

Police Officer of the Year: First Sergeant Shari S. Williams. First Sergeant Williams developed the Police and Community Together Program which forms alliances with police officers and citizens in specific neighborhood watches to solve community problems. The object of this project is to keep an open dialogue to address concerns or needs that may arise in the community. She has also worked closely with the crime prevention bureau to make this program the success it is today.

Community Service Award: Earl Barnes. Mr. Barnes is a member and 2nd vice president of the DCCA. He is also a member of the P.W. County Board Audit Committee, a member of the P.W. County Arts Council and the American Legion Post, as well as the Treasurer of Westwind Forest HOA. He is one of the 24 students to graduate from the inaugural P.W. County Community Leadership Class and plays an important role as a member of the 11th District Congressional Federal Employee Working Group. He is always seen as a person that lends a helping hand, and always thinks of others before himself.

Elementary School Teacher of the Year: Mary Allen. Ms. Allen has been a teacher in Prince William County for the past 27 years, 10 years at Occoquan elementary and 17 years at Enterprise elementary. She is not just a classroom teacher, she has also been the grade level chairman, lead teacher and has served as an enhanced instructional process coach. Additionally, she has recently worked on two school review committees. She is always helping other teachers both in and out of school.

Middle School Teacher of the Year: Alan Graham. Mr. Graham has been a teacher for 20 years. Currently, he teaches computer science at Beville middle school. Additionally, he coaches the baseball team, edits the newsletter, and inspires young thespians. He teaches the immigrant students in ESOL class and has a willingness to adapt his instruction so that these limited English students can grasp the course content as well as improve their language skills. He always strives to make the lab he works in a better place for kids to learn.

High School Teacher of the Year: Jan Polk. Ms. Polk has been a teacher in Prince William County for 32 years. Currently, she teaches social studies at C.D. Hylton high school. Each year, Jan plans and organizes a mock election. Nearly 1000 people attend and participate in this most interesting exercise of civic responsibility. She is well respected by all of her students and colleagues at Hylton high school. Not only does she work with the most experienced educators, she also assists the newest first year teachers by sharing materials, strategies, and personal support.

Mr. Speaker, I am proud to represent these outstanding citizens and I know my colleagues join with me in congratulating these individuals for their tireless efforts to make Dale City, VA a better place to live.

MAKE A COMMITMENT TO CHILDREN NOW

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 4, 1997

Mr. STARK. Mr. Speaker, I am introducing today a bill to help low-income working fami-

lies buy health insurance for their uninsured children. Families who buy an individual children's health insurance policy will be given a 95 percent refundable tax credit against the cost of the policy.

Health insurance equals access to health care. Access to health care equals better health and a better quality of life. It is that simple.

Health insurance can mean the difference between life and death—and between a good quality life and a stunted life. A recent GAO report provides a concise 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.

Numerous studies have underscored the importance of access to health insurance. Despite the widespread recognition of the problem, there are 10 million children in the United States without health insurance. Said differently, 14.2 percent of all children are uninsured, according to the latest analysis of the Bureau of Census' March 1995 current population survey by the General Accounting Office (GAO).

Many analysts predict that this figure will continue to grow, mainly because private health insurance continues to decrease. Private coverage—employer-based and individually-purchased insurance—for children declined steadily between 1987 and 1993, from 73.6 percent down to 67.4 percent of all children. Currently 40 percent of children are not covered under their parents' employment based health insurance. According to experts at the Center for Health Policy Research at George Washington University, one child loses private coverage approximately every minute.

Health insurance for children in America is getting worse—not better. With the recent attack on welfare, and therefore Medicaid, it may get disastrously worse—fast. We desperately need to reverse the trend of rising uninsured rates for children. The General Accounting Office recently issued a report to Senator CHRISTOPHER DODD, dated June 17, 1996, entitled "Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate." 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 * * *.

Several States have built on existing programs to expand health insurance coverage

for uninsured children. At the State level, the current strategy to cover the uninsured is to fill in the gaps in insurance coverage. In July of 1996, Massachusetts adopted coverage expansions for children in Medicaid in the State's Children's Medical Security Plan; in New York and Florida as well funds were appropriated to extend children's health insurance programs to additional children. Although a few States have moved forward to expand health insurance coverage for children, it is not enough. We need to do more.

The bill I am introducing today is not a mandate; it does not require any individual to buy health insurance. It does, however, provide incentives for the sale and purchase of individual children's health insurance policies, and it does help families, especially very low income families, buy a policy of their choice.

The bill would create a refundable tax credit of 95 percent of the cost of the premium to buy health insurance for a child. The credit is available to families based on a computation of adjusted gross income plus an additional \$5,000 amount for each child covered.

This bill is a small, incremental step forward. It is by no means everything I would like. If I could waive a magic wand, I would make sure that everyone in America had high quality health insurance tomorrow morning. That isn't going to happen—but this small step, starting with children, could help millions of children grow up to be healthier, more productive citizens. Like my amendment which started the COBRA Health Continuation program which has been used by 40 million Americans, this bill could make a world of difference to millions of Americans in the years ahead.

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. It's time to debate a critical issue—the health of our children.

To repeat, the bill is not a mandate, but a chance for the 99.99 percent of parents who care to have affordable health insurance for their children. It uses the private market exclusively. It is a first step. I welcome cosponsors for the bill, and comments and suggestions from the public on ways to improve the bill.

The following is a summary of the bill:

CHILDREN'S HEALTH INSURANCE ACT OF 1997 SUMMARY

I. OFFERING OF POLICY

Group health plans must make available qualifying coverage for eligible children whose parent(s) has group health coverage under the plan. Group health plans must offer coverage at least annually. Each insurer that offers health insurance coverage must have available for purchase health insurance for eligible recipients under the age of 21. A health insurance policy must be reasonably priced (it is reasonably priced if the premium or other charge for the coverage does not exceed 150 percent of the average price for similar coverage offered in the same state).

II. BENEFIT PACKAGE

The benefit package must include benefits provided under Medicare (parts A and B) plus well child care benefits including newborn

and well baby care, routine office visits, immunizations, routine lab tests, preventive dental care, and EPSDT services. A prescription drug benefit for catastrophic costs is also included. There is no cost sharing for preventive services.

III. QUALIFYING DEPENDENT

A qualifying young dependent is defined as an individual who is under 21 years of age, and is claimed as a dependent for tax purposes. It does not include an individual who has applied for and who has been determined eligible for Medicaid.

IV. TAX CREDIT

Each taxpayer who purchases a health insurance policy for their dependent receives a tax credit in an amount up to 95 percent of the cost of the premium to buy health insurance for a qualifying dependent. The credit is available to taxpayers based on a computation of adjusted gross income plus an additional \$5,000 amount for each child covered. There is full tax credit provided at the adjusted gross income of up to \$15,000 plus \$5,000 per child covered by the health insurance policy. The "\$15,000" figure represents approximately 200 percent of poverty for an individual under the age of 65. For example, a family with adjusted gross income of \$25,000 and two qualifying children would receive a refundable tax credit of 95 percent of total premium paid for coverage of the two children. As a family's income rises and the need for a subsidy is less critical, the credit phases out. The credit is available only to subsidize traditional health insurance coverage for children. The bill provides for an advanced payment structure for 60 percent of the tax credit similar to the earned income tax credit advanced payment system. A return relating to premiums received for health insurance coverage for children would be required.

V. EXCISE TAX

The bill provides for an excise tax on any group health plan (25 percent of each premium received by the group health plan for the plan year in which the failure occurs) or insurer that offers individual health insurance policies (25 percent of the total amount of the premiums paid to the insurer for such coverage for the plan year in which the failure occurs) who fails to offer an individual children's health insurance policy for sale. The tax would not apply where the failure to offer a children's health insurance policy was due to reasonable cause and not willful neglect. The tax would also not occur if the failure to offer the plan was corrected within a 30 day period.

VI. OTHER PROVISIONS

Medicaid cost-sharing assistance for qualifying children with family income below 150 percent of the poverty line would be financed 100 percent by the Federal Government. There is coordination with other tax provisions subsidizing health costs to disallow the credit in instances where the taxpayer also claims a medical expense for the same premium cost or claims a deduction for health insurance costs of self-employed individuals. Grants to states for health insurance outreach and information programs would be established.

TRIBUTE TO BISHOP RENE GRACIDA

HON. SOLOMON P. ORTIZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 4, 1997

Mr. ORTIZ. Mr. Speaker, I rise today to commend a dear friend and a man who com-

mands great respect in the greater south Texas area, Bishop Rene Gracida on the occasion of his silver jubilee of his episcopacy.

Twenty-five years ago, on January 25, 1972, Bishop Gracida was consecrated a bishop by Cardinal John Dearden in St. Mary's Cathedral in Miami, FL. He came to the diocese of Corpus Christi in 1983, and since that time, he has ordained 65 men to the priesthood.

During the celebration of his 25th anniversary, Bishop Gracida will ordain three more men to the priesthood for the diocese of Corpus Christi and three to the diaconate for the Society of Our Lady of the Most Holy Trinity.

Bishop Gracida has been a powerful presence in Corpus Christi and the south Texas area. He is respected by many people in the community, including this Member.

I wish him the very best on his anniversary and look forward to his service in the community for many years to come.

SUBCOMMITTEE ON TRANSPORTATION AND RELATED AGENCIES HEARING SCHEDULE

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 4, 1997

Mr. WOLF. Mr. Speaker, as chairman of the Appropriations Subcommittee on Transportation and Related Agencies, I am pleased to announce the subcommittee's hearing schedule for fiscal year 1998. A tentative schedule follows.

The subcommittee will conduct 10 hearings beginning in late February and concluding March 20, prior to the March district work period. The subcommittee will receive testimony from Members of Congress and other public witnesses on February 25 and 26. Those parties interested in testifying before the subcommittee are directed to submit a letter of request to the subcommittee no later than February 14. Every attempt will be made to accommodate all requests. Members of Congress and other public witnesses may, without prejudice, submit their testimony for the hearing record rather than testify in person. Oral and written testimony will receive the same consideration.

Oral testimony will be limited to 5 minutes. The subcommittee will receive testimony from only one designated spokesperson per organization, association, municipality, aviation or transit authority, or group. Witnesses testifying before the subcommittee are to provide 25 copies of their prepared testimony to the subcommittee no later than February 20, 1997.

This year, an additional requirement is imposed on nongovernmental witnesses presenting oral testimony. Pursuant to clause 2(g)(4) of rule XI of the Rules of the House of Representatives, the Committee on Appropriations requires, to the greatest extent practicable, each nongovernmental witness who plans to give oral testimony to submit a written statement including a curriculum vitae and a disclosure of the amount and source by agency and program, of any Federal grant or subgrant thereof, or contract or subcontract thereof, received during the current fiscal year or either of the two previous fiscal years by the witness or by an entity represented by the witness.

Members and public witnesses who wish to submit their testimony for the hearing record are to provide three copies of their prepared testimony to the subcommittee by April 4, 1997. All Members' requests shall also be submitted by that time.

Any questions can be directed to Linda Muir of the subcommittee staff at 202-225-2141. Correspondence should be addressed to: Subcommittee on Transportation and Related Agencies Appropriations, Attention: Linda Muir, 2358 Rayburn House Office Building, Washington, DC 20515.

TRANSPORTATION APPROPRIATIONS SUBCOMMITTEE FISCAL YEAR 1998 HEARING SCHEDULE—FEBRUARY 23–APRIL 5, 1997

February 25—Members of Congress and public witnesses.

February 26—Members of Congress and public witnesses (9 am and 1 pm).

March 4—Secretary of Transportation.

March 6—U.S. General Accounting Office (GAO).

March 11—National Transportation Safety Board, Office of Inspector General (1 pm).

March 12—Coast Guard.

March 13—Federal Highway Administration, National Highway Traffic Safety Administration.

March 18—Federal Aviation Administration.

March 19—Federal Transit Administration, Washington Metropolitan Area Transit Authority (WMATA).

March 20—Federal Railroad Administration, National Railroad Passenger Corporation (Amtrak).

April 4—Prepared statements for hearing record and Members' requests due (3 copies).

CONDIT HONORS LOCAL GROUP

HON. GARY A. CONDIT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 4, 1997

Mr. CONDIT. Mr. Speaker, I rise today to honor the 100 year anniversary sorority from my district known as Omega Nu. In early 1897, five young women attending San Jose High School formed the Greek Organization Alpha Chapter of Omega Nu. They spent a great deal of time hosting luncheons, dances, and tea parties. Members of the Alpha Chapter aided in the establishment of chapters in Stockton, Santa Cruz, Oakland, San Francisco, Sacramento, Alameda, and as far north as Portland, OR, and Seattle, WA, before laws outlawed secret sororities on high school campuses. Not to be deterred the Alpha Chapter sought out young matrons as members and the society evolved from a strictly social group to a more charity minded organization.

At the conclave in 1914, Grand President Georgy Landsborough from Sacramento called upon all chapters to "maintain a special aim for the sorority namely charity * * * and that it is up to us to show our critical friends, through the excellent work that we can do along this line that we can be a blessing to the community in which we exist."

Distance, war and antifraternity laws impacted several out-of-State chapters. Thus, since the early 1920's, northern California has been home to 13 extremely active Omega Nu chapters; each distinct within their community but with charity remaining the first and foremost focus of the various chapters. One hundred years of charity includes food baskets at