non-cancerous polyps which can be detected and removed during routine screenings—preventing the development of colorectal cancer. Screening tests also save lives even when they detect polyps that have become cancerous by catching the disease in its earliest, most curable stages. The cure rate is up to 93 percent when colorectal cancer is discovered early.

Recognizing the importance of early detection, Congress in 1997 enacted a Medicare colorectal cancer screening benefit. Medicare currently covers either a screening colonoscopy every ten years or a flexible sigmoidoscopy every four years for average-risk individuals. Beneficiaries identified as high risk are entitled to a colonoscopy every two years.

Despite the availability of this benefit, very few seniors are actually being screened for colorectal cancer. Since its implementation in 1998, the percentage of Medicare beneficiaries receiving either a screening or diagnostic colonoscopy has increased by only one percent.

Why aren't more seniors being screened? I believe the problem is due, in part, to rapidly declining colorectal screening reimbursement levels. By 2002, Medicare reimbursement for diagnostic colonoscopies performed in an outpatient setting had declined 36 percent from initial 1998 level. For flexible sigmoidoscopies, payment in 2002 was 54 percent less.

While reimbursement has dropped across the board, cuts have been particularly harsh for screenings provided in hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs). In 1997, a colonoscopy performed in one of these settings was reimbursed at approximately \$301. Now in 2002, the rate has fallen to about \$213.

The facility-specific cuts provide incentives for physicians to perform screenings in their offices, where reimbursement rates have remained between 68 percent and 108 percent higher. As you know, Medicare has established its own criteria for both ASCs and HOPDs to ensure high quality of care and patient safety. While there are office facilities where endoscopy is safely performed, physicians' offices are, for the most part, unregulated environments. This site-of-service differential may interfere with the clinical decision-making process, at the expense of patient safety.

In addition, Medicare currently pays for a consultation prior to a diagnostic colonoscopy, but not for a screening colonoscopy. Since colonoscopy involves conscious sedation, physicians generally do not perform them without a pre-procedure office visit to ascertain a patient's medical history and to educate patients as to the required preparatory steps. In fact, several states now require physicians to consult with patients prior to procedures involving conscious sedation. Because Medicare will not pay for pre-screening consultations, many physicians must provide them for free.

And, unlike screening mammography, colorectal cancer screening tests are subject to the Medicare Part B deductible, which dis-

courages beneficiaries from seeking screening.

My colleague, Representative PHIL ENGLISH, joins me today to introduce this important legislation, as well as my colleagues in the Senate, JOSEPH LIEBERMAN and SUSAN COLLINS. This bill is supported by the American College of Gastroenterology, the American Society for Gastrointestinal Endoscopy, and the American Gastroenterological Association. It would improve beneficiary utilization and help ensure the safety of colorectal cancer screenings by doing three things.

First, it would increase reimbursement for colorectal cancer related procedures to ensure that physicians are able to cover the costs of providing these valuable services.

Second, our bill will provide Medicare coverage for a pre-screening office visit. If Medicare will pay for a consultation prior to a diagnostic colonoscopy, it also should pay for a consultation before a screening colonoscopy.

Third, the bill would exempt colorectal cancer screening procedures from the customary Medicare deductible requirement. By reducing the financial requirements on the beneficiary, this law will encourage increased access to colorectal screening services.

The preventive benefits we authorized in 1997 were an important step toward fighting this deadly disease. But the colorectal cancer screening program is in danger of failing without our intervention. I strongly urge all my colleagues to support this critical legislation.

TRIBUTE TO RON KEENEY

HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 25, 2003

Mr. ROGERS of Kentucky. Mr. Speaker, I rise today to pay tribute to a dedicated civil servant and all around great American, Mr. Ron Keeney. After 37 years with the U.S. Army Corps of Engineers in Huntington, WV, he is retiring and embarking on a new stage of life. I want to express my deepest gratitude for his many contributions.

Ron Keeney has led a distinguished career and played a critical role in improving the lives and living conditions of thousands of people in my home district in Southern and Eastern Kentucky. Ron has been instrumental in getting a number of important flood control projects off the ground in my region and he shares my belief that we must carefully balance economic development with the needs of our rich natural environment. Through his efforts, the Huntington District has become an integral component of our region's PRIDE program, which is helping clean up our waterways and streams. I want to thank Ron for sharing my vision of how federal-local partnerships can bridge gaps, streamline the process, and make real contributions to people's daily lives.

Ron is also widely respected within the Army Corp of Engineers. Beyond measure, Ron has improved the Huntington District's programmatic, oversight, planning, and fiscal performance. He has also proven invaluable as the District's key civilian decision-maker with regard to strategic management of its major civil-works, environmental, and other programs and projects, including work for other Federal agencies.

The list of awards bestowed upon Ron speaks volumes about his job performance, knowledge, and skills. During his career, he has received more than 30 outstanding/exceptional performance ratings. He also received the May 1999, Silver de Fleury Medal, the 1994 U.S. Army Corps of Engineers Planner of the Year, and the 1994 and 1985 LRD Planner of the Year Award.

Mr. Speaker, on behalf of my colleagues and myself, I want to thank Ron Keeney for the time and effort he has put into the lives of others. Although his time with the Corps of Engineers is drawing to a close, I know the people of the Huntington District will continue to benefit from his contributions for many years to come. I want to wish him and his family all the best for this next stage of life.

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2004

SPEECH OF

HON. ROSA L. DELAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 20, 2003

The House in Committee of the Whole House on the State of the Union had under consideration the bill concurrent resolution (H. Con. Res. 95) establishing the congressional budget for the United States Government for fiscal year 2004 and setting forth appropriate budgetary levels for fiscal years 2003 and 2005 through 2013:

Ms. DELAURO. Mr. Chairman, I rise in strong opposition to this rule. Budgets are about priorities. They are about values. But this budget does not reflect our priorities or our values. Instead, it shows an irresponsible disregard for working families and priorities the American people have made clear.

One example of that disregard in the Republican budget is its potential impact on the Arctic National Wildlife Refuge. While this budget does not explicitly instruct the Resources Committee to open ANWR for oil exploration, it is clear that the Republican majority intends to use its reconciliation instructions to the Resources Committee to move forward with the Administration's drilling proposal.

ANWR is one of the finest examples of wilderness left on the planet, with a full range of largely undisturbed ecosystems. The tens of thousands of caribou, polar and grizzly bears, birds, wolves, and fox that call this place home should not be sacrificed for a mere 180-day supply of oil, which is all the United States Geological Survey says we will likely recover. Even oil companies like British Petroleum, who have given up on the prospect of drilling in the Refuge, understand the relatively small amounts of oil ANWR is expected to yield and the high cost of removing it.

This budget should invest in renewable energy sources, not drilling for oil in the pristine wilderness. Yet my amendment to protect the Refuge in the Budget Committee was defeated on a party-line vote.

Mr. Chariman, this budget does not reflect the priorities or values of the American people. I urge my colleagues to oppose this rule.