

Chalmette, General Jackson brought together a courageous group of fighting men from three different States as well as a detachment of U.S. Marines and U.S. Army dragoons. This forerunner of the Total Force resulted in victory for the United States at the Battle of New Orleans. Today, the Total Force concept is the cornerstone of the Marine Corps.

General Harvey reached a pinnacle of his military career as commander of the 4th Marine Division—the ground combat arm of the Marine Corps. As commander of the 4th Marine Division, General Harvey lead over 18,000 Marines in 38 States. In July 1995, General Harvey was the first General Officer in the Marine Corps Reserve to be nominated and selected for a position on a Joint Staff. He served as the Vice Director of Operations Directorate (J-3), U.S. Atlantic Command, Norfolk, VA. He was activated for Operation Joint Endeavor—Bosnia—in the summer and fall of 1996 and served as director of the European Theater Command Center, which included Operation Desert Strike—Northern Iraq.

Prior to this, General Harvey rose through the ranks of the Marine Corps, commanding units at every level of the military organization during both peacetime and war. He began active duty in 1961, served on the USS Ranger (CVA-61) in the western Pacific, including Vietnam. He rejoined his reserve unit, the 6th Engineer Company, after earning a law degree from the University of Tennessee College of Law. He commanded the 3d Battalion, 23d Marines in New Orleans and served as Chief of Staff of the 2d Marine Expeditionary Brigade. In 1988, after returning yet again to active duty, General Harvey assumed command of the 25th Marine Regiment, a significant assignment because it was the first time in approximately 20 years that a member of the Marine Corps Reserve Force was selected to command a regiment.

In addition to his military service, General Harvey is a committed family man and participant in civic and community affairs. He has served in leadership positions with the Kiwanis Club, Phoenix Club, Goodwill Boys Club, the YMCA, and many other community organizations.

General Harvey has distinguished himself as a civil and criminal litigator as a partner with the Memphis law firm Thomason, Hendrix, Harvey, Johnson & Mitchell. He is a member of the Board of Governors of the American Bar Association, the Memphis Bar Association, and the Tennessee Bar Association.

General Harvey exemplifies the ideal of citizen-soldier. He has made great sacrifices and contributions by defending the Nation. And let us not forget the contribution and sacrifices made by General Harvey's family, his wife Nancy, and his two daughters Anne and Elizabeth. I ask my colleagues to join me in honoring my constituent and friend, a brave soldier and an accomplished attorney, Maj. Gen. Albert C. Harvey for his service to our great Nation.

THE SCHOOL-BASED CHILDREN'S HEALTH INSURANCE ACT OF 1997

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 21, 1997

Mr. STARK. Mr. Speaker, I am pleased to introduce the School-based Children's Health Insurance Act of 1997.

Health insurance equals access to health care. Access to health care equals better health and a better quality of life. It is that simple, and it should be that simple for all kids.

I have sponsored several bills this Congress that address the need for health insurance for uninsured children in low-income families. This bill is modeled, in part, after the nationally recognized, award winning Florida school-based Healthy Kids Program. The bill combines this effective school-based approach with a sliding scale tax credit so that all parents of children can buy affordable health insurance through their own school system.

This bill provides up to a 90-percent tax credit for low-income families plus an effective distribution system for actually getting private market health insurance products to the 10 million children that are not currently covered.

Each Member of Congress was elected to make laws that make sense. This bill makes sense. It realistically reaches all of the 10 million uninsured kids in America * * * quickly and efficiently. The school-based approach provides low cost but comprehensive health insurance for millions of children without new bureaucracies or hassles. Schools are the natural grouping mechanism to lower the cost of insurance for children, similar to the role large employers play in providing group coverage to their employees. It is more affordable and more portable than coverage through an employer.

Are uninsured kids a problem in every community? Yes. According to the U.S. Census Bureau, fully 30 percent of all children are uninsured for at least a month during the year. In addition, 10 million kids under the age of 18—or one in seven children—are uninsured year round, without a single day's health coverage.

Who are these kids that have no health insurance? Studies indicate that there are 10 million children that currently do not have health insurance for at least 1 year. That's about 14 percent of all children. One-third of these uninsured children have families below the poverty line, and another one-third have families between 100 and 200 percent of the poverty level. Almost 15 percent are from families above 300 percent of the poverty line, and most parents of uninsured children are also uninsured, 85 percent. However, 60 percent of uninsured children have at least one parent working full time. In addition, almost 50 percent of these family heads work for small firms with fewer than 25 employees.

A month or a year without health insurance is long enough to suffer serious harm for a child. According to the 1987 National Medical Expenditure Survey, the most recent comprehensive national survey of health care expenditures, and use, uninsured children are almost twice as likely not to be seen for health problems that expert physicians say should "always or virtually always come to medical attention." For example, according to this sur-

vey, more than half of uninsured children with asthma never saw the doctor during the year of the survey. One in three uninsured children with recurring ear infections likewise will never see the doctor. Many of these asthmatic children are hospitalized with problems that could have been prevented. Many children with untreated, recurring ear infections suffer permanent hearing loss.

With the recent attack on welfare, the number of uninsured children may get disastrously worse . . . fast. Adding fuel to this fire, a recent report published by the American Hospital Association indicates that the number of individuals without health insurance will increase to nearly 46 million by the year 2002. This projected growth is attributed to a decline in the level of employer-provided health insurance.

Can the school-based concept work to insure more children? Yes. This bill is modeled after the Florida Healthy Kids Corporation, a school enrollment-based insurance program that currently provides broad coverage to thousands of previously uninsured children. It was recently named a winner of the 1996 Innovations in American Government Award by both the Ford Foundation and the John F. Kennedy School of Government at Harvard University. In presenting the award, considered to be among the Nation's most prestigious public prizes, the president of the Ford Foundation, Susan V. Berresford, characterized Florida Healthy Kids as "one example of effective government producing extraordinary results. They are helping to restore faith in government's ability to solve tough problems."

The concept for the Florida program is simple. Most American children attend school. School systems can be used as a mechanism for creating large groups of people to cover participants the way large businesses do. Coverage is offered to families with children enrolled or residing in the school district and benefits are designed for the individual child. This is identical to employment-based insurance, except the school children become, in effect, employees qualifying themselves for coverage. A group composed of school children is large enough to provide an insurance benefit and premium package that is a good fit for families. Since premiums can still be beyond the reach of some lower income families, the coverage is subsidized on a sliding scale based on income.

In Florida, the school district plays a significant and varied role that schools, nationwide, could follow. The district serves as the center of community focus, fostering relationships between the school programs, local community leaders, and area business groups. It distributes enrollment materials and verifies student eligibility, contributing significantly to administrative efficiencies. School staff, especially school nurses and teachers, help identify and put the program in touch with potential participants. Mailing labels have been provided by schools to assist with marketing efforts. Schools have also allowed the use of dial-up systems which automatically call a student's family with a prerecorded health care message.

Is quality health care for children too expensive? No. When the Florida program evaluated the predicted frequency with which children utilize the offered benefits, they found that those services which typically drive up the

cost of employer-based plans were not frequently used by school-age children. By including these benefits, the program has enabled families to gain a greater peace of mind with little effect on the program costs. Other state programs have attempted to control claims costs by reducing coverage for pre-existing conditions, inpatient, mental health, and transplant services or by raising copayments or deductibles. The Florida program has found that these additional health benefits can be included with little impact on the premium when a thoughtful package with reasonable, affordable copayments is crafted. In fact, with 5 years of use pattern supporting data, the Florida program has been able to negotiate three premium reductions.

Florida has found that children with insurance are more likely to have a health care home and therefore receive care before an illness becomes serious, reducing overall health care costs by one fourth. Preventive care is crucial to the overall well-being and development of a child. Recent studies have shown that for every \$1 spent on immunizations such as measles, mumps, and rubella, \$21 is saved in health care and related costs.

A child's health has a direct impact on their performance in school. Children who attend school while sick are not mentally or physically prepared to meet the challenges of learning. This becomes much worse for a child who cannot afford to see a doctor and suffers through a disease until it gets better on its own, or until an illness becomes too serious for home-based treatments. This results in less productivity in the classroom and more days absent from school for the child. In fact, the average school-age child misses 4 days of school a year due to illness. And uninsured children are 25 percent more likely to miss school than those who have insurance.

Independent studies of the Florida program have shown that the program is not only beneficial to the children, but to the community as well. Florida hospitals report a 30-percent drop in pediatric charity care. Emergency room visits have been shown to decline by 70 percent. Program savings like this have saved Florida \$13,125,000 in health care costs in just one year.

The first pilot project for Florida Healthy Kids was launched with the assistance of a demonstration grant authorized by Congress in 1989 and administered by the Health Care Financing Administration [HCFA]. This crucial experiment may never have moved from the drawing board without Federal interest and assistance. This bill would recognize the full potential that was originally hoped for by Congress for this tremendously successful program.

It's just that simple.

I welcome cosponsors for the bill, and comments and suggestions from the public on how to improve the bill.

The following is a summary of the bill:

SCHOOL-BASED CHILDREN'S HEALTH INSURANCE ACT OF 1997

SUMMARY

I. School-based Health Insurance Program

A qualified school-based program is operated by a local or state public school system or any public or private non profit organization operating a private school. Qualified school-based health insurance coverage is coverage that: Is offered by a qualified school-based program; is available to all

children under 19 years of age; provides a comprehensive benefit package; has at least a \$1,000,000 lifetime benefit; has no cost-sharing for covered preventive care; does not impose any pre-existing condition exclusions; charges premiums that are consistent with the premium section of this bill; and does not discriminate against any individual.

A program will not be eligible as a qualified program if there is established a pattern of abuse or misrepresentation of this insurance

Medicaid-eligible children do not qualify for this insurance since they are already covered

II. Benefit Package

The benefit package is comprehensive and includes well-baby and well-child care, immunizations, physicians services, laboratory tests, inpatient and outpatient hospital costs, emergency services and transportation, prescription drugs, eye exams and eyeglasses, hearing exams and hearing aids, basic dental care, physical therapy, mental health services and pre-natal care and delivery.

If the parent objects to any of these services based on religious or moral conviction, they will not be provided. A religious organization operating a school-based program will not be required to provide any of these services if it is opposed by their religious beliefs.

III. Tax Credit

Each taxpayer who purchases a school-based health insurance policy for their dependent receives a tax credit for an amount up to 90% 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 a 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 up to 90% of the family's cost 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 qualified school-based coverage for children.

Establishment of premiums: the program will provide a minimum contribution of 20% to the premium before a fully subsidized child's premium is calculated. The subsidy amount phases out to 10% on a sliding scale for partially subsidized children.

IV. Other Provisions

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 school-based health insurance outreach and information programs would be established.

An employer may not discriminate against employees eligible for this health insurance subsidy. The employer may not condition or vary employee benefit contributions because an employee is eligible for this program subsidy. An employer is still free to cease or reduce employer contributions for health insurance coverage as long as it applies to all its employees.

RECOGNIZING THOMAS ERWIN ELEMENTARY SCHOOL, WINNER OF CALIFORNIA'S DISTINGUISHED SCHOOL AWARD

HON. ESTEBAN EDWARD TORRES

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 21, 1997

Mr. TORRES. Mr. Speaker, I rise today to give special recognition to Thomas Erwin Elementary School, in La Puente, CA, which was recently recognized as one of California's Distinguished Schools.

Erwin Elementary is a school of 820 kindergarten through 8th grade students, 90 percent of whom are Latino, and is the first school in the Bassett Unified School District to receive this distinction. To achieve a Distinguished School Award it takes the dedication of an entire community of students, parents, faculty, staff, and administration. The coalescing of the Erwin community has been led by its dynamic leader, Principal Jose Reynoso, faculty and staff, along with the strong support of the members of the Board of Education and Superintendent Linda Gonzalez.

On a recent visit to Erwin, I was impressed by the school's state-of-the-art computer lab, its outstanding Gifted and Talented Education Program [GATE], which challenges students to reach their highest potential, and especially for Erwin's unique outdoor science pond, which was developed in a partnership with the Jet Propulsion Laboratories. This outdoor science pond is the envy of many schools in the community. The focal point of this ecosystem project is the pupil-made pond surrounded with flora and fauna indigenous to the area.

Another notable project is Erwin's bilingual education program, which gives over 500 limited-English-speaking students a strong academic foundation in their native language, and transitions them into an English instructional program. There is a tutorial program which utilizes "at risk" upper grade students as tutors for lower grade students, allowing both to develop an appreciation of each other, and helps foster self esteem and academic growth.

These programs, along with a strong academic emphasis, provide Erwin students with an excellent foundation for future success. A strong parent involvement program that encourages parents to visit the school and become partners in the educational process of students is in place and also ensures the student successes.

Mr. Speaker, I ask my colleagues to join me in honoring Thomas Erwin Elementary School, one of California's Distinguished Schools, for its commitment to providing its students with the highest quality educational experience possible. Erwin Elementary serves as truly a model school.

FEDERAL LANDS TRANSPORTATION IMPROVEMENT ACT

HON. JOHN R. THUNE

OF SOUTH DAKOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 21, 1997

Mr. THUNE. Mr. Speaker, I rise today to introduce a bill that recognizes a unique transportation need for many States. That need is