more difficult for them to accrue pension credit. Many must rely on inadequate Social Security earnings during their retirement years.

Last Congress, however, we passed the Homemaker IRA, which is a milestone in the struggle to achieve pension equity for women. Before the Homemaker IRA, women, and men, who worked at home as family caregivers could only contribute $250 to an Individual Retirement Account [IRA]. This legislation ended the discrimination that many women face when they choose to stay at home and take care of their children. Allowing nonworking spouses to make full IRA contributions of $2,000, just as their working spouses do, will help homemakers save for their retirement years.

Mr. Speaker, celebrating Women's History Month highlights the accomplishments of women and the need to open new doors in the future. But this special month would be meaningless if women's needs are forgotten during the rest of the year. We must continue to increase the workplace opportunities for women, which will benefit all Americans as we face the economic challenges of the 21st century.

CHILDREN'S ONLY HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey [Mr. PALLONE] is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I am here today to once again talk about the need for Congress to pass a children's only health care bill and the Republicans' continued refusal to let this Democratic plan move forward.

Again we are here in the middle of another week, in the third month of the 105th Congress, and the Republicans basically have nothing to do. Ten million American children have no health insurance, yet day after day after day the Republican leadership schedules no real business for the House of Representatives to consider.

Yesterday was a perfect example of just how little the Republicans have to do. Even though Democrats have legislative plans to provide health care to the Nation's 10 million uninsured children ready for consideration, the Republican leadership decided it was more important to debate a symbolic measure about the Ten Commandments.

Let me repeat that, Mr. Speaker, because it is really kind of unbelievable when one thinks about it. Instead of allowing legislative plans to ensure that all American children have health insurance to be considered, the House Republican leadership felt it was more important to consider a symbolic measure on how Congress feels about the display of the Ten Commandments in Government offices and courthouses.

The point is that children's health care, pure and simple, is something that needs to be addressed. The problem of uninsured children continues to grow as Congress watches from the sidelines. Indeed, last week I was joined by colleagues, some from New York, to discuss a report released by the New York City public advocate, Mark Green, that found a disturbing rise in the number of uninsured children in New York City.

As congressional Republicans continue to prevent the Federal Government from taking action to confront this problem, what is happening, essentially, is that various States around the country are trying to make some progress on the issue. An excellent example of such action was just published in an article about the action the State of Massachusetts has taken to implement a children's only health plan. This was in the New York Times on Friday.

I am pleased today to talk a little bit about that, because I think that the Massachusetts children's medical security plan, which is the name that is given to this proposal, is basically a good plan, designed to insure children whose parents earn too much money to qualify for Medicaid coverage but still cannot afford to purchase health care for their kids.

We have been through this before. If the family is eligible for Medicaid, then they have health insurance coverage. But we have a lot of people, working people, people that are on the job, in many cases both parents working at separate jobs, who do not get health insurance through their employer. They are not eligible for Medicaid because their income is not low enough, and so they simply go without health insurance for their children because they cannot afford to pay a premium that they would have to obtain privately or through some other means.

So basically what Massachusetts did was to try to come up with a plan to deal with those individuals who were above the income level for the Medicaid threshold but still do not get health insurance on the job for their children or who cannot afford to pay for health insurance privately.

The article in the New York Times details some individuals. For example, Mark Leary, of Lawrence, MA, was able to take his 3-year-old daughter to doctors to receive treatment for an ear infection even though the supermarket he works for does not offer health insurance.

It also talks about another individual, Paula Lincoln of Rockland, MA, who was able to still bring her children in to the doctor for checkups after she lost her teaching job.

It mentions another self-employed person, Elaine Choquette of Blackstone, MA, who uses the program to pay to bring her two sons to the doctors as well. Miss Choquette was quoted as saying, ''I pay my taxes, and I never thought of it being anything compared to welfare.''

This is not a welfare program. This is a program in the State of Massachusetts for working people. The program in Massachusetts is very much like many of the proposals that Democrats here in Congress have developed. Most of the programs awaiting consideration are like the Massachusetts program. They are designed to help hard working parents who make too much money to qualify for Medicaid yet still cannot afford health insurance for their kids.

The really big difference between the Massachusetts program and the various Federal programs awaiting consideration is that theirs has been enacted. In other words, the Massachusetts Legislature actually considers and passes legislation in response to societal challenges, and the Republican-controlled 105th Congress clearly does not.

The New York Times article on the Massachusetts plan reports that Representative BILL THOMAS, the California Republican who heads the Subcommittee on Health of the Committee on Ways and Means, said in early February that he would soon hold hearings to get a sense of the scope of the problem of kids not having health insurance. But it is now March, and although we have debated the merits of hanging the Ten Commandments on the wall of Government buildings, I have yet to see a hearing on the issue held or a legislative plan examined.

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Again, every day the Republicans waste is another day that parents have to endure the reality of being unable to take their children to the doctor. This is no small price to pay.

I have to say that the Massachusetts State Health notes that while uninsured children had always had access to emergency treatment, the State's health plan now allows parents to bring their children in for routine medical visits, check on immunizations, and tests for lead poisoning.

One of the points that we have been trying to make during this debate on kids' health insurance is that it may very well be that in some cases, perhaps even in most cases when an uninsured child gets really sick, that they end up going to the emergency room and they get some type of care. But that is not the way the health system should operate. They need preventative care. They need vaccinations. They need to go to the doctor for routine checkups. We do not want a situation where the only time children get any kind of medical treatment is if they really get ill and they have to go to the emergency room.

It is my hope that the Republicans will recognize that while we seek to enable children to receive treatment, the matter itself is not routine. This is an urgent matter. Any kind of obstructionism on the issue of kids' health insurance I believe is really callous, and the Democrats, of course, continue to articulate and move forward with various plans that both the President and other of my Democratic colleagues have put forward.

I just wanted to talk a little about some of the things that Massachusetts

does to give an idea of how this would actually work.

Again in Massachusetts, very similar to what happened here at the Federal level, there was an effort a few years ago to try to come up with a universal health care system where the State would basically provide health care or health insurance, I should say, for everyone. But in the same way that we were not able to accomplish that on a Federal level, the effort instead began to focus sort of in a piecemeal fashion on what elements of the uninsured could be insured effectively and at a reasonably affordable price.

One of the points that we keep making, those of us who would like to see kids' health insurance enacted, is that it is very affordable. It does not cost a lot of money to provide health insurance for kids. And we are talking about 10 million children right now that do not have health insurance. If you look at it in the spectrum of things, it is relatively cheap to provide insurance for them.

Basically, Massachusetts recognized this. They figured that if they could not move for health insurance for everyone, at least they could move for health insurance for children. Just to give some idea of how they did it, they expanded both their Medicaid program and the Children's Medical Security Plan, which was a State plan they had in effect beginning in 1993. Medicaid paid for a significant part with Federal dollars but now covers everyone up to 133 percent of the poverty level or all families of four with incomes up to $20,748 a year.

So what they did is they expanded Medicaid so that it covered a little higher income level, 133 percent of the poverty level, for families of four with incomes up to $20,748 a year. But then they have this supplemental plan, the Children's Medical Security Plan, which provides a somewhat less generous package, if you will, than Medicaid, more limited mental health and prescription drugs; but for families with incomes of less than $31,200 a year, 200 percent of poverty, the coverage is free, and they have a copayment of $1 per doctor's visit.

So now we are getting up to people, families at the 200 percent of poverty level. For families with incomes of $31,200 to $62,400, the charge is $10.50 per child per month, and the copayment is $3. And above that level, the charges are $52.50 a month and $5 a visit.

So essentially what they are doing here is, on a sliding scale, making it possible for people at these higher income levels, they are not terribly high income levels, but at higher income levels would still be able to opt into this program. It is a way to guarantee that every child who does not have health insurance now would be able to take advantage of this program.

Ultimately, no child would be ineligible for this type of program unless the parents, on their own, voluntarily decided that they did not want to participate in it. Everyone would be eligible on a sliding scale up to any income level.

The program is administered for the State by the John Hancock Mutual Life Insurance Company at a charge of $10.50 a month for each child, and it allows parents to take their children to any doctor in the State. So again you have complete choice in terms of where you go to the doctor or the hospital.

Again the reason why this is so successful is essentially because of what it means for preventative care. In the article in the New York Times there is a Dr. Robert Sorrenti, a pediatrician who is a vice president of John Hancock, and he said that the sort of routine treatment, regular doctor visits, vaccinations, the preventative type care, was often avoided by parents who were short of money, but 90 percent of the registered children in this program are now seeing a doctor on a regular basis for preventative purposes.

In Massachusetts, approximately 150,000 uninsured children, about 60,000, will be covered through the expanded Medicaid program that Massachusetts now offers, and they expect that the expanded Children's Medical Security Plan program would reach 40,000 to 60,000 more children. It has enrolled about 7,000 more children since the expansion took effect in November.

So if you are taking that full range of 150,000 uninsured children, between the 60,000 covered by Medicaid and possibly another 60,000 that would be covered under this supplemental insurance program, you can see how you are getting very close, really, to almost 100 percent of the uninsured children that would be covered by the plan.

Of course, the real key is what we are going to do on the Federal level. Obviously, it is very good for States like New York and Massachusetts and others to experiment and to come up with different ways of trying to provide health insurance for children, but the problem will not be addressed on a universal basis on the Federal level unless this Congress takes up the issue.

I myself and many of my colleagues are determined that we will continue to raise the issue, we will continue to point out the problem of the uninsured and how many children there are out there until the Republican leadership and our colleagues on the other side decide to finally bring this up, give it a hearing, bring the legislation to the floor, and move toward making sure that every child in this Nation has the opportunity to have health insurance. In the long run if we do not do this, the negative impact not only on our children but on our Nation as a whole, I think, could be catastrophic because the numbers of the uninsured continue to increase on a regular basis.

THE FEDERAL BUDGET AND THE BUDGET PROCESS

The SPEAKER pro tempore (Mr. MCINNIS). Under the Speaker's announced policy of January 7, 1997, the gentleman from Georgia [Mr. KINGSTON] is recognized for 60 minutes.

Mr. KINGSTON. Mr. Speaker, what I wanted to talk about a little bit is the budget and the budget process, the situation that we are in, because recently the Senate Democrats voted down the balanced budget amendment. All the balanced budget amendment really said is that the Congress of the United States and the President would each year pass a budget that was balanced. No mystery to it, Mr. Speaker. All it meant was whatever we bring in, that is what we spend. I would love to see us spend less than what we bring in. I would certainly settle right now to say just, ''You don't spend more than you bring in.'' But I guess the President and the Senate thought that was too controversial of a concept for us to pass a balanced budget so they voted it down and great for them.

What is the situation that we are in right now? Well, for the children of America, I have got four kids and I know the Speaker has a large family, also. We are concerned about our children and their future. What will this leave for the kids? Today our national debt is $5.1 trillion. We have not had a balanced budget since 1969. If we look at that in terms of what it will mean to kids, kids who are graduating from school and going to work today will have a higher tax burden than any other graduating class in the history of the United States of America. They will have higher interest rates as a result of a budget that is not balanced, and they will have less job opportunities.

Now, if we would balance the budget and pass a balanced budget, they are two different things. Passing the balanced budget amendment would ensure to the children in the future that we would not get in this huge deficit situation year after year again, and it would also say that we would have no more deficits and we would start paying down the national debt.

Currently, Mr. Speaker, the interest on the national debt, I think, is at $231 billion each year. That is around $20 billion a month, give or take, because the interest rates change. I do not know what the annual budget is for the State of Colorado but I know that Colorado is a little bit smaller than the State of Georgia. The State of Georgia has a budget of about $11 billion a year. So for Georgia, we have a budget of $11 billion a year and we are paying $20 billion each month in interest on the national debt.

We have obviously got to get this under control. Our children, Mr. Speaker, are paying higher interest rates and higher taxes as a result of this massive debt.

I have with me the gentleman from Arizona [Mr. HAYWORTH] who has been a leader on the Committee on Ways and Means trying to put some sanity in our tax policies and we want to talk about the IRS and taxes in a minute,