

of trails in our communities, and it has also provided support to the volunteer trail clubs that do so much to enhance the access and enjoyment of our trails. I extend my thanks to the volunteers who put forth so much time, passion and energy into maintaining the 200,000 miles of trails we are fortunate to call our own.

The theme for this year's National Trails Day celebration is "Experience Your Outdoors." From hiking and climbing to biking and horseback riding, there are many things we can do to experience our outdoors. I encourage all Americans to participate in National Trails Day and truly enjoy their outdoor experience.

I know that many of my fellow Nevadans will be enjoying National Trails Day this year with celebrations scheduled at The John Day Trail and the Greenhorn Cutoff of the California National Historic Trail in Elko, The Pony Express Trail in Eureka, The Tahoe Rim Trail at Lake Tahoe, Condor Canyon in Caliente and the Spring Mountains National Recreation Area in Las Vegas to name a few.

Nevada's trails are rich with history and uniquely beautiful. I invite you all to visit Nevada's trails and experience all that they have to offer.

#### CREATING OPPORTUNITIES FOR PUBLIC-PRIVATE PARTNERSHIPS FOR SMALL BUSINESSES

Ms. STABENOW. Mr. President, I wish to have included in the RECORD statements of support for S. 2588, the Health Care Access for Small Businesses Act, from all across the state of Michigan. I am proud to have support from organizations as diverse as providers, insurers, and elected officials.

The three share model is an innovative community-based concept that has worked across the United States from California to Arkansas, of course, to Michigan. The name, "three share" stems from the program's payment structure. Premiums are shared between the employer who pays 30 percent, the employee who pays 30 percent and the community which covers the remaining 40 percent of the cost.

I ask unanimous consent that the support letters be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ASCENSION HEALTH,  
St. Louis, MO, April 28, 2006.

Hon. DEBBIE STABENOW,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR STABENOW: I am writing in strong support of the legislation you recently introduced, S. 2588, the "Health Care Access for Small Business Act of 2006," that would expand health insurance coverage for employees who work for small companies through a "Three-Share Program" modeled on a successful initiative first developed in Michigan. As you know, Ascension Health—through our sponsored hospitals and health systems in Michigan that include Standish Community Hospital; Borgess Health Alliance in Kalamazoo; St. Joseph Health System in Tawas City; Saint Mary's Medical

Center in Saginaw; Genesys Health System in Flint; and St. John Health in Detroit—has a significant presence in Michigan. We believe your legislation will help us in our work at the local level in Michigan and across the country to achieve 100% access to health care.

Over the past 6 years, Ascension Health has fostered the development of local community coalitions to expand access and improve the quality of care provided to the uninsured. Our experience led to the development of a 5 step model to expand access to care. Step One is to build a formal infrastructure that can support safety net services for the uninsured. Step Two is to fill service gaps, such as dental prescription drugs, and mental health services. Step Three is to develop and implement a care model for the uninsured that emphasizes coordinated services throughout the continuum of care. Step Four is to recruit physicians to provide medical homes and specialty care for the uninsured. Step Five is to get funding to ensure the long term sustainability of the initiative.

Since 2000, community coalitions in Michigan with an Ascension Health partner have received over \$11 million in federal support through the Healthy Community Access Program (HCAP) and approximately \$2 million in matching funds from Ascension Health. These funds have been used to develop and implement many of the steps identified above to achieve 100% access. We believe your legislation would help us reach the final step of achieving long term sustainability by providing small business, owners and their workers an opportunity to afford insurance coverage.

We enthusiastically support your legislation. Please let us know what we can do to further help you in your efforts to expand coverage for the 47 million Americans without health insurance, the additional 40 million Americans who go uninsured during some part of the year, and the additional 80 million Americans who are only partially covered.

Sincerely,

ATHONY R. TERSIGNI,  
President and Chief Executive Officer.

UPPER PENINSULA HEALTH PLAN,  
Marquette, MI, April 20, 2006.

Hon. DEBBIE STABENOW,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR STABENOW: I am writing to express my organization's support for Senator Stabenow's SB 2588, "Health Care Access for Small Business Act of 2006." SB 2588 will provide grants to eligible "three-share programs" for the start-up and operation costs of providing specific health care benefits to eligible covered individuals for a period of five years.

A "Three-Share Program" is a basic plan for health care coverage that brings together employers, workers without health care coverage and outside funding to create a health care coverage plan for those workers who have no other access to health insurance. The plan encourages employers (formerly not offering insurance coverage) to assist in the payment of modest fees for their employees' health coverage. Additional private, state, and/or federal funds are required to augment fees paid by other parties to complete the reimbursement of care. This transforms the "slow pay/no pay" patients into "assuredly-pay/discount-pay" patients.

Presently in Michigan, 1.2 million people do not have health care coverage. Sixty percent of the 1.2 million are employed and work full or part-time. Fifty percent of the 1.2 million are employed by small businesses and are not offered health care benefits. Michigan has seen two successful and separate community initiatives that began offer-

ing health care coverage for employed, low-income persons using the three-share model: HealthChoice in Wayne County (1994) and Access Health in Muskegon County (1999). Both are received grant monies for their start-up and operation costs.

The three-share program is a successful model for other regions to replicate. However, without start-up seed money in which to build community involvement, determine market needs, and establish administrative systems to carry out operational functions, these programs cannot get off the ground. In order to begin solving the health care crisis on a local level, communities need monetary supports in which to fund initiatives such as three-share programs.

Michiganders want access to high-quality, affordable health care. Thank you for initiating this legislation to help them receive it.

Sincerely,

DENNIS H. SMITH,  
President & CEO.

TRINITY HEALTH,  
Novi, MI, May 12, 2006.

Hon. DEBBIE STABENOW,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR STABENOW: I am writing to congratulate and thank you for your legislation, the Health Care Access for Small Businesses Act of 2006, and to offer Trinity Health's support and assistance in its passage.

As you know, Mercy General Health Partners, one of Trinity Health's twelve hospitals in Michigan, was instrumental in the creation of Access Health, one of the nation's most successful community-initiated programs for the working uninsured. Access Health now has a seven year track record. We are proud to be associated with Access Health, and appreciate your past contributions in helping to make it the success that it is.

The Health Care Access for Small Businesses Act of 2006 will help communities across the nation replicate the Access Health model, and thus become an important piece of the solution for the country's millions of uninsured individuals.

Specifically, your bill would leverage a federal contribution with community funds to help small businesses and their employees purchase a health coverage product developed by the community. In addition to reducing the local uninsured population, increased access to health care in a community will result in community-wide economic benefit. Employers in the community will experience less health care cost-shifting, and increased productivity and employee retention. With greater emphasis on preventive and chronic care, communities' uninsured populations will become less of a financial burden on state and local budgets.

Thank you for your very thoughtful effort to help communities, small business, and to ensure that the uninsured are not forgotten. We look forward to working with you on this national effort.

Sincerely,

MARSHA J. CASEY,  
President, Michigan Ministries.

Detroit, MI, May 9, 2006.

Hon. DEBBIE STABENOW  
U.S. Senate,  
Washington, DC.

DEAR SENATOR STABENOW: I am writing to express Wayne County's strong support for S. 2588, the Health Care Access for Small Businesses Act of 2006. As you know, Wayne County, Michigan has long been on the forefront of developing innovative health coverage for small business employees and the uninsured. Our experience demonstrates that

these programs have a meaningful impact on employee retention and well-being and provide a much-needed safety net to scores of workers in Wayne County. As such, we appreciate Senator Stabenow's leadership and strongly support the authorization of federal grant programs for pilot demonstrations that will help ensure the establishment and the continued success of three-share health coverage programs across the country.

The "three-share" programs developed in Wayne County provide affordable coverage and quality medical care to working uninsured residents. As you are aware, the two primary three-share programs operating in Wayne County are the Health Choice program and the Four Star Program. Under both programs, workers receive coverage for primary health care, prescription drugs, emergency and urgent care, hospital care, and diagnostic services. Employers, employees, and the County each pay roughly one-third of the premium cost of the coverage, which is less than \$60 per month for employees. There are currently 607 employers, including 3,700 members, participating in Health Choice and approximately 40 businesses, including 150 members, participating in Four Star.

These three-share programs not only provide coverage to individuals who badly need it; but they also help small businesses attract and retain skilled employees. In Wayne County, roughly 280,000 persons are uninsured, many of whom are employed by small businesses that cannot afford to bear the cost of providing a health insurance benefit to their employees. The three-share programs operating in Wayne County provide these employers with a low-cost way of providing health insurance to their workers, which in turn reduces sick days, builds employee morale and loyalty, and ultimately improves our local economy.

Federal grants that would be authorized by S. 2588 could enable Wayne County to expand these programs to serve more persons or include additional benefits. Currently, Wayne County's three-share programs only cover employees and their spouses, as the County is unable to provide coverage to the children of employees. Funding could also support the County's outreach efforts to eligible employers, including reaching out to the Hispanic and Arab American communities to ensure awareness of the program and how it operates. Finally, it is possible that federal grant money would allow the County, working with its underwriters to lower the portion of premiums that employers have to pay, thus providing an incentive to additional small businesses to participate in the program. Numerous other counties would similarly benefit from a federal grant program for three-share programs.

Wayne County's programs have enhanced access to health services for the most needy in our community and we commend your leadership and vision for seeking expanded nationwide access to this model. We are confident other municipalities will find your legislation attractive as well. Expanding insurance opportunities for our nation's uninsured and providing small businesses with a meaningful way of offering health coverage to their employees are significant challenges to many, if not most, municipalities. Three-share programs can positively impact other counties and cities nationwide so that both employers and employees benefit from the continued strength of these programs. Thank you again for all your leadership and all your efforts to address pressing national health coverage access problems.

Sincerely,

ROBERT A. FICANO,  
Wayne County Executive.

OAKWOOD HEALTHCARE, INC.,  
Dearborn, MI, May 16, 2006.

Hon. DEBBIE STABENOW,  
U.S. Senator,  
Washington, DC.

DEAR SENATOR STABENOW: Thank you for introducing Senate Bill 2588 that certifies and supports programs to provide uninsured employees of small businesses access to health coverage.

As the Chief Executive Officer of a health system in a market experiencing high unemployment and increasing numbers of uninsured patients among the employed, I am hearing of many individuals avoiding visits to their healthcare provider due to lack of insurance. This has resulted in significant decreases in hospital admissions in Southeast Michigan during the past six months.

Of course, the underlying health problems of these uninsured individuals are not going away. We fully expect to see many of them in our Emergency Room when their condition reaches a crisis stage.

While the problem of the uninsured is entrenched and growing, there are potential solutions. Our governor in Michigan is working to create a statewide plan that would cover significant numbers of uninsured residents. While we support this work, we also believe that development of shared resource insurance programs could very quickly begin addressing the problem in a number of local markets.

Oakwood has already established one such program, known as the "Four-Star" health plan, in which Oakwood Healthcare System, St. John Health System, Henry Ford Health System, and the Detroit Medical Center, partner with the Wayne County Health Department to provide coverage to qualified individuals who share the cost with their employer and the county.

We believe this program and others like it offer a timely and viable approach to providing health care access to the uninsured employed by small businesses. It is exactly the approach described in S. 2588.

We welcome the support this bill would provide to build and market plans like ours. While we believe such three-share plans offer the right solution to many employers and their employees, they require significant startup investment. The grants called for in Section 2201 would do much to encourage additional three-share programs, thus providing access to health care for thousands of employed individuals while adding to the viability and competitiveness of many small businesses. We heartily endorse passage of this legislation.

Sincerely,

GERALD D. FITZGERALD,  
President and CEO.

WWW.COVERTHEUNINSURED.ORG,  
Dearborn, MI, May 2, 2006.

Hon. DEBBIE STABENOW,  
U.S. Senate,  
Washington, DC.

DEAR SENATOR STABENOW: I want to thank you for developing and introducing the "Health Care Access for Small Businesses Act of 2006." I support efforts to expand coverage for the uninsured, and I am pleased that your legislation is modeled on the successful multi-share program in Muskegon that provides affordable health insurance options for small businesses. It is this kind of program that should be replicated to reduce the number of working uninsured in our country.

I hope you will find other ways to bring the urgent issue of the uninsured to the forefront of the national political agenda. Nearly 46 million Americans are living without health insurance, including more than 8 million children. As you know, more and more

Michigan families are facing the hardship of being uninsured as cutbacks in manufacturing leave them unemployed or in jobs without health benefits.

The economic impact of the growing uninsured is most evident for states and localities like ours trying to attract job-creating investments. Small businesses often find that insurance coverage for their employees is either unaffordable or simply unavailable. Large employers that do provide health insurance are bearing many of the uninsured treatment costs, which are shifted to them through steeply rising premiums. The result is an uneven playing field for employers.

More importantly, the uninsured often receive care that is "too little too late." Minor illnesses become more severe because care is delayed. The Institute of Medicine has determined that thousands of uninsured people die each year because of this delayed care.

I hope you will work to find bipartisan support for the "Health Care Access for Small Businesses Act of 2006," and that you can continue to support other legislative initiatives on behalf of the uninsured. "Coverage and access for all" makes economic sense because it will mean more efficient and effective care, a healthier population, and a more competitive local economy. More importantly, coverage and access for all is the right thing to do for our community. In a just society, no one should be left behind.

Thank you for your efforts on behalf of the uninsured.

Sincerely,

STANLEY GOLDBERG.

#### ADDITIONAL STATEMENTS

#### IN RECOGNITION OF 40 YEARS OF FAITHFUL SERVICE TO THE ELIEZER CHURCH OF OUR LORD JESUS CHRIST

• Mr. LEVIN. Mr. President, I would like to take this opportunity to recognize two distinguished religious leaders in Michigan, Pastor Raymond H. Dunlap, Sr. and his wife, Mother Lillian B. Dunlap. On May 21, 2006, they will be honored for their service to The Eliezer Church of Our Lord Jesus Christ of Flint, MI.

Bishop Dunlap, known by many as a "Man with a Vision," entered the ministry in Columbus, OH in 1954 under the guidance of his father, the late Bishop Sandy Dunlap. In 1966, he became the pastor of the newly established Eliezer Church of Our Lord Jesus Christ in Flint, MI. Bishop Dunlap was appointed district elder of the Northern District in 1977 and 3 years later was named junior bishop at the International Convocation. Bishop Dunlap's faithfulness, leadership, and service lead him to be consecrated bishop in 1983. Bishop Dunlap directed the creation of 13 Churches of the Lord Jesus Christ in Michigan, as well as 3 in Minnesota.

Over the years, Bishop Dunlap has founded several programs, including the Michigan Home Builders, the Apostolic Instructions Deliverance Station, and Anti-Juvenile Delinquency. He also organized the Freedom Train Outreach and was editor of the International Church of Our Lord Jesus Christ of the Apostolic Faith. Through these community-based efforts, Bishop Dunlap