

the many local and national organizations who have dedicated their time and efforts in the fight against breast cancer. Many organizations are active in developing programs to raise awareness on breast cancer, conducting extensive research, organizing programs and support groups for breast cancer patients and families, performing community services and volunteer work, and compiling and distributing information. With the help of such efforts, women have detected breast cancer earlier through monthly breast exams and annual mammograms. Currently, there are two million breast cancer survivors in the United States.

I urge my colleagues to join the battle against breast cancer and support initiatives that help women across our nation face the challenges of this deadly disease. Therefore, I recognize Breast Cancer Awareness Month for all of the mothers, sisters, and daughters, families, and friends across the nation who have been affected by or are at risk of breast cancer, and I pay tribute to those who have passed on due to this disease.

INTRODUCTION OF THE BASIC ACCESS TO SECURE INSURANCE COVERAGE (BASIC) HEALTH PLAN ACT

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. DINGELL. Mr. Speaker, today, I am introducing the Basic Access to Secure Insurance Coverage Health Plan (BASIC) Act which builds on existing health insurance programs to provide all uninsured Americans, regardless of age or family status, the opportunity to get health insurance. The BASIC plan would create a universal guarantee for health insurance for all Americans.

While we are experiencing unprecedented prosperity and a strong economy, yet there are still 43 million of Americans who are uninsured. Being uninsured is not a "Washington problem." It is a human problem, as those 43 million people understand. In any given year, one-third of the uninsured go without needed medical care. Eight million uninsured Americans fail to take medication their doctors prescribe, because they cannot afford to fill the prescription. A new study published this month in the *Journal of the American Medical Association* confirms the serious health consequences of lacking insurance. Long-term and short-term uninsured adults were more likely than insured adults to face cost barriers to care and forgo needed care.

Lack of health insurance can have serious financial consequences as well. An uninsured family is exposed to financial disaster in the event of serious illness. Unpaid medical bills account for 200,000 bankruptcies annually. Over 9 million families spend more than one fifth of their total income on medical costs.

The BASIC Health Plan Act builds on two successful federal-state health insurance programs: Medicaid and the Children's Health Insurance Program (CHIP). The BASIC plan would extend these programs to all individuals and families with income up to 300% of the poverty level through a multi-year phase in. Other uninsured individuals may buy in to the program by paying the cost through premiums.

Since nearly three-fourths of the uninsured have family incomes below 300 percent of the poverty level, this expansion is targeted at those who need it.

This bill also includes a number of provisions to ensure that families can easily access health insurance through the BASIC program. First, it simplifies and streamlines the application and enrollment process for these programs to make them seamless. Second, the bill would make it easier for states to identify and enroll families in coverage. Third, the bill improves upon the CHIP benefit package to guarantee all children receive adequate preventive services and treatment.

Additionally, since 82 percent of the uninsured are workers or dependents of workers, this bill seeks to use families' connection to employment to facilitate access to health insurance coverage. Employers will not be required to provide coverage or contribute to the cost of coverage, although they may if they so wish. However, they will be required to facilitate access to the coverage by withholding any required premium contributions from the employee's periodic pay, just like they do for taxes today.

I believe the BASIC Health Plan Act is an excellent starting point for providing health care coverage for every American. Over the past few years, Congress has lost focus on addressing this pressing issue. This time is upon us again to place health insurance at the forefront of our agenda.

I look forward to working with my colleagues in the House and the Senate on the BASIC Health Plan Act to help provide health insurance coverage to many of the millions of Americans who are currently without health insurance.

NEED FOR LEGISLATION AND SUMMARY OF THE "BASIC" HEALTH PROGRAM: UNIVERSAL ACCESS TO AFFORDABLE QUALITY HEALTH INSURANCE

America is the only industrial country in the world, except South Africa, that does not guarantee health care for all its citizens. The number of uninsured declined last year for the first time in more than a decade—but 43 million Americans remain uninsured, and any slowdown in the economy is likely to send the number up again. The vast majority of the uninsured are workers or dependents of workers. The consequences of being uninsured go far beyond vulnerability to catastrophic medical costs. The uninsured often lack timely access to quality health care, especially preventive care. They suffer unnecessary illness and even death because they have no coverage.

Growth in the Uninsured

The number of the uninsured has grown from 32 million in 1987 to 43 million this year. Except for a brief pause in 1993 and 1994, the number of uninsured has consistently increased by a million or more each year until this year. Even these figures understate the number of the uninsured. During the course of a year, 70 million Americans will be uninsured for an extended period of time.

Characteristics of the Uninsured

The vast majority of privately insured Americans—161 million citizens under 65—receive coverage on the job as workers or members of their families. But the uninsured are also overwhelmingly workers or their dependents. Eighty-two percent of those without insurance are employees or family members of employees. Of these uninsured workers, most are members of families with at least one person working full-time.

Most uninsured workers are uninsured because their employer either does not offer coverage, or because they are not eligible for the coverage offered. Seventy percent of uninsured workers are in firms where no coverage is offered. Eighteen percent are in firms that offer coverage, but they are not eligible for it, usually because they are part-time workers or have not been employed by the firm long enough to qualify for coverage. Only 12% of uninsured workers are offered coverage and decline.

The uninsured are predominantly low and moderate income persons. Almost 25 percent are poor (income of \$8,501 or less for a single individual; \$13,290 or less for a family of three). Twenty-eight percent have incomes between 100 and 200 percent of poverty. Eighteen percent have incomes between 200 and 300 percent of poverty. Almost three-fourths have incomes below 300 percent of poverty.

Consequences of Being Uninsured

An uninsured family is exposed to financial disaster in the event of serious illness. Unpaid medical bills account for 200,000 bankruptcies annually. Over 9 million families spend more than one fifth of their total income on medical costs. The health consequences of being uninsured are often as devastating as the economic costs:

In any given year, one-third of the uninsured go without needed medical care.

Eight million uninsured Americans fail to take medication their doctors prescribe, because they cannot afford to fill the prescription.

Thirty-two thousand Americans with heart disease go without life-saving and life-enhancing bypass surgery or angioplasty, because they are uninsured.

Twenty-seven thousand uninsured women are diagnosed with breast cancer each year. They are twice as likely as insured women not to receive medical treatment until their cancer has already spread in their bodies. As a result, they are 50% more likely to die of the disease.

The tragic bottom line is that 83,000 Americans die every year because they have no insurance. Being uninsured is the seventh leading cause of death in America. Our failure to provide health insurance for every citizen kills more people than kidney disease, liver disease, and AIDS combined.

THE PROPOSAL: SUMMARY OF BASIC ACCESS TO SECURE INSURANCE COVERAGE HEALTH PLAN ("BASIC" HEALTH PLAN)

Overview

The BASIC program builds on two successful federal-state health insurance programs: Medicaid and the Child Health Insurance Program (CHIP). It also incorporates a number of elements from Vice-President Gore's proposal to improve and expand upon insurance coverage under CHIP and Medicaid to the parents of eligible children. The BASIC plan extends the availability of subsidized coverage to all uninsured low and moderate income Americans, regardless of age or family status. It guarantees the availability of coverage in every state for every uninsured person, and includes provisions to encourage enrollment by those who are eligible. The plan also allows other uninsured individuals to buy-in to the program by paying the full premium.

Key Provisions

PHASE I: COVERAGE FOR CHILDREN AND PARENTS—EXPANSION OF CHIP AND MEDICAID

Eligibility levels are raised to 300% of poverty (\$42,450 for a family of three) for all uninsured children over 2 years.

Coverage is made available to all uninsured parents of enrolled children.

Coverage is made available to legal immigrant children, and their parents.

The minimum benefit package under CHIP for children is improved by adding eye-glasses, hearing aids, and medically necessary rehabilitative services for disabled or developmentally delayed children.

Additional steps are established to encourage enrollment of eligible children and their parents, including presumptive eligibility, qualification for at least twelve months, and simplified application forms.

The system of capped state allotments under CHIP is eliminated and federal matching funds are made available for all eligible persons enrolled in the program.

PHASE II: COVERAGE FOR THE REMAINING UNINSURED

Subsidized coverage is made available for the remaining uninsured with incomes below 300% of the poverty level. Coverage is phased in by income levels, beginning with those below 50% of the poverty level in the third year of the program, rising to 300% of the poverty level in the ninth year.

Other uninsured individuals above 300% of poverty may buy-in to the program by paying the cost through premiums.

Responsibility of Employers

Eighty-two percent of the uninsured are workers or dependents of workers. Employers will not be required to provide coverage or contribute to the cost of coverage—but they will be required to offer their uninsured employees an opportunity to enroll in the program and agree to facilitate the coverage by withholding any required premium contributions from the employee's periodic pay.

Cost

Preliminary estimates of similar proposals indicate that the federal cost will be \$200-300 billion over the next ten years, beyond the amount already budgeted for expansions of coverage under the current CHIP program.

DOMESTIC VIOLENCE AWARENESS MONTH

HON. ROBERT A. UNDERWOOD

OF GUAM

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. UNDERWOOD. Mr. Speaker, in recognition of Domestic Violence Awareness Month, and on behalf of the victims and families affected by domestic violence, I rise to speak on this rapidly growing and widespread health concern. Domestic violence involves serious physical, sexual and psychological consequences not only for women, but for children and entire families. It affects our entire nation and cuts across all lines of race, age, socioeconomic status, sexual orientation, and religion. Not only does domestic violence include spouse or partner abuse and woman battering, it also involves child abuse, elder abuse, and violence between roommates.

The devastating statistics demonstrates the urgency of this matter. Every year, 3 to 4 million women are beaten by male partners. Every 21 days, a woman is killed by domestic violence, and every 15 seconds, a domestic violence act occurs somewhere in the U.S. This means that there are over 2.5 million victims of domestic violence per year. Almost 2 out of 3 females from this group have been attacked by a family member or acquaintance. In addition, more than 53 percent of male abusers beat their children, and 32 out of 1,000 people over age 65 experience elder abuse.

Domestic violence not only affects the victim but also affects families, relatives, and unborn children. While victims are traumatized and left with a sense of vulnerability and helplessness, the over 3 million children who witness acts of domestic violence display emotional and behavioral disturbances. Also, pregnant women who are victims of physical abuse have greater chance of miscarriage.

Unfortunately, domestic violence involves victims from all walks of life and all geographic locations. In Guam, of the 2,090 violent offenses reported to the Guam Police Department, 661 arrests were made for family violence. In 1999, the Guam Child Protective Services received 1,908 referrals, and between 1997 and 1999, the Guam Adult Protective Services received 907 referrals for the elderly and persons with disabilities.

Such violence should not be tolerated. Every woman, man, and child has the right to a healthy and safe environment. Numerous national and state organizations have contributed to efforts in raising awareness, conducting programs encouraging preventive mechanisms, providing counseling services, and building centers or shelters for victims and their families.

In recognition of this growing concern and the need to address this issue, October has been declared "Family Violence Awareness Month" by the Governor of Guam. It has included a Silent Witness Ceremony in honor of domestic violence victims, a Hands Across Guam Rally for island wide community outreach, a Family Violence Conference for the general public and professional staff, and a Poster Exhibition for Elementary Schools including children's artwork on family and love.

Guam has also benefitted from the \$300 million in "STOP (Services, Training, Officers and Prosecution) Violence Against Women" grant funds, which were awarded by the U.S. Department of Justice's Violence Against Women Office to 4,715 grant recipients nationwide. Of these funds, 51 grants were awarded to agencies and organizations in Guam, totaling more than \$2.5 million.

Domestic violence is a widespread and growing problem needing urgent and constant attention. We must all work together so that women, children, and families can live in a safe and nurturing home environment. I will continually support this issue for all victims of domestic violence and for the healthy and safe environment of our entire Nation.

INTRODUCTION OF LEGISLATION TO RENAME "MEDICARE+CHOICE" AS "MEDICARE-NO-CHOICE"

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. STARK. Mr. Speaker, sometimes a lie is repeated so often, that people forget what a falsehood it is.

For years, people who want to privatize Medicare have been saying that joining a managed care plan—an HMO—will give seniors more choice. In 1997, they even renamed the whole HMO program, "Medicare+Choice," pronounced Medicare Plus Choice.

What a lie.

In traditional, fee-for-service Medicare, you have total freedom of choice. One of my constituents in Medicare from Fremont, California can decide to go to Baltimore's Johns Hopkins, which US News consistently rates as the Nation's best hospital, and Medicare will pay.

But when you join a Medicare+Choice HMO, all of a sudden you are limited in the hospitals you can go to and the doctors you can see that the HMO and Medicare will pay for.

So Medicare+Choice really isn't "more choice." More HMOs simply mean "more choices of plans that limit your choice of doctors and hospitals."

Therefore, let's be honest: to stop the lie and make it clear what managed care is all about, I am today introducing a bill that says, in its entirety,

"Strike the words 'Medicare+Choice' wherever it appears in the law, and substitute the words 'Medicare-No-Choice'."

This name change may seem like a silly idea at first blush, but there is a good reason for it. The current name gives the impression that you are getting more than you would in traditional Medicare. All too often, that is not the case. The reality is that seniors are being duped by HMOs each and every day into joining plans that offer the world and then take most of those benefits away year by year—if they even remain in the program at all.

"Medicare-No-Choice"—this name change would give Medicare beneficiaries pause and might cause them to look at the details of the plan more than is currently the case. And, Mr. Speaker, that is not a silly change at all.

PERSONAL EXPLANATION

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. GREEN of Wisconsin. Mr. Speaker, I was not able to vote on the following measures yesterday.

On roll No. 541—H. Res. 634 (Rule on H.R. 4656), if I had been present, I would have voted "yea."

On roll No. 542—H. Con. Res. 414 (Regarding establishment of representative government in Afghanistan), if I had been present, I would have voted "yea."

On roll No. 543—H.R. 4271—National Science Education Act, if I had been present, I would have voted "yea."

HAIL THE VETERAN

HON. MICHAEL BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. BILIRAKIS. Mr. Speaker, as Veterans' Day approaches, I wanted to share a poem which was written by one of my constituents, Charlie Reese, with my colleagues.

Hail the Veteran—whose noble deeds,  
Nurtured Liberty's growing seeds,  
Soldier, Sailor, airman, grunt,  
Who held this Nation's battle fronts.

These selfless people who paid the price,  
With years or life in sacrifice.