

Morning Man," in Hendersonville was a perennial favorite. Four generations of Henderson County residents dressed, ate their breakfast, and drove to work listening to him. He began his career in radio broadcasting with WHKP in 1946 and through hard work he eventually purchased the station. Kermit also built and operated WWIT Radio in Canton and WKIT in Greenville, SC. He served on the board of the North Carolina Association of Broadcasters and the board of the Protestant Radio and Television Commission based in Atlanta. Kermit's diligence and dedication to broadcasting was recognized in 1996 as he was named to North Carolina Broadcasters Hall of Fame.

Broadcasting was Kermit's career, but his passion was community service. The list of community and nonprofit organizations that he served is almost endless. He served as chairman of the Western North Carolina Planning Commission and the Upper French Broad Economic Development Commission as well as the board of the Governor's Western Residence in Asheville. Kermit also was a member of the board of the YMCA and the president of the board of the Pardee Hospital for 12 years. As the president of the Hendersonville Chamber of Commerce and Merchants Association, he was instrumental in leading the effort to revitalize downtown Hendersonville. North Carolina Governor Jim Martin had the wisdom to appoint Kermit to serve on the North Carolina Board of Transportation.

Kermit's devotion to charity in Hendersonville is an example for all; he founded the local chapter of the United Way and the Community Foundation. His dedication to excellence in education is unparalleled. He served on the boards of Brevard College and UNCA and pushed for UNCA to be included in the North Carolina System.

I know that my colleagues in the House will join me in remembering this great man and the dedication that he had in making Hendersonville and western North Carolina a much better place.

RECOGNIZING LEO J. KIMMEL

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2000

Mr. TOWNS. Mr. Speaker, today I congratulate Leo J. Kimmel on the occasion of his being the honoree at the 22nd Anniversary Dinner of the Young Israel of Avenue J, in Brooklyn, New York.

Mr. Kimmel has been a distinguished member of our community for many years, and has served us in a variety of capacities. Mr. Kimmel is the founder of the Court Street Synagogue which has provided an opportunity for the Jewish community in downtown Brooklyn a place to both pray and fulfill their religious duties with a convenience never before possible. This synagogue has provided unity for downtown Jewish professionals, from which Mr. Kimmel has proven time and time again his ability as an unparalleled civic leader for this community.

Mr. Kimmel is a practicing attorney in downtown Brooklyn, who has dedicated his pro-

bono legal expertise for such worthy organizations as the Council of Jewish Organizations and the American Arbitration Committee. Mr. Kimmel has contributed endless hours of community service through his membership on the boards of both the United Lubavich Yeshivah, and the Young Israel of Avenue J. Mr. Kimmel is also an active member of Community Board 14.

I wish to recognize the lifelong efforts of Mr. Leo J. Kimmel, and wish him continued success in his future endeavors.

INTRODUCTION OF THE MEDIKIDS HEALTH INSURANCE ACT OF 2000

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2000

Mr. STARK. Mr. Speaker, I join today with my colleagues Representatives CHARLIE RANGEL, GEORGE MILLER, JIM McDERMOTT, STEPHANIE TUBBS JONES, BARNEY FRANK, JOHN CONYERS, and CARRIE MEEK to introduce the MediKids Health Insurance Act of 2000. Senator ROCKEFELLER is introducing a companion bill in the Senate. Our legislation has been endorsed by the American Academy of Pediatrics; the National Association of Community Health Centers; and NETWORK: a Catholic Social Justice Lobby.

Children are the least expensive segment of our population to insure, they are the least able to have any control over whether or not they have health insurance, and maintaining their health is integral to their educational success and their futures in our society. Even though we all recognize those facts, we still have over 11 million uninsured children in this country.

Despite our success in reaching out to low-income children through Medicaid expansions and the passage of the State Children's Health Insurance Program, a study released last week showed that the percent of children in low-income families without health insurance has not changed in recent years. The most recent available census figures confirm that the number of children without health insurance continues to creep slightly upward.

In addition, increasing health insurance costs are causing many small businesses to drop coverage altogether or are increasing the employee contribution to the point of being unaffordable for many working parents.

Our society continues to become increasingly mobile, with parents frequently changing jobs and moving between states. Families working their way out of welfare fluctuate between eligibility and ineligibility for means-tested assistance programs. Even with perfect enrollment in S-CHIP and Medicaid, our children are not going to have the consistent and regular access to health care which they need to grow up healthy.

That is why we are introducing the MediKids Health Insurance Act of 2000. This bill would automatically enroll every child at birth into a new, comprehensive federal safety net health insurance program beginning in 2002. The benefits would be tailored to the needs of children and would be similar to those currently

available to children under Medicaid. A small monthly premium would be collected from parents at tax filing, with discounts to low-income families phasing out at 300 percent of poverty. The children would remain enrolled in MediKids throughout childhood. When they are covered by another health insurance program, their parents would be exempt from the premium. The key to our program is that whenever other sources of health insurance fail, MediKids would stand ready to cover the health needs of our next generation. By the year 2000, every child in America would be able to grow up with consistent, continuous health insurance coverage.

Like Medicare, MediKids would be independently financed, would cover benefits tailored to the needs of its target population, and would have the goal of achieving nearly 100 percent health insurance coverage for the children of this country—just as Medicare has done for our nation's seniors and disabled population. It's time we make this investment in the future of America by guaranteeing to all children the health coverage they need to make a healthy start in life.

The MediKids Health Insurance Act would offer guaranteed, automatic health coverage for every child with the simplest of enrollment procedures and no challenging outreach, paperwork, or re-determination hoops to jump through. It would be able to follow children across state lines, or tide them over in a new location until their parents can enroll them in a new insurance program. Between jobs or during family crises such as divorce or the death of a parent, it would offer extra security and ensure continuous health coverage to the nation's children. During that critical period when a family is just climbing out of poverty and out of the eligibility range for means-tested assistance programs, it would provide an extra boost with health insurance for the children until the parents can move into jobs that provide reliable health insurance coverage. And every child would automatically be enrolled upon birth, along with the issuance of the birth certificate or immigration card.

As we all know, an ounce of prevention is worth a pound of cure. Providing health care coverage to children impacts much more than their health—it impacts their ability to learn, their ability to thrive, and their ability to become productive members of society. I look forward to working with my colleagues and supporting organizations for the passage of the MediKids Health Insurance Act of 2000 to guarantee every child in America the health coverage they need to grow up healthy.

A summary of the legislation follows.

DETAILS OF THE MEDIKIDS HEALTH INSURANCE ACT OF 2000

ENROLLMENT

Automatic enrollment into MediKids at birth for every child born after 12/31/2001.

At the time of enrollment, materials describing the coverage and a MediKids health insurance card be issued to the parent(s) or legal guardian(s).

Once enrolled, children will remain enrolled in MediKids until they reach the age of 23.

During periods of equivalent coverage by other sources, whether private insurance, or government programs such as Medicaid of S-CHIP, there will be no premium charged for MediKids.

May 4, 2000

During any lapse in other insurance coverage, MediKids will automatically cover the children's health insurance needs (and premium will be owed for those months).

BENEFITS

Based on Medicare and the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefits for children.

Prescription drug benefit.

The Secretary of HHS shall further develop age-appropriate benefits as needed as the program matures, and as funding support allows.

The Secretary shall include provisions for annual reviews and updates to the benefits, with input from the pediatric community.

PREMIUMS

Parents will be responsible for a small premium, one-fourth of the annual average cost per child, to be collected at income tax filing.

Parents will be exempt from the premium if their children are covered by comparable alternate health insurance. That coverage can be either private insurance or enrollment in other federal programs.

Families up to 150% of poverty will owe no premium. Families between 150% and 300% of poverty will receive a graduated discount in the premium. Each family's obligation will be capped at 5% of total income.

COST—SHARING (CO-PAYS, DEDUCTIBLES)

No cost-sharing for preventive and well child care.

No obligations up to 150% of poverty.

From 150% to 300% of poverty, a graduated refundable credit for cost-sharing expenses.

FINANCING

During the first few years, costs can be fully covered by tobacco settlement monies, budget surplus, or other funds as agreed upon.

During this time, the Secretary of Treasury has time to develop a package of progressive, gradual tax changes to fund the program, as the number of enrollees grows in the out-years.

MISCELLANEOUS

To the extent that the states save money from the enrollment of children into MediKids, they will be required to maintain those funding levels in other programs and services directed at the Medicaid population, which can include expanding eligibility for such services.

At the issuance of legal immigration papers for a child born after 12/31/01, that child will be automatically enrolled in the MediKids health insurance program.

EXTENSIONS OF REMARKS

CONGRATULATING THE UNIVERSITY OF ILLINOIS AND THE CENTURY COUNCIL FOR THEIR WORK ON ALCOHOL 101

HON. THOMAS W. EWING

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2000

Mr. EWING. Mr. Speaker, today I congratulate the Century Council for their dedication to the fight against drunk driving and underage drinking. The Century Council, in conjunction with the University of Illinois at Champaign-Urbana, created Alcohol 101, an interactive CD-ROM program, which debuted on more than 1000 college campuses during the 1998–1999 school year.

This virtual reality program is geared towards college age students and hopes to prevent and reduce the harm caused by abusive drinking habits. Students at the University of Illinois at Champaign-Urbana, under the guidance of Professor Janet Reis, assisted in the development of this program by participating in focus groups and extensive surveys.

Thanks to the input of these students, thousands of college students across the country will be able to witness the negative consequences of abusive drinking. As a result, the students will be better prepared when confronting these situations in their daily lives.

Alcohol 101 has received high recognition from many health, education and communications competitions. Most recently, the program received the prestigious FREDDIE award in the area of Health and Medical Film Competition.

Mr. Speaker, this program is a great asset to universities across the country and I offer my sincerest congratulations to the Century Council and the University of Illinois.

HONORING BERNARD HARRIS, JR.,
M.D., M.B.A.

HON. KEN BENTSEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 4, 2000

Mr. BENTSEN. Mr. Speaker, today I honor Dr. Bernard Harris, Jr., who on May 5, 2000 will receive the 2000 Horatio Alger Award.

Throughout his life Dr. Harris has shown that the simple principles of hard work, integrity, and perseverance can transform a young person's dreams into reality. When he was a child growing up on the Navajo nation reserva-

6991

tion near Temple, Texas, Dr. Harris dreamed of becoming an astronaut. As Dr. Harris himself once said, "Dreams are simply the reality of the future."

That can-do spirit propelled Dr. Harris to become the first African-American to walk in space when *Discovery* hooked up with Russia's space station Mir. During the mission in 1995, as a NASA Payload Commander, he used his expertise to evaluate spacesuit improvements and space station assembly techniques.

In the years following his historic spacewalks, Dr. Harris has made it a point to encourage and inspire young people to reach for the stars. The foundation for his success, Dr. Harris always maintains, is education. I have had the opportunity to visit a school in my District with Dr. Harris as he explained flying the Shuttle, walking in space, and his determination to succeed. He is truly an inspiration to us all, but particularly to the children he addresses.

Dr. Harris worked hard in high school, then attended the University of Houston, earning his tuition by working as a research assistant. With a degree in biology, Harris went on to earn a doctorate in medicine from Texas Tech University's School of Medicine. He completed his residency in internal medicine at the Mayo Clinic and then a fellowship at the NASA Ames Research Center. He joined NASA as a clinical scientist and flight surgeon.

Dr. Harris was accepted to train as an astronaut for the space program. His first space mission was in 1993 aboard space shuttle *Columbia*. On that flight Dr. Harris carried into space the first Navajo item, a flag blessed by a Navajo medicine man. Dr. Harris left the space program in 1996, and continued his passion for higher learning and achievement. He earned two master's degrees in biomedical science and business administration, and now is vice president for Science and Health Services, SPACEHAB Inc. of Houston.

A true role model, Dr. Harris continues to take part in activities in Houston that positively impact children's lives. He has spoken to several school groups through Urban League and Black History Month activities. His message of inspiration is that "you can do and be anything." Dr. Harris is certainly living proof of that.

Mr. Speaker, it is a fitting that Dr. Harris has been chosen as a Horatio Alger Award winner. As an excellent role model for young people, he embodies the criteria of a modern-day hero who has shown that the American Dream is alive and achievable for those willing to work for it.