PREMIUMS, DEDUCTIBLES, AND COPAYS

MediKids assures that families will always have access to affordable health insurance for their children. Families below 150 percent of poverty pay no premiums or cost sharing. Families between 150 percent and 300 percent of poverty pay reduced premiums and cost sharing. Parents above 300 percent of poverty are responsible for a small premium equal to one fourth of the average annual cost per child. Premiums are collected at the time of income tax filing. Premiums are not assessed during eligible alternative coverage. Families will never pay more than 5% of their adjusted gross income (AGI) for premiums.

Cost sharing is similar to the largest plans available to Members of Congress. There is no cost sharing for preventive and well child care for any children. A refundable tax credit is provided for cost sharing above 5% of AGI.

FINANCING

Initial funding to be determined by Congress. In future years, the Secretary of the Treasury would develop a package of progressive, gradual tax changes to fund the program, as the numbers of enrollees grows.

STATEs

Medicaid and state funds are not altered by MediKids. States can chooses to maintain current funding levels in other programs and services directed toward the Medicaid population. This can include expanding eligibility or offering additional services. For example, states could expand eligibility for parents and single individuals, increase payment rates to providers, or enhance quality initiatives in nursing homes.

SUPPORTING ORGANIZATIONS

American Academy of Child and Adolescent Psychiatry (AACAP); American Academy of Family Physicians; American Academy of Pediatrics; Consumers' Union; Families USA; March of Dimes; National Association of Children's Hospitals; National Association of Community Health Centers; National Association of Public Hospitals and Health Systems; National Health Law Program.

CONTACT Deborah Veres at 225-4921 or deb.veres@mail.house.gov if you have any questions.

INTRODUCTION OF THE “SOUTHERN NEW JERSEY VETERANS COMPREHENSIVE HEALTH CARE ACT”

HON. FRANK A. LOBIONDO

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 23, 2005

Mr. LOBIONDO. Mr. Speaker, I rise today to introduce the “Southern New Jersey Veterans Comprehensive Health Care Act”. I am proud to have as sponsors, Mr. SAXEY, Mrs. SMITH, and ROB ANDREWS join me as original cosponsors of this legislation. My colleagues and I all share a serious concern that South Jersey veterans are not currently having their health care needs adequately served by the Veterans Administration. In order to increase health care accessibility in our area, this bill directs the Secretary of the Department of Veterans’ Affairs to expand the capability of the VA to provide for the medical care needs of veterans in Southern New Jersey.

The issue of improving access to health services from the Department of Veterans’ Affairs is especially important with the growing number of veterans in Southern New Jersey. Many of our older veterans from World War II and other conflicts are in need of more frequent health care services and inpatient care. As a result of the continued fight in the Global War on Terror, there will be many new veterans in our area who need care in the coming years, as over 62 percent of the New Jersey National Guard is currently deployed, deploying or has been deployed to support of the Global War on Terror. The percentage of Reserve Component forces from our State who will be eligible for veterans’ status is growing rapidly.

As it relates to Southern New Jersey, I have serious reservations about the VA’s access model for health care access, which currently says that adequate access is being provided if a veteran lives within 60 to 90 mile radius of a VA Medical Center. Today, despite falling within the VA’s access model, veterans residing in Southern New Jersey, who travel several hours away, either to the neighboring states of Pennsylvania or Delaware, or to Northern New Jersey, in order to receive inpatient medical care and some outpatient services.

Although transportation is provided to the Wilmington, DE facility via a new handicapped-accessible van, these veterans often face a ten-hour round trip. Veterans riding a van from Southern New Jersey must board the van early in the morning, making several stops before reaching the VA facility, stay all day until each veteran has completed their appointment and then return home. This means that a veteran with a 4 p.m. appointment boards the bus at 8 a.m. and waits at the facility until 4 or 5 p.m. And, the veteran whose appointment is at 9 a.m. must wait to return home until the last appointment is completed, resulting in a 10 hour day of travel.

Of equal concern is that veterans have told me they simply do not use the services at these three facilities because of the transportation hardship. Southern New Jersey is a prime example of suppressed demand for VA health care.

The Southern New Jersey Veterans Comprehensive Health Care Act gives an overview of the VA health care access situation veterans are facing Southern New Jersey and proposes a choice of two workable solutions to this growing problem. The bill cites that the current and future health care needs of South Jersey veterans are not being met by the VA, travel times to existing VA facilities in Philadelphia and Wilmington may fall within VA’s access parameters, but that these parameters fail to take into account that the area is rural, and that veterans to VAMC and congested, leading to a “suppressed demand” for care. It also outlines that the number of vets in the area is increasing as more retire in the area and new vets come back from being deployed in support of the War on Terrorism. Since over 62 percent of the NJ Guard will have been deployed on active duty by the end of 2004.

This bill defines “Southern New Jersey” as the counties of: Atlantic, Cape May, Cumberland, Salem, Gloucester, Camden, Burlington, and Ocean and requires the VA Secretary to determine and notify Congress no later than March 15, 2006 as to how he will provide for the full service health care needs of South Jersey vets.

The Secretary of the Department of Veterans’ Affairs is given two options for providing this improved access to health care for veterans in Southern New Jersey. The Secretary is given the choice of establishing a public-private partnership between the VA and an existing hospital (private-sector entity) in Southern Jersey—a “VA Wing”, or construction of a full-service, 100 bed VA Medical Center (VAMC). If the VAMC option is selected, the bill authorizes $120 M for the construction of the facility.

I am proud to introduce the Southern New Jersey Comprehensive Health Care Act with my New Jersey colleagues Congressman
This weekend marks the 150th anniversary of the treaty with the Tribes of Middle Oregon, one of the many important treaties signed in 1855. The treaty emerged as a solution to tensions growing between the thousands of settlers flooding through the Columbia River region in the mid-19th century and the tribes that had inhabited the area for countless generations. By 1852, more than 12,000 white immigrants were journeying through the territory each year. Although most continued westward, the portion of settlers who chose to remain in the region eventually claimed Indian lands as their own. The Department of Indian Affairs for the Oregon Territory began work on the 1855 treaty.

The Treaty with the Tribes of Middle Oregon ceded 10 million acres of Indian land to the United States government, including what vary since become Wasco, Sherman, Hood River, Gilliam, Jefferson, Crook, Wheeler, Deschutes, Clackamas, Grant, Marion, and Morrow counties. The Tribes of Middle Oregon Treaties, were signed by the Confederated Tribes of Warm Springs, Confederated Tribes of the Umatilla, Deschutes, Walla Walla, Tenino, and Wasco.

These treaties helped guide and shape the management of land, water, wildlife, and fisheries of the Pacific Northwest now and into the future. These treaties were understood by their signers to ensure the unique quality of life of the native people in Middle Oregon. Unfortunately, the United States’ history of honoring its commitments to Native Americans leaves much to be desired.

In honor of the anniversary of these treaties, we should reaffirm and support the promises made 150 years ago between the Pacific Northwest tribes and the United States of America. Together we have a rich legacy and a bright future to protect, and I urge my colleagues in joining me in supporting this resolution.

A TRIBUTE TO ELLA ADENE KEMP BAMPFIELD

HON. EDOLPHUS TOWNS
OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Thursday, June 23, 2005

Mr. TOWNS. Mr. Speaker, I rise today to honor Ella Adene Kemp Bampfield. Mrs. Kemp Bampfield was born on June 29, 1905 in the Blue Ridge Mountains of Waynesville, North Carolina. She is the fourth of nine children born to Elijah and Leila Kemp. However, she is currently the sole survivor. Mrs. Bampfield attended elementary school in Waynesville. Then she enrolled in the high school division of Livingston College in Salisbury, N.C., and graduated as the valedictorian of her senior class. Following high school, she attended Fayetteville State Normal College, the Ohio Judicial Conference, and Cortez Peters Business College.

Mrs. Kemp Bampfield’s first marriage was blessed with one child, Admiral Dewey Dunn. Admiral Dewey Dunn, now deceased, had two sons: Anthony Dewey Dunn and Amiel Dunn. She later married Robert Smalls Bampfield of Beaumont, South Carolina, now deceased.

Mrs. Kemp Bampfield’s career included teaching for 7 years in North Carolina. Upon moving to D.C., she was employed with the U.S. Treasury Department Division of the Bureau of Engraving and Printing. She retired on October 31, 1969 after nearly 29 years of service.

Since retirement, Mrs. Kemp Bampfield and her grandson, Anthony, have enjoyed traveling. They have visited most of the contiguous United States, Hawaii, Alaska, Canada, the Caribbean, Thailand, Hong Kong, China, Mexico, Spain, Germany, France, Italy, Jerusalem, and England.

Mrs. Kemp Bampfield has been a faithful member of John Wesley AME Zion Church of Washington, D.C. since 1934. She and her grandson, Anthony, have resided in Washington, D.C. for the past 55 years. Mr. Speaker, it is my pleasure to recognize Mrs. Kemp Bampfield’s lifelong accomplishments and her upcoming milestone 100th birthday.

RECOGNITION OF STEVEN H. STEINGLESS FOR HIS YEARS OF SERVICE AS DEAN OF CLEVELAND MARSHALL COLLEGE OF LAW, CLEVELAND STATE UNIVERSITY

HON. DENNIS J. KUCINICH
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Thursday, June 23, 2005

Mr. KUCINICH. Mr. Speaker, I rise today in honor and recognition of Steven H. Steinglass for his years of service to the students of Cleveland Marshall College of Law at Cleveland State University, to the legal community for his scholarship and service, and to the Greater Cleveland community at large. After 9 years as dean of the law school, Dean Steinglass is stepping down from that position and returning to the law school faculty to continue his illustrious career as professor and legal scholar.

Since joining the faculty at Cleveland Marshall in 1980, Dean Steinglass has made presentations at continuing judicial and legal education programs in more than 20 states for such organizations as the American Bar Association, the Federal Bar Association, the Federal Judicial Center, the National Judicial College, the Ohio Judicial Conference, and the Practicing Law Institute. Dean Steinglass has also twice argued before the United States Supreme Court.

Equally important to the people of Ohio’s 10th Congressional District and its surrounding communities is his commitment to the local community. Currently, Dean Steinglass is serving as a Trustee for the Cleveland Bar Association, as a member of the Ohio Bar Association Council of Delegates, on the Board of the Ohio Legal Assistance Foundation, as a member of the Advisory Board of the Greater Cleveland Drug Court, and on the Program Committee of the City Club, the nation’s oldest continuing free speech organization. Dean Steinglass is one of those rare academicians who is equally comfortable as a teacher, a scholar, and a practicing attorney. Although he leaves the deanship, I am pleased that he will remain on faculty.

Mr. Speaker and colleagues, please join me in recognizing the immeasurable service Dean Steinglass has provided to the Greater Cleveland community as dean, and to wish him the best in his continued service to Cleveland