

RECOGNIZING THE FAIRFAX COUNTY CHAMBER OF COMMERCE 2003 VALOR AWARD RECIPIENTS

**HON. TOM DAVIS**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. TOM DAVIS of Virginia. Mr. Speaker, I rise today to recognize an extraordinary group of men and women in Northern Virginia. Several members of the Fairfax County Office of the Sheriff were honored at the Fairfax County Chamber of Commerce's 25th Annual Valor Awards. Each year, the Chamber recognizes individuals who have courageously demonstrated selfless dedication to public safety. These outstanding men and women have played an intricate role in building a better community. This hard work and determination has earned several members of the Office of the Sheriff the highest honor that Fairfax County bestows upon its public safety officials—The Valor Award.

There are several Valor Awards that a public safety officer can be given: Lifesaving Award, a Certificate of Valor, or a Gold, Silver or Bronze Medal of Valor. During the 25th Annual Awards Ceremony, 88 men and women from the Office of the Sheriff, Fire and Rescue Department, and Police Department received one of the aforementioned honors for their bravery and heroism.

It is with great honor that I enter into the RECORD the names of the recipients of the 2003 Valor Award in the Fairfax County Office of the Sheriff. Receiving the Lifesaving Award: Deputy Charles Taggart; Certificate of Valor: Private First Class Michael Hammond, Private First Class Leslie Sheehan, Deputy Randall Naeve, Master Deputy Sheriff Amy Gaisor, Private First Class Sharon Fogle, Sergeant Kevin Timothy, and Deputy Charles Taggart.

Mr. Speaker, in closing, I ask that my colleagues join me in congratulating this group of extraordinary citizens. In addition, I would like to take this opportunity to thank all the men and women who serve the Fairfax County Office of the Sheriff. The events of September 11th served as a reminder of the sacrifices our emergency service workers make for us everyday. Their constant efforts on behalf of Fairfax County citizens are paramount to preserving security, law and order throughout our neighborhoods, and their individual and collective acts of heroism deserve our highest praise.

PAYING TRIBUTE TO ALOYS AND WANDA SCHNEIDER

**HON. SCOTT MCINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. MCINNIS. Mr. Speaker, it is with great honor that I rise today to recognize "Moon" and Wanda Schneider of Montrose, Colorado. The Schneiders have been important members of their local community and the State of Colorado for many years, and I would like to pay tribute to their efforts before this body of Congress and this nation today.

The Schneiders have been married for fifty-six years and are the parents of eight children.

The couple began volunteering after Moon retired from the Agriculture Stabilization Conservation Service in 1978. Wanda had learned to play the piano, accordion and clarinet as a young girl in Canon City, so in 1983 the Schneiders started visiting nursing homes, where Wanda would play her keyboard and Moon would entertain the residents with his sharp sense of humor. When the new senior center opened in Montrose, the Schneiders put on their show once a week.

Eight years ago, Wanda volunteered to serve as the senior center's program chairman. Since then, she and Moon have helped with a variety of activities, including producing four plays. Moon himself has starred in three of them, most recently portraying the colorful actress Carmen Miranda. Moon has also served on the board of directors for the Golden Circle for six years, and the couple still finds time to pack and deliver Meals on Wheels.

Mr. Speaker, it is with pride that I recognize Moon and Wanda Schneider for the countless hours they have contributed to the welfare of seniors in Montrose, Colorado. They have been a great asset to the senior center and to the people of the nursing homes they serve. Their active involvement in their community is a credit to Montrose County and the entire State of Colorado.

TRIBUTE TO THE LOLA DE RODRIGUEZ DE TIO ACADEMY OF FUTURE TECHNOLOGIES AT INTERMEDIATE SCHOOL 162 FROM THE SOUTH BRONX

**HON. JOSÉ E. SERRANO**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. SERRANO. Mr. Speaker, I rise today to pay tribute and to congratulate The Lola de Rodriguez de Tio Academy of Future Technologies at Intermediate School 162 from the South Bronx which, on Saturday, February 8, 2003, won the 2003 New York City FIRST Lego League Tournament. This is a highly competitive tournament that trains students to use Lego blocks and computers to solve challenges that urban planners face every day.

The New York City competition included 115 schools from the five boroughs, including Manhattan East, IS 72—The Rocco Laurle School, Brooklyn Tech, Hunter High School, IS 98K—Bay Academy, MS 51K, Satellite West Academy, IS 227Q—Louis Armstrong, MS 217 Q, IS 90M—Mirabel Sisters, IS 22—Mott Hall, IS 187—The Christa McAuliffe School in Brooklyn, among many others.

Despite being a rookie team they went on to win every category—including the robotics competition and the research competition. They also won the 2003 First Lego League Bronx Ryders Winner of the Top Prize Director's Award.

Mr. Speaker, I would like to take a moment to recognize the members of the team. From the 8th Grade Team they are: Terrell Washington, Byron Flores, Durrell Washington, Hazel Rivera, Elyse Arroyo, Noel Pichardo, Valentine Dixon and Austin Leak. From the 7th Grade Team they are: Jose Verdejo, David Quiñones, Nikisha Romsaran, Nickolos Rivera, Joshua Rodríguez, Natholy Torella, Jose Matos and Alexis Herrera.

The team will be heading to Houston, Texas to compete in the National Tournament from April 10–April 13. Only 20 teams out of 2500 nationwide have been chosen to compete. We wish these amazing young people from the South Bronx the best of luck.

They have demonstrated that they have the ability and the desire to be assets and role models in our community. We are proud of their accomplishments and I hope they will continue to be successful. They are terrific examples for young men and women throughout our communities.

Again, I congratulate and I wish them the best of luck in their future enterprises. They are our Champions!

Mr. Speaker, I ask my colleagues to join me in paying tribute to and congratulating The Lola de Rodriguez de Tio Academy of Future Technologies at Intermediate School 162 from the South Bronx.

RECOGNIZING BOWIE STATE UNIVERSITY MEN'S BASKETBALL TEAM

**HON. STENY H. HOYER**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. HOYER. Mr. Speaker, I rise today to give recognition to the Bowie State University men's basketball team. On March 1, 2003, the Bowie State Bulldogs defeated Virginia Union to earn their first central intercollegiate athletic association men's title.

In their first appearance in the CIAA tournament in 30 years of play, the Bulldogs were down 41–32 at half-time against a 14-time league champion. Nevertheless, the team rallied back for a neck-and-neck second half. The winning basket was a heartstopper and came with less than a minute to go, giving the Bulldogs a 72–71 victory.

Mr. Speaker and colleagues, please join me in recognizing the great accomplishment of the Bowie State University men's basketball team and wish them the best of luck in their upcoming NCAA Division II tournament.

INTRODUCING THE MEDIKIDS HEALTH INSURANCE ACT OF 2003

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. STARK. Mr. Speaker, I join with 34 colleagues to introduce the MediKids Health Insurance Act of 2003, which will provide universal health care for our nation's children through a new Medicare-like national program with benefits tailored toward children.

Sen. JAY ROCKEFELLER is introducing a companion bill in the Senate. I am grateful to Senator ROCKEFELLER for his leadership and commitment to this issue. We are introducing the bill at this time in recognition of the national educational and awareness campaign that has named this week "Cover the Uninsured Week."

Despite Medicaid and the implementation of the S-CHIP program, more than 9 million children are still without health insurance in America today. Now, with states facing severe

budget crises, past expansions of Medicaid and S-CHIP are in real danger. In fact, with 35 states currently facing budget shortfalls that must be resolved this year, the number of uninsured children will grow. The outlook for the next fiscal year looks even more fiscally challenging for states. Programs like Medicaid and S-CHIP are the most vulnerable for eligibility and service provision reductions due to fiscal crisis.

The number of uninsured children is more than a statistic. It reflects the harsh reality experienced by many families—80% of whom are working families—who are forced to delay or do without needed medical care for their precious children. And, what does the research tell us about children brought up under these circumstances? Compared to those with health insurance, uninsured children have poorer health and higher mortality; they miss more school and have lower educational achievement; and they are less successful as adults in the workforce.

The MediKids Health Insurance Act is a real solution to the growing problem of children without health insurance. Our bill will guarantee health insurance for all children in the United States regardless of family income. Importantly, it would be a fully-federal program so that children's health care would not change from state to state as it does today.

The program is modeled after Medicare, but the benefits are tailored toward children. MediKids is financed like the Medicare Part B program with families paying a premium of 25% of the value of the program and the rest financed through general revenues. Premiums for MediKids would be collected each year when their parents' file their taxes. There is also a generous low-income subsidy for families phasing out at 300% of poverty.

MediKids would not override other forms of health insurance for children. Parents who have other coverage for their children—employer-sponsored insurance, individual policies, S-CHIP, Medicaid, or other policies—could maintain that coverage. But, if something happens and that coverage is no longer available, their children could always rely on MediKids for coverage. If the family moves, MediKids follows the children across state lines. And, no longer would kids get caught with no health insurance coverage if their parents are climbing out of welfare.

Enrollment in MediKids is simple with no complicated paperwork or re-determination hoops to jump through. When children are born or legally immigrate to this country, the parents are automatically given a MediKids insurance card and information on the benefits. For those children who are already born, the bill authorizes presumptive eligibility and enrollment at out-stationed sites such as Disproportionate Share Hospitals and Federally Qualified Health Centers to simplify outreach efforts. Once the program is fully phased in no outreach will be needed because enrollment into the program will be automatic.

Both children's advocates and the health care professionals who care for children support our legislation. Endorsing organizations include: the American Academy of Pediatrics, the Children's Defense Fund, the American Academy of Child and Adolescent Psychiatry, the American Nursing Association, FamiliesUSA, the March of Dimes, the National Association of Children's Hospitals, the National Association of Community Health

Centers, the National Association of Public Hospitals and Health Systems, the National Health Law Program, and NETWORK: a Catholic Social Justice Lobby. These providers and children's advocacy groups are united around the concept that children deserve access to continuous health insurance. MediKids meets that goal.

The successful future of our society rests in our ability to provide our children with the basic conditions to thrive and become healthy, educated and productive adults.

Guaranteeing continuous health care coverage is a necessary component for us to realize the potential of our future. This is not only a good investment; it is also a noble goal and obligation that we must fulfill. I look forward to working with my colleagues and with the many supporting organizations for the passage of the MediKids Health Insurance Act of 2003.

Below is a short summary of the bill.

#### SUMMARY OF THE MEDIKIDS HEALTH INSURANCE ACT OF 2003

The MediKids Health Insurance Act provides health insurance for all children in the United States regardless of family income level by 2009. The program is modeled after Medicare, but the benefits are targeted toward children. Families below 150 percent of poverty pay no premium or copays, while those between 150 percent and 300 percent of poverty pay a graduated premium up to 5 percent of their income and receive a graduated refundable tax credit for cost sharing expenses.

The MediKids enrollment process is simple with no re-determination hoops to jump through because it is not means tested. MediKids follows children across state lines when families move, and covers them until their parents can enroll them in a new insurance program. Moreover, MediKids fills the gaps when families climbing out of poverty become ineligible for means-tested programs. It provides security for children until their parents can obtain reliable health insurance coverage.

#### ENROLLMENT

Every child born after 2004 is automatically enrolled in MediKids, and those children already born are enrolled over a 5-year phase-in as described below. Children who immigrate to this country are enrolled when they receive their immigration cards. Materials describing the program's benefits, along with a MediKids insurance card, are issued to the parent(s) or legal guardian(s) of each child. Once enrolled, children remain enrolled in MediKids until they reach the age of 23.

Parents may choose to enroll their children in private plans or government programs such as Medicaid or S-CHIP. During periods of equivalent alternative coverage, the MediKids premium is waived. However, if a lapse in other insurance coverage occurs, MediKids automatically covers the children's health insurance needs (and a premium will be owed for those months).

#### PHASE-IN

Year 1 (2005) = the child has not attained age 6.  
 Year 2 (2006) = the child has not attained age 11.  
 Year 3 (2007) = the child has not attained age 16.  
 Year 4 (2008) = the child has not attained age 21.  
 Year 5 (2009) = the child has not attained age 23.

#### BENEFITS

The benefit package is based on Medicare and the Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits for children, and includes prescription drugs. The benefits will be reviewed annually and updated by the Secretary of Health and Human Services to reflect age-appropriate benefits as needed with input from the pediatric community.

#### PREMIUMS, DEDUCTIBLES, AND COPAYS

Families up to 150 percent of poverty pay no premiums or copays. Families between 150 percent and 300 percent of poverty pay a graduated premium up to 5 percent of their income and receive a graduated refundable tax credit for cost sharing expenses. Parents above 300 percent of poverty are responsible for a small premium equal to one fourth of the average annual cost per child. Premiums are collected at the time of income tax filing. There is no cost sharing for preventive and well child care for any children; all other cost sharing mimics Medicare.

#### FINANCING

Congress would need to determine initial funding. In future years, the Secretary of Treasury would develop a package of progressive, gradual tax changes to fund the program, as the numbers of enrollees grows.

#### STATES

Medicaid and S-CHIP are not altered by MediKids. These programs remain the safety net for children until MediKids is fully implemented and appropriately modified to best serve our nation's children. Once MediKids is fully operational, Congress can revisit the role of these programs in covering children.

To the extent that the states save money from the enrollment of children into MediKids, states are required to maintain those funding levels in other programs and services directed toward the Medicaid population. This can include expanding eligibility or offering additional services. For example, states could expand eligibility for parents and single individuals, increase payment rates to providers, or enhance quality initiatives in nursing homes.

#### PAYING TRIBUTE TO: GRAND RIVER HOSPITAL DISTRICT

**HON. SCOTT MCINNIS**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, March 11, 2003*

Mr. MCINNIS. Mr. Speaker, it is with great pride that I rise before you today to honor the good people of the Grand River Hospital District of Rifle, Colorado. America's rural health facilities are in crisis and it is our duty to embrace them in these trying times. Fortunately, the success of the Grand River Hospital District offers other rural medical providers hope. It gives me great pleasure to recognize them before this Congress and this nation.

The people of the Grand River Hospital District are devoted servants, dedicated to improving the delivery of quality, cost-effective health care in their community. Their hard work has paid off, and on May 12, they will open the doors to their brand-new 16.5 million dollar Grand River Medical Center. This expansion is an amazing accomplishment at a time when so many rural medical providers are struggling to stay open. Like all success, it has taken smart and dedicated people who have given much of themselves in the pursuit of excellence.