

I have the pleasure to report that Clarion County, in the Fifth Congressional District, is the selection for the prestigious Community of the Year honor by the Pennsylvania State Chamber of Business and Industry. And this distinction follows on the heels of the Clarion River's selection for tribute during Pennsylvania's River Month last June.

On what grounds, Mr. Speaker, is Clarion County sweeping all honors this year? I have a hunch, and I will share it with you. But I maintain that the best way for you and our colleagues to understand is for each of you to visit for yourselves.

That's because Clarion County is nothing short of a stunning natural treasure. And, importantly, those who call it home recognize its wonders and true value. They share a very real commitment to serve as its stewards not only for today but for all future generations.

And it's paying off. Their dedication to preserving the beauty of northwest Pennsylvania has contributed to the region's flourishing reputation as a tourist's haven. The dividends, cautiously earned, will continue to be paid through the years.

I am especially pleased, Mr. Speaker, to share this honor with my colleagues in the House today. Just hours ago, the Resources Committee reported legislation to designate 51.7 miles of the Clarion River as part of the National Wild and Scenic River System. This legislation is really the product of 4½ years of impassioned public effort, and I ask for the support of the House to enact it in the waning days of the 104th Congress.

Thank you, Mr. Speaker, for this opportunity to offer my most sincere congratulations to the people of Clarion County, PA.

HEALTH CARE FOR KIDS

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 1996

Mr. STARK. Mr. Speaker, I am introducing today a bill to require insurers to offer health insurance policies for kids, coupled with a sliding scale 80 percent refundable tax credit to help families buy such insurance policies.

There are 10 million children in the United States without health insurance. Health insurance equals access to health care. Access to health care equals better health and a better quality of life. It is that simple. As a recent article in the *Journal of the American Medical Association* (JAMA, August 14, 1996, p. 477) so well said:

... access to health care is dramatically increased if one has health insurance, and this increased access has in turn been shown to improve outcomes, such as whether one lives or dies. The most significant action within the health system that we can take to preserve health and improve longevity is to provide health insurance to everyone.

The bill I am introducing is about the life and death—and lifetime productivity—of our Nation's children.

This bill is not a mandate; it does not require any individual to buy health insurance. It does, however, make sure that there is widespread competition in the offering of these health insurance policies and it does help families, even very low income families, buy a policy of their choice.

Health insurance for children in America is getting worse—not better. With the cuts in Medicaid, it may get disastrously worse. We desperately need to reverse the trend of rising uninsured rates for children. The General Accounting Office recently issued report to Senator CHRISTOPHER DODD, dated June 17, 1996, entitled "Health Insurance for Children: Private Insurance Coverage Continues to Deteriorate" (GAO/HEHS-96-129). The report states:

The number of children without health insurance coverage was greater in 1994 than at any time in the last 8 years. In 1994, the percentage of children under 18 years old without any health insurance coverage reached its highest level since 1987—14.2 percent or 10 million children who were uninsured. In addition, the percentage of children with private coverage has decreased every year since 1987, and in 1994 reached its lowest level in the past 8 years—65.6 percent.

To repeat, health insurance can mean the difference between life and death—and between a good quality life and a stunted life. The GAO's report I have just cited provides a concise summary of why the lack of insurance is so important:

Studies have shown that uninsured children are less likely than insured children to get needed health and preventive care. The lack of such care can adversely affect children's health status throughout their lives. Without health insurance, many families face difficulties getting preventive and basic care for their children. Children without health insurance or with gaps in coverage are less likely to have routine doctor visits or have a regular source of medical care. They are also less likely to get care for injuries, see a physician if chronically ill, or get dental care. They are less likely to be appropriately immunized to prevent childhood illness—which is considered by health experts to be one of the most basic elements of preventive care.

My bill is a small, incremental step forward. If it is by no means everything I would like. If I could wave a magic wand, I would make sure that everyone in America had high quality health insurance tomorrow morning. That is not going to happen—but this small step, starting with children, could help millions of children grow up to be healthier, more productive citizens. Like my amendment which started the COBRA Health Continuation Program which has been used by 40 million Americans, this bill could make a world of difference to millions of Americans in the years ahead.

Under the bill, insurance companies would be subject to a tax penalty if they did not offer for sale—so-called guaranteed issue—a policy which provided a Medicare-type package of health benefits, with additions designed for well-baby and well-child care and with a 10 percent—but no more than \$10 per Part B service—rather than Medicare's 20 percent copay. By requiring insurers to offer such a benefit package, consumers will be able to shop widely for a policy they can afford. The competition in this sector should help make affordable policies available.

The key problem is to make this policy affordable to the families of the 10 million uninsured. The basic reason so many children are uninsured is that they are in working families which are not eligible for Medicaid, but the families do not have health insurance offered through the workplace and cannot afford the \$500 to \$700 per child these policies will prob-

ably cost. Therefore, I propose a refundable tax credit to make the policies affordable. The tax credit/payment will be phased out at the rate of 50 cents per dollar of tax liability of the purchaser.

In the past, refundable tax credits have had integrity problems. I propose to avoid this abuse of the program by requiring that the taxpayer submit a 1099 type form with their tax form, in which the insurance company will certify that a tax-qualified kid's insurance policy has been purchased. The companies will, of course, also submit this documentation directly to the IRS so that a data match can be performed before refunds are issued.

I do not spell out how the 80 percent credit is to be financed, but the money can be found as part of a future reconciliation bill. If additional funds can be found, the credit percentage can be phased out more slowly to help additional families.

To repeat, the bill is not a mandate, but a chance for parents to have affordable private health insurance for their children. It uses the private market exclusively. It is a first step and as additional moneys become available, we can add a maternity and prenatal benefit for mothers-to-be and a slower phaseout of the credit.

I welcome cosponsors of the bill, and comments and suggestions from the public on ways to improve the bill and to help finance the proposal. I am introducing the bill late in this Congress so that the public can review the bill before the start of the 105th Congress and suggest changes and improvements before its reintroduction in the next Congress.

TRIBUTE TO ST. MARK CATHOLIC CHURCH

HON. PETER J. VISCLOSKEY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 18, 1996

Mr. VISCLOSKEY. Mr. Speaker, I rise to congratulate St. Mark Catholic Church, its pastor, the Reverend Robert P. Gehring, and the 421 parish families, on the celebration of St. Mark's 75th anniversary. On September 22, 1996, St. Mark Church, located in Gary IN, will hold a grand banquet at the Hellenic Cultural Center in Merrillville, IN, to proclaim its celebration theme, "Continuing the Mission of Christ." This banquet will be preceded by a jubilee Mass at St. Mark Church celebrated by Bishop Dale J. Melczek.

I would also like to congratulate the current Pastoral Council, which include Maria Azcona, Richard Burgess, Joan Bynum, Pat Corgan, Jesse Covarrubias, Alma Erris, Maria Gutierrez, Marcia Mizen, Roni Opong-Duah, Natalie Ousley, Felicia Flowers Smith, and Carl Terlicher. In 1994, this council, which serves as an advisory body to assist the pastor in decisions concerning the operations of St. Mark Church, replaced the former parish council.

Early in this century, traveling missionaries ministered to the needs of Catholics in the northwest Indiana area, and small parishes were formed in scattered villages and towns to aid the missionaries in their work. However, there was a strong need to establish a permanent parish. Without waiting for church authorities to ease a critical situation, a group of laymen collaborated to begin a Catholic parish in