

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.

In war or peace they joined the ranks.
Hail the Veteran—and give them thanks.

Hail the Veteran—whose heroic duty,
Helped preserve this Nation's beauty,
Who came to their great country's aid,
With dedication that will never fade.

In barracks or bulwarks, on sea or soil,
Our freedom protected because of their toil.
The campaigns and marches and endless
drills—

Hail the Veteran—for their mighty will.

Who through the years answered the call,
Who soared and swam and stood and crawled.
Who in our history shall ever stand tall,
Hail the Veteran—they gave their all.

PROVIDING FOR CONCURRENCE BY
HOUSE WITH AMENDMENT IN
SENATE AMENDMENT TO H.R.
4868, TARIFF SUSPENSION AND
TRADE ACT OF 2000

SPEECH OF

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. WOLF. Madam Speaker, I am disappointed that a section of H.R. 4868 may ease the process in which gum arabic from Sudan may be imported into the United States.

The President imposed comprehensive sanctions against Sudan because of its horrible human rights record, sponsorship of terrorism, and implication in the assassination attempt on Egyptian President Hosni Mubarak, under Executive Order 13067, on November 3, 1997.

With the events of the past few weeks, including the bombing of the U.S.S. *Cole*, this Congress should not be weakening or adjusting the sanctions in place on Sudan. We have reports that Osama bin Laden has been involved in and may still have a role in the gum arabic industry in Sudan. It has also been reported that bin Laden could be a prime suspect in masterminding the bombing of the U.S.S. *Cole*. We do know that he has been implicated in the attacks on two U.S. embassies in Africa.

In short, this is a horrible time for Congress and for the Administration to weaken our resolve on sanctions against Sudan.

LACK OF HEALTH INSURANCE
BANKRUPTS MILLIONS OF AMERICANS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 25, 2000

Mr. STARK. Mr. Speaker, the record of the 106th Congress on major health care policy issues—Medicare prescription drug coverage, managed care reform, and extension of coverage to the 44 million Americans who lack it—is appalling. Our failure to enact legislation that provides baseline coverage for all of our citizens is not simply that emergency rooms are overcrowded and public health clinics are overflowing. Our lack of a guaranteed health care safety net indirectly plunges millions into bankruptcy and financial ruin who, once sick,

cannot afford to pay for their high medical treatment costs out-of-pocket.

This piercing fact is highlighted in a column that was published in the Philadelphia Inquirer on Oct. 8. Health care economist Uwe Reinhardt points out the fallacy of self-reliance when it comes to health insurance. I submit the following article in the CONGRESSIONAL RECORD.

[From the Philadelphia Inquirer, Oct. 8, 2000]

ISSUE NO. 1: HEALTH-CARE SYSTEM WANTED

(By Uwe Reinhardt)

Several years ago, in a fit of compassion, New York Mayor Rudy Giuliani appointed former Republican Mayor John Lindsay to two no-show municipal jobs, solely to provide the latter with city-financed insurance coverage for health care not covered by Medicare. Lindsay, after several strokes and with Parkinson's disease, was facing out-of-pocket outlays for health care that had begun to strain his finances.

Millions of fellow Americans share Lindsay's predicament. The most recent estimate by the U.S. Bureau of the Census revealed that about 42 million Americans find themselves without any health insurance coverage for at least part of the year. Almost half the uninsured at any time have been uninsured for more than two years. Many millions more, including Medicare beneficiaries like John Lindsay, have shallow insurance coverage.

To be sure, most of the uninsured probably are relatively healthy. When they do fall seriously ill, they usually receive critically needed care at nearby hospitals. Ultimately, the hospital tries to recover the cost of its "charity care" from insured patients, but only after first hounding the uninsured themselves for payment, often with the help of tough collection agencies. According to survey research by Harvard law professor Elizabeth Warren, medical bills now are the second most frequently cited reason for the bankruptcy of American families, right behind "job loss" and ahead of "divorce."

Political leaders in any other industrialized nation would think it unacceptable nation would think it unacceptable to force families, stricken by serious illness, to face the added prospect of bankruptcy. Not so with this nation's policy-making elite. To illustrate, in their first debate, neither presidential candidate addressed the problem on his own. And moderator Jim Lehrer saw no reason to accord the issue an explicit question. Perhaps all of them surmised that, in these times of economic bounty, their audience would have little interest in the acute distress of a misfortunate few.

Alas, the economy may not always remain bountiful. If it doesn't, American consumers, feeling poorer, might tighten their belts, thereby triggering a consumption-led recession. With a recession would come layoffs, and with them a loss of employment-based health insurance. The middle class might then be reminded once more that it lacks what families in all other industrialized nations enjoy; universal, permanent protection against the financial consequences of illness.

Universal coverage could easily be provided in this country, if only the nation's political elite were willing to do three things. First, there must be a mandate on every individual to have at least catastrophic health insurance. Second, between \$60 billion and \$100 billion a year would have to be appropriated to subsidize the health insurance of low-income families. Third, government regulation would have to ensure an efficient market for individually purchased health insurance. That insurance could be private or, should private insurance fail to meet social

needs, public (e.g., Medicaid and Medicare). The shelves of the nation's think tanks bend under the weight of ready-to-go proposals that could achieve both objectives.

Opponents of such measures are fond of reminding us of this nation's "rugged individualism" and its tradition of "self-reliance." For the most part, it is empty talk. Most corporate executives, for example, enjoy comprehensive, tax-sheltered "social insurance" paid for by their corporations, literally until these executives' last day on earth. Furthermore, the plight of former Mayor Lindsay stands as a stark warning to all would-be rugged individualists who believe that self-reliance is the proper solution to this nation's health-care woes. In the end, even he could not be protected by our nation's brittle private health-insurance system. He was saved by what is otherwise derided as "a complete government takeover" of his health-care needs.

A common lament is that the typical college student today insists on doing well by doing good. Too few of them are said to heed President John Kennedy's eloquent exhortation to self-sacrifice: "Ask not what your country can do for you—ask what you can do for your country." But why would any American youngster seek to lay out for a country that thinks nothing of letting its citizens slide into the undignified status of health-care beggars, and into financial destitution, simply because serious illness struck? America's allegedly selfish young have read their country's soul and are acting accordingly.

AMERICAN HOMEOWNERSHIP AND
ECONOMIC OPPORTUNITY ACT OF
2000

SPEECH OF

HON. MARK GREEN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, October 24, 2000

Mr. GREEN of Wisconsin. Mr. Speaker, I am pleased that the House today considered S. 1452, the Manufactured Housing Improvement Act, and I would like to thank Housing Subcommittee Chairman RICK LAZIO for all of his efforts to open homeownership opportunities to so many American families.

This bill encompasses many important provisions from H.R. 1776, the homeownership bill that passed the House overwhelmingly earlier this year. It also includes important provisions to preserve affordable housing for seniors, and other low-income and working families.

I would like to mention two provisions that I introduced (H.R. 2860 and H.R. 2931) which were included in H.R. 1776, and now S. 1452.

The first would create a pilot program to assist law enforcement officers purchase homes in locally designated "at risk" areas. The proposal would allow law enforcement officers to purchase homes with no downpayment. They must use the property as their primary residence for at least 3 years, and have 6 months of service. It is modeled after a pilot program that was conducted in Wisconsin. The Milwaukee pilot was successful because it offered a "no downpayment option." Seventy-five percent of those who participated in the program said they did so because of the no downpayment requirement.

This proposal will not only provide homeownership opportunities for law enforcement officers who might otherwise not have the