student loans. The lower rates will save students over $1 billion over the next five years, reduce defaults, and treat students in both the direct and guaranteed loan programs fairly.

In response, a group of financial institutions sued Education to make direct loans more expensive for students and drum up business for their own student loans. The legislation I am introducing today will promote stability in the loan programs by resolving this dispute and benefiting students in both programs. It will leave students and schools free to choose among the programs based upon the quality of service they offer.

Now is the time to end the student loan tax. The Affordable Student Loans Act will save the typical student roughly $400 on their loans and make college more affordable for students in both loan programs. I urge my colleagues to join me in supporting this important legislation.

THE MEDICAID OBESITY TREATMENT ACT OF 2001

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, April 26, 2001

Mr. TOWNS. Mr. Speaker, in honor of National Minority Health Month, today I am introducing the ''Medicaid Obesity Treatment Act of 2001'' to elevate the visibility of a national health epidemic that is wreaking particular havoc upon our minority communities. For too long, obesity has escaped adequate attention from both policymakers, scientists and the general public. With this bill, which will simply provide Medicaid coverage for medically necessary treatments for chronically obese beneficiaries, I hope to raise the level of attention to this devastating illness. The Medicaid Obesity Treatment Act of 2001 is the first legislation ever introduced in the Congress to specifically address the need to ensure access for all Americans to drug therapies designed to treat obesity and its related comorbidities, and I am proud to be its sponsor.

Obesity has truly become a national health care crisis. The National Center for Health Statistics reports that 60 percent of Americans over 20 years of age are overweight or clinically obese. Weight-related conditions represent the second leading cause of death in the United States, and result in approximately 300,000 preventable deaths each year.

According to the Surgeon General, the prevalence of overweight and obesity has almost doubled among America's children and adolescents since 1980. It is estimated that one out of five children is obese. The epidemic growth in obesity acquired during childhood or adolescence is particularly threatening to the national health because it often persists into adulthood and increases the risk for some chronic diseases later in life.

The prevalence of obesity in America is at an all time high, affecting every State, both men and women, all ages, races, and education levels. Disparities in health status indicators and risk factors for diet-related disease are evident in many segments of the population based on gender, age, race and ethnicity, and income. Overweight and obesity are observed in all population groups, but obesity is particularly common among Hispanic, African American, Native American, and Pacific Islander women.

Too many Americans, particularly urban residents, have inadequate access to fresh produce and healthy food products. Too many Americans have desk jobs that afford them little opportunity to maintain adequate physical conditioning. And for too many Americans today, the most plentiful, available and affordable food is often the least nutritious.

For years, obesity was considered a lifestyle choice. Now, however, it is increasingly understood to be an illness with serious health consequences. It is proven that overweight and obesity are associated with significantly higher mortality rates. Additionally, obesity substantially increases the risk of other illnesses, including breast cancer, colon cancer, ovarian cancer, prostate cancer, cardiovascular disease, high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gallbladder disease, arthritis, sleep disturbances and respiratory problems.

The costs of obesity on the public health system are truly staggering. The total cost, both in terms of health care and lost productivity, of obesity alone was estimated as $99 billion in 1995. As it becomes more prevalent, obesity's toll on the national economy will only grow.

There is some promising news, however. Science has made great strides in recent years to both understand and combat obesity. Several new drugs offer great promise in the fight to prevent and treat obesity and its related comorbidities.

Unfortunately, however, coverage of these drugs is excludable under Medicaid due to an eleven year old provision that allows states to exclude weight loss drugs, even in cases where these drugs have the potential to save lives. This provision is based upon the outdated notion of obesity as a ''lifestyle choice'' and the notion of anti-obesity medication as cosmetic in nature. These notions, and the provision based upon them, are no longer valid scientifically, and must be stricken from the law. Medically necessary medicine for the treatment of chronic obesity should be covered under Medicaid like any other medically necessary drug. This is the purpose and goal of this bill.

Although this expansion in Medicaid coverage might incur some marginal cost to the overall program, requiring states to cover proven obesity medication may actually reduce Medicaid expenditures as a result of decreases in the costs associated with treating obesity-related comorbidities such as diabetes and heart disease. Given the numerous collateral benefits of reducing obesity, in addition to the underlying treatment of obesity for the disease that it is, it makes good sense and good public policy to provide Medicaid beneficiaries access to life saving antiobesity medicines.

Finally, as the Congress looks towards the formation of a prescription drug benefit for all Americans, we must be wary of simply importing the outdated notions implicit in Medicaid coverage definitions which might have the effect of denying access to medically necessary weight loss drugs. Any prescription drug benefit must provide coverage for medically necessary medications for chronic obesity consistent with its coverage of other medically necessary disease treatments.

Obesity is a growing epidemic across the nation which must be addressed with more than just words. This bill offers an important first step towards stemming the tide against this preventable killer. During this year's observance of National Minority Health Month, I am pleased to introduce this bill to both highlight the epidemic of obesity, which strikes particularly hard in the minority community, and to do something substantive about it. I encourage my colleagues to join me in supporting it.

TAX LIMITATION CONSTITUTIONAL AMENDMENT

SPEECH OF

HON. JAMES R. LANGEVIN

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, April 25, 2001

Mr. LANGEVIN. Mr. Speaker, I rise in opposition to H.J. Res. 41, the Tax Limitation Constitutional Amendment, which would require a two-thirds majority vote in Congress to pass legislation increasing internal Federal revenues, except in time of war or military conflict. While I support a simpler, fairer and more efficient tax code, I cannot back this fiscally irresponsible proposal, which would unnecessarily tamper with the Constitution and undermine its principle of majority rule.

This resolution would deny Congress its legislative ability to address weaknesses in our current tax code and possibly close outdated and costly tax loopholes. Further, this constitutional amendment would prevent us from passing reconciliation bills, which reduce future deficits by making balanced spending cuts and raising revenues, unless there are tax cuts of equal size.

The philosophical battle over supermajorities was waged after the Articles of Confederation was enacted. During, this debate, our Founders became convinced that supermajorities were unfeasible and that a simple majority—our present system for the passage of tax bills—was the most practical. For centuries, our government has abided by this fundamental principle and concluded that our republic would be compromised if a two-thirds majority vote were required for revenue bills and other day-to-day legislative matters routinely before us.

We all want to protect hard-working families from tax increases, but requiring a two-thirds vote to raise revenues to pay for spending initiatives that we have already authorized would make funding our national priorities even more problematic. Furthermore, this constitutional amendment would make it extraordinarily difficult to extend the solvency of Social Security and Medicare and reduce our national debt. Finally, this legislation is largely unworkable, given the vagueness and ambiguity of its language. If Congress is truly concerned about guarding the American public from unwarranted tax increases, it should pass meaningful tax reform legislation, maintain a balanced budget, and trust American citizens to elect representatives who will legislate in their best interests.

For these reasons, I cannot support this proposed change to the Constitution. I strongly urge my colleagues to vote against this imprudent measure.