

often takes 3 to 5 years to enroll enough participants in a cancer clinical trial to make the results legitimate and statistically meaningful. In addition, less than 3 percent of cancer patients, half of whom are over 65, currently participate in clinical trials. This legislation will likely increase enrollment and help researchers obtain meaningful results much more quickly.

This legislation would apply to all federally-approved clinical trials, including those approved by the Departments of Health and Human Services, Veterans Affairs, Defense, and Energy; the National Institutes of Health; and the Food and Drug Administration.

There are currently 3 types of costs associated with clinical trials, the cost of treatment or therapy itself, the cost of monitoring such treatments, and the cost of health care services needed by the patient. Clinical trials usually cover the cost of providing and monitoring the therapies and medications that are being tested. However, such programs do not cover routine patient care costs, those medical items and services that patients would need even if they were not participating in a clinical trial. Under current law, Medicare does not provide coverage for these costs until these treatments are established as standard therapies. Medicare does not consider these patient costs to be reasonable and necessary to medical care. My legislation would explicitly guarantee Medicare coverage for patient costs associated with clinical trials. Such costs serve as a significant obstacle to the ability of older Americans to participate in clinical trials.

As I stated earlier, Medicare claims for the health care services associated with clinical trials are not currently reimbursable. A recent GAO report concluded that Medicare is currently reimbursing for certain costs associated with clinical trials, even though the Health Care Financing Administration, the Federal agency responsible for Medicare, has stated that Medicare policy should not reimburse for these services. In fact, the GAO report estimates that HCFA reimburses as much as 50 percent of claims made under Part B of Medicare and 15 percent of claims made under Part A of Medicare.

While some physicians and hospitals have been able to convince Medicare to cover some of these patient care costs in certain clinical trials, such coverage has been uneven and there is no firm rule governing them. I believe we must end this inconsistency.

My legislation would also ensure that all phases of clinical trials are explicitly covered under this new benefit. Under the new drug application process, there are 3 types of clinical trials, phase I, phase II, and phase III trials. Phase I trials test the safety of a potential treatment. Phase II and III trials examine both the efficacy and the safety of a treatment. Phase II trials are generally smaller and involve fewer patients. Phase III trials include a larger number of patients to ensure

that the proposed treatments help patients. My legislation requires that Medicare pay for all types of clinical trials.

Mr. Speaker, I was recently contacted by a constituent about the need for this legislation. Mr. Keith Gunning contacted our office regarding his mother-in-law, Mrs. Maria Guerra. Mrs. Guerra is suffering from AML, a type of leukemia that is common among senior citizens. Mrs. Guerra was enrolled in a Medicare HMO that would not permit her to join a clinical trial at the University of Texas MD Anderson Cancer Center for the treatment she needed. After much effort, Mrs. Guerra dropped her Medicare HMO coverage and returned to traditional fee-for-service Medicare. With her new Medicare coverage, Mrs. Guerra petitioned MD Anderson to join a clinical trial. After much effort on the part of her son-in-law, Mr. Gunning, Mrs. Guerra joined a clinical trial. It is still unclear whether the traditional patient costs associated with her clinical trials will be covered by Medicare. My legislation would guarantee that Mrs. Guerra would get the services she needs and would require all types of Medicare plans to provide coverage for clinical trials, including Medicare managed care plans.

Mr. Speaker, this is necessary to ensure that American patients, particularly older Americans, receive the best service, the best cutting-edge service, the best medical treatment that is available. Mr. Speaker, as a result, I believe this legislation will result in better health care for all Americans.

IN SUPPORT OF U.N. SECRETARY-GENERAL IN REGARD TO CURRENT SITUATION IN IRAQ

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I was disappointed to hear some of the debate and discussion around the recent return of U.N. Secretary-General Kofi Annan in respect to the resolution that has now to be presented to the National Security Council of the United Nations. Interestingly enough, we have been around this block before. Having spent the week in my district, in the 18th Congressional District of Houston, I was able to glean not only from those who have strong interests and concern on this issue but school children, senior citizens, who have a great concern of this Nation's future. Many of these people are veterans or potentially young people going into the United States military. Interestingly enough, they were alive in 1991, when all of us huddled around our respective television sets and news access to determine what was going on in Kuwait with the Gulf War, frightened that we would enter into a Third World War. The conclusion of that particular effort was

not all that this country wanted it to be. In fact, the discussion today surrounds the same leader, the same set of circumstances, the same tragedy, the same inequities, the same losses of life, the same inability to serve women and children who need good health care, food and other services. U.N. Secretary-General Kofi Annan left for Iraq a few days ago. I am gratified that through his leadership and the world commitment to the United Nations, we were able to carve out the understanding that we might be able at this time to get a solution without war. Why not give peaceful negotiations an attempt? Why should we accuse someone of laying down with the enemy rather than standing up for peace? I am gratified that there are reasons that as we proceed with the discussions in the United Nations, this country could support the final resolution that has been offered by Kofi Annan. He never represented anything other than let us design an agreement that I will take back to the United Nations. Let us design an agreement that I will present to the existing members of the Security Council, the 5 permanent members and others. Let us attempt to convince them that this is the right way to go, peaceful negotiations, before exercising the violence of war. Did the buildup in the Persian Gulf contribute to the negotiations? Absolutely. Was it the right thing to do? Certainly we have national interests that we must protect. But can we find better ways? We certainly should try. If, for example, this leader has acquiesced to the allowing of U.N. inspectors to continue their work, unfettered work, where they are able to see the palaces and other sites, then I say let us offer to the United Nations and those who will vote on this along with the United States this plan so that we can move forward in a peaceful manner.

May we have to go back to the drawing board? That is a possibility. Should we not give this negotiated, peaceful agreement a chance? Should we not review it with an open mind? Should we not applaud Kofi Annan who went into harm's way, if you will, and negotiated an agreement of which he did not say it is final but that I will bring it back to those members of the United Nations. Many times Americans will disagree and critique and criticize the United Nations. I would simply say that many of those who criticize are uninformed. I am gratified that there is an organization, albeit that it has those who agree and disagree that would be willing to act as the world's body where we could come and disagree and not be disagreeable, where we could come and find common solutions for peace, where it is not perfect but it is the best that we have.

And so I would simply argue that U.N. Secretary-General Kofi Annan should be applauded. The process should be applauded. We can always show our might. We are the United States of America. But we lead well

when we lead peacefully, and we draw others to join us against those evil forces that would do damage to the world peace and the new world order. I am supporting these peaceful negotiations. I am likewise supporting the recognition that there is still humanitarian needs in countries like Iraq. I would hope that the leader of Iraq recognizes that this is not weakness but this is strength. I hope that he will follow through as he has promised. I hope that we will find that these weapons of war will be no more if you will, but if they are, he knows that we are able to contend with the problem. But a peaceful solution should not be criticized and looked upon with disdain. It should be applauded and welcomed, because it saves lives.

ORDER OF BUSINESS

Mr. HINOJOSA. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from New Jersey (Mr. PALLONE).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

HIGHER EDUCATION FOR THE 21ST CENTURY ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. HINOJOSA) is recognized for 5 minutes.

Mr. HINOJOSA. Mr. Speaker, last fall in preparation for the reauthorization of the Higher Education Act, Members of the Congressional Hispanic Caucus and I, along with several of our colleagues, introduced H.R. 2495, the Higher Education For the 21st Century Act.

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Not only do our colleagues want to express our concern and our support for this bill, but nationally, from West Coast to East Coast, I am happy to say that *Latina Style Magazine*, a national periodical, we have leaders like Edward James Olmos and Rita Moreno, who are expressing their support for access to higher education for all students to reach their full potential. Each mind is a world, they say, and this bill helps us in moving towards that end.

Our bill would expand access to higher education for minority and disadvantaged students. I am pleased that the bill has over 55 cosponsors. Our intention in introducing the bill was for its provisions to be incorporated into the ATA reauthorization when the Committee on Education and the Workforce takes up the legislation next week in March.

In crafting H.R. 2495, we did not seek to create any huge new programs or promote untested models for increasing access. Rather, we looked at the existing programs and determined how they could be modified to reach more students, especially those who are most

disadvantaged or who are totally lacking in services.

In some cases that meant asking for increased dollars. In others it resulted in program modifications to focus on the most needy students. H.R. 2495 amends several titles in the Higher Education Act. We included proposals that will strengthen the outreach components of Title IV higher education programs and will enable disadvantaged students greater opportunities while they are attending college as well as when they graduate.

Our bill also amends Title III of the Higher Education Act to expand opportunities for financially needy students and the institutions they serve. Title III institutions play such an essential role in providing education for minority students. They allow students to attend colleges in environments that are sensitive to their needs and dedicated to making them academically successful. We therefore expanded Title III to include a separate part for both hispanic-serving institutions and tribally controlled Indian colleges and universities because of the preponderance of low-income students these institutions serve.

Many of them are desperately in need of resources such as laboratories, libraries and administrative improvements. The unqualified success of part 3 of the Title III in enhancing the capacities of historically black colleges and universities indicates that a separate part is a powerful tool in helping such institutions and in ultimately helping the students they serve. Currently, Hispanics have the highest drop-out rate in the Nation, nearly three times that of Caucasians and African-American students. They also have the lowest rates for attending college.

This is a national tragedy. It must be changed, and I believe our bill facilitates that change.

Our bill also addresses the Trio programs. Trio has been instrumental in recruiting talented disadvantaged students to go to college and in providing them with assistance in meeting obstacles along the way. However, over the past decade the Nation's demographics have changed, while the majority of the Trio providers have remained the same. Therefore, many areas of the country with high numbers of disadvantaged students who desperately need Trio services are unable to receive them because there are no local programs.

H.R. 2495 seeks to remedy that problem by rewarding applicants for Trio projects that will serve areas where those programs are currently lacking, and at the same time we are working to insure that funding for the programs are significantly increased. We want Trio to continue to serve the same areas as it has historically served as well as reach tens of thousands of new capable and deserving young people.

H.R. 2495 would also help young people with their loan indebtedness. Many

students today are forced to take on huge loan burdens to pay for their college education. They then must turn their backs on professions such as teaching, nursing, and social work because such jobs simply do not pay enough to allow them to make their loan payments. In the end, we all lose.

Mr. Speaker, I want to say that we are very interested in making sure that we change the way in which HSIs can get their funding. HEP provides programs to help migrants students who have dropped out of high school, obtain their GED while CAMP recruits migrant students to go on to college and provides them with counseling and other services during their first year. These are the only exemplary programs dedicated to enabling migrant students to pursue postsecondary education. They have achieved phenomenal success rates with 17 percent of the market students in the HEP program receiving their GED, and 96 percent of the CAMP participants going on to college.

Mr. Speaker, we urge my colleagues on both sides of the aisle to support this important legislation.

STOP OUR KIDS FROM SMOKING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. ROTHMAN) is recognized for 5 minutes.

Mr. ROTHMAN. Mr. Speaker, today I am going to be introducing legislation to stop children from buying cigarettes at vending machines. It has been well established that the cigarette manufacturers have been marketing their cigarettes to children, so say the 81 internal documents recently made public by R.J. Reynolds Tobacco Company.

Every day, more than 3,000 children start smoking, resulting in 1 million new smokers every year. Ninety percent of the new smokers are children and teenagers. In New Jersey alone, where I am from, 36 percent of high school students smoke cigarettes. These children are very vulnerable to well-orchestrated advertising campaigns and to the idea that smoking is somehow an act of defiance.

In this day, when so many of the negative health effects of smoking are known, we should be teaching our children to stay away from tobacco, not allow tobacco companies to market to our children. And we should be passing common sense laws to stop our children from being able to buy cigarettes. That is why today I am introducing the Stop Kids From Smoking Act.

Last June's proposed tobacco settlement between the States and the tobacco industry contains important steps to stop smoking by minors, but those steps are not enough. Just getting rid of tobacco icons like Joe Camel or the Marlboro Man does not mean that the industry will stop trying to hook our kids on smoking, nor does it mean that the tobacco lobby will not go back to their old bag of legislative