

them available to educational institutions through the GSA.

We also passed the Murray amendment to the fiscal year 1997 legislative branch appropriations bill which set up the same process for the Congress itself.

I want you to know that progress so far is very good. The letters I sent to heads of Federal agencies have brought in some very good responses, and Government computers are now going to schools.

The bill before us does, in a systemic fashion, what I have been setting up at the grassroots level in my State—education technology clearinghouses—a place where people can donate equipment and software, a place where schools can get this technology, and a place where a third party can reject technology that does not meet minimum requirements so it does not enter into our schools or libraries.

Several issues have come up in recent months regarding surplus technology. Many are addressed in this bill. If we are using surplus equipment side by side with new equipment, we have to assure that the surplus equipment meets the needs of the school or library that is receiving it. To send them our castoffs with no value sends the wrong message, and we should not be doing it.

Schools in my State are using surplus computers as file servers for networks of new computers, and they are using them for word processing and data processing. They have students doing the upgrades in some of our schools, and when the technology is still current generation, these uses are appropriate. When the technology is too old to be useful, we must recycle the components in other ways and not burden our schools and libraries with a gift that is going to cost much more than it is worth. Equity is another concern, and this bill addresses it. It requires clearinghouses to ensure equitable distribution of surplus technology.

Technology, a concentrated effort to build reading skills, school construction funding, and tuition assistance—our investments are prudent. The goals are very clear. People from both parties will support these kinds of efforts. With this sort of plan in place, Americans can feel proud of their Government's efforts to help them improve education across the Nation.

Let's look out ahead. In just 4 short years, people will be finishing up in the community college programs that they just picked up a brochure for today. They will be finishing the 4-year degree programs they started this fall. They will be graduating from high schools they are just entering this fall or next, depending on their grade, and they will be third graders in the elementary schools that they started on the first day of kindergarten this September.

How will their lives be better off thanks to this bill? What will their parents say, hope or dream? What will they think to tell us, if they still re-

member our names 4 years from now? Will they hail this bill as a success, like the Pell grant or GI bill? Will they thank us for working together across party lines to show support for teaching and learning in this country? We simply have to do the work ahead of us, and we will deserve any praise for our efforts, and we will all be thankful that we took steps today to assure a brighter future for our country.

UNIVERSAL CHILDREN'S HEALTH COVERAGE ACT

Mrs. MURRAY. Mr. President, I also would like to address a bill introduced today called the Universal Children's Health Coverage Act, and I commend the Democratic leader for his commitment to this critical issue. I also thank Senators KENNEDY, KERRY, and DODD for their work on behalf of millions of children who lack access to basic health care coverage.

As one of the newest members of the Labor and Human Resources Committee, I have been proud to work with them on the Children's Health Coverage Act, and I look forward to working with all of my colleagues, both Democrat and Republican, in the upcoming months on this very important legislation.

Since first being elected to the U.S. Senate in 1992, I have heard time and time again the phrase, "children are our most valuable resource." Sometimes, however, the actions of this body are not always as loud as the words we hear on the floor. If we all truly believe as strongly as I do that children are our most precious and valuable resource, why have we allowed so many children to go without basic health care coverage and why have we not worked harder to help families provide necessary health coverage for their children? We now have the opportunity to go beyond our rhetoric and work toward solutions.

The United States has one of the highest rates of uninsured children in the industrial world. Currently, one out of seven children lack health insurance in this country. And if that trend continues, only half of our children will have health insurance by the year 2000. Today, 10 million children lack health insurance coverage, which means that 10 million children have little or no access to affordable quality health care coverage. One child loses private coverage approximately every minute. Children are the fastest-growing segment of society with no health insurance.

It is easy to look at this problem solely in terms of numbers. But we also have to look at the faces of those children and their parents. We need to think of what it must be like to know that your child is suffering from an ear infection or strep throat and what it is like not to be able to afford to take them to a doctor or pay for the necessary antibiotic to treat the infection. There is no greater fear for a parent

than not being able to take care of their sick child.

These are parents who work 40 or more hours a week, sometimes working two and three jobs to meet the basic needs of their family, like food and shelter and utility costs. They are not asking for a handout. They are asking for relief. They work hard and they pay their taxes, but they simply have little or no discretionary income.

Many do not have access to employer-sponsored health plans or cannot afford the premium costs for a family, which can be as high as \$200 or \$300 a month.

As I travel around my home State of Washington, I have talked to many of these parents who feel vulnerable, and they are deeply concerned about the lack of health insurance for their children. They know that they are only one major illness away from financial disaster. They also know that their child is not receiving the kind of preventive health care so important to their development.

We can all talk about the cost of the Children's Health Insurance Coverage Act or the financial mechanism, but we have to go beyond the simple calculations and look at the cost of not acting on this issue. Who pays for emergency room visits when a child is brought in with rheumatic fever? What is the cost of treating rheumatic fever as opposed to strep throat? What is the cost to the public health threat posed by a child that has not been vaccinated? What is the impact in the classroom of a child who is severely ill? What impact does this have on my child, the teacher, and the community? What is the cost to society for raising 10 million unhealthy children?

We all agree that nutritional assistance programs like WIC save \$4 for every \$1 spent. It is no different when examining health care costs. It is far less expensive to provide a child with a measles vaccine than treat a communitywide outbreak of measles.

Ten million children without health insurance is a problem that impacts every single one of us, and we can pay for it now or we can pay for it later. It is just that simple. I believe that it is much easier and much more cost-effective to act now.

According to the General Accounting Office, children without health insurance are less likely to receive timely preventive care and less likely to grow up to be healthy, productive adults. According to the Children's Defense Fund, uninsured children are more likely to need emergency room care at later stages of their illness and are more likely to require hospital admission. It does not take a health care expert to know that emergency room visits are, on average, twice as expensive as a doctor's office visit.

On average, hospital costs for low-birthweight babies are 10 times the cost of prenatal care. Again, according to the Children's Defense Fund, every \$1 invested in basic immunization of

preschoolers saves \$7.40 in direct medical costs.

When we created the school lunch program, we recognized the fact that hungry children cannot learn and are disruptive to other children. The same holds true for sick children. A child with a fever of 102 and a sore throat cannot learn. If we hope to improve education in this country and work to ensure that American students can compete in tomorrow's global economy, we must first begin by guaranteeing that these children are healthy.

The Children's Health Coverage Act represents a major step in the right direction. The legislation will provide eligible families a tax credit on a timely basis to cover health insurance premiums. It ensures that the tax credit covers a significant portion of insurance premiums for low-income working families.

It guarantees them a market for private children's only health insurance by requiring insurers who participate in the Federal Employees Health Benefit Plan to offer these policies. It provides direct assistance to uninsured lower income pregnant women so that their child gets a healthy start in life. It ensures a comprehensive benefits package with a focus on preventative services, and provides coverage up to 18 years of age. It utilizes the private health insurance market, and it does not create a new Federal bureaucracy or entitlement, but builds on the success of several current State plans.

I recognize that this legislation is only one possible solution. Within the

next few weeks, I will be joining Senators KENNEDY, KERRY, and DODD in introducing a voucher-based proposal which will meet the same goals and objectives as the bill being introduced today, but it provides for a different approach for assisting families in purchasing coverage.

The voucher-based legislation mirrors the plans currently utilized by 14 States in their efforts to help uninsured children. One of these States is my home State of Washington, which has implemented a plan to help uninsured children receive vital health care services. Because of this commitment in the State of Washington, the number of uninsured children has declined. But the States cannot do it alone. And the Federal Government must ensure that every family, regardless of where they live, have access to affordable health insurance and that the benefits are comprehensive and include an aggressive preventative strategy.

In the last Congress, we made a commitment to working Americans that they would not lose their health insurance coverage if they changed jobs or had a preexisting condition. The Kennedy-Kassebaum legislation will help hundreds of working families. Now we have the opportunity to build on this bipartisan legislation and work to help working families purchase health insurance coverage for their children.

I know that my Republican colleagues recognize the urgent need to give our children a healthy start. And I ask that we use the bipartisan approach utilized in passing the Kennedy-

Kassebaum bill to help all of our children. Both the Democratic and Republican leadership are pledged to improving the quality of life for families and putting families first. I can think of no better and important issue for American families than the health security of all of our children.

In 1965, Congress made a commitment to our Nation's senior citizens that they would not have to go without health coverage. In 1965, we gave senior citizens access to affordable health insurance coverage to protect them from financial ruin and ensure a longer, healthy life. Let 1997 be the year that we make the same commitment to our children.

Again, I want to thank the Democratic leader for his efforts. And I am anxious to begin work on this important initiative and many others that are before us.

Mr. President, I ask unanimous consent that following the remarks of Senator FRIST, the Senate stand in recess under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. MURRAY. I suggest the absence of a quorum. I withhold that.

Mr. FRIST addressed the Chair.

The PRESIDING OFFICER. The Senator from Tennessee.

(The remarks of Mr. FRIST pertaining to the introduction of S. 146 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")