

not been arising from this trade, and will not arise in the future.

Mr. PRESSLER. I join the Senator in urging such a study.●

CHILDREN'S HEALTH INSURANCE FOR LONG-TERM DEVELOPMENT ACT

● Mr. KERREY. Mr. President, on September 30, 1996, I introduced S. 2167, the Children's Health Insurance for Long-Term Development Act—the CHILD bill. In simple terms, this legislation will require private health plans to cover all necessary health and screening services for infants and children through age 3. But it has a broader purpose. It will close the gap between two entities that serve America's children, the health system and the school system, by addressing an important health risk that has implications for children's education achievements and later development.

A significant body of research demonstrates that the first 3 years of life are critical to children's development—mentally, physically, and emotionally. In particular, during the first 3 years of life the human brain and central nervous system undergo their most rapid period of neurological development. This time period—the infant neurological risk exposure period—provides both a substantial risk and an important opportunity. If we can ensure that children receive the health care, parenting and environmental influences they need during their first 3 years, we can give our children a strong start in life. If, however, we neglect their physical and mental development during this crucial period, we have lost an important opportunity to promote learning and prevent damage to brain functioning.

Obviously, there are many influences on a child's early development, such as parental influence and childrearing practices, comprehensive health care, environment, mental stimulation, and community support. As a Nation, we have an opportunity and an obligation to provide children with a safe, healthy, stimulating environment during their early years. This bill takes an important step toward this goal.

First, this legislation identifies a critical period in children's development—the Infant Neurological Risk Exposure Period [INREP]. Brain and nervous system development during this period has a long-lasting impact on the child's life. I hope that by singling out this particular time-frame, this legislation will focus greater attention on improving health care and supportive services during infancy and early childhood.

Second, this bill will require private health insurers to cover comprehensive preventive and curative services through age 3. These third-party payors will therefore be financially responsible for the care children need to be adequately monitored and treated through this important developmental period.

I was startled to learn that 86 percent of children who are privately insured are not covered for comprehensive well-child care. Children who receive health coverage through the Medicaid Program are covered for a comprehensive array of well-child care, diagnostic assessments and treatment services through the EPSDT program, yet most children who are privately insured do not have similar coverage. Health screenings and periodic check-ups provide an important opportunity for physicians to ensure that a child's neurological development is progressing along normal patterns—and to intervene as appropriate if it is not.

This comprehensive approach will also address other problems in pediatric health care, such as ensuring that children are completely covered for immunizations through this time period. This coverage will counter current immunization trends that leave 60 percent of children in most States with incomplete immunizations at age 2.

I should also emphasize that this bill, by its very nature, cannot help children who are uninsured. We need to pursue further legislation that addresses this important problem. In a recent study on children's health insurance, the GAO noted that the proportion of children who are uninsured—14.2 percent, or 10 million children—is at the highest level since 1987. This decline in children's health insurance coverage has been concentrated among low-income children.

Mr. President, all children should have health insurance that covers their complete developmental needs. We are the wealthiest, most powerful, and most advanced Nation on this planet. But it is discouraging that we still have so far to go when it comes to caring for our own children.

My friend and respected colleague Senator JOHN KERRY has offered one approach to this problem using sliding-scale subsidies; we should explore this option and others in order to ensure that America's infants and young children achieve their highest potential. My proposal represents the first step toward this important goal—the next step is health coverage for all children.

Mr. President, I ask that the text of S. 2167 be printed in the RECORD.

The bill follows:

S. 2167

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Health Insurance for Long-Term Development Act of 1996".

SEC. 2. PURPOSE.

The purpose of this act is to provide health insurance coverage for children during the Infant Neurological Risk Exposure Period (INREP). The INREP extends through age 3 and encompasses the period of most rapid neurological changes in young children. Health coverage will improve children's health, and, through routine health supervision, promote parents' caregiving skills through these critical years.

SEC. 3. FINDINGS.

Congress finds that—

(1) 86 percent of children with private health insurance are under-insured with respect to well-child care;

(2) because the human brain develops rapidly until the age of 3, children need regular screenings and follow-up care to detect neurological abnormalities and ensure normal development;

(3) regular pediatric visits enable physicians to provide guidance on parental activities, such as reading, that stimulate the brain development of infants; and

(4) children deserve health care coverage that promotes normal brain and nervous system development.

SEC. 4. DEFINITIONS.

As used in this Act:

(1) **BENEFICIARY.**—The term "beneficiary" has the meaning given such term under section 3(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(8)).

(2) **CHILD.**—The term "child" means an individual who is age 3 or younger.

(3) **EMPLOYEE HEALTH BENEFIT PLAN.**—

(A) **IN GENERAL.**—The term "employee health benefit plan" means any employee welfare benefit plan, governmental plan, or church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002 (1), (32), and (33))) that provides or pays for health benefits (such as provider and hospital benefits) for participants and beneficiaries whether—

(i) directly;

(ii) through a health plan offered by a health plan issuer as defined in paragraph (6); or

(iii) otherwise.

(B) **RULE OF CONSTRUCTION.**—An employee health benefit plan shall not be construed to be a health plan or a health plan issuer.

(C) **ARRANGEMENTS NOT INCLUDED.**—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act (42 U.S.C. 1395ss(g)(1))).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers' compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(4) **GROUP PURCHASER.**—The term "group purchaser" means any person (as defined in section 3(9) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(9))) or entity that purchases or pays for health benefits (such as provider or hospital benefits) on behalf of participants or beneficiaries in connection with an employee health benefit plan.

(5) **HEALTH PLAN.**—

(A) **IN GENERAL.**—The term “health plan” means any group health plan or individual health plan.

(B) **GROUP HEALTH PLAN.**—The term “group health plan” means any contract, policy, certificate, or other arrangement offered by a health plan issuer to a group purchaser that provides or pays for health benefits (such as provider and hospital benefits) in connection with an employee health benefit plan.

(C) **INDIVIDUAL HEALTH PLAN.**—The term “individual health plan” means any contract, policy, certificate, or other arrangement offered by a health plan issuer to individuals that provides or pays for health benefits (such as provider and hospital benefits) and that is not a group health plan.

(D) **ARRANGEMENTS NOT INCLUDED.**—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers' compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(E) **CERTAIN PLANS INCLUDED.**—Such term includes any plan or arrangement not described in any clause of subparagraph (D) that provides for benefit payments, on a periodic basis, for—

(i) a specified disease or illness; or

(ii) a period of hospitalization;

without regard to the costs incurred or services rendered during the period to which the payments relate.

(6) **HEALTH PLAN ISSUER.**—The term “health plan issuer” means any entity that is licensed (prior to or after the date of enactment of this Act) by a State to offer a health plan.

(7) **PARTICIPANT.**—The term “participant” has the meaning given such term under section 3(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(7)).

(8) **SECRETARY.**—The term “Secretary” unless otherwise specified means the Secretary of Labor.

SEC. 5. REQUIRED HEALTH CARE COVERAGE FOR CHILDREN.

(a) **IN GENERAL.**—Except as provided in subsection (b), a health plan or an employee health benefit plan shall ensure that coverage is provided with respect to a child who is a beneficiary under such plan for all medically necessary health care and related services, including—

(1) appropriate screening services at intervals that meet reasonable standards of medical and dental practice;

(2) all appropriate immunizations;

(3) necessary case management, transportation, and scheduling assistance; and

(4) such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and

physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered for participants or policyholders under the plan.

(b) **EXCEPTION.**—Notwithstanding subsection (a), a health plan or an employee health benefit plan shall not be required to provide coverage for health care and related services that are not safe, are not effective, or are experimental.

SEC. 6. PROHIBITIONS.

In implementing the requirements of this Act, a health plan or an employee health benefit plan may not use a service limitation, including a lifetime benefit limit, of the plan to deny medically necessary health care and related services described in section 4 to a child.

SEC. 7. NOTICE.

(a) **EMPLOYEE HEALTH BENEFIT PLAN.**—An employee health benefit plan shall provide conspicuous notice to each participant regarding coverage required under this Act not later than 120 days after the date of enactment of this Act, and as part of its summary plan description.

(b) **HEALTH PLAN.**—A health plan shall provide notice to each policyholder regarding coverage required under this Act. Such notice shall be in writing, prominently positioned, and be transmitted—

(1) in a mailing made within 120 days after the date of enactment of this Act by such plan to the policyholder; and

(2) as part of the annual informational packet sent to the policyholder.

SEC. 8. APPLICABILITY.

(a) **CONSTRUCTION.**—

(1) **IN GENERAL.**—A requirement or standard imposed under this Act on a health plan shall be deemed to be a requirement or standard imposed on the health plan issuer. Such requirements or standards shall be enforced by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this Act. In the case of a health plan offered by a health plan issuer in connection with an employee health benefit plan, the requirements or standards imposed under this Act shall be enforced with respect to the health plan issuer by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this Act.

(2) **LIMITATION.**—Except as provided in section 8(c), the Secretary shall not enforce the requirements or standards of this Act as they relate to health plan issuers or health plans. In no case shall a State enforce the requirements or standards of this Act as they relate to employee health benefit plans.

(b) **RULE OF CONSTRUCTION.**—Nothing in this Act shall be construed to affect or modify the provisions of section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144).

SEC. 9. ENFORCEMENT.

(a) **HEALTH PLAN ISSUERS.**—Each State shall require that each health plan issued, sold, renewed, offered for sale or operated in such State by a health plan issuer meet the standards established under this Act. A State shall submit such information as required by the Secretary demonstrating effective implementation of the requirements of this Act.

(b) **EMPLOYEE HEALTH BENEFIT PLANS.**—With respect to employee health benefit plans, the standards established under this Act shall be enforced in the same manner as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of

such Act (29 U.S.C. 1132(c) (1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(c) **FAILURE TO ENFORCE.**—In the case of the failure of a State to substantially enforce the standards and requirements set forth in this Act with respect to health plans, the Secretary, in consultation with the Secretary of Health and Human Services, shall enforce the standards of this Act in such State. In the case of a State that fails to substantially enforce the standards set forth in this Act, each health plan issuer operating in such State shall be subject to civil enforcement as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c) (1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(d) **REGULATIONS.**—The Secretary, in consultation with the Secretary of Health and Human Services, may promulgate such regulations as may be necessary or appropriate to carry out this Act.

SEC. 10. PREEMPTION.

(a) **IN GENERAL.**—The provisions of sections 4, 5, and 6 shall not preempt a State law or regulation—

(1) that provides greater protections to patients or policyholders than those required in this Act; or

(2) that requires health plans to provide coverage for pediatric care in accordance with guidelines established by the American Academy of Pediatrics or other established professional medical associations.

(b) **EMPLOYEE HEALTH BENEFIT PLANS.**—Nothing in this section affects the application of this Act to employee health benefit plans, as defined in section 2(3).

SEC. 11. EFFECTIVE DATE.

Except as otherwise provided for in this Act, the provisions of this Act shall apply as follows:

(1) With respect to health plans, such provisions shall apply to such plans on the first day of the contract year beginning on or after June 1, 1997.

(2) With respect to employee health benefit plans, such provisions shall apply to such plans on the first day of the first plan year beginning on or after June 1, 1997.●

HONORING THE JOHNSONS ON THEIR 50TH WEDDING ANNIVERSARY

● **Mr. ASHCROFT.** Mr. President, families are the cornerstone of America. The data are undeniable: Individuals from strong families contribute to the society. In an era when nearly half of all couples married today will see their union dissolve into divorce, I believe it is both instructive and important to honor those who have taken the commitment of “till death us do part” seriously, demonstrating successfully the timeless principles of love, honor, and fidelity. These characteristics make our country strong.

For these important reasons, I rise today to honor Andrew and Dorothy Johnson of Kansas City, MO, who on Wednesday, October 2, 1996, celebrated their 50th wedding anniversary. My wife, Janet, and I look forward to the day we can celebrate a similar milestone. Andrew and Dorothy's commitment to the principles and values of