

of lead in their blood—making lead poisoning the leading childhood environmental disease. Childhood lead poisoning has a profound health and educational impact on children.

Children with high blood lead levels can suffer from brain damage, behavior and learning problems, slowed growth, and hearing problems, among other maladies. Moreover, children with a history of lead poisoning frequently require special education to compensate for intellectual deficits and behavioral problems that are caused by their exposure to lead. Research shows that children with elevated blood-lead levels are seven times more likely to drop out of high school and six times more likely to have reading disabilities. By failing to eradicate lead poisoning, we are preventing our children from achieving their fullest potential and are also imposing significant health and special education costs on taxpayers.

Timely childhood lead screening and appropriate follow-up care for children most at-risk of lead exposure is critical to mitigating the long-term health and developmental effects of lead. Regrettably, our current system is not adequately protecting our children from this hazard. Despite longstanding federal requirements for lead screening for children enrolled in Medicaid and other federally funded health care program, a January 1999 GAO report found that two-thirds of these children have never been screened and, consequently, remain untreated, even though low-income children are at particular risk for lead exposure. As a result, there may be thousands of children with lead poisoning who continue to go undiagnosed.

The Children's Public Health Act will begin to address this problem by enhancing the existing lead grant program through the Centers for Disease Control and Prevention and authorizing new grant programs to conduct outreach and education for families at risk of lead poisoning, implement community-based interventions to mitigate lead hazards, establish uniform guidelines for reporting and tracking of blood lead screening from laboratories and local health departments and ensure continuous quality measurement and improvement plans for communities dedicated to lead poisoning prevention. The legislation also provides resources for health care provider education and training on current lead screening practices and would require the Health Resources and Services Administration to submit an annual report to Congress on the percentage of children in the health centers programs who are screened for lead poisoning.

A second element of this bill that I believe will have a major impact on improving and preserving the health of children in this nation is a provision related to childhood obesity. Over the

past fifteen years, childhood obesity rates have doubled. It is estimated that almost five million, or 11% of youth 6–19 years of age are seriously overweight. Contributing to this trend has been the rise in fast food consumption, coupled with an increasingly sedentary lifestyle where time engaged in physical activity has been replaced by hours playing computer games and watching television. Another reason for the lack of physical activity in children is the reduction of daily participation in high school physical education classes, which has declined from 42 percent in 1991 to 27 percent in 1997. Children simply do not have the time or opportunity to engage in healthy physical activities.

As a result, younger and younger Americans are showing the signs of obesity-related diseases, such as heart disease and diabetes. Research shows that 60 percent of overweight 5–10 year old children already have at least one risk factor for heart disease, such as hypertension. If our society continues on this trend, obesity will soon rival smoking as a leading cause of preventable death. Clearly, action needs to be taken to curb this potentially deadly epidemic.

The Children's Public Health Act acknowledges and attempts to reverse this trend through a multi-pronged approach. First, the bill would provide states and local communities with the resources they need to develop and implement creative approaches to promoting good nutrition habits and enhancing the levels of physical activity among children. The bill authorizes a new competitive grant program through the Centers for Disease Control and Prevention, whereby states would develop comprehensive, inter-agency, school- and community-based approaches to better physical and nutritional health in children and adolescents. These programs would be evaluated and information about effective intervention models and obesity prevention strategies would be broadly disseminated.

The legislation also calls for greater applied research in order to improve our understanding of the many factors that contribute to obesity. Research will also focus on the study of the prevalence and costs of childhood obesity and its effects into adulthood. Another aspect of the bill is the development of a nationwide public education campaign informing families of the health risks associated with chronic obesity that provides information on incorporating good eating and regular physical activity into daily living. Lastly, the bill provides resources for health care provider education and training on evaluation and treatment practices for obese children or children at risk of becoming obese.

Overall, this bill has many substantial provisions that will go a long way

in improving the health and well-being of our children. This legislation not only expands the base of pediatric medical research currently ongoing, it also includes important enhancements in maternal and prenatal health as well as several other initiatives that will greatly enhance access to services to children with chronic and debilitating diseases.

I am pleased to join my colleagues today on introducing this important legislation, and I look forward to working to pass the bill through the Health, Education, Labor, and Pensions Committee and the full Senate this year.

Thank you, Mr. President.

#### PAYCHECK FAIRNESS ACT

Mr. BAUCUS. Mr. President, I rise today in support of S. 74, the Paycheck Fairness Act. Over 30 years ago, President John Kennedy signed the Equal Pay Act into law. At that time women were making only 61 cents for every dollar that was earned by a man. Since that time, we have made significant strides to ensure equality in the workplace, however, the disparity in wages between men and women still exists.

Today, as a nation, women earn 74 cents for every dollar that a man earns. In Montana, the difference is even more significant, women are earning only 69 cents for every dollar that is earned by a man. This translates into more than \$5,000 a year. This is unacceptable. We must have pay equity.

In our state, and the country as a whole, women work a variety of jobs, from minimum wage jobs, to women who run their own businesses. The work that women do is not adequately reflected in the wages that they earn.

In Montana we are faced with a unique situation—we are ranked almost last in per capita income. The economic boom that has created tremendous wealth on Wall Street hasn't echoed on Main Street, Montana. It is necessary to invest our resources to maintain our quality of life while creating good jobs and boosting our working families standard of living. If women were paid equitably, Montana families would greatly benefit. Family incomes would rise and, poverty rates would fall.

Mr. President, pay equity is not the entire solution to the economic development challenge. It is part of a package, we must also invest in and protect our small businesses. After all, small business is the backbone of our economy. In order to improve jobs and wages in Montana and in the nation, we must maintain our educational systems. When we make additional investments in education and job training, we can attract new businesses to our state, increase our wages, and prepare our children for the jobs of tomorrow.

If we are willing to do these things, economic growth will improve the