

## DARLA WANTS HER RIGHTS

My good friend Darla is all for the Patients' Bill of Rights. She's had it up to here and won't take it anymore.

Just last week, Darla called her doctor to ask if he thought it might be a good idea for her to try a new medication on the market called Celebrex, for her arthritis. Darla also has a stomach disorder, ulcerative colitis, so she has to be careful of side effects.

Her doctor thought Celebrex was a good medication to try, at first in a small dose. So, he called the pharmacy in Overland Park and ordered a 30-day supply. When Darla arrived at the counter, however, she met tricked-down red tape, straight from the insurance company.

The pharmacist explained that the health insurance provider had denied the prescription until Darla tried a generic brand first.

"What's the difference between the generic drug and Celebrex?" asked Darla. The pharmacist replied, "They're about the same, except the generic drug can be a little harder on your stomach."

"That won't do," replied Darla, "I have ulcerative colitis, and I can't stand any medications that irritate the stomach."

The pharmacist was sympathetic, but there was nothing to be done. Darla was advised to consult her doctor, who could contact the insurance company.

That's exactly what Darla did. She called her doctor and explained what had happened.

Said the doctor, "I'll contact the insurance company, and get this resolved."

A day later, Darla got a call from her doctor.

"I just spent an hour-and-a-half on the phone with the insurance company," said the doctor. "I could not speak with anyone with any medical background. After being put on hold three times, and being switched from one person to another, all I got was a clerk who wouldn't budge. I lost."

Darla is still fuming.

There are millions of Darlas out there. And when the President calls for a Patients' Bill of Rights, he has a lot of folks clapping.

Ironically, the President's proposal would do nothing for Darla. It only addresses mandatory emergency room care, an appeals process when insurance companies deny critical procedures, and the right of patients to sue insurance companies.

Nonetheless, Darla figures, probably correctly, that if this first Bill of Rights can be passed, it undoubtedly will be amended later to deal with some of her issues.

Insurance companies will scream that governments' intervention will only drive up health care costs. And they're probably right.

But if you asked Darla, she would be glad to pay a little more to let the insurance companies know they cannot just roll over her, or her doctor.

The Bill of Rights cure might be worse than the insurance disease, but Darla is so frustrated, she says she's willing to take that risk.

Centers for Disease Control and Prevention (CDC) reports that 6.4 percent of the population, or 17.3 million Americans, report having asthma. This represents a dramatic 75 percent increase in self-reported cases from 1980 to 1994.

Asthma is disproportionately hurting children. Today, it is the most common childhood chronic disease. Five million American children have asthma. And as Surgeon General David Satcher recently concluded, the United States is "moving in the wrong direction, especially among minority children in the urban communities." The most devastating indicator of our Nation's lack of progress is the news that, from 1980 to 1993, the mortality rate for children and teens with asthma rose a staggering 78 percent.

Just a few days ago, Dr. Philip Landrigan reported in the Journal of Asthma that higher asthma hospitalization rates are associated with children, communities of color and the poor. The potential causes for the disproportionate impact of asthma are wide ranging, from the lack of preventive care, poor housing conditions and increased exposure to indoor allergens, to sedentary lifestyles and the siting of polluting commercial facilities.

Our country can and must do more to prevent and treat asthma. I am pleased to introduce the Children's Asthma Relief Act of 1999, which was originally introduced by DICK DURBIN and MIKE DEWINE in the Senate. This legislation provides \$50 million for pediatric asthma prevention and treatment programs, allowing states and local communities to target and improve the health of low-income children suffering from asthma. The Act would also increase the enrollment of these children into Medicaid and state Children's Health Insurance Programs (CHIP), such as California's Healthy Families.

I am also pleased that the Act includes mobile "breathmobiles" among the community-based programs eligible for funding. These school-based mobile clinics were developed by the Southern California chapter of the Asthma and Allergy Foundation of America, in conjunction with Los Angeles County, Los Angeles Unified School District and the University of Southern California.

This legislation has the support of leading child health and asthma organizations, including the American Lung Association, the American Academy of Pediatrics, Association of Maternal and Child Health Programs, the National Association of Children's Hospitals, the American Academy of Chest Physicians and the Children's Health Fund.

As an honorary co-chair of Asthma Awareness Day, I urge my colleagues to join us in cosponsoring the Children's Asthma Relief Act of 1999.

CHILDREN'S ASTHMA RELIEF ACT  
OF 1999

**HON. HENRY A. WAXMAN**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. WAXMAN. Mr. Speaker, I rise today to join my colleague, FRED UPTON, in introducing the Children's Asthma Relief Act of 1999.

Asthma is one of the most significant and prevalent chronic diseases in America. The

INTRODUCTION OF A BILL TO EXPAND  
ALASKA NATIVE CONTRACTING OF FEDERAL LAND  
MANAGEMENT

**HON. DON YOUNG**

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. YOUNG of Alaska. Mr. Speaker, I am pleased to introduce a bill to expand Alaska Native contracting of Federal land manage-

ment functions and activities and, promote hiring of Alaska Natives by the federal government within the State of Alaska.

This bill was developed in response to my request to the Alaska Federal of Natives at their retreat in August of 1998. Pursuant to the Indian Self-Determination and Education Assistance Act, tribes are authorized to enter into contracts with the Department of the Interior to directly administer programs previously administered by that agency. Congress strongly advocated this change to allow tribes to provide direct and improved services to their members.

The bill entitled "Alaska Federal Lands Management Demonstration Project" would direct the Secretary of the Interior to enter into a demonstration project in fiscal years 2000 and 2001 with no less than six eligible Alaska Native tribes or tribal organizations to manage a conservation unit or other public land unit within the closest proximity of that tribal organization.

The bill further directs the Secretary to fully fund these demonstration projects in the same manner he would have funded the programs if they were still being managed by the Department of the Interior.

It has always been my strong belief that Alaska Natives can manage conservation units or national park systems units as well or even better than the federal government. Alaska Natives have demonstrated their reliance of the land, the conservation of its bounty and great respect for the cautious management of its resources to preserve for future generations. I believe that Alaska Natives should be given the opportunity to manage federal conservation units that are in close proximity to their own lands.

The Alaska regional non-profits worked long and hard to carefully draft a bill which would have the support of the Alaska Federation of Natives and all of the Alaska regional non-profits. I believe it is time that we authorize Alaska Native entities to manage federal conservation units in the manner consistent with lands that they have carefully preserved and utilized for thousands of years. This bill does exactly that.

BROOKFIELD ZOO'S SALT CREEK  
WILDERNESS EXHIBIT

**HON. WILLIAM O. LIPINSKI**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. LIPINSKI. Mr. Speaker, I am pleased to announce that on August 14th Brookfield Zoo will celebrate the grand opening of its newest attraction, the Salt Creek Wilderness exhibit.

Representing a northeastern Illinois wetland, Salt Creek Wilderness includes the existing Indian Lake, the Ellen Thorne Smith nature trail, and a new demonstration wetland exhibit called Dragonfly Marsh. Guests will be able to hike along a wood-chipped trail that circles the 4-acre lake to see trumpeter swans and several other waterfowl species. At the north end of the lake, the trail is paved and leads onto a wheelchair-accessible boardwalk that overlooks Dragonfly Marsh.

Support for the Salt Creek Wilderness project comes from the Chicago Zoological Society, Forest Preserve District of Cook

County, Illinois Environmental Protection Agency, U.S. Environmental Protection Agency—Region 5, U.S. Fish and Wildlife Service, The Conservation Fund, Army Corps of Engineers, and the Urban Resources Partnership. With the assistance of these project partners, the new exhibit will help to raise awareness of the importance of protecting not just animals in other parts of the world, but also species and natural habitats in our own communities.

Brookfield Zoo has always been a leader among zoos around the world. The zoo's mission is to focus on enhancing visitor understanding of the critical need for people to live more sustainably and harmoniously with the natural world through naturalistic environmental settings and accompanying interpretive materials. I invite all my colleagues to join me in celebrating the opening of the Salt Creek Wilderness exhibit, which, I am certain, will greatly strengthen the zoo's mission.

#### A BILL TO REPEAL THE SPECIAL OCCUPATIONAL TAX (SOT) ON THE SALE OF ALCOHOLIC BEVERAGES

#### HON. DAVE CAMP

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. CAMP. Mr. Speaker, along with several of my colleagues on the Ways and Means Committee, Ms. THURMAN, Mr. NUSSLE, Mr. MATSUI, Mr. MCINNIS, and Mr. JOHN LEWIS, I am introducing a bill today to repeal the Special Occupational Tax (SOT) on the sale of alcoholic beverages.

We are introducing this bill to alleviate a problem that many of our constituents have raised with us. I know that many of our colleagues have also heard from convenience store owners, innkeepers, restaurant owners, vintners, wholesalers and other small business owners complaining about the burden of the Special Occupational Tax on the sale of alcoholic products.

The SOT is an annual tax imposed on all businesses that manufacture, distribute or sell alcohol products. Whether it's a seasonal restaurant, an Elks Lodge, convenience or grocery store, or even a campground or florist that delivers wine with flowers—no one is spared from the tax.

However, it is especially burdensome for small retail stores. Over 90 percent of all SOT revenue comes from retailers. In addition, small producers—especially wineries—have a difficult time meeting the obligations of this tax.

A recent General Accounting Office study, which conceded that the alcohol industry is a heavily taxed and regulated industry already, illustrated the problems caused by this tax, particularly on small business owners. This tax is an unnecessary burden and should be eliminated.

I urge all of my colleagues to join me as cosponsors on this bill to repeal this unfair tax on small businesses.

#### HONORING MATTHEW EMMONS ON CAPTURING A GOLD MEDAL AT THE PAN AMERICAN GAMES

#### HON. JIM SAXTON

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. SAXTON. Mr. Speaker, today I rise to congratulate a young man from Pemberton Township, New Jersey, Matthew Emmons. Matthew brought home the gold with a near perfect score in the men's Prone Free Rifle competition at the 1999 Pan American games in Winnipeg, Canada. Matthew has made his country and the Pemberton Township community proud with his resounding victory under difficult conditions and against some of the world's finest athletes.

The sport of small-arms target shooting dates from the invention of the pistol and the rifle in the 16th century. For several centuries, the sport was contested only in sporadic impromptu fashion, because the firearms of that period were too undependable and inaccurate to meet the requirements of large-scale organized competition. Turkey shoots and weekend target-shooting matches were popular among the frontiersmen of colonial America.

During the American Revolution (1775–1783) and the American Civil War (1861–1865) rural sharpshooters played a strategic role as snipers. Popular interest in rifle shooting reached new heights after the Civil War, when the sport became a favorite diversion of city dwellers, groups of whom organized weekend target-shooting excursions into the countryside. New advances in the manufacture of weapons and ammunition, meanwhile, resulted in high standards of accuracy and reliability. By 1870, conditions were ripe for organized regional and national competition. Matthew has added to this great and venerable history with his honorable performance.

Mr. Speaker, Matthew's mental and physical fortitude guided him to victory. His patience, steadiness, clear vision and accuracy will likely lead to success at the University of Alaska, Fairbanks where he has enrolled, and to greater accomplishments in Olympic competition.

#### A TRIBUTE TO WILL RUBENS

#### HON. PETER T. KING

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. KING. Mr. Speaker, I rise today to acknowledge just how fortunate I, my staff and the people of the Third District of New York were to have an intern that could serve as both Commissioner of Food and Beverage and Director of Internal Security for the past two months. To some he was known as Will Rubens but to me he was simply, "The Commish". Forget the fact that my Notre Dame doormat was stolen or the fact that my model E-2C Hawkeye was vandalized under his watch. In his investigation of these crimes, the Commish was undeterred and never allowed conspiracy theories to be generated by anyone other than himself. There was never a business card fight he didn't prematurely end for the sake of my staff or a private conversa-

tion he didn't interrupt. Despite the increase in crime in my office over the last two months I know that the Commish's powers are being wasted here while numerous crimes of ineptitude go unresolved on the football fields of the University of Michigan at Ann Arbor—an ineptitude which will be glaringly disclosed when Notre Dame's Fighting Irish pulverize the Wolverines on September 4th. I am confident that the Commish will go on to bigger and better things and it has truly been a pleasure and honor to have him work in my office this summer. His intelligence and unique sense of humor will be missed. I thank you Will for all your hard work and effort. All the best.

#### INTERNET PHARMACY CONSUMER PROTECTION ACT OF 1999

#### HON. HENRY A. WAXMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 5, 1999*

Mr. WAXMAN. Mr. Speaker, I rise today to join my colleagues, RON KLING, JOHN DINGELL, and BART STUPAK, in introducing the Internet Pharmacy Consumer Protection Act of 1999.

While the Internet is transforming global finance and culture, it is also raising novel questions about the practices of medicine and pharmacy. There is no question that the World Wide Web and other forms of e-commerce have facilitated consumer access to health information and products. Patients clearly benefit from the rapid dissemination of reliable medical knowledge, and from novel, convenient ways of receiving health care.

But unwary consumers are also increasingly exposed to fraud or quackery from anonymous, unaccountable vendors. Illegal, unsafe or unapproved drugs and dietary supplements are more widely available than ever. Hundreds of offshore and domestic "pill mills" dispense Viagra or Xenical to patients sight unseen—as well as to shorthair cats, the deceased, and patients with life-threatening counterindicated health conditions, as an investigation by WWMT of Kalamazoo, Michigan discovered.

On July 30, the Commerce Subcommittee on Oversight and Investigations held a hearing on online pharmacies. We heard a clear message from the testimony of Federal Trade Commission, the Food and Drug Administration, the Department of Justice, state authorities like the Texas Department of Health, and investigative media—regulators simply cannot enforce existing laws to protect consumers from illegal online pharmacies unless they know who is responsible and where they are.

The Internet Pharmacy Consumer Protection Act of 1999 requires very simple disclosures from online pharmacies. Tell us your name and place of business. Tell us where your pharmacy is licensed. And tell us where your online physician, if any, is licensed. That's all.

With this basic information, regulators are hamstrung. No enforcement is possible or requires unsustainable commitments of limited law enforcement resources. But enactment of and compliance with this legislation would quickly separate legitimate from illegitimate online pharmacies.

Failure to comply with these minimal requirements would also help warn consumers from questionable websites. In fact, Congress