crude oil by an additional 800,000 barrels per day. This increase in production was to reduce the price of crude oil which has been at near record prices of $34 dollars per barrel, which OPEC members freely admits is too high. This raise constitutes an increase of 3 percent. Regrettably, this increase is simply not enough to bring down the price of crude oil. OPEC needs to undertake aggressive measures to bring down the price of oil, and an increase in production of 3 percent is not enough—not enough by half!

OPEC is aware of the gravity of the situation, as evidenced by OPEC President and Venezuela's oil minister Ali Rodriguez' statement, ''[that] we are approaching a crisis of great proportions because oil production capacity is reaching its limit.'' In the midst of this crisis, OPEC's increase will not even go into effect until October 1st. OPEC agreed to meet again on November 12th to reassess ''market conditions,'' with full knowledge that its increase was a trivial gesture towards reducing prices of imported crude oil. As reported in The New York Times (9/12/00), heating oil is at record levels, its highest price in a decade—now 51 percent higher than the average for last fall and winter. Some analysts believe that imported crude oil may further spike at $40 dollars per barrel. Conservatively, it will take a minimum of 6 weeks to ship the increased oil to the United States and another week to 10 days to refine it. Mr. President, we are looking at early December before the oil (and its by-products) will be available to consumers. In real terms, OPEC's increase is too little, too late to alleviate the astronomical and nearly prohibitive cost of home heating oil that confronts the hard working people of our country.

Parts of Europe are in a state of paralysis over this crisis, and in England, Prime Minister Blair authorized the use of the military to quell protesters. In our own country Mr. President, this crisis is grave enough that there are calls to release oil from the Strategic Petroleum Reserve (SPR) which is maintained for use during wartime and national emergencies. This crisis comes at a time when total U.S. reserves are at a 24-year low of 1.53 million barrels from 1.63 a year ago according to the Department of Energy's Energy Information Agency (EIA).

Mr. President, this grave crisis calls for strong measures in dealing with OPEC, and therefore it is imperative that you use the full powers and resources of your office in showing OPEC that its good faith gesture, is not good enough for the people of our country. Mr. President, I will welcome any plans that the Administration is developing to resolve this oil crisis, and I thank you for your urgent attention to this matter.

Sincerely,

BENJAMIN A. GILMAN,
Member of Congress.

TRIBUTE TO SENATOR DANIEL PATRICK MOYNIHAN

SPEECH OF

HON. NYDIA M. VELAZQUEZ

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 19, 2000

Ms. VELAZQUEZ. Mr. Speaker, I rise today in tribute to the great senior Senator from New York, DANIEL PATRICK MOYNIHAN. Although words can not do justice to his many contributions over his decades of public service, I wish to offer my thanks for everything he has done on behalf of the people of New York State and the entire nation.

Senator MOYNIHAN gave truth to the cliche of being a gentleman and a scholar. After receiving his bachelor's degree (cum laude) from Tufts University, he studied as a Fulbright Scholar at the London School of Economics. He then returned to the states and completed his studies at Tufts University's Fletcher School of Law and Diplomacy, where he received his M.A. and Ph.D. Before coming to the Senate, he served as a valued member of four consecutive administrations, starting with the Kennedy Administration and serving through the Johnson, Nixon, and Ford Administrations, holding various positions within the Department of Labor. His lifelong dedication to public service was only enhanced by his time in the private sector when he was a Professor of Government at Harvard University in the mid sixties. He served the Nixon and Ford Administrations as U.S. Ambassador to India from 1973 to 1975 and U.S. Representative to the United Nations from 1975 to 1976.

Born and raised in New York City, Senator MOYNIHAN decided to pursue elected office. Upon leaving his position at the United Nations, he was elected U.S. Senator from New York in 1976. His many accomplishments in that office have been well documented. He has served as a strong advocate for welfare reform by promoting the creation of opportunities to increase self-sufficiency, while also maintaining a strong safety net. He has fought to preserve social security and modernize our nation's transportation system, just to name a few.

However, a listing of his legislative accomplishments can not do justice to many of the crucial and intangible qualities he brought to the Congress. Throughout his career, Senator MOYNIHAN's high ideals and great dignity have served as an exemplary model for his colleagues, constituents, neighbors and friends. In a time of increasing partisanship, his wisdom is recognized and sought across party lines. He stands firm for what is right, despite the ever changing political winds. His graciousness and his steadfast reliance on his principals have been an inspiration to all of us who are lucky enough to know him.

New York State, and the entire nation, are better because of his public service. He will be greatly missed, but I hope that he will continue to serve as a voice for the people of the country and a conscience for those of us who represent them.

THE CONSUMER ASSURANCE OF RADIOLOGIC EXCELLENCE ACT (CARE)

HON. RICK LAZIO

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. LAZIO. Mr. Speaker, CARE is legislation aimed at patient safety that would ensure technologists administering medical imaging and radiation therapy procedures have sufficient training and expertise. Medical imaging and radiation therapy involve the application of potentially dangerous articles like x-rays, nuclear isotopes, and powerful magnetic fields. Medical imaging provides radiologists and other physicians the vital imagery to diagnose illness and prescribe appropriate treatment. Radiation is the application of radiation to cancers as prescribed by oncologists. Currently, over 250,000 individuals work in thirteen disciplines in this field.

CARE would provide incentives for states to license or register persons who perform medical imaging and radiation therapy. Currently 15 states have no regulations governing the education or competence of individuals administering x rays and 29 states have failed to regulate individuals administering nuclear medicine tests. This legislation seeks to redress the deficiencies in the Consumer-Patient Radiation Health and Safety Act of 1981, by encouraging states to put in place minimal standards for the education and certification of practitioners in the field.

CARE is endorsed by the Alliance for Quality Medical Imaging and Radiation Therapy. The Alliance consists of the following organizations: American Association of Physicists in Medicine, American Registry of Radiologic Technologists, American Society of Radiologic Technologists, Association of Educators in Radiologic Sciences, Association of Vascular and Interventional Radiographers, Joint Review Committee on Education in Radiologic Technology, Joint Review Committee on Education in Nuclear Medicine Technology, Nuclear Medicine Technology Certification Board, Section for Magnetic Resonance Technologists of ISMRM, Society of Nuclear Medicine-Technologist Section, and Society for Radiation Oncology Administrators.

CARE is also endorsed by the Following organizations: American College of Radiology, American Organization of Nurse Executives, Cancer Research Foundation of America, National Coalition for Cancer Survivorship, the American Cancer Society, Conference of Radiation Control Program Directors, Inc., Help Disabled War Veterans, Help Hospitalized War Veterans, International Society of Radiographers and Radiologic Technologists, National Coalition for Quality Diagnostic Imaging Services and Philips Medical Systems, Inc.

TRIBUTE TO ALAN EMORY

HON. JOHN M. McHUGH

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, September 25, 2000

Mr. MCHUGH. Mr. Speaker, it is with great pleasure that I rise today to pay tribute to Alan Emory, a veteran writer for the Watertown Daily Times who is battling pancreatic cancer.

June 7 marked Alan's 51st year with the Times, 47 years of which he spent covering the Capital, earning him the title of Times Senior Washington correspondent. As a reporter, Alan has always held himself up to the highest standards of journalistic integrity. His readers have come to expect objective, accurate and intelligent reporting of events, both big and small.

Alan's readers have also come to expect from him a thoughtful understanding of the issues and events that affect our everyday lives. Through his weekly Sunday column, Alan has touched the lives of many by relating his own experiences, which enlighten and inspire, motivate and comfort. One such experience is his battle with cancer. In his weekly column, he recounts this very personal ordeal with his usual candor, and never before have his sense of humor, his courage, and his humanity been more clearly demonstrated to all

those who have come to know him personally and through his articles.

This is not Alan's first brush with cancer. in 1991, he had been diagnosed and treated for prostate cancer. Experience, however, has not made the second time any easier. There were weeks of tests. There were unforeseen health complications that delayed surgery. There were innumerable pills to take, complicated doctors' orders to follow, and long trips back and forth to the hospital.

Yet—through all this—Alan's spirit, optimism, and courage are undiminished. He is gracious and humble as ever and, in his weekly articles, he has thanked his friends, family, and his readers for their support and prayers.

Alan's account of his battle with cancer offers hope to all those who find themselves in similar circumstances. Fighting a deadly disease can be a lonely experience, even with the support of loved ones.

Alan's articles over the last several months have been important for another reason. They were among the first to bring public attention to the Health Care Financing Administration's proposed regulation to implement severe cutbacks on reimbursement costs to physicians for vital outpatient chemotherapy treatment for senior patients. The attention that Alan's articles brought to the issue, and the subsequent pressure that his readers brought to bear upon public officials, were crucial in bringing the Clinton administration to put off plans to reduce payments for cancer drugs. I joined with my colleagues in writing the Clinton administration objecting to the proposed cutbacks, which I felt would put Medicare beneficiaries with cancer unnecessarily at risk by denying adequate reimbursement for essential drug therapy. Thankfully, the Administration reconsidered its position and ultimately decided not to reduce payments to doctors.

In sharing his experience, Alan not only shares his optimism and his spirit, he has helped prevent a potentially devastating regulation from coming into effect. Because of their significance in this regard, I ask that copies of Alan's stories, those on his own battle with cancer, as well as those on the Medicare cancer cutbacks, be printed in their entirety in the RECORD.

Mr. Speaker, I rise today to pay tribute to a great journalist, and more importantly, a good friend, Alan Emory. He has touched the lives of thousands—many of whom will never get the opportunity to thank him for all he has done in the course of his career. From all of us, I say thank you, Alan.

[From the Watertown Daily Times, July 2, 2000]

PAYMENT CHANGE MAY SPELL END OF OUTPATIENT CHEMOTHERAPY

(By Alan Emory)

The Clinton Administration giveth and it taketh away.

The president makes a big deal of wanting the federal Medicare program to cover the cost of many prescription drugs for senior citizens who cannot afford them. He has pressed Congress to pass legislation providing for that help.

He says nothing, however, about a regulation issued by Health and Human Services Secretary Donna Shalala that runs flatly contrary to what he is asking from Congress.

That rule, by the Health Care Finance Administration which would take effect Oct. 1 unless scrapped by her department or blocked by lawmakers—would effectively end vital outpatient chemotherapy treatment of senior cancer patients in the offices of oncologists and, perhaps later, in hospitals.

It would be achieved by cutting back severely on reimbursement costs to physicians. In other words, at a time of huge budget surpluses likely over the next decade, the folks with green eyeshades and blue pencils would come out on top at the expense of patients.

From all appearances, analyses by experts have found that by swallowing 5 percent of chemotherapy drug costs, oncologists and hospitals get a fair reimbursement. But the new HCFA regulation would increase that shortfall to as much as 13 percent, effectively pressuring physicians to discontinue their chemotherapy office procedures, dismiss nurses and send patients to long lines at hospitals, assuming the hospital can continue to treat them.

There is a very good chance the hospitals might decide to close down their outpatient treatment services, too, in which case the patients would have no idea where to obtain their drugs.

About 60 percent of chemotherapy is now delivered in doctors' offices, a more comfortable environment for patients and a setting where they and their doctors and nurses can have a satisfactory relationship.

The compensation doctors receive would, on Oct. 1, be determined by an average wholesale price of the drugs set by a Justice Department ''red book'' for 20 drugs to treat cancer, and the pressure is on to lower that figure even more.

Letters to Congress have stressed that oncologists deserve an increase above that price, not a reduction, and they point out that many hospitals and doctors cannot obtain the needed drugs at those prices.

This is not the story of greedy drug manufacturers boosting prices to the point where some Americans travel to Canada to obtain medication at reasonable prices. It is not a story of doctors and hospitals pocketing huge markups. It is one about a reduction in compensation for doctors that may be cut even more to a point where the welfare of senior citizen cancer patients is endangered.

Basically, some surveys find, chemotherapy administration is essentially a break-even proposition in hospitals. More losses could persuade them to shut down their outpatient cancer programs.

This obviously is not Congress's intent in moving on prescription drugs, but lawmakers appear to have been influenced by the stories of profiteering on non-cancer drugs. It is highly likely, according to local medical groups, that many oncology offices will close down or reduce size and staff.

The oncologists have a compelling argument. They cite the large cost of providing chemotherapy in a setting that is not adequately reimbursed under Medicare. Shutting down their operation would force patients to shift to hospitals, where costs would be greater and timely treatment imperiled.

Furthermore, hospital bureaucracy is a far cry from the convenience and comfort involved in office chemotherapy.

This does not contradict the need to strike a balance between providing adequate cancer care and controlling the cost of that care. However, substantial reduction in reimbursement cannot but damage quality care.

Many government experts—though, apparently, not Ms. Shalala—understand oncologists do not receive adequate reimbursement for cancer drugs and administering chemotherapy. It is repugnant to force cancer patients into hospitals because Medicare rules threaten the financial viability of treatment in a doctor's office.

The losers, says one medical organization, will be cancer patients who may lose access to quality cancer care in the setting that is most convenient and appropriate for them.

Oncologists argue that Medicare's payment for chemotherapy administration ''is only a fraction of what is necessary to cover expenses.'' They cite requirements for specially trained nurses, special equipment and considerable time, entirely aside from the strong preference Medicare patients have for the office treatment.

Sen. Daniel Patrick Moynihan, D–N.Y., as the ranking minority member of the Senate Finance Committee, which supervises Medicare, is in a position to help solve the problem.

Either Congress or the White House can halt this devastating move on Medicare cancer treatment, but the Oct. 1 deadline is looming ever larger.

[From the Watertown Daily Times, Sept. 9, 2000]

MOYNIHAN APPLAUDS AS MEDICARE ''BACKS OFF'' PAYMENT REDUCTIONS

(By Alan Emory)

WASHINGTON.—Sen Daniel Patrick Moynihan late Friday hailed a Medicare decision not to reduce payments to doctors that would have threatened treatments for up to 750,000 senior citizens with cancer.

The New York Democrat, senior minority member of the Senate Finance Committee, which has jurisdiction over Medicare, said, in a statement to the Times, that he was ''pleased to learn that the Health Care Financing Administration will not be interfering with the ability of cancer patients to receive chemotherapy in their own doctors' offices.''

Although Health and Human Services Secretary Donna E. Shalala had proposed a severe cut in Medicare reimbursement for outpatient cancer care, HCFA told members of Congress it has decided not to implement the cuts for 14 oncology drugs and three clotting factors.

The move, which confirmed what HCFA officials had hinted was in the works, in interviews with the Watertown Daily Times, would protect treatment with drugs ''furnished incident to a physician's services'' and oral anti-cancer drugs.

HCFA uses figures published by the Justice Department on which to base reimbursement.

The agency detailed its decision in letters to Chairman Thomas Bliley, R-Va., of the House Commerce Committee and Rep. Fortney Stark, D-Calif., the ranking minority members.

The first word was contained in a telephone call to the Times from Dr. Robert Berenson, director of the HCFA division in charge of Medicare reimbursement policy.

The Watertown Times broke the news about the proposed cutback July 2 and reported the possible reversal of policy shortly after that following interviews with HCFA and Senate Finance Committee officials.

Rep. John M. McHugh, R-Pierrepont Manor, had signed a letter, with colleagues from both parties, to Ms. Shalala, objecting to the cutbacks, according to his deputy chief of staff, Dana Johnson.

HCFA has told insurance companies and drug companies it had ''concern about access to care related to . . . wholesale prices for 14 chemotherapy drugs'' because of other Medicare payment policies associated with treatment of cancer and hemophilia.

They were instructed not to consider using current Justice Department data for the drugs to establish Medicare allowances until HCFA had reviewed those concerns and developed alternative policies.

Dr. Berenson said his agency would consult with oncologist groups on a substitute policy of payments for nursing help and other office facilities in the application of chemotherapy.

''We plan to adjust Medicare allowances under the outpatient prospective system'' for drugs subject to government reimbursement rules, HCFA said, in a statement. Congressional offices expressed satisfaction with what they said was the government's ''backing off'' of the cutbacks.

Sen. John Ashcroft, R–Mo., has introduced legislation that would bar such cuts until after full congressional hearings and that would require an investigation by the General Accounting Office into the possible impact of a reduction of government aid.

Physician, patient and other citizen groups had described the original proposal, which could have taken effect Oct. 1, as a severe threat to cancer care.

No new reimbursement changes are now expected for at least the next four months, during which time HCFA will be redrafting its cancer reimbursement policies.