Mr. Speaker, I want to state for the record what this legislation does and what it does not do.

The bill does not reopen the 1996 Act; it does not fully deregulate two percent carriers; and it does not impact regulations dealing with large local carriers. It would, however, be the first free-standing legislation that would modernize regulations of two percent carriers; it would accelerate competition in many small to mid-size markets; accelerate the deployment of new, advanced telecommunication services; and benefit consumers by allowing two percent carriers to redirect resources to network investment and new services.

Mr. Speaker, this legislation is critical for rural areas across the country where these small telephone companies operate.

Without this bill, these two percent companies will continue to be burdened with this ''one-size-fits-all'' regulatory approach that has kept them from providing rural areas with what they need most—a share of the new economy.

I want to remind members of the House that H.R. 3850 passed with wide-spread support during the 106th Congress. Unfortunately, the Senate wasn't able to bring up the bill due to time constraints, but I am confident that we will continue to garner support for this common sense regulatory initiative.

In closing I want to thank the original cosponsors of the bill: Reps. BART GORDON, CHIP PICKERING, and TOM BARRETT. The cosponsors and I acknowledged that there may be room for improvement and welcome refinements. As I acknowledged earlier, last year I was very receptive to concerns that individual members and industry representatives brought to my attention. My office has always had an open door policy and that will never change. We look forward to working with incumbent and competitive interests so that in the end the ultimate goal will be realized: improved access to advanced telecommunications and common sense regulatory changes that lessen the burdens on small and mid-size telecommunications providers.

We collectively acknowledge the new leadership at the Federal Communications Commission and look forward to their thoughtful suggestions as well as their own internal changes that will hopefully improve the regulatory environment that these small and mid-size companies operate under.

Mr. Speaker, I want to thank the members of the Commerce Committee for their help in moving this bill last year and ask my colleagues to once again unanimously support this very important piece of legislation.

RAISING THE SUBSTANTIAL GAINFUL ACTIVITY AMOUNT FOR PERSONS WITH SPINAL CORD INJURIES

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mrs. MINK of Hawaii. Mr. Speaker, I rise to introduce a bill that would provide Social Security disability beneficiaries with severe spinal cord injuries the same protections as are afforded the blind.

Many people who suffer from spinal cord injuries are unable to earn a living, and receive Social Security disability.

My legislation seeks to help those who have overcome their debilitating injury, and are able to work.

Under current law, recipients of Social Security disability are eligible for benefits if they are unable to earn no more than the Substantial Gainful Activity (SGA) amount, which is $740/month.

The Senior Citizens' Right to Work Act of 1995 increased the SGA amount for blind individuals to $1000/month. The provision allows blind individuals to qualify for Social Security disability even if their income is $1000/month. In 2001, the monthly SGA amount was raised to $1,240/month.

My bill would raise the SGA amount for persons with spinal cord injuries to $1,240/month. These individuals should not be discouraged from earning income that could supplement their disability payments.

Social Security disability benefits should not be withdrawn from persons with spinal cord injuries because they have the courage to return to work.

I urge my colleagues to join as cosponsors of this legislation.

ON THE INTRODUCTION OF THE COMMUNITY ACCESS TO HEALTH CARE ACT OF 2001

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mr. GREEN of Texas. Mr. Speaker, I rise today in support of the Community Access to Health Care Act of 2001, legislation I am introducing to help our states and communities deal with the crisis of the uninsured.

More than 42 million Americans do not have health insurance and this number is increasing by over a million persons a year. Most of the uninsured are working people and their children—nearly 74 percent are families with full-time workers. Low income Americans, those who earn less than 200 percent of the federal poverty level or $27,300 for a family of three, are the most likely to be uninsured.

Texas is a leader nationally in the number of insured, ranking second only to Arizona. About 4 million persons, or 26.8 percent of our non-elderly population, are without health insurance.

The uninsured and under-insured tend to be more expensive to treat because they fall through the cracks of our health care system. The uninsured and under-insured often can't afford to see the doctor for routine physicals and preventive medicine. Consequently, they arrive in the emergency room with costlier, often preventable, health problems.

Research by the Kaiser Family Foundation underscores this problem. Nearly 40 percent of uninsured adults skip a recommended medical test or treatment, and 20 percent say they have needed but not received care for a serious problem in the past year. Kaiser also reports that uninsured children are at least 70 percent less likely to receive preventive care. Uninsured adults are more than 30 percent less likely to have had a check-up in the past year, uninsured men 40 percent less likely to have had a prostate exam and uninsured women 60 percent less likely to have had a mammogram than compared to the insured.

This broken health care system yields dangerous, sometimes deadly results. The uninsured are at least 50 percent more likely than the insured to be hospitalized for conditions such as pneumonia and diabetes. Death rates from breast cancer are higher for the uninsured than for those with insurance.

Our Nation's health care safety net is in dire need of repair. Communities across the country are identifying ways to better tend to the uninsured, to provide preventive, primary and emergency clinical health services in an integrated and coordinated manner. This kind of service can only be accomplished, however, if our safety net providers have the resources to improve communication to better reach this target population.

The Community Access Program (CAP) promotes this kind of interagency coordination and communication. It stems from a very successful Robert Wood Johnson Foundation-funded project that demonstrated how community collaboration can increase access to quality, cost-effective health care. The Community Access to Health Care Act of 2001 provides competitive grants to assist communities in developing programs to better serve their uninsured population.

Funding under CAP can be used to support a variety of projects to improve access for all levels of care for the uninsured and under-insured. Each community designs a program that best addresses the needs of its uninsured and under insured and its providers. Funding is intended to encourage safety net providers to develop coordinated care systems for the target population.

The Clinton Administration created a $25 million CAP demonstration project in FY 2000. More than two hundred applications were submitted by groups from 46 states and the District of Columbia. Applications were evenly distributed between urban and rural areas; and six were submitted by tribal organizations.

Funding in FY 2000 provided grants to 23 communities. An increase to $125 million in FY 2001 will make grants available to an additional 55 projects. While this increase has helped communities get their program off the ground, more can be done to ensure that future funding is available.

I would like to highlight one program, the Harris County Public Health and Environmental Services Department, in my hometown of Houston, TX. This program is a good example of how CAP funds can improve a community's health care network. Harris County, Texas is the third most populated county in the nation and the most populated county in the state with approximately 3.2 million residents.

The Texas Health and Human Services Commission estimated that in 1999, 25.5 percent of the total population in Harris County—834,867—was uninsured. Harris County's CAP project aims to assist three populations: Those with incomes under 200 percent of the Federal poverty level; those with incomes over 200 percent of the Federal poverty level; and those who are under insured.

The primary focus of this project is to improve the interagency communication and referral infrastructure of major health care systems in the city. This will improve their ability to provide preventive, primary and emergency clinical health services in an integrated and coordinated manner for the uninsured and under insured population. Harris County will