

S. Res. 106. A resolution to commemorate the 20th anniversary of the Presidential Management Intern Program; to the Committee on the Judiciary.

By Mr. LOTT (for himself and Mr. DASCHLE):

S. Res. 107. A resolution to authorize the production of records by Senator ROBERT C. BYRD and Senator JOHN D. ROCKEFELLER IV; considered and agreed to.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER:

S. 999. A bill to specify the frequency of screening mammograms provided to women veterans by the Department of Veterans Affairs; to the Committee on Veterans' Affairs.

##### WOMEN VETERANS LEGISLATION

Mr. SPECTER. Mr. President, I am today introducing legislation which would require the Department of Veterans Affairs [VA] to provide mammograms to women veterans in accordance with nationally accepted standards.

Breast cancer is the second leading cause of death among women and the No. 1 killer of women ages 40 to 49. I am, and will continue to be, personally committed to ensuring that the women of this country receive mammography screening in accordance with the highest possible standards. Enactment of this legislation will ensure that our Nation's women veterans receiving care at Veterans Health Administration [VHA] treatment facilities will have access to mammography screening in accordance with accepted national policy.

At issue is the question of how often women should receive screening mammography examinations and the age at which those examinations should begin. On March 23, 1997, the American Cancer Society [ACS] recommended that women begin annual mammography screening at age 40. On March 27, 1997, after much deliberation, the National Cancer Advisory Board recommended that all women between 40 and 49 years receive regular mammogram screening every 1 to 2 years. The National Cancer Institute accepted the same recommendation, both recommendations being very close to the new ACS standard of annual screening beginning at age 40. In addition, the American College of Radiology Board of Chancellors approved revised guidelines in January 1997, affirming its support for yearly screening for women after the age of 40.

The issue of mammography screening for women between the ages of 40 to 49 has been an issue of particular interest to me and one that has occupied quite a bit of my time during the first half of 1997. In my capacity as chairman of the Appropriations Subcommittee on Labor, Health and Human Services and Education, I have already held four hearings this year addressing the importance of mammography screening for women ages 40 to 49; one here in Washington, DC on February 5, in

Philadelphia, PA on February 20, in Pittsburgh, PA on February 24, and in Hershey, PA on March 3, 1997. I have heard testimony, from physicians and women alike, advocating mammography screening beginning at age 40. Currently, 40 States have enacted legislation, and 4 States have legislation pending, which would require either insurance reimbursement for, or mandatory provision of, routine mammogram screening of women ages 40 to 49. Obviously, our Nation sees the value of screening women early for breast cancer, and the impact that early detection can have on decreasing the mortality of this No. 1 killer of women between 40 and 49.

It is estimated that last year 184,300 women were diagnosed with breast cancer, and this year nearly 44,000 women will die from the disease. Research indicates that regular mammograms for women in their 40's can cut breast cancer mortality by 17 percent. When Dr. Vogel of the University of Pittsburgh Cancer Institute and Magee Women's Hospital testified at the February 24 hearing in Pittsburgh, PA, he stated that there are nearly 1 million women in Pennsylvania between the ages of 40 and 49, and that nearly 2,000 will be diagnosed with breast cancer this year. As many as 1,000 of these women will die. He stated that if women aged 40 to 49 were screened annually, this death toll could be reduced by 250.

I am disappointed that VHA has refused to adopt this higher, now national, standard of mammography screening for our Nation's women veterans despite these research findings and national recognition that early mammography screening can save thousands of women's lives each year. In a report issued in April, 1997, VA's Inspector General Office of Health Care Inspections [OHI] offered their objective and critical assessment of the status of mammography services being provided to our Nation's women veterans receiving treatment at VA treatment facilities. Some of OHI's findings are particularly alarming. For example, only 36 percent of women veterans treated in 1995 were even offered a mammogram and only 79 percent of the VHA facilities systematically recorded reviews of outcome data, including disposition of positive mammograms and correlation of surgical biopsy results with radiologic interpretations. Only 72 percent of VHA facilities assessed effectiveness using quality improvement or quality assurance monitors, and none of the VHA facilities assessed customer satisfaction, quality of final diagnostic product, or any other quality of care indicators for contracted providers of mammography services.

The OHI recommended that VHA offer mammograms in accordance with ACS guidelines—yearly mammography screening, beginning at age 40. VHA, maintaining that mammography screening for women between the ages of 50 to 69 is sufficient, rejected this recommendation. For this reason, I am

compelled to introduce this legislation which will require the Department of Veterans Affairs to, at a minimum, offer mammograms in accordance with the most prudent guidelines, those of the American Cancer Society, which call for yearly mammogram screening starting at age 40.

The women who receive treatment at any of our Nation's VA medical centers deserve mammography screening consistent with the accepted national standard—the highest standard, which is currently the recommendation of the American Cancer Society. As chairman of the Veterans' Affairs Committee, I urge my colleagues in the Senate to join me in supporting this legislation.

#### ADDITIONAL COSPONSORS

S. 193

At the request of Mr. GLENN, the name of the Senator from Illinois [Ms. MOSELEY-BRAUN] was added as a cosponsor of S. 193, a bill to provide protections to individuals who are the human subject of research.

S. 322

At the request of Mr. GRAMS, the name of the Senator from Colorado [Mr. ALLARD] was added as a cosponsor of S. 322, a bill to amend the Agricultural Market Transition Act to repeal the Northeast Interstate Dairy Compact provision.

S. 358

At the request of Mr. DEWINE, the name of the Senator from Louisiana [Mr. BREAU] was added as a cosponsor of S. 358, a bill to provide for compassionate payments with regard to individuals with blood-clotting disorders, such as hemophilia, who contracted human immunodeficiency virus due to contaminated blood products, and for other purposes.

S. 365

At the request of Mr. COVERDELL, the name of the Senator from Wyoming [Mr. ENZI] was added as a cosponsor of S. 365, a bill to amend the Internal Revenue Code of 1986 to provide for increased accountability by Internal Revenue Service agents and other Federal Government officials in tax collection practices and procedures, and for other purposes.

S. 472

At the request of Mr. CRAIG, the name of the Senator from Alaska [Mr. STEVENS] was added as a cosponsor of S. 472, a bill to provide for referenda in which the residents of Puerto Rico may express democratically their preferences regarding the political status of the territory, and for other purposes.

S. 484

At the request of Mr. DEWINE, the name of the Senator from Arkansas [Mr. HUTCHINSON] was added as a cosponsor of S. 484, a bill to amend the Public Health Service Act to provide for the establishment of a pediatric research initiative.