for purposes of paragraph (1), there shall be excluded any day on which either House of the Congress is not in session.

SEC. 8. CONSIDERATION OF BILL IMPLEMENTING PURPOSES OF THIS ACT.

(a) RULES OF HOUSE OF REPRESENTATIVES AND SENATE.—The provisions of this section are enacted by the Congress—

(1) as an exercise of the rulemaking power of the House of Representatives and the Senate, respectively, and as such they are deemed a part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of implementing bills described in section 6(c) and they supersede other rules only to the extent that they are inconsistent therewith; and

(2) with full recognition of the constitutional right of either House to change the rules (so far as relating to the procedure of that House) at any time, in the same manner and to the same extent as in the case of any other rule of that House.

(b) IMPLEMENTING BILL DEFINED.—For purposes of this section, the term ''implementing bill'' means only a bill of either House of Congress which is submitted by the Commission pursuant to section 7(c) and introduced as provided in subsection (c) (of this section).

(c) INTRODUCTION AND REFERRAL.—

(1) INTRODUCTION ON DAY OF SUBMISSION.—On the day on which an implementing bill is submitted to the House of Representatives and the Senate by the Commission under section 7(c), the implementing bill submitted shall be—

(A) introduced (by request) in the House by the majority leader of the House, for himself and the minority leader of the House, or by Members of the House designated by the majority leader and minority leader of the House; and

(B) introduced (by request) in the Senate by the majority leader of the Senate, for himself and the minority leader of the Senate, or by Members of the Senate designated by the majority leader and minority leader of the Senate.

(2) SUBSEQUENT INTRODUCTION IF A HOUSE IS NOT IN SESSION.—If either House is not in session on the day on which an implementing bill is submitted, the implementing bill shall be introduced in that House, as provided paragraph (1), on the first day after such date of submission on which the House is in session.

(3) COMMITTEE REFERRALS.—An implementing bill introduced in either House pursuant to paragraph (1) or (2) shall be referred by the presiding officer of such House to the appropriate committee, or, in the case of a bill containing provisions within the jurisdiction of 2 or more committees, jointly to such committees for consideration of those provisions within their respective jurisdictions.

(d) AMENDMENTS PROHIBITED.—

(1) IN GENERAL.—No amendment to an implementing bill shall be in order in either the House of Representatives or the Senate.

(2) NO MOTION TO SUSPEND APPLICATION OF SUBSECTION.—No motion to suspend the application of this subsection shall be in order in either House.

(3) NO UNANIMOUS CONSENT REQUESTS.—A request to suspend the application of this subsection by unanimous consent shall not be in order in either House and it shall not be in order for the presiding officer in either House to entertain any such request.

(e) PERIOD FOR COMMITTEE AND FLOOR CONSIDERATION.—

(1) COMMITTEE CONSIDERATION.—If any committee of either House to which an implementing bill has been referred has not reported such bill to such House as of the close of the 45th day after the introduction of the bill, the committee shall be automatically discharged from further consideration of the bill and the bill shall be placed on the appropriate calendar.

(2) VOTE ON FINAL PASSAGE.—A vote on final passage of an implementing bill shall be taken in each House on or before the close of the 15th day after the bill is reported by the committee or committees of that House to which the bill was referred, or after such committee or committees have been discharged from further consideration of the bill.

(3) CONSIDERATION BY 1 HOUSE AFTER PASSAGE OF BILL BY OTHER HOUSE.—If, before the passage by 1 House of an implementing bill of such House, the House receives the same implementing bill from the other House, then—

(A) the procedure in that House shall be the same as if no implementing bill had been received from the other House; but

(B) the vote on final passage shall be on the implementing bill of the other House.

(4) COMPUTATION OF LEGISLATIVE DAYS.—For purposes of this subsection, in computing a number of days in either House, there shall be excluded any day on which that House is not in session.

(f) PROCEDURAL RULES FOR FLOOR CONSIDERATION IN THE HOUSE.—

(1) HIGHLY PRIVILEGED MOTION.—

(A) IN GENERAL.—A motion in the House of Representatives to proceed to the consideration of an implementing bill shall be highly privileged and not debatable.

(B) MOTION NOT AMENDABLE.—An amendment to the motion described in subparagraph (A) shall not be in order.

(C) NO MOTION TO RECONSIDER.—No motion to reconsider the vote by which the motion described in subparagraph (A) is agreed to or disagreed to shall be in order in the House of Representatives.

(2) DEBATE.—

(A) TIME LIMIT.—Debate in the House of Representatives on an implementing bill shall be limited to not more than 20 hours, which shall be divided equally between those favoring and those opposing the bill.

(B) NONDEBATABLE MOTION TO FURTHER LIMIT DEBATE.—A motion to further limit debate on an implementing bill shall not be debatable.

(3) NO MOTION TO RECONSIDER OR RECOMMIT.—It shall not be in order in the House of Representatives to move to recommit an implementing bill or to move to reconsider the vote by which an implementing bill is agreed to or disagreed to.

(4) MOTIONS TO POSTPONE CONSIDERATION OR PROCEED TO CONSIDERATION OF OTHER BUSINESS NONDEBATABLE.—Motions to postpone, made in the House of Representatives with respect to the consideration of an implementing bill, and motions to proceed to the consideration of other business, shall be decided without debate.

(5) APPEALS FROM RULINGS OF THE CHAIR NONDEBATABLE.—All appeals from the decisions of the Chair relating to the application of the Rules of the House of Representatives to the procedure relating to an implementing bill shall be decided without debate.

(6) RULES OF THE HOUSE OTHERWISE APPLY.—Except to the extent specifically provided in the preceding paragraphs of this subsection, consideration of an implementing bill in the House of Representatives shall be governed by the Rules of the House of Representatives applicable to other bills in similar circumstances.

(g) PROCEDURAL RULES FOR FLOOR CONSIDERATION IN THE SENATE.—

(1) PRIVILEGED MOTION.—

(A) IN GENERAL.—A motion in the Senate to proceed to the consideration of an implementing bill shall be privileged and not debatable.

(B) MOTION NOT AMENDABLE.—An amendment to the motion described in subparagraph (A) shall not be in order.

(C) NO MOTION TO RECONSIDER.—A motion to reconsider the vote by which the motion described in subparagraph (A) is agreed to or disagreed to shall not be in order in the Senate.

(2) DEBATE.—

(A) TIME LIMIT GENERALLY.—Debate in the Senate on an implementing bill, and all debatable motions and appeals in connection with the debate on such bill, shall be limited to not more than 20 hours which shall be equally divided between, and controlled by, the majority leader and the minority leader or their designees.

(B) TIME LIMIT ON DEBATABLE MOTIONS OR APPEALS.—Debate in the Senate on any debatable motion or appeal in connection with an implementing bill shall be limited to not more than 1 hour, to be equally divided between, and controlled by, the mover and the manager of the bill, except that in the event the manager of the bill is in favor of any such motion or appeal, the time in opposition thereto, shall be controlled by the minority leader or his designee.

(C) ALLOTMENT OF TIME DURING CONSIDERATION OF DEBATABLE MOTION OR APPEAL.—The majority leader and the minority leader may, from time under their control on the passage of an implementing bill, allot additional time to any Senator during the consideration of any debatable motion or appeal.

(D) NONDEBATABLE MOTION TO FURTHER LIMIT DEBATE.—A motion in the Senate to further limit debate is not debatable.

(3) NO MOTION TO RECOMMIT.—It shall not be in order in the Senate to move to recommit an implementing bill.

SEC. 9. TERMINATION.

The Commission shall terminate 30 days after the final text of the implementing bill has been submitted to the Congress pursuant to section 7(c).

SEC. 10. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated for the fiscal years 1997 and 1998 such sums as may be necessary to carry out this Act.

SEC. 11. BUDGET ACT COMPLIANCE.

Any spending authority (as defined in subparagraphs (A) and (C) of section 401(c)(2) of the Congressional Budget Act of 1974) authorized by this Act shall be effective only to such extent and in such amounts as are provided in appropriation Acts.

HEALTHY START: LEGISLATION TO GUARANTEE HEALTH CARE INSURANCE FOR ALL AMERICAN CHILDREN

HON. SAM GIBBONS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 11, 1996

Mr. GIBBONS. Mr. Speaker, today, along with Representatives RANGEL, STARK, GEORGE MILLER, GONZALEZ, LAFALCE, HILLIARD, LANTOS, and NORTON, I am introducing legislation entitled ''Healthy Start'', to provide Medicare-type health insurance for all women during pregnancy and for children from infancy through age 12.

Just as Head Start has helped millions of children prepare for school and reduce the burdens of poverty, Healthy Start will ensure that all American children can obtain adequate

medical care in the first years of life. Health insurance has been shown to be the key to adequate access to health care; and adequate access to health care is a key to a healthier life. That is why the bill we are introducing will concentrate on ensuring that all American children and mothers during pregnancy have adequate health insurance.

Today, there are approximately 7.1 million children under age 13 who are uninsured. Three-fourths of these children have parents who work, most of them full-time, but their employer either does not offer health insurance coverage or the family does not make enough to buy insurance. Because of the decline in employment-provided health insurance, it is estimated that each year, 1 million additional children lose private insurance coverage. If these trends continue, in 4 years—at the end of this decade—more than 2 out of 5 children will lack private health insurance. The failure to provide health care for our children costs our Nation a productive workforce for the future. It costs us at the hospital, in the schoolyard, in our ability to defend our Nation and to produce competitively. No industrialized or civilized society on earth treats its children so callously.

This health disaster would be somewhat mitigated if our Nation had a reliable low-income insurance program that ensured access to quality care for children. But Medicaid provides an uneven and often inadequate protection that varies from State-to-State, and that program is under severe attack by Republican budget cutters here in Congress and in State capitols across the Nation. Rather than the uncertainty of Medicaid, we need a uniform, high-quality health insurance plan for all our children.

We should be improving health insurance for our children—not slashing it. Although we are one of the richest, most advanced countries in the world, the United States ranks 18th among industrialized nations in overall infant mortality. Only Portugal has an infant mortality rate worse than ours. The infant death rate among African-American babies is two and a half times that of caucasian children. Poor children, many of whom come from working families with no health coverage, are 60 percent more likely than children with health insurance to die before their first birthday and four times more likely to suffer from infection or serious illness.

The General Accounting Office has just issued a report to Senator CHRISTOPHER DODD, dated June 17, 1996, entitled ''Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate'' [GAO/HEHS–96–129]. The report states:

> The number of children without health insurance coverage was greater in 1994 than at any time in the last 8 years. In 1994, the percentage of children under 18 years old without any health insurance coverage reached its highest level since 1987—14.2 percent or 10 million children who were uninsured. In addition, the percentage of children with private coverage has decreased every year since 1987, and in 1994 reached its lowest level in the past 8 years—65.6 percent.

The GAO's report also provides an eloquent summary of why the lack of insurance is so important:

> Studies have shown that uninsured children are less likely than insured children to get needed health and preventive care. The lack of such care can adversely affect children's health status throughout their lives. Without health insurance, many families face difficulties getting preventive and basic care for their children. Children without health insurance or with gaps in coverage are less likely to have routine doctor visits or have a regular source of medical care. . . . They are also less likely to get care for injuries, see a physician if chronically ill, or get dental care. They are less likely to be appropriately immunized to prevent childhood illness—which is considered by health experts to be one of the most basic elements of preventive care.

We spend long hours debating whether there should be prayer in school, but no time discussing how much parents pray that their children don't get sick because the parents can't pay the bills. We spend days debating obscenity on the Internet, but little time debating how obscene it is for a society as rich as ours to have so many children and parents unable to seek adequate medical care.

We must commit ourselves to insuring all pregnant women and all children, regardless of the financial ups and downs of the family unit. There is only one way to do this. Let me repeat: there is only one way to guarantee universal coverage. It is through a social insurance program in which we all pitch in to guarantee health insurance for all children at all times. I am here today to propose that we make that guarantee, once and for all.

That is what the bill we are introducing today achieves. It uses the tested Medicare Program to cover all young American children and their mothers during pregnancy with the basic package of Medicare benefits plus additional benefits designed to ensure a healthy start for babies and young children. These additional benefits include full coverage for pregnancy care, immunizations, follow-up visits for new babies with pediatricians, routine checkups to monitor development, and preventive dental care.

Any parent can, of course, purchase additional medigap-type insurance coverage for more benefits and more coverage. Freedom of choice of doctor is preserved.

The bill we are introducing ensures that every child and mother-to-be will have health insurance equivalent to Medicare plus the special prenatal and well-baby care provisions I've described. If a family already has this level of coverage, it is not affected by this bill; the family will see no change. If the family doesn't have such a level of coverage, it will purchase this package, or a similar package, through sliding scale, very affordable, income-related premiums administered through the Tax Code. Families below the poverty level will basically be exempt from the premium tax.

This legislation is similar to the procedure we used in 1994, when the Ways and Means Committee approved a bill which, according to Congressional Budget Office estimates, achieved enough savings in the health care sector and in Medicare to both improve Medicare and expand coverage to all the uninsured. A comprehensive health care reform bill may not be possible in the near future, but we can surely find a way to protect our youngest and most vulnerable citizens. We can look to other spending cuts to find the resources to fund this basic right.

Through the Social Security and Medicare Program, our society has advanced further than most in ensuring that old age is a time of security. We have reduced poverty among seniors to the lowest of any group in our society. In many ways, the health status of a 65-year-old in our society is better than younger groups'. Sadly enough, we have left our children behind. Poverty rates for children are higher than average. The health status of millions of our children is equal to that of a Third World country. What we have achieved for seniors we can surely achieve for their grandchildren.

The bill we are introducing today would at long last give our children the same level of care we provide their grandparents.

Following are facts and figures on how health insurance equals better health, and how we have failed to provide that better health to our Nation's future—our children.

CHILD HEALTH IN U.S. RANKS LOWER THAN MANY NATIONS

In the industrialized world, the United States ranks 18th in overall infant mortality. Only Portugal's infant death rate is worse. The infant mortality rate of African-American babies is 2.5 times that of caucasian children, and is worse, for example, than Sri Lanka's or Jamaica's. In 1993, more than 33,000 American babies died before age 1. More than 16,000 of these babies would have survived if the United States had the same infant mortality rate as the Japanese.

LOW-INCOME CHILDREN NEED HEALTH COVERAGE

Compared to other children, poor children are 60 percent more likely to die before the age of 1, 4 times more likely to be hospitalized with asthma or pneumonia, and 5 times more likely to die from infection or parasitic disease.

HEALTH INSURANCE FOR CHILDREN IS DETERIORATING RAPIDLY

[In percent]

	1988	1994
Children under 18 with employment-based insurance	66	59
Children under 18 on Medicaid	16	26

During their first 3 years of life, over 22 percent of U.S. children were without health insurance for at least 1 month. The number of children in working-poor families, who are least likely to have Medicaid or employment-based insurance, rose to 5.6 million in 1994, up 65 percent from 1974.

MEDICAID CUTBACKS WILL INCREASE NUMBER OF UNINSURED CHILDREN

Forty percent of all pregnant women and infants are now covered by Medicaid. More than half of all Medicaid recipients are children, although less than 25 percent of Medicaid spending is on children. Under current law, additional low-income children are being phased into Medicaid, but proposed changes would end that guarantee. Experts estimate that if the decline in employment-based insurance continues and Medicaid enrollment is frozen, there will be a total of 67 million people of all ages who are uninsured in 2002.

HEALTH INSURANCE HELPS

Since 1965, infant mortality has been reduced by ⅔ds. An increase of 15 percent in Medicaid eligibility for children in the 1980's decreased child mortality by 4.5 percent. In 1987, only 22 percent of Medicaid beneficiaries had no physician visits within a year, compared to 49 percent of the uninsured poor.

COMMEMORATIVE STATEMENT FOR GEORGE F. JONES

HON. JAMES B. LONGLEY, JR.

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 11, 1996

Mr. LONGLEY. Mr. Speaker, this month of June marks the anniversary of the passing of a very special constituent, George F. Jones, who died in June 1995, at the blessed age of 105. I would like to take this opportunity to commemorate his remarkable life.

Born in Gardiner, ME, Mr. Jones was a direct descendant of Samuel Huntington, President of the Continental Congress and a signer of the Declaration of Independence. George was well respected by those who knew him. He was a sincere believer in the American ideals of hard work and honesty. A man who lived by his convictions, George Jones was dedicated to his profession as a furnituremaker and ascertained a worldwide reputation. It is even rumored that furniture was sent to him from Buckingham Palace in the 1930's for repair.

As a talented violinist, George Jones played for the Lincoln County Community Orchestra, and even enjoyed playing a little fiddle at church services and area dances. George also worked to aid the community as a member of the Alna Lodge of Masons and the Saint Andrews Society of Maine.

Mr. Jones is truly missed by the many individuals whose lives he touched, and stands as an example for all Americans who can learn from his dedication to those around him and to life itself.

CABLE'S HIGH SPEED EDUCATION CONNECTION

HON. JACK FIELDS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 11, 1996

Mr. FIELDS of Texas. Mr. Speaker, I would like to commend the cable television industry for its recently announced plan to provide America's elementary and secondary schools with high-speed Internet access via cable modems. Under this innovative educational plan—''Cable's High Speed Education Connection''—local cable companies will provide the equipment necessary to connect schools located in their service areas to the Internet free of charge.

There is universal agreement that the Internet is an increasingly important information resource—one that can contribute significantly to the overall educational process. As a result of rapid technological advances, we are witnessing an information explosion—and much of that information is located on, and available from, the Internet.

By undertaking this initiative, the cable television industry is assuming a leading role in making the information on the Internet available to millions of young Americans. I applaud the cable television for devising this plan that will put more and more young Americans online, and that will provide them with access to this important information resource.

We all recognize that our children are our country's future. That is why I hope that this important program will encourage other industries to do what the cable television industry has already done with its ''Cable's High Speed Education Connection'' Program—that is, to contribute their expertise and a portion of their earnings to the goal of improving the quality of education our children receive.

Once again, I want to applaud the cable television industry for its efforts to assist our schools, which will improve the quality of education our children receive, which will—in turn—help ensure the continued economic well-being of our country in the years ahead.

THE LATE REVEREND RALPH DAVID ABERNATHY, JR., HONORED

HON. JOHN LEWIS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 11, 1996

Mr. LEWIS of Georgia. Mr. Speaker, during the 1960's, I was honored to be a part of the civil rights movement—a movement that changed the face of our Nation. People from throughout our Nation—old and young, black and white, rich and poor—joined the nonviolent revolution that made our country a better, fairer, more just Nation. I was fortunate to get to know Dr. Martin Luther King, Jr., and his partner in the movement—Dr. Abernathy.

Dr. Abernathy was an inspiring and committed leader from the earliest days of the movement. When Rosa Parks was arrested for refusing to stand in the back of the bus while there were empty seats in the ''white'' section of the bus, she inspired the Montgomery bus boycott. As ministers of the two leading black churches in Montgomery, AL, Dr. King and Dr. Abernathy worked together to organize and sustain that boycott. Thus began the strong bonds of friendship and commitment that would last as long as the two men lived.

Dr. Abernathy had a lifelong commitment to securing and protecting basic civil rights for all Americans. I marched with him many times throughout the South, including Selma and Montgomery. After the assassination of Dr. King in 1968, Dr. Abernathy assumed leadership of the Southern Christian Leadership Conference, and worked to carry on the dream of Dr. Martin Luther King, Jr. After Dr. King's death, Dr. Abernathy continued to organize and lead marches and other events, included the Poor People's Campaign, a massive demonstration to protest rising unemployment, held in Washington, DC.

The Reverend Dr. Abernathy passed away, too young, 6 years ago. Today, I am introducing a resolution authorizing the construction of a memorial to the Reverend Dr. Abernathy and the Poor People's Campaign on the National Mall. I invite my colleagues to join me in supporting this effort. The monument will celebrate the achievements of the past, commemorate those who marched alongside us many years ago, and pay special tribute to the sacrifices and the contributions of Dr. Abernathy and others who participated in the Poor People's Campaign. Thousands of people participated. Some has small roles, others large roles. The Reverend Ralph David Abernathy had many roles, often at the same time. He was a teacher, a leader, an organizer, a soldier, and a friend. Many were inspired by his good humor, and his guidance. Today, I Invite my colleagues to join me in celebrating his legacy and his life.

H.R. 3703, A BILL TO PROVIDE INSURANCE RESERVE EQUITY

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 11, 1996

Mr. RANGEL. Mr. Speaker, on June 24, 1996, I introduced legislation to amend section 832(e) of the Internal Revenue Code to extend the scope of its provisions to financial guaranty insurance generally. Senators D'AMATO and MOYNIHAN recently introduced a companion bill, S. 1106, in the Senate.

Financial guaranty insurance, commonly called bond insurance, is an insurance contract that guarantees timely payment of principal and interest when due on both tax exempt and non-tax exempt bonds. The bond insurance contract generally provides that, in the event of a default by an insured issuer, principal and interest will be paid to the bondholder as originally scheduled.

Internal Revenue Code section 832(e) originally enacted in 1967, applied only to mortgage guaranty insurance. At that time, Congress permitted mortgage guaranty insurance companies to take a deduction for certain extremely high contingency loss reserve requirements imposed by State regulatory authorities, provided that they invested the income tax savings associated with such a deduction in non-interest-bearing tax and loss bonds issued by the Federal Government. Since such bonds are treated as an asset by the State regulatory authorities, this relieves the companies from the substantial cash-flow and impairment of capital problems that they would otherwise face if the deduction was not allowed. At the same time however, since bonds do not bear any interest, the economic position of the Federal Government remains the same had not the deduction been permitted first.

When the State authorities applied the same reserve requirements to lease guaranty and municipal bond insurance, Congress amended Internal Revenue Code 832(e) in 1974 and applied it to such insurance as well.

State authorities now apply such contingency reserve requirements to financial guaranty insurance generally, including non-tax-exempt debt, such as asset-backed securities, which are a growing segment of the bond insurance market. Therefore, consistent with the reasons why it was originally adopted in 1967, and amended in 1974, IRC section 832(e) should be amended again to apply to such insurance.

The superintendent of insurance for the State of New York, Edward J. Muhl, has urged enactment of this legislation. A copy of his letter follows these remarks. I understand that the insurance commissioner of the State of California has written a similar letter to Members of the California delegation. I invite all concerned to join me in cosponsoring this legislation.

STATE OF NEW YORK
INSURANCE DEPARTMENT,
New York, NY, November 9, 1995.

Hon. CHARLES B. RANGEL,
U.S. House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR CONGRESSMAN RANGEL: I write to seek your support of S. 1106, a bill introduced