

the call of duty to provide valuable benefits to the people of Kentucky. Because of their unwavering commitment to helping others, the Social Security Administration recognized the Middlesboro Office as the Best Level II Field Office in the Atlanta Region for fiscal year 2002.

Mr. Speaker, on behalf of my colleagues and myself, I want to thank the staff at the Middlesboro Social Security Office for their hard work and dedication to serving the people of Kentucky. These fine Americans are an inspiration to us all, and I salute them for their commitment to helping others.

UNIVERSITY OF WISCONSIN-MILWAUKEE QUALIFIES FOR THE SCHOOL'S FIRST NCAA TOURNAMENT

HON. GERALD D. KLECZKA

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. KLECZKA. MR. Speaker, On Tuesday, March 11, 2003, the University of Wisconsin-Milwaukee Men's Basketball team qualified for the NCAA tournament by defeating the Butler University Bulldogs. The Panthers (24-7) are making their first-ever appearance in the NCAA Tournament, and gained an automatic berth into the field with a 69-52 win over Butler in the championship game of the Horizon League Tournament. UWM will be seeded number 12 in the West Region of the NCAA Tournament.

This outstanding achievement is a proud moment for the university, alumni, students, and the community. I would like to join with the UWM family in recognizing this enormous accomplishment, and it's with great pride that I offer my congratulations and applaud their efforts.

Tournament MVP Clay Tucker scored a game-high 23 points in leading the No. 2 seed University of Wisconsin-Milwaukee over No. 1 seed Butler University in the championship game. He also had team-high eight rebounds to go with game-bests in assists (4), steals (4), and blocks (2).

UWM's Head Basketball Coach Bruce Pearl coaching talents have been recognized nationally. In the May 1999 issue of Sport Magazine, Coach Pearl was listed as one of the "Five Head Coaches on the Rise," placing him in a group with Paul Hewitt (Georgia Tech), Mike Brey (Notre Dame), and Buzz Peterson (Tennessee).

Before coming to coach the UWM Panthers, Coach Pearl ended 14 years as an assistant at the University of Iowa. Prior to coaching at Iowa, he was an assistant coach at Stanford, and, at the age of 23, was promoted to Associate Head Coach at Stanford. Bruce Pearl helped lay the groundwork for the resurgence in men's basketball at Stanford.

So, I am pleased to join with the University of Wisconsin-Milwaukee to recognize the Men's Basketball Team for their notable play and excitement for the community at large and the State of Wisconsin.

TRIBUTE TO COLONEL GARY D. JERAULD

HON. ROBERT E. (BUD) CRAMER, JR.

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. CRAMER. Mr. Speaker, I rise today to recognize Colonel Gary D. Jerauld upon his retirement after more than 26 years of outstanding service to our country in the United States Army. After his effective retirement date of June 30, 2003, Col. Jerauld will reside in my Congressional district.

Colonel Gary D. Jerauld has distinguished himself throughout his military service in challenging and diverse assignments. Throughout his remarkable career, he has received many medals and awards for his ability to lead by example, encourage excellence from his peers and subordinates, effectively manage the Army's resources, and consistently produce outstanding results. I commend Col. Jerauld for his ability to energize a diverse staff toward a common purpose, setting high standards and inspiring his staff to achieve them.

Colonel Jerauld has been assigned to several key military positions throughout his career, which culminated as the Project Manager for the Tactical Operations Centers (TOCs) and Air and Missile Defense Command and Control Systems (AMDCCS), a position he has held since 1999. It is in this role that Col. Jerauld will leave an enduring mark on the future of our Army.

One example of his unique leadership abilities occurred in March 2000, when he was given the mission: "Restructure A2C2S into an executable program, place the system in the hands of the user now, and field to the First Digitized Division in Fiscal Year 2003." In just over one year, Colonel Jerauld and his team stood up the A2C2S Product Manager position and office, restructured the program, deployed an A2C2S demonstrator system to the 4th Infantry Division, and awarded a competitive contract for system integration. Colonel Jerauld has built a reputation as a Project Manager for delivering quality products to the field in much less time normally required for design, fabrication, and delivery.

Mr. Speaker, on behalf of the people of North Alabama, I congratulate Colonel Jerauld for his 26 years of service to our country and I welcome him to our North Alabama community.

INTRODUCTION OF H.R. 1309, "VETERANS PRESCRIPTION DRUG BENEFITS ACT OF 2003"

HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. EVANS. Mr. Speaker, today I am introducing H.R. 1309, "The Veterans Prescription Drug Benefits Act of 2003", legislation which will provide a revolutionary change in veterans' medical care.

"The Veterans Prescription Drug Benefits Act of 2003" would allow veterans to be the first among America's seniors and disabled people to have a real, meaningful Medicare outpatient drug benefit. If our nation is serious

about implementing a drug benefit for seniors, the legislation I am introducing today would speed the availability of a prescription drug benefit and could even result in savings for the Medicare trust fund by allowing VA to employ its considerable prescription drug purchasing and benefit management skills in administering the benefit for veterans who are Medicare eligible. Additionally, this legislation would realign VA health care, allowing VA to concentrate its health care assets on the many veterans who rely upon it for the majority of their care needs.

"The Veterans Prescription Drug Benefits Act of 2003" would, for the first time, allow veterans to bring prescriptions ordered by physicians who are not affiliated with the Department of Veterans Affairs to the VA to be filled. It would also require the Medicare trust fund to pay the cost of this new benefit for veterans who choose it and who are also eligible for Medicare Part A and enrolled in Medicare Part B.

Recently the Secretary of Veterans Affairs has decided to restrict enrollment of higher income veterans to those who were enrolled prior to January 17, 2002. Consequently, this legislation would allow veterans who no longer have the option of receiving a full continuum of health care services to receive subsidized prescription drug coverage from VA.

Providing, this new drug benefit to Medicare eligible veterans could also have the effect of eliminating the enormous queues that have developed as higher income veterans have flooded the system to seek inexpensive prescription drugs. As of the end of January, about 202,000 veterans had waited longer than six months for a first primary care visit or for necessary follow up care. Many of these veterans are likely to be Priority 7 or 8 veterans who constituted more than 75 percent of VA's new users in 2002. Offering these veterans an opportunity for new drug coverage without first obtaining an appointment with a VA provider could have the effect of significantly reducing or entirely eliminating these waiting times. In fiscal year 2002, VA estimates almost 900,000 veterans used the VA health care primarily or exclusively to fill drug prescriptions who would also be likely to take advantage of a new prescription drug benefit.

At the end of 2000, VA's Office of Inspector General (IG) advised "VHA can reduce the cost impact of providing prescriptions to priority group 7 veterans, make additional resources available for veterans healthcare, and enhance the delivery of prescription services to veterans." (Audit of Veterans Health Administration (VHA) Pharmacy Co-Payment Levels and Restrictions on Filling Privately Written Prescriptions for Priority Group 7 Veterans, Report No. 99-00057-4, December 20, 2000) This report suggested that VA could have saved more than \$1.3 billion in fiscal year 2001 by eliminating the need for VA to re-examine veterans who have already received examinations and tests to receive prescriptions from private physicians. These savings were projected only for Priority 7 veterans, who were, at that time the group with the lowest priority for care. For all veterans, the IG might project even higher savings.

While cognizant of his IG's finding, Secretary Anthony J. Principi testified before the Committee on Veterans Affairs that he believed that the IG did not factor in the additional costs of new demand for the prescription drug benefit. His response when asked

about a prescription drug bill introduced in the 107th Congress by Mr. Wicker was:

I would like nothing, better than to be able to provide prescriptions for all of our veterans. And I very, very seldom disagree with my IG about cost.

There is no question that the IG is right that we would save money if we did not have to do the medical evaluation, like Mr. Simmons said earlier. . . . I think the doors would come tumbling down by 25 million veterans or whatever percentage are on prescriptions, seeking to get their prescriptions filled at the VA. So I think yes, on the one hand we would save money. But how do you control the workload increase?

If you just increase by 25 percent the number of veterans who are coming to us for prescriptions—and that is not a large number—the bill would be \$9.2 billion. Fifty percent, it would be \$15.9 billion. Again, where do we get the money?

Offering veterans an opportunity to receive subsidized drug coverage from VA through Medicare and receive the rest of their care from their choice of private providers is one possible solution to the Secretary's dilemma. My bill requires a veteran to choose between a VA benefit and a Medicare benefit. I do not believe it is likely that thousands of satisfied veterans would disenroll from VA to receive this new benefit—those with satisfactory access can receive even cheaper drugs as VA beneficiaries. However, particularly since Priority 8 veterans are being told they can no longer enroll for all health care services and waiting times make access to VA services difficult for some veterans, I believe some lower priority veterans might opt to receive the new Medicare benefit administered by VA. In addition, it would present a new option for subsidized drug coverage to Medicare—eligible veterans that might interest veterans who have never attempted to access the VA system.

My bill also provides an option for veterans who have highly rated service-connected disabilities to have this coverage at VA expense to fill private sector physician written prescriptions. I believe this option might only be attractive to veterans that have serious access problems due to their distance from VA medical centers or other factors that make even the rare visits to physicians necessary for pharmacy refills extremely difficult.

The yearly option to choose one system or the other—Medicare or VA—for health care benefits offers the federal government an opportunity to assess the effect of coordinating multiple eligibilities without compelling veterans to choose between services to which they currently have open access. Because this is a new benefit, veterans' choice to enroll for that benefit would not be easily characterized as a diminution—but rather would be an enhancement—to existing choices.

Mr. Chairman, I believe the "Veterans Prescription Drug Benefits Act of 2003" offers a solution to many of the problems confronting VA today. It will allow VA to offer some benefit to veterans who have been "locked out" of VA for the indefinite future and a more convenient choice for the many veterans currently in long queues for their first appointment for VA provided health care.

I have letters of support from several of our major service organizations that I would like to insert into the CONGRESSIONAL RECORD.

AMERICAN VETERANS,

Lanham, MD, March 17, 2003.

Hon. LANE EVANS,
Ranking Member, House Veterans' Affairs Committee, Washington, DC.

DEAR REPRESENTATIVE EVANS: On behalf of the members of AMVETS, I write to express our gratitude and support for your leadership in proposing legislation to permit veterans to obtain prescriptions from veterans' hospitals using prescriptions written by hometown doctors.

Currently, veterans are eligible to receive prescription medications from the VA only if a VA physician prescribes the medication. While insisting that a VA doctor see the patient may not seem like too great an imposition, many of the more than 200,000 veterans waiting over six months for a doctor's appointment are waiting to have a prescription written and filled.

Your legislation would allow VA to fill veterans' prescriptions written by hometown doctors under special circumstances. First, the veteran would accept VA solely for the purpose of filling prescriptions. Second, the veteran would be required to make a copay based on the type of drug treatment requested. And, third, the cost of the prescription would be partially offset through Medicare reimbursement.

This change would provide an avenue for many veterans to receive timely access to prescription drugs and reduce the number of veterans waiting to see a VA physician as well.

Again, we appreciate your creative approach to solving an issue facing many veterans and thank you for taking a very big step toward helping veterans receive access to prescription medications.

Sincerely,

RICHARD A. JONES,
National Legislative Director.

THE AMERICAN LEGION,
Washington, DC, March 17, 2003.

Hon. LANE EVANS,
Ranking Democratic Member, Committee on Veterans Affairs, House of Representatives, Cannon House Office Building, Washington, DC.

DEAR REPRESENTATIVE EVANS: The American Legion looks forward to working with you and your staff on the draft legislation, Veterans Prescription Drug Benefits Act of 2003. This is a proposed new benefit program for Medicare-eligible veterans that choose only to use the Department of Veterans Affairs' (VA's) pharmaceutical services. The legislative intent is to provide a new option for certain Medicare-eligible veterans; however, there are concerns:

The American Legion does not agree with Priority Group 1 veterans paying any enrollment or co-payments for this service.

What is the impact on Medicare-eligible veterans in Priority Groups 2-8 with service-connected medical conditions? Would they have to disenroll to participate in this program? If the Centers for Medicare and Medicaid Services (CMS) funding fails to cover the actual cost of the program, how will VA be reimbursed? Is CMS willing to adopt this as a new Medicare program? Will this be scored as third-party reimbursements, an offset against annual discretionary appropriations? Why must VA collect the enrollment fees and co-payments, transfer these collections to CMS, then CMS transfer funds back to VA?

Will VA be staffed with qualified pharmaceutical personnel to meet increased pharmaceutical demands?

The American Legion applauds your efforts to solve one of many challenges facing the VA health care system. The VA health care system is a comprehensive program that ad-

dresses the total range of veterans' health needs. Likewise, Congress must address the overall problem of delivery and demand for services from a growing patient population.

Thank you for your continued leadership on behalf of America's veterans.

Sincerely,

STEVE ROBERTSON,
Director,
National Legislative Commission.

BLINDED VETERANS ASSOCIATION,
Washington DC, March 14, 2003.

Hon. LANE EVANS,
Ranking Democratic Member, House Veterans Affairs Committee, Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN EVANS: On behalf of the Blinded Veterans Association (BVA), the only Congressionally chartered veterans service organization exclusively dedicated to serving the needs of our Nation's blinded veterans, thank you for your initiative to create a prescription drug benefit for veterans. BVA supports your proposed legislation Offering Medicare-eligible veterans an opportunity to fill their non-VA prescriptions at a VA facility in lieu of enrollment into the VA health care system is the right approach to take. Over 900,000 veterans indicate they use the VA system primarily for prescription drugs. BVA believes this bill as written, will alleviate some of the unnecessary waiting time backlog created by veterans scheduling appointments exclusively to receive a prescription from a VA doctor. In many cases, a non-VA physician has previously prescribed the prescription they are seeking. Provision of a funding mechanism that will not further erode the already insufficient funding levels for VA Health Care is the most attractive aspect to this proposal.

BVA supports inclusion of Priority 1 veterans in this benefit. Offering a prescription drug benefit to veterans who choose not to fully use the VA health care system because of distance or personal preference, is the right action to take. We caution you to be very clear in your explanation of prescription coverage as an ADDITIONAL benefit that does not take away a Priority 1 veterans access to any other VA service.

Sincerely,

THOMAS H. MILLER,
Executive Director.

MILITARY ORDER
OF THE PURPLE HEART,
Springfield, VA, March 14, 2003.

Hon. LANE EVANS,
Ranking Minority Member, House Committee on Veterans Affairs, Cannon Building, Washington, DC.

DEAR CONGRESSMAN EVANS: First, on behalf of the members of the Military Order of the Purple Heart (MOPH) I want to thank you for your unwavering support for combat wounded veterans, indeed your support for all veterans.

Second, we are aware that you are going to introduce legislation that would create a prescription drug benefit for veterans. MOPH supports your efforts in this endeavor and looks forward to passage of the legislation.

Respectfully,

WILLIAM A. WROOLIE,
National Commander.

PARALYZED VETERANS OF AMERICA,
Washington, DC, March 18, 2003.

Hon. LANE EVANS,
Ranking Democratic Member, Committee on Veterans Affairs, House of Representatives, Cannon House Office Building, Washington, DC.

DEAR REPRESENTATIVE EVANS: On behalf of the Paralyzed Veterans of America (PVA), I am writing to offer our support for the "Veterans Prescription Drug Benefits Act of

2003." By providing a new Medicare drug benefit to veterans, your measure would begin to address a vital need and concern of our elderly citizens—the need for affordable pharmaceuticals.

The increasing use of prescription drugs for medical treatment options has revolutionized the provision of medical care. Every year pharmaceuticals represent an ever-growing percentage of health-care expenditures. Medicare has not kept up with this revolution. By providing veterans with this benefit, facilitated through the Department of Veterans Affairs (VA) and ensuring that VA does not spend scarce and inadequate resources, we can begin the process of reflecting the manner in which health care is delivered in this Nation.

This measure, unlike others, would not force the VA alone to bear the burden of addressing this national policy failure. The VA would merely be acting to facilitate a benefit offered to veterans, a benefit that would provide substantial pharmaceutical savings to the federal government because of VA's statutorily mandated discounts. In addition, this measure would reimburse the VA for expenses relating to the implementation of this benefit as well as costs incurred in administering it.

Although veterans seeking treatment for a service-connected condition, and veterans with service-connected disabilities rated at 50 percent or more are expressly exempted from the requirement of enrolling in order to receive care by Medicare benefit, and foregoing their VA health care options are always able to seek treatment for service-connected conditions at VA facilities. Additionally we request that other veterans needing specialized services be afforded access to care.

Again, thank you for introducing the "Veterans Prescription Drug Benefits Act of 2003." We look forward to working with you closely in order to pass, and ultimately enact, this important measure.

Sincerely,

DELATORRO L. MCNEAL
Executive Director.

VIETNAM VETERANS OF AMERICA,
Silver Spring, MD, March 18, 2003.

Hon. LANE EVANS,
Ranking Democrat, Committee on Veterans Affairs, House of Representatives, Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN EVANS: Vietnam Veterans of America (VVA) strongly supports the "Veterans Prescription Drug Benefit Act of 2003" that you plan to soon introduce to the House of Representatives.

As you know, VVA reluctantly supported Secretary Principi's decision to temporarily suspend new enrollments of Category 8 veterans only because the Veterans Health Administration (VHA) medical facilities were in such a dire under-funded state. While the approach that you have taken in moving to relieve this pressure might not be what VVA would choose in a perfect world, in the real world of a veterans health care system that is so grossly under funded this is a similarly sensible, responsible, and effective approach to provide relief to the system.

While VVA has not favored such plans to allow VA to so provide pharmaceuticals in the past because they included no way to fully fund VA honoring prescriptions written by non-VA physicians, your proposal does allow for payment of such from both Part A and Part B of Medicare in addition as well as annual enrollment fee and co-payments that are reasonable. As long as such prescriptions are provided at a net negligible additional cost to the system, VVA does favor this proposal for Medicare eligible veterans who are not service connected disabled.

In regard to the provision that would accord priority group 1 (70 percent or greater service connected disabled) veterans the opportunity to have non-VA prescription drug orders filled by VA via mail fulfillment, VVA favors such mail fulfillment as a convenience for veterans who sometimes have to travel great distances to reach a VHA each time they renew their prescription, imposing a hardship.

As the primary purpose of the Veterans Health Administration is to be a "veterans health care system" and not just a general health care system that happens to be for veterans, VVA urges that you amend this bill at mark up to require that there is a complete physical, including blood draw tests annually performed on at least the Priority 1 veterans covered under this proposal. While VHA continues (inexplicably to VVA) to fail to ensure that a complete military history be taken on every single veteran seeking health care services from VHA, and that VHA clinicians use this key data to do a proper assessment of overall health of the veteran, including conditions or illnesses that may be due to exposures or other factors during his/her military service, there is still a need for VHA to fulfill their responsibilities for medical oversight of significantly and or profoundly disabled veterans.

If this proposed legislation reduces the utilization of VHA services primarily or only to secure pharmaceuticals by only a proportion of the 900,000 veterans reported seeking services for this reason, then it will help relieve the pressure that is crushing the VHA system without leaving any veteran without alternative services.

Again, VVA thanks you for your strong leadership on behalf of America's veterans.

Sincerely,

RICHARD F. WEIDMAN,
Director of Government Relations.

IN RECOGNITION OF CLARK
MERSHON

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. GRAVES. Mr. Speaker, I proudly pause to recognize Clark Mershon, a very special educator who has exemplified the finest qualities of citizenship and leadership. He has been honored as the Missouri Association of Secondary School Principals 2003 Middle School Principal of the Year.

Clark began his teaching career in 1982 at Lebanon Junior High School, as both a teacher and coach and advanced to Principal in 1992. He currently serves as Principal of New Mark Middle School in North Kansas City, Missouri, where he has been since 1997. Clark was given this distinction because of the impact he makes on both staff and students.

The staff of New Mark Middle School commend Clark for his strong leadership shown to teachers, students and community members. His humanity, humility, and sound instructional and organizational skills illustrate the importance of his impact on his school and community.

The student body acknowledges Mr. Clark for his welcoming personality that instills pride, honor and school spirit at New Mark.

Mr. Speaker, I proudly ask you to join me in commending Clark Mershon as the MASSP's Middle School Principal of the Year. Clark exemplifies the qualities of exceptional leader

and Principal and we are proud to have him as an educator in the 6th District of Missouri.

TRUTH SEEKERS SUBSTANCE
OUTREACH MINISTRY, INC.

HON. DONALD M. PAYNE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. PAYNE. Mr. Speaker, it is with great pride that I recognize Truth Seekers Substance Outreach Ministry, Inc. on their 10th anniversary celebration in Newark, New Jersey.

Under the direction of Reverend Lance Abercrombie, Truth Seekers Outreach Ministry began its journey in 1993. Traveling throughout the tri-state area, Reverend Abercrombie and his cousin, Wayne Reynolds, worked to spread the word of how their faith saved them from a life of substance abuse. Becoming incorporated in May of 2000, they have worked hard to refer individuals to detoxification and rehabilitation centers, shelters, as well as other organizations to help assist individuals on their road to a life free of substance abuse.

The Truth Seekers Outreach Ministry, Inc. has reached out to our community to see that those in need are not left behind. They are providing a wonderful service to the many men and women in this country who suffer from substance abuse, by showing them that there is hope and that they can conquer their illness.

Mr. Speaker, I know that my colleagues here in the U.S. House of Representatives join me in congratulating Truth Seekers Outreach Ministry, Inc. on their 10th anniversary, and wishing them the best for the future.

TRIBUTE TO SOUTHERN OREGON
RADIO PERSONALITY DICK
BAILEY ON HIS RETIREMENT FROM
THE AIRWAVES

HON. GREG WALDEN

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 18, 2003

Mr. WALDEN of Oregon. Mr. Speaker, I rise today to pay tribute to my good friend Dick Bailey and congratulate him on his retirement from the airwaves of southern Oregon. Dick's commanding, gravelly voice has been a fixture of KCMX radio in Medford for five years and he will surely be difficult to replace.

Dick Bailey was born on February 4th, 1941, in Winchester, Massachusetts, a sin for which the people of Oregon long ago forgave him when they welcomed him into their warm Western embrace. Dick graduated from Gorham High School in Gorham, Maine, and afterward enlisted in the United States Marine Corps, where he served from 1958 to 1962. He went on to receive a degree from the College of the Sequoias in Visalia, California and also attended the College of the Desert in Palm Desert, California, where he edited the college's first newspaper.

Dick's professional career has been a long and varied one that has taken him to radio and television stations in California, Washington, Alaska, Vermont and of course Oregon