Mr. Speaker, I want to state for the record what this legislation does and what it does not do.

The bill does not reopen the 1996 Act; it does not fully deregulate two percent carriers; and it does not impact regulations dealing with large local carriers. It would, however, be the first free-standing legislation that would modernize regulations of two percent carriers; it would accelerate competition in many small to mid-size markets; accelerate the deployment of new, advanced telecommunication services; and benefit consumers by allowing two percent carriers to redirect resources to network investment and new services.

Mr. Speaker, this legislation is critical for rural areas across the country where these small telephone companies operate.

Without this bill, these two percent companies will continue to be burdened with this ''one-size-fits-all'' regulatory approach that has kept them from providing rural areas with what they need most—a share of the new economy.

I want to remind members of the House that H.R. 3850 passed with wide-spread support during the 106th Congress. Unfortunately, the Senate wasn't able to bring up the bill due to time constraints, but I am confident that we will continue to garner support for this common sense regulatory initiative.

In closing I want to thank the original cosponsors of the bill: Reps. BART GORDON, CHIP PICKERING, and TOM BARRETT. The cosponsors and I acknowledged that there may be room for improvement and welcome refinements. As I acknowledged earlier, last year I was very receptive to concerns that individual members and industry representatives brought to my attention. My office has always had an open door policy and that will never change. We look forward to working with incumbent and competitive interests so that in the end the ultimate goal will be realized: improved access to advanced telecommunications and common sense regulatory changes that lessen the burdens on small and mid-size telecommunications providers.

We collectively acknowledge the new leadership at the Federal Communications Commission and look forward to their thoughtful suggestions as well as their own internal changes that will hopefully improve the regulatory environment that these small and mid-size companies operate under.

Mr. Speaker, I want to thank the members of the Commerce Committee for their help in moving this bill last year and ask my colleagues to once again unanimously support this very important piece of legislation.

RAISING THE SUBSTANTIAL GAINFUL ACTIVITY AMOUNT FOR PERSONS WITH SPINAL CORD INJURIES

HON. PATSY T. MINK

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mrs. MINK of Hawaii. Mr. Speaker, I rise to introduce a bill that would provide Social Security disability beneficiaries with severe spinal cord injuries the same protections as are afforded the blind.

Many people who suffer from spinal cord injuries are unable to earn a living, and receive Social Security disability.

My legislation seeks to help those who have overcome their debilitating injury, and are able to work.

Under current law, recipients of Social Security disability are eligible for benefits if they are unable to earn no more than the Substantial Gainful Activity (SGA) amount, which is $740/month.

The Senior Citizens' Right to Work Act of 1995 increased the SGA amount for blind individuals to $1000/month. The provision allows blind individuals to qualify for Social Security disability even if their income is $1000/month. In 2001, the monthly SGA amount was raised to $1,240/month.

My bill would raise the SGA amount for persons with spinal cord injuries to $1,240/month. These individuals should not be discouraged from earning income that could supplement their disability payments.

Social Security disability benefits should not be withdrawn from persons with spinal cord injuries because they have the courage to return to work.

I urge my colleagues to join as cosponsors of this legislation.

ON THE INTRODUCTION OF THE COMMUNITY ACCESS TO HEALTH CARE ACT OF 2001

HON. GENE GREEN

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mr. GREEN of Texas. Mr. Speaker, I rise today in support of the Community Access to Health Care Act of 2001, legislation I am introducing to help our states and communities deal with the crisis of the uninsured.

More than 42 million Americans do not have health insurance and this number is increasing by over a million persons a year. Most of the uninsured are working people and their children—nearly 74 percent are families with full-time workers. Low income Americans, those who earn less than 200 percent of the federal poverty level or $27,300 for a family of three, are the most likely to be uninsured.

Texas is a leader nationally in the number of insured, ranking second only to Arizona. About 4 million persons, or 26.8 percent of our non-elderly population, are without health insurance.

The uninsured and under-insured tend to be more expensive to treat because they fall through the cracks of our health care system. The uninsured and under-insured often can't afford to see the doctor for routine physicals and preventive medicine. Consequently, they arrive in the emergency room with costlier, often preventable, health problems.

Research by the Kaiser Family Foundation underscores this problem. Nearly 40 percent of uninsured adults skip a recommended medical test or treatment, and 20 percent say they have needed but not received care for a serious problem in the past year. Kaiser also reports that uninsured children are at least 70 percent less likely to receive preventive care. Uninsured adults are more than 30 percent less likely to have had a check-up in the past year, uninsured men 40 percent less likely to have had a prostate exam and uninsured women 60 percent less likely to have had a mammogram than compared to the insured.

This broken health care system yields dangerous, sometimes deadly results. The uninsured are at least 50 percent more likely than the insured to be hospitalized for conditions such as pneumonia and diabetes. Death rates from breast cancer are higher for the uninsured than for those with insurance.

Our Nation's health care safety net is in dire need of repair. Communities across the country are identifying ways to better tend to the uninsured, to provide preventive, primary and emergency clinical health services in an integrated and coordinated manner. This kind of service can only be accomplished, however, if our safety net providers have the resources to improve communication to better reach this target population.

The Community Access Program (CAP) promotes this kind of interagency coordination and communication. It stems from a very successful Robert Wood Johnson Foundation-funded project that demonstrated how community collaboration can increase access to quality, cost-effective health care. The Community Access to Health Care Act of 2001 provides competitive grants to assist communities in developing programs to better serve their uninsured population.

Funding under CAP can be used to support a variety of projects to improve access for all levels of care for the uninsured and under-insured. Each community designs a program that best addresses the needs of its uninsured and under insured and its providers. Funding is intended to encourage safety net providers to develop coordinated care systems for the target population.

The Clinton Administration created a $25 million CAP demonstration project in FY 2000. More than two hundred applications were submitted by groups from 46 states and the District of Columbia. Applications were evenly distributed between urban and rural areas; and six were submitted by tribal organizations.

Funding in FY 2000 provided grants to 23 communities. An increase to $125 million in FY 2001 will make grants available to an additional 55 projects. While this increase has helped communities get their program off the ground, more can be done to ensure that future funding is available.

I would like to highlight one program, the Harris County Public Health and Environmental Services Department, in my hometown of Houston, TX. This program is a good example of how CAP funds can improve a community's health care network. Harris County, Texas is the third most populated county in the nation and the most populated county in the state with approximately 3.2 million residents.

The Texas Health and Human Services Commission estimated that in 1999, 25.5 percent of the total population in Harris County—834,867—was uninsured. Harris County's CAP project aims to assist three populations: Those with incomes under 200 percent of the Federal poverty level; those with incomes over 200 percent of the Federal poverty level; and those who are under insured.

The primary focus of this project is to improve the interagency communication and referral infrastructure of major health care systems in the city. This will improve their ability to provide preventive, primary and emergency clinical health services in an integrated and coordinated manner for the uninsured and under insured population. Harris County will

place particular emphasis on the development and/or enhancement of the existing local infrastructure and necessary information systems.

In addition to expanding the number and type of providers who participate in collaborative care giving efforts, Harris County would establish a clearinghouse for local resources, care navigation and telephone triage to increase accessibility and reduce emergency room care. The clearinghouse will receive referrals of uninsured patients from health service providers and patient self-referrals. The consortia will give special attention to health disparities in minority groups. It will establish a database for monitoring, tracking, care navigation and evaluation. In Harris County, it is expected that this initial support from grant funds would become self-sustained through contributions from participating providers, especially smaller primary care providers who can rely on the centralized triage program for after-hours response.

Harris County will also develop a plan to allow private and public safety-net providers to share eligibility information, medical and appointment records, and other information. The program will beef up efforts to make sure families and children enroll in programs for which they might be eligible, including Medicaid and the Children's Health Insurance Program (CHIP). In addition, Harris County would facilitate simplified enrollment procedures for children's health programs.

Fortunately for my constituents in Houston, Harris County's program is eligible for a grant through the FY 2001 demonstration project. They have completed their site visit, and are in the final stages of having their program approved. Unfortunately, communities who weren't fortunate enough to receive grants are still searching for ways to improve the health of their uninsured.

We in Congress have argued for years about the federal government's role in ensuring access to affordable health care. I believe that some type of universal care should be a priority for the long term. For the short term, however, authorizing the CAP program will place much-needed funds in the hands of local consortia who, working together, can help to alleviate this crisis—town by town and patient by patient.

RECOGNIZING JOSEPH PEATMAN

HON. MIKE THOMPSON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mr. THOMPSON of California. Mr. Speaker, I wish today to recognize and congratulate Mr. Joseph Peatman for his exceptional 41 years of service to the legal field and his outstanding commitment and generosity to the Napa Valley community.

Joe Peatman was born in Los Angeles in 1934 and was admitted to the bar in 1959 after completing his education at Stanford University. His extensive experience within the community can be traced back over 40 years. From the early–60s through the mid–70s, he was a member of the Napa County Board of Supervisors and served as a Trustee and President of the Napa Valley Unified School District.

He has also served, Mr. Speaker, as a Member of the Board of Directors to the Napa National Bank and as a Member of the Board of Visitors of Stanford Law School from 1978–1980. He is a member of the Napa County Bar Association and served as its President from 1963–1964. A managing partner in the professional law corporation of Dickenson, Peatman & Fogarty, established in 1965, he has specialized in land use, zoning, and real estate law for the past 41 years. On December 31, 2000, Joe Peatman officially retired from his successful legal practice.

In addition to his numerous legal accomplishments, Joe Peatman continues to be an active member of the Napa community. His contributions to the Queen of the Valley Hospital Foundation ensure that quality health care is available to the northern California community. He serves as the Executive Director of the Gasser Foundation and a Member of the Board of Trustees of the American Center for Wine, Food and the Arts. The Gasser Foundation is Napa Valley's largest philanthropic organization and its two main beneficiaries are Queen of the Valley Hospital and Justin-Siena High School. The American Center for Wine, Food and the Arts is posed to provide an array of public programs, including films, classes, demonstrations, tastings, and workshops for those individuals who enjoy food and drink as expressions of American culture.

Joe Peatman and his wonderful wife of 43 years, Angela, reside in Napa. They have three children and seven grandchildren. Mr. Speaker, it is my privilege to recognize, congratulate and thank my friend Joe Peatman for his 41 years of extraordinary service to the legal profession and to the community of Napa Valley. I wish him the best of luck in future endeavors.

TRIBUTE TO ELDER EDWARD EARL CLEVELAND OF OAKWOOD COLLEGE

HON. ROBERT E. (BUD) CRAMER, JR.

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mr. CRAMER. Mr. Speaker, today I pay tribute to one of this century's most powerful evangelists, Elder Edward Earl Cleveland. As a worldwide evangelist traveling to over 67 countries of the world, Oakwood College is very fortunate to have had the talents of Elder Cleveland reside on their campus since 1977. During his fruitful 24-year career, Elder Cleveland has shared his evangelistic techniques with Oakwood students as a Lecturer in the Department of Religion at the College.

Cleveland's life and accomplishments are truly extraordinary. He has conducted over 60 public Evangelism campaigns, trained over 1100 pastors world-wide, preached on 6 continents and brought over 16,000 new believers into the Seventh-day Adventist Church.

His involvement with his community and his commitment to civil rights is no less impressive. Cleveland participated in the First March on Washington in 1957 with Dr. Martin Luther King, Jr. He took the message of Dr. King with him to Oakwood organizing the NAACP Chapter for students there. He also took it to his Church where he was the first African-American integrated into a department of the General Conference of Seventh-day Adventists.

I believe Elder Cleveland's blessed life can be captured in his life philosophy, ''I have seen God, for so long, do much with so little, I now believe He can do anything with nothing—meaning me.'' Thank goodness he had left a library of his works for us to learn from including ''The Middle Wall,'' ''The Exodus'' and his most recent work, ''Let the Church Roll On.''

As Elder Cleveland retires, I would like to extend my gratitude for his service to his family, his wife Celia, his son Edward Earl and his grandsons Edward Earl II and Omar Clifford for sharing their beloved husband, father and grandfather with the world.

On behalf of United States Congress, I pay homage to Elder Cleveland and thank him for a job well done. I congratulate him on his retirement and wish him a well-deserved rest.

HONORING DR. JOHN M. SMITH, JR. OF BEATTYVILLE, KENTUCKY FOR 50 YEARS OF DISTINGUISHED AND DEDICATED MEDICAL SERVICE

HON. HAROLD ROGERS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 7, 2001

Mr. ROGERS of Kentucky. Mr. Speaker, our nation's history is filled with countless stories of people from humble beginnings who turn their challenges into triumphant success. These stories have a familiar ring: ambitious and hard-working young people from rural communities making good in the big city.

These inspiring stories, however, sometimes have a down side. In southern and eastern Kentucky, for example, the hope for bigger and better things has at times created an 'outmigration' of our best, brightest and most effective young people. At the same time that they were seeking a better life away from rural areas, the friends and family members they left behind continued the struggle at home to improve the qualify of life in their communities.

Today, Mr. Speaker, I want to salute a Kentucky citizen who made the choice to stay and fight—helping thousands of people in one of the most remote regions of the nation. Please join me in this salute to my constituent, Dr. John M. Smith, Jr., of Beattyville, Kentucky.

More than a half-century ago, as a young medical student, John Smith faced the common problem of how to finance a medical education. In 1942, after graduating Phi Beta Kappa with an undergraduate degree from the University of Kentucky in Lexington, he enlisted in the United States Navy and served with distinction through the war years until 1946. He saved, scraped and borrowed money to begin his coursework at the University of Louisville School of Medicine, but he needed much more financial help. Fortunately, he learned about the Rural Medical Fund, sponsored by the Kentucky State Medical Association.

The idea of the scholarship fund was simple: a student would receive a year of financial assistance at the U of L medical school in exchange for a commitment to practice one full year in a rural county that was short of doctors. After graduation, and service as a medical intern in the U.S. Navy, Dr. John Smith, Jr., chose Lee County, Kentucky.