

hospitalizations and emergency care. In addition, lack of health care as a child can lead to the need for more intensive and unnecessarily costly care later in life. Providing health care coverage to children impacts much more than just their health—it impacts their ability to learn, their ability to thrive, and their ability to become productive members of our society.

In the past several years, we have achieved a remarkable consensus to address the millions of children without health insurance in America. The result has been the expansion of Medicaid and the implementation of S-CHIP. But, despite these efforts, there are still over 10 million uninsured children. Clearly, much more can and should be done to guarantee the coverage of all children in the United States. It is unconscionable for our society to allow children to go without health care coverage because they are stuck in the gap between being eligible for public programs like Medicaid and their parents' being able to afford reliable coverage.

MediKids will provide health insurance for all children in the United States regardless of family income. The program is modeled after Medicare, but the benefits are tailored toward children. MediKids is financed like the Medicare Part B program with families paying a premium of 25% of the value of the program and the rest financed through general revenues. Premiums for MediKids would be collected each year when their parents' file their taxes. There is also a generous low-income subsidy for families phasing out at 300% of poverty.

Parents who have other coverage for their children—employer sponsored, individual marketplace, S-CHIP, Medicaid or whatever, could maintain that coverage. But, if something happens and that coverage is no longer available, their children could always rely on MediKids for coverage. If the family moves, MediKids follows the children across state lines. And, no longer would kids get caught with no health insurance coverage if their parents are climbing out of welfare.

Enrollment in MediKids is simple with no complicated paperwork or re-determination hoops to jump through. When children are born or immigrate to this country, the parents are automatically given a MediKids insurance card and information on the benefits. For those children who are already born, the bill authorizes presumptive eligibility and enrollment at outstationed sites such as Disproportionate Share Hospitals and Federally Qualified Health Centers to simplify outreach efforts. Once the program is fully phased in no outreach will be needed because enrollment into the program will be automatic.

Our legislation is supported by both children's advocates and the doctors who care for children. Groups that support the legislation include: the American Academy of Pediatrics, the Children's Defense Fund, the American Academy of Child and Adolescent Psychiatry, Consumers Union, Families USA, the March of Dimes, the National Association of Community Health Centers, the National Association of Public Hospitals and Health Systems, the National Health Law Program, and NETWORK: a Catholic Social Justice Lobby. These providers and children's advocacy groups are united around the concept that

children deserve access to continuous health insurance. MediKids meets that goal.

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. In a country awash in surplus, there is no excuse for any of our children to grow up without health care coverage. A small investment in our children's health will go much further than a huge tax break for those who are already well off. I look forward to working with my colleagues and supporting organizations for the passage of the MediKids Health Insurance Act of 2001.

Below is a short summary of the legislation:

ENROLLMENT

Every child born after 2002 is automatically enrolled in MediKids, and those children already born are enrolled over a 5-year phase-in as described below. Children who immigrate to this country are enrolled when they receive their immigration card. Materials describing the program's benefits, along with the MediKids insurance card, are issued to the parent(s) or legal guardian(s) of each child. Once enrolled, children remain enrolled in MediKids until they reach the age of 23.

Parents may choose to enroll their children in private plans or government programs such as Medicaid or SCHIP. During periods of equivalent alternative coverage, the MediKids premium is waived. However, if a lapse in other coverage occurs, MediKids automatically covers the children's health insurance needs (and a premium will be owed for those months).

PHASE-IN

Year 1 (2003)=the child has not attained age 6
 Year 2 (2004)=the child has not attained age 11
 Year 3 (2005)=the child has not attained age 16
 Year 4 (2006)=the child has not attained age 21
 Year 5 (2007)=the child has not attained age 23

BENEFITS

The benefit package is based on the Medicare and the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits for children, and includes prescription drugs. The benefits will be reviewed annually and updated by the Secretary of Health and Human Services to reflect age-appropriate benefits as needed with input from the pediatric community.

PREMIUMS, DEDUCTIBLES, AND COPAYS

Families up to 150 percent of poverty pay no premiums or copays. Families between 150 percent and 300 percent of poverty pay a graduated premium up to 5 percent of their income and receive a graduated refundable tax credit for cost sharing. Parents above 300 percent of poverty are responsible for a small premium, one-fourth of the annual average cost per child. Premiums are collected at income tax filing. There is no cost sharing for preventive and well childcare for any children.

FINANCING

Congress would need to determine initial funding. In future years, the Secretary of Treasury would develop a package of progressive, gradual tax changes to fund the program, as the number of enrollees grows.

STATES

Medicaid and S-CHIP are not altered by MediKids. These programs remain the safety

net for children until MediKids is fully implemented and appropriately modified to best serve our nation's children. Once MediKids is fully operational, Congress can revisit the role of these programs in covering children.

To the extent the states save money from the enrollment of children into MediKids, states are required to maintain those funding levels in other programs and services directed at the Medicaid and S-CHIP populations. This can include expanding eligibility for Medicaid or offering additional services. For example, states could expand eligibility for parents and single individuals, increase payment rates to providers, or enhance quality in nursing homes.

INTRODUCTION OF THE DISTRICT OF COLUMBIA PUBLIC SAFETY REIMBURSEMENT ACT OF 2001

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
 IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2001

Ms. NORTON. Mr. Speaker, today I reintroduce the District of Columbia Public Safety Reimbursement Act of 2001 with some urgency. The city has become the focal point not only of the large number of standard national events that come annually, but of an ever-increasing number of volatile, even violent and disruptive events. The District, which has recently revived from a serious fiscal crisis, will be seriously disadvantaged by the federal government itself if the city must continue to take on the financial burden of the national demonstrations of people who come to this city because of the federal presence. The bill is strongly supported by the District, especially by D.C. Police Chief Charles Ramsey, whose officers are deflected from fighting serious crime, and by Mayor Tony Williams, who must also commit the resources of many other agencies when national events occur here.

The annual contribution authorized by this bill would reimburse the District for the considerable services the Metropolitan Police Department (MDP) and other D.C. agencies provide every year to cover the many national events and activities that occur here because the District is the national seat of government. One need only consider some of the events and demonstrations held in recent years to understand what offloading similar federal costs would do to any large city. Examples are too numerous to detail, but here are some examples. Of the cities where the International Monetary Fund (IMF) demonstrations were held, the District was the only one where significant violence and disruptions did not occur. Last year, Congress was so impressed and relieved about the city's handling of the IMF demonstrations that it passed a version of the bill I am introducing today on a one-time basis and awarded the District \$4.4 million that partially reimbursed the city. Another prominent example points up how the cost of federal events has been transferred to the taxpayers of the District of Columbia. A ragtag gang of racists and anti-Semites calling themselves the American Nationalist Party (ANP) came to Washington in August 1999. The District government was left to pick up the tab of

\$500,000 for police protection for the demonstrators and for the pro-human rights groups who rallied against the ANP on the Mall as well as at another location to counter the Nazis. The enormous expense had to be incurred because of the huge reaction to the announcement of the NAZI demonstration, even though only a half-dozen actually showed up. City police and agencies had to spend local taxpayer dollars in any case.

From the Million Man March to the federal Millennium event at the Lincoln Memorial, similar events, large and small, of every variety occur with great frequency and cannot proceed without the work of our police force and city agencies. The MPD is at the center, from the extensive logistical preparations to the on-duty time guarding and facilitating the event itself.

The right to assemble is a precious constitutional right. It is available to all and must be protected for all. However, those who come here seek the attention of the national government, not the D.C. government, and the cost should be borne, by American taxpayers, not D.C. taxpayers.

Further, residents see our police every time the President moves outside the White House complex because all traffic stops while our police line the streets to assure the President's safe passage. The Congress itself frequently uses our police department—from the annual State of the Union address, when officials and citizens converge on the Hill, to unusual events, such as the funeral following the tragic killing of the two Capitol Police officers almost three years ago. Cabinet officials, the President, and Members of the House and Senate, not to mention other federal officials and agencies all use the MPD as if it were a hometown police force they had bought and paid for. Actually they pay nothing. In countless ways on a daily basis, federal officials and tourists alike get excellent D.C. police protection free of charge. The District cannot continue to plan for ever larger numbers of demonstrations on an ad hoc basis with insufficient funds. The Congress needs to award the funds in advance to assure that the District budgets sufficient funds in advance to manage these events safely and professionally.

The bill I introduce today places financial responsibility where it belongs. There are two important grounds for this bill, one statutory and the other historical precedent. The statutory basis is the 1997 Revitalization Act, where the District of Columbia traded the federal payment for a much larger federal assumption of stat costs. However, the Congress nevertheless preserved the right of the District to receive a federal contribution. The Act provides: "The unique status of the District of Columbia as the seat of the government . . . imposes unusual costs and requirements which are not imposed on other jurisdictions and many of which are not reimbursed by the federal government." The Revitalization Act (Section 11601) therefore allows "for each subsequent fiscal year [after FY 1998], such amount as may be necessary for such contribution."

The second basis for a designated public safety contribution is historical precedent. Separate from the annual federal payment, the Congress has traditionally appropriated to the District additional funds for public safety pur-

poses. Amounts have ranged from five million dollars to 30 million dollars, depending on the need and public safety issues arising in the particular year. Such funds have been appropriated for national events in other jurisdictions as well. Two years ago, Congress included five million dollars to help cover police costs during the WTO meeting in Seattle. Here in the District, there has always been a consistent congressional understanding that police work in the nation's capital necessarily involves the federal and national interest and deserves special and unique support. Thus, I am asking the Congress to return to its original understanding of its responsibility for a share of public safety in this city, specifically for police protection for national and federal events by reimbursing the city for the cost of police protection. The bill requires the District's Chief Financial Officer to submit receipts for the cost of such protection to the D.C. Appropriations Subcommittee at the end of each fiscal year.

I want to emphasize that I do not introduce this bill simply to get extra money from the federal government, as desirable as that would be. I introduce this bill because these costs are beyond the control of the District and therefore create mounting pressures on the city's budget. It will be years before the District has a tax base of residents and businesses adequate to support the city through good, moderate, and bad economic times. The D.C. Public Safety Reimbursement Act builds on cost justification the Congress itself has long accepted. The annual amounts would be small and would not be a gift from the federal government. They would be payment for services rendered to the President, Congress and the federal government by the Metropolitan Police Department and the agencies of the D.C. government.

The matter has now become urgent. The District must be able to plan its budget as the Congress expects. This planning cannot be done if the Congress itself does not include an annual mechanism for reimbursement to the city for services rendered to protect the federal presence.

NATIONAL NURSES WEEK 2001:
NURSES ARE THE TRUE SPIRIT
OF CARING

HON. CAROLYN MCCARTHY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2001

Mrs. MCCARTHY OF NEW YORK. Mr. Speaker, National Nurses Week is an established recognition event created to honor the nurses who give care to millions of patients daily. It is celebrated every year beginning May 6 and ending May 12, Florence Nightingale's birthday. The theme for Nurses Week 2001 is "Nurses are the True Spirit of Caring," which is incredibly appropriate given the role nurses play in the medical community.

As a nurse, I am lucky to be part of such a caring group of professionals. I think that many people used to look at nursing as if it was a "runner-up" profession. As if those who became nurses were the ones who couldn't

"cut it" as doctors. Today we know that is not the case. Nursing care is just as important as physician care, and I feel like the American public finally recognizes it as such.

Yet nurses have another battle on their hands: the fight to become a financially competitive profession. A prominent national issue is the growing nursing shortage. There are various new career options for healthcare professionals today, prompting nurses to gradually move away from patient care and into fields with better pay, benefits and hours, and often less stress.

It is vital for the health of this nation that nursing field continue attracting experienced and educated candidates. In this day and age, positive recognition needs to be coupled with competitive salaries and benefits. That is why I have cosponsored H.R. 1436, the Nurse Reinvestment Act of 2001. This legislation amends the Public Health Service Act, the Social Security Act, and the Internal Revenue Code of 1986 to alleviate the nursing profession shortage.

Being a nurse takes heart. I think the last line of the Florence Nightingale pledge says it best: "With loyalty will I . . . devote myself to the welfare of those committed to my care." It's a tough job, day in and day out, one that requires attention to others before attention to oneself. Whether you work in a hospital emergency room, a free inner-city clinic, or a small-town doctor's office, there is always one common bond: the commitment to provide the best possible care for your patients. Nurses are there to help the sick get better and to make sure the healthy stay that way.

Every month, I honor someone as Citizen of the Month for the Fourth Congressional District. This month, May 2001, I name all the nurses in Nassau County as Citizens of the Month. Representing Nassau nurses is Fran Heslin of Nassau University Medical Center.

Fran has been a valued member of the surgical intensive care unit since her graduation from Nassau Community College in 1985 with a degree in Nursing. She is an excellent example of the competency, care and respect exuded by nurses. Fran is married to William Helsin, and they have three children, Tara, Ryan and Erin. I congratulate Fran and her family, and all of Nassau's nurses on being named Citizens of the Month.

NATIONAL PARK OF AMERICAN
SAMOA

HON. ENI F.H. FALÉOMAVAEGA

OF AMERICAN SAMOA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 3, 2001

Mr. FALÉOMAVAEGA. Mr. Speaker, I rise today to introduce legislation to make minor adjustments to the boundary of the National Park of American Samoa.

The U.S. territory of American Samoa is located approximately 2,400 miles southwest of Hawaii, and the National Park of American Samoa is located on three separate islands: Tutuila, Ofu and Ta'u. The Islands of Ofu and Olosega, portions of which would be added to the park under this legislation, are small islands which lie adjacent to each other, and are connected by a short bridge.