

Wide Web site brings to tens of millions of people the Library's catalog, the American Memory collections of the National Digital Library, and Thomas—the Library's legislative information site. The Library's site is recognized as one of the most important content sites on the Internet, and it is quickly becoming a unique and popular educational resource for teaching and learning for students at all levels.

During his 10 years as Librarian, Dr. Billington has made a great contribution to the improvement of the Library in many areas, in addition to his incredible efforts in the area of technology. He has strengthened control of the Library's various collections, and increased the Library's acquisitions. For example, he was instrumental in the acquisition of the Leonard Bernstein collection, the Marion Carson collection, and the Gordon Parks collection.

Under the direction of Dr. Billington, the Library of Congress has undergone a period of tremendous growth and development. He has established the first office of development at the Library to raise private funds for scholarly activities, exhibitions, and the National Digital Library. He proposed and the Congress approved the establishment of the Madison Council, a group of private citizens who provide sustained financial support to the Library. In the 10 years that Dr. Billington has served at the Library of Congress, he has raised \$91.7 million, of which \$41.5 million represents the contributions from the Madison Council, which is chaired by John Kluge.

Additionally, Dr. Billington has made a major commitment to public display of the Library's own treasures as well as the priceless heritage of other nations around the world, and he has sponsored a series of widely acclaimed exhibitions at the Library of Congress. A few of the most spectacular exhibitions include "Rome Reborn: The Vatican Library and Renaissance Culture," "Scrolls from the Dead Sea," "Revelations of the Russian Archives," and "From the Ends of the Earth: Judaic Treasures of the Library of Congress."

Mr. Speaker, I am particularly appreciative of my association with Dr. Billington and his friendship. Shortly after he became Librarian of Congress, to mark the "Year of the Book," Dr. Billington and officials of the Library came to San Mateo, CA, in my congressional district, where they gave focus to the incredible resources of the Library and further emphasized the important outreach program that has been given great emphasis under Dr. Billington's leadership.

Mr. Speaker, in my remarks thus far, I have focused on the outstanding achievements and leadership of Dr. Billington over this 4-year period of his stewardship at the Library of Congress. I want to add a few personal comments about Dr. Billington as a friend. A number of our colleagues in the Congress and I, had the wonderful opportunity to travel with him on a visit to Russia a few years ago, under the leadership of Mr. GEPHARDT and Mr. GINGRICH. Dr. Billington added an incredible perspective and an understanding of Russia and the Russian people to those of us who participated in that important trip. He was not only a brilliant scholar, but also a delightful traveling companion. Dr. Billington also participated in meetings which I chaired at Dartmouth College in New Hampshire between delegations representing the Congress and the European Parliament.

Again, he contributed in a major way to both delegations' understanding of the complexities of our relationships with Russia and the republics of the former Soviet Union.

Mr. Speaker, Dr. Billington should be congratulated for his exceptional successes during his 10-year tenure at the Library of Congress. I invite my colleagues to join me in thanking Dr. Billington and paying tribute to him for the service he has given to the Library of Congress and our Nation over the past decade.

#### PERSONAL EXPLANATION

#### HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 16, 1997*

Mr. HASTINGS of Florida. Mr. Speaker, on Thursday, September 11, I missed the House vote applying the same the anti-choice Hyde amendment standard to health maintenance organizations as is currently applied to traditional fee-for-service arrangements between doctors and patients. Under the 20-year-old legislation, Medicaid money cannot pay for abortions except in cases of rape or incest or when the mother's life is at stake. The new language makes it clear that the ban also applies to Medicaid treatment through HMO's. During the time the vote was held, I was moderating a Congressional Black Caucus brainstorm that I initiated on environmental justice. Let me be clear—had I been present on Thursday, I would have voted against this anti-choice amendment.

#### INTRODUCTION OF LEGISLATION TO SPEED RISK ADJUSTMENT OF MANAGED CARE PLANS

#### HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 16, 1997*

Mr. STARK. Mr. Speaker, how many studies do we need before we act to correct a gross taxpayer overpayment of many health maintenance organizations?

The GAO has just issued another report in the long line of papers demonstrating that the public is paying HMO's too much for the Medicare beneficiaries that they enroll. In its report entitled "Fewer and Lower Cost Beneficiaries with Chronic Conditions enroll in HMOs" (GAO/HEHS-97-160) prepared for Ways and Means Health Subcommittee Chairman BILL THOMAS, the GAO examined the mature California HMO market and found:

About one in six 1992 California fee for service (FFS) Medicare beneficiaries enrolled in an HMO in 1993 and 1994. HMO enrollment rates differed significantly for beneficiaries with selected chronic conditions compared with other beneficiaries. Among those with none of the selected [5 chronic] conditions, 18.4% elected to enroll in an HMO compared with 14.9% of beneficiaries with a single chronic condition and 13.4% of those with two or more conditions.

Moreover, we found that prior to enrolling in an HMO a substantial cost difference, 29%, existed between new HMO enrollees and those remaining in FFS because HMOs at-

tracted the least costly enrollees within each health status group. Even among beneficiaries belonging to either of the groups with chronic conditions, HMOs attracted those with less severe conditions as measured by their 1992 average monthly costs.

Furthermore, we found that rates of early disenrollment from HMOs to FFS were substantially higher among those with chronic conditions. While only 6% of all new enrollees returned to FFS within 6 months, the rates ranged from 4.5% for beneficiaries without a chronic condition to 10.2% for those with two or more chronic conditions. Also, disenrollees who returned to FFS had substantially higher costs prior to enrollment compared to those who remained in their HMO. These data indicated that favorable selection still exists in California Medicare HMOs because they attract and retain the least costly beneficiaries in each health status group.

Since we pay Medicare managed care risk contractors [HMO's] 95 percent of the average cost of treating Medicare patients in an area, it is obvious that if they do not sign up the average type of Medicare beneficiary, but sign up healthier people, then the taxpayer will end up paying the HMO's too much. Many HMO's, of course, make a fine art of finding the healthier people to enroll—and encouraging the unhealthy to disenroll. Because we do not adjust the payments to HMO's to reflect the true risk they face of providing needed health care services, risk adjustment, we overpay. We overpay HMO's billions of dollars—and as enrollment grows, the Medicare trust fund will lose an escalating amount.

At the end of my statement I would like to include in the RECORD a recent summary from the Physician Payment Review Commission, a congressional advisory panel, that further documents the problem.

The just-passed Balanced Budget Act requires HHS to begin to collect data to correct this problem and in the year 2000, implement a risk adjustment system to stop the abuse and overpayment that plagues the current program.

The GAO report is just further proof that we need to move faster—and that even a partial risk adjustment program, which can be refined later, is better than the current hemorrhage of Medicare trust fund moneys. Therefore, I am introducing today—as part of our efforts to stop Medicare waste, and in some cases fraud, a bill to require that the risk adjustment changes be implemented January 1, 1999.

This amendment will easily save \$1 billion and probably more—and it will help force an end to the outrageous overpayment of those HMO's who have, for whatever reason, managed to avoid the average Medicare beneficiary.

#### PHASING OUT METERED DOSE INHALERS

#### HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 16, 1997*

Mr. KENNEDY of Rhode Island. Mr. Speaker, I would like to take this opportunity to offer my position on an issue that I know is of great concern to my constituents in Rhode Island and the Nation at large.

The U.S. Food and Drug Administration has recently proposed regulations which would impact the lives of thousands of Rhode Islanders

suffering from respiratory problems such as asthma and cystic fibrosis.

These new regulations would begin to phase out metered dose inhalers, which are used as the primary delivery apparatus of medication to over 14 million citizens with respiratory ailments. This action is being taken to help the United States implement the Montreal Protocol Treaty in which 49 countries have agreed to work toward eliminating substances that deplete the ozone layer and contribute to the effect known as global warming.

As an environmentalist, I strongly support the work of the Montreal Protocol and its goal to improve the quality of our lives by protecting our environment. Over the last 10 years, this international initiative has greatly contributed to reducing dangerous diseases like cataracts and skin cancer which are directly associated with ozone layer depletion.

Scientists have identified that chlorofluorocarbons are one of the elements which cause global warming and ozone layer depletion. In accordance with the Montreal Protocol, the United States has worked to greatly reduce the presence of chlorofluorocarbons in many of our daily life products such as aerosol containers and air conditioners.

Unfortunately, the FDA's proposal concerning metered dose inhalers creates a Catch-22. Some 30 million Americans, particularly children and elderly, are faced with respiratory disease which requires the use of inhalers. These medications are proven to be safe and effective by the FDA. Moreover, they are cost effective, providing many citizens, especially those in low-income situations, access to prescription medication.

Asthma, in particular, is getting the best of many of our citizens. More than 20,000 children in Rhode Island live with asthma and it is the No. 1 reason for school absences. Over 5,000 people die each year from asthma complications. As an asthmatic, I can definitively say that this is a serious public health threat.

The FDA's preliminary proposal may have a dramatic effect on the availability of affordable asthma medication. Restricting metered dose inhalers may create a situation which will decrease the ability of those with asthma and cystic fibrosis to obtain the medication that they need so desperately. As a result, the new method of medication for asthma has the potential, because of existing market forces, to be far more expensive in the next few years.

My asthma medication costs exceed \$100 per month, which I am fortunate to have the ability to pay. But the families of thousands of children, as well as the elderly, are struggling to meet their prescription needs. Ironically, the FDA may be inadvertently driving up the cost of asthma medication in its attempt to implement what is essentially an excellent international treaty with noble purposes.

While I applaud the efforts and innovations of certain companies to create new forms of respiratory medication, there is a potential cost factor associated with these innovations when they first reach the market. This immediate change in potential cost, which impacts millions of working-class families, is of great concern to me.

I want to strongly encourage the private sector and the FDA to keep pushing the envelope to bring our Nation in alignment with the Montreal Protocol. But to potentially limit an approved medical product before the new

ones are universally accessible and affordable is simply premature.

If the price for asthma medication rises and more children and elderly are unable to get their medication, we will have a public health crisis on our hands.

The bottom line must be the protection of public health. I would hope we can reduce chlorofluorocarbons without restricting metered dose inhaler use, which are responsible for less than 1 percent of all atmospheric chlorine in the Earth's ozone layer. Clearly, there must be another alternative to reduce global warming and chlorofluorocarbon production without harming the people we are ironically trying to protect through improved environmental quality.

The Montreal Protocol has specifically authorized essential use allowances until the year 2005 for certain products like metered dose inhalers because they are so important.

In my view, metered dose inhalers are categorically essential because so many people depend on them. That is the bottom line that we must commit to, and that is a line we should not cross until we are sure that everyone who suffers from asthma and other respiratory ailments have full access to any new products that come to the marketplace.

The Montreal Protocol is a step in the right direction. The United States should make every effort to comply with this beneficial treaty. We should also, if proven necessary, move toward a new form of respiratory medication that does not contain a chlorofluorocarbon-producing element.

Yet in our zeal, we must not throw out the baby with the bathwater. Until the new methods are proven in the marketplace, our first national responsibility must be to the millions of Americans whose lives depend on the metered dose inhalers that are available and accessible today.

#### HONORING THE LIFE OF STANLEY WARREN

##### HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 16, 1997*

Mr. ACKERMAN. Mr. Speaker, I rise to honor the life and achievements of Mr. Stanley Warren, who served in the 1960's as the Assistant Director of the General Accounting Office's Defense Auditing and Accounting Division. Mr. Warren was tragically killed in a helicopter crash while serving in Korea in 1964 and is the only GAO employee ever killed on official duty.

Stanley Warren was born in Brooklyn, NY, in 1930. He graduated from the Wharton School of Business at the University of Pennsylvania in 1952. Shortly after graduation, Mr. Warren began to work at the GAO. He temporarily left the GAO to serve in the Army where he fully developed his expertise in defense-related issues. He later returned to the GAO where he continued to work until his tragic death. Mr. Warren was survived by his wife and two sons.

Mr. Warren was an extraordinary individual who sought to serve his country during a time of global instability. He served in the Army and at the GAO to ensure that his children could grow up in a safer, more peaceful world. His

dedication to his work will always be admired and appreciated by his colleagues at the GAO. His love for his family will be remembered forever.

On September 29, Mr. Warren will be honored by the GAO for his years of exceptional service. The Acting Comptroller General of the United States will present a memorial statement to his wife and two sons. I ask all of my colleagues to join me in honoring his memory and thanking his family for all that he gave to our country.

#### COMMEMORATING THE CONSORTIUM OF PEOPLE AND INSTITUTIONS WHO CREATED THE FIRST AMENDMENT/BLACKLIST PROJECT

##### HON. WALTER H. CAPPS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, September 16, 1997*

Mr. CAPPS. Mr. Speaker, I would like to take a moment to recognize the noble work of those individuals and institutions who are taking part in the development of the first amendment/blacklist project. On October 5, a fundraising event will be held in San Luis Obispo, which I represent, in order to address this important issue.

In October 1947, the House Un-American Activities Committee subpoenaed 10 filmmakers to question them about alleged subversive behavior. These filmmakers, known as the Hollywood 10 refused to testify, choosing instead to invoke their first amendment rights. They were then held in contempt of Congress and were eventually jailed and blacklisted for their refusal to testify. Over the next few years, hundreds of American citizens were accused of holding subversive political beliefs and were consequently blacklisted. The Red baiting associated with this period is now widely recognized as a horrendous abuse of official power. Today the idea of jailing American citizens for their political beliefs—or perceived political beliefs—is deemed to be an unacceptable breach of civil liberties.

On October 27—the 50th anniversary of the McCarthy hearings—individuals associated with the first amendment/blacklist project will break ground on a monument which will serve to remind future generations of this painful chapter in American history. The project will document events antithetical to American principles and our constitutionally protected freedoms.

The first amendment/blacklist project committee is composed of faculty members of the filmic writing program in the school of cinema—television at the University of California in Los Angeles. The project was begun at the suggestion of an undergraduate student enrolled in the filmic writing program, and was undertaken in recognition of the fact that many future filmmakers are unaware of the incidence of the gross misuse of power and authority which characterized the McCarthy hearings of the late 1940's. Margaret Mehring, a former director of the U.S.C. filmic writing program and a valued constituent of mine, has taken it upon herself to assure the successful completion of this project.

Since its inception, the organizing committee of the first amendment blacklist project has