The proposed LEAP Act we are introducing would create a strictly voluntary employment verification program to address those faults. It will grant all participating employers access to information regarding a newly hired employee’s eligibility to work in this country, and it will be available to all states.

This Member is pleased to be an original cosponsor of this legislation, urges Members to cosponsor it, and strongly supports the passage of LEAP early in the next session of the 106th Congress.

HONORING THE HEROISM OF FRANK MOYA OF DENVER

HON. DIANA DEGETTE
OF COLORADO
IN THE HOUSE OF REPRESENTATIVES
Thursday, November 18, 1999

Ms. DEGETTE. Mr. Speaker, I rise today to honor the heroic acts of Frank Moya. Earlier in November, Mr. Moya, a well-known attorney in my hometown of Denver, Colorado, thwarted an attack and saved someone’s life. Mr. Moya was leaving the Arapahoe County Justice Center when he heard that a woman was being attacked in the parking lot. Without hesitation, Mr. Moya rushed to the scene where he saw the victim being viciously stabbed by her estranged husband. He saved her life by jumping in and personally subduing the attacker.

In today’s often apathetic world, Mr. Moya has demonstrated courage and selflessness by coming to the aid of someone in need of help. He acted swiftly and without regard to his own safety in order to save the life of another. The world could use a hundred more like him and I am proud to count him as a fellow Denverite and friend. Colorado’s first congressional district is fortunate to have Mr. Moya as one of its citizens. On behalf of myself as well as other residents of Denver and Colorado, I would like to thank Mr. Moya for his heroic actions.

INTRODUCTION OF THE NEW INSURANCE COVERAGE EQUITY ACT (NICE ACT)

HON. JAMES H. MALONEY
OF CONNECTICUT
IN THE HOUSE OF REPRESENTATIVES
Thursday, November 18, 1999

Mr. MALONEY of Connecticut. Mr. Speaker, access to prescription drugs can mean the difference between life and death, or between health and chronic disease, particularly for senior citizens. While Medicare covers prescriptions administered in hospitals, two-thirds of older Americans have no insurance or inadequate coverage for outpatient medication. As a result, millions of seniors must pay high retail prices for drugs or inappropriately limit their drug use.

Many seniors who are not able to afford their prescription dosage only buy part of their necessary medication, and take a small portion of the required dosage. Others forgo basic life necessities such as food and heating fuel to pay for their medicine.

EXTENSIONS OF REMARKS

As a strong supporter of modernizing and strengthening Medicare, I am introducing the New Insurance Coverage Equity Act (the NICE Act) to make sure that all seniors have access to affordable drug coverage.

Time and time again, I have heard from seniors in my district about their difficulty in obtaining the critical prescription drugs they need. One woman told me that she can only afford to pay for a week’s worth of medicine each month instead of filling her entire prescription. That means that instead of taking her medication all month long, she spreads seven pills out over four weeks. Unfortunately, she is not alone.

I recently spoke to a married couple in my district. Both husband and wife have expensive prescription medications they must take, but simply can’t afford to pay for both. Because his wife is more ill than he is, the husband stopped taking his medicine in order to pay for his wife’s.

I have heard similar stories from so many other seniors. That is why I have developed the NICE Act, which creates a comprehensive prescription drug program that will make essential medication more affordable for all seniors. My legislation not only provides access to affordable medicine but it also gives older Americans choices.

The NICE Act creates a prescription medicine program modeled after the coverage available to Members of Congress. It would help seniors pay for all of their prescription needs at their local drug store. At the same time it would also cover seniors with pre-existing conditions—which other plans often exclude.

Under the NICE Act, every older American who chooses to enroll would receive financial assistance for their prescription drug coverage. At a minimum, individuals would receive assistance equal to 25% of the cost. For seniors living at or below 150% of the poverty rate—$12,075 for an individual and $16,275 for a couple—the NICE Act would cover the entire premium for their prescription drugs. Older Americans living between 150% and 175% of the poverty rate—$14,088 for an individual and $18,988 for a couple—would only have to pay as much as they could afford on a sliding scale.

Under my legislation, seniors would also have the right to either keep their existing coverage or participate in the NICE program. No senior would be forced to change their current coverage. The NICE program is entirely voluntary.

Finally, my proposal is funded primarily from the on-budget surplus without any tax increase.

Mr. Speaker, Congress must act now to help seniors receive the vital prescription drug coverage they rely on to live. As a vigorous supporter of modernizing and strengthening Medicare, I will continue to do everything I can to make prescription drugs accessible for our senior citizens. For that reason, I am introducing the New Insurance Coverage Equity Act today, and I urge all my colleagues to join me in sponsoring this common sense approach to making prescriptions affordable for our seniors.

TRIBUTE TO U.S. MARINE CORPS CAPTAIN SARAH DEAL

HON. MARCY KAPTUR
OF OHIO
IN THE HOUSE OF REPRESENTATIVES
Thursday, November 18, 1999

Ms. KAPTUR. Mr. Speaker, I rise today to recognize the achievements of U.S. Marine