

outpatient self-management training services which teach people with diabetes how to properly care for their disease and avoid unnecessary medical complications. Second, Medicare would cover the costs of blood-testing strips as durable medical equipment.

Many of you should recognize this package of preventive benefits. It is the same as the benefits we included in the Democratic alternative Medicare proposal that was considered on the House floor earlier this year. In addition, the coalition budget proposal includes a similar package of benefits. President Clinton has also included a preventive benefits package in his new Medicare proposal.

Congress is currently facing the daunting task of making the most dramatic changes to Medicare ever contemplated. We keep hearing the words "Medicare reform" in relation to the variety of plans being put forth at this time. My contention is that if we are to accomplish real Medicare reform, we must make needed improvements to the program.

Medicare is 30 years old and its benefit package shows its age. What I am proposing with these new benefits is not a major cost item for the program. Of course there will be an upfront investment in these new screening procedures—and we expect that cost to be around \$2 billion over the next 7 years based upon CBO analysis of earlier versions of the bill. However, this is a small price to pay at the beginning compared to the benefits Medicare will reap in the long run by covering such procedures. As we all know, preventive medicine saves money as well as lives. Early identification of a disease allows less costly, more effective treatment techniques to be used.

For example, in the area of colorectal cancer, the second deadliest cancer in this country, 138,000 new cases will be diagnosed and 53,300 people will die from this disease this year. Most of these people will be Medicare beneficiaries. These patients often suffer through years of chemotherapy, surgery and hospitalization. In fact, the most recent data has shown that colorectal cancer has led to over 125,000 Medicare hospital admissions in one year. Each of these admissions led to costly diagnostic, surgical and medical therapeutic interventions. Surely, it is both more cost effective and more medically appropriate to prevent than to treat this disease.

To continue using colorectal cancer as the example, this disease is one of the most preventable and curable types of cancer when detected early. Most colorectal cancers develop from benign polyps. Finding and removing these polyps reduces the risk of developing cancer by 90 percent.

Screening for colorectal cancer and other preventive services included in this bill must be covered by Medicare if we hope to stem rising health care costs. We must not continue to be "penny wise and pound foolish" by covering the expensive treatments and ignoring preventive services. These efforts are supported by broad-range of organizations representing consumers and health professionals. The following organizations have endorsed our bill: the American Cancer Society, the American College of Gastroenterology, the American Gastroenterological Association, the American Nurses Association, the Digestive Disease National Coalition, the American Diabetes Association, the American Association of Clinical Urologists, the American Foundation for Urologic Disease, the American

Urological Association, the American Society for Gastrointestinal Endoscopy, the Cancer Research Foundation of America, the Association of American Cancer Institutes, the Association of Pediatric Oncology Nurses, and the United Ostomy Association. I have also attached a letter to the congressional leadership signed by 15 organizations supporting the identical provisions included in my bill.

It is my hope that this legislation will be used as a model for the preventive benefit package that should be added to Medicare as we seek to reform the system. I encourage my colleagues to join me in support of this bill and look forward to continuing to work on this important issue as Congress grapples with the difficult task of reforming Medicare.

NOVEMBER 16, 1995.

Hon. ROBERT DOLE,  
Majority Leader U.S. Senate, Washington, DC.

Hon. NEWT GINGRICH,  
Speaker, U.S. House of Representatives, Washington, DC.

DEAR SENATOR DOLE AND SPEAKER GINGRICH: In crafting the future Medicare system, the 104th Congress would be remiss to overlook the most significant key to the future health status of our nation's citizens—preventive health services. The undersigned organizations urge you to include preventive services coverage for Medicare recipients during the Reconciliation Conference.

When details of the draft Republican health plan first became known this summer, we applauded the foresight of Congressional policymakers for including Medicare payments for a small number of proven preventive health services. While we recognize the fiscal constraints dominating this first round of Budget Reconciliation decisionmaking, we urge your reconsideration of the critical omission of colorectal cancer screening, mammography expansions, pap smears and pelvic examinations, prostate cancer screening and reimbursement for diabetes care and education. We believe strong bipartisan support exists for including these limited preventive benefits under Medicare.

In revamping Medicare, now is the time to provide reimbursement for:

Annual mammography screening services for all women over the age of 49, without a twenty percent copayment.

Pap smear and pelvic exam screenings as well as clinical breast examinations for female Medicare beneficiaries, without copayments.

Colorectal screening services for Medicare beneficiaries, including screening of fecal-occult blood testing, flexible sigmoidoscopies and colonoscopies.

Prostate cancer screening for men.

Diabetes care and education, specifically the coverage of outpatient self-management training services and blood testing strips for diabetics.

We strongly urge that you include the above screening services as part of the revamped Medicare program. In the long run, providing preventive services to Medicare beneficiaries will save not only money, but more importantly lives. The Senate and House are uniquely poised to better the lives of millions of Medicare beneficiaries who stand so much to lose or gain from this historic legislative opportunity.

We respectfully request the opportunity to meet with you at your earliest convenience to discuss including these preventive benefits in the final package.

Sincerely,

American Cancer Society, American College of Gastroenterology, American Diabetes Association, American Foundation for Urologic Disease, American

Public Health Association, Cancer Research Foundation of America, Digestive Disease National Coalition, Families Against Cancer Terror (FACT).

National Breast Cancer Coalition, National Coalition for Cancer Survivorship, The Oncology Nursing Society, The Association of Pediatric Oncology Nurses, The Susan G. Komen Breast Cancer Foundation, United Ostomy Association, The V Foundation.

#### A TRIBUTE TO HEMAYETUDDIN

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 13, 1995

Mr. ACKERMAN. Mr. Speaker, I rise to pay tribute to one of the very finest diplomats with whom I have had the pleasure of working during my tenure as former chairman of the House Foreign Affairs Committee on Asia and the Pacific.

Hemayetuddin is truly an outstanding diplomat. He represents his country with dignity, pride, and warmth. His knowledge of the workings of the U.S. Congress and the American body politic would be impressive for a citizen of this country, nonetheless for a foreign diplomat. It was through cooperation with His Excellency Ambassador Hemayun Kabir and his very able Minister Hemayetuddin that our Subcommittee on Asia and the Pacific held the very first hearing ever on "The Other South Asia—Bangladesh, Sri Lanka, Nepal, Bhutan, and Afghanistan."

Perhaps Hemayet's greatest contribution to diplomatic life in Washington is his passion for his native Bangladesh. It was through Hemayet and Ambassador Kabir that my staff and I first learned of the tremendous economic reforms and opportunities for American business in Bangladesh. It was from Hemayet and his colleagues that I learned of Bangladesh's commitment to a secular, pluralistic society. And it was from Hemayet and Ambassador Kabir that I learned of the tremendous commitment Bangladesh has made to improve child labor practices in a nation struggling to develop.

While Hemayetuddin is unquestionable a diplomat of the highest caliber, he is also one of the finest gentlemen it has been my pleasure to work with in Washington. He, his lovely wife, Zeenat Jahan, and their beautiful children have indeed left their mark on this town.

I know my colleagues and I on the House International Relations Committee will miss Hemayetuddin and Zeenat. We wish them well at their new post in Beijing. All of us who know and admire Hemayet fully expect to see him back in Washington as his Nation's Ambassador some day.

#### FOOD AID MUST CONTINUE, H.R.

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HON. BENJAMIN A. GILMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 13, 1995

Mr. GILMAN. Mr. Speaker, I have worked long and hard on the issue of world hunger. Key U.S. Government initiatives, like the Food for Peace and Food for Progress