

This in no way changes the primary purpose of the Congressional Research Service, which is to serve Congress; but it gives an additional window to the citizens to understand the workings of their Government and see some of the resources we have available.

There is an entire library of resources we could be making available to citizens, information we have at our fingertips and often mail out to our constituents on a regular basis; and yet these resources cannot now be made available to American citizens in the same timely and complete manner on the Web.

This legislation that I am introducing today moves such sharing of information by Members to the public into the next century. I am pleased that many of my colleagues are taking advantage of the Internet with their committees and often Web pages to provide citizens with hearing transcripts and testimonies and copies of the CONGRESSIONAL RECORD.

As we move into the 21st century, I believe reports prepared by the Congressional Research Service should be included, as well.

We live in an democracy, a government of the people, by the people, and for the people; and we must give a clear view of what is going on in the Government to the people. That is why we are introducing the CLEAR Act today.

I look forward to working with the Congressional Research Service, the gentleman from California (Chairman THOMAS), and the Committee on House Administration and other interested Members of Congress to make what we do a lot clearer to our voters and continue to reform our Congress as we move into the new millennium.

REVISIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPROPRIATIONS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. KASICH) is recognized for 5 minutes.

Mr. KASICH. Mr. Speaker, pursuant to Sec. 314 of the Congressional Budget Act, I hereby submit for printing in the Congressional Record revisions to the allocation for the House Committee on Appropriations pursuant to House Report 106-623 totaling \$1,271,000,000 in additional new budget authority and \$723,000,000 in additional outlays. This will change the allocation to the House Committee on Appropriations to \$601,681,000,000 in budget authority and \$625,915,000,000 in outlays for fiscal year 2001. Budgetary aggregates will increase to \$1,529,886,000,000 in budget authority and \$1,495,136,000,000 in outlays for fiscal year 2001.

As reported to the House, H.R. 4577, the bill making fiscal year 2001 appropriations for the Department of Labor, Health and Human Services, Education and Related Agencies, includes \$801,000,000 in budget authority and

\$315,000,000 in outlays for emergencies; \$450,000,000 in budget authority and \$396,000,000 in outlays for continuing disability reviews; and, \$20,000,000 in budget authority and \$12,000,000 in outlays for adoption incentive payments.

These adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation. Questions may be directed to Dan Kowalski or Jim Bates at 67270.

HEALTH CARE FOR CHILDREN IN TEXAS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 60 minutes as the designee of the minority leader.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, for the 60 minutes, we plan to address the House on health care for children in Texas. I will be joined by several Members.

My colleagues can see, Mr. Speaker, that this ad has a child that has on boxing gloves. Our children should not have to fight to get health care coverage that they truly deserve.

A child born in the year 2000 is far more likely to grow up healthy and to reach adulthood than a child that was born in 1900. Over the past 100 years, our Nation's scientific, technological, and financial resources have built the most advanced health care system in the world. But the doors of health care still remain shut to some.

Millions of children have inadequate medical care. Ensuring that every child in our Nation receives the best possible health care, we must have a top priority in this Nation. To a large extent, health status is still determined by race, language, culture, geography, and economics.

In general, children in low-income communities get sick more often from preventable acute and infectious illnesses, such as measles, conjunctivitis, and ear infections. Low-income children and teens are also more likely to suffer from chronic medical conditions, such as diabetes and asthma. These are the leading causes of school absences.

In fact, the sharpest increases in asthma rates are among the urban youth. Very prevalent. Despite the tremendous advances in medical technology and public health, millions of children have less of a chance to grow up healthy and strong because of unequal access to health care.

Texas is a perfect example. Children without health insurance or a regular source of health care are more likely to seek care from emergency rooms and clinics, which have long waits to see a provider, limited follow-up, and little to no health education about preventive strategies or ways to manage a chronic illness.

Compared with insured children, uninsured children are up to eight times

less likely to have a regular source of care, four times more likely to delay seeking care, nearly three times less likely to have seen a provider in the last past year, and five times more likely to use emergency room as a regular place of care.

There is no question that insurance is key to maintaining health. When Medicaid was initiated in 1965, infant mortality rates began to decrease, and that continues today.

The health insurance status of children through age 18 in Texas compared to that of the rest of the country. On this next chart, imagine 100 children from Texas standing in front of us, 54 of these children are insured through private employer-based policies; 24 percent are uninsured; 22 percent are covered through Medicaid. This equals to about 1.4 million of the 6 million children in Texas without health insurance.

On our next chart, just imagine 100 children from all over the country standing in front of us. Sixty-four percent of these children are insured through private employer-based programs; 21 are covered through Medicare; 15 are uninsured.

Why is it that Texas's percentage of uninsured children is higher than the Nation's average? The reason is due to a Texas Government that chooses not to take advantage of the government funding that will allow many children to be insured.

I just read a news clipping here talking about the millions of dollars that is turned back or unused in the Federal Government simply because we have not enrolled these children. It is unfortunate that we have a Government so benign in Texas that will not enroll the children.

□ 1915

As a matter of fact, Texas can expand its Medicaid coverage to the age of 18 and cover those whose income is up to 300 percent of the Federal poverty level. Presently, Texas only covers children up to age 18 and whose income is 100 percent of the Federal poverty level with title XXI funds. There is something grossly inadequate about how we take care of our children and their health care in Texas. Over half of all States have expanded the coverage to 200 percent and beyond.

The next chart shows income eligibility levels for children 1 and older in Medicaid and separate State programs. This chart shows that most States have expanded health care coverage to children in title XXI funds. This coverage is provided through Medicaid expansions and/or separate insurance programs. Why, then, Texas? Ten States offer Medicaid to those with incomes up to 150 percent of the Federal poverty level. Texas falls within that category. Texas falls at the bottom. Our children fall at the bottom.