

it impose strong sanction to any and all violations. This did not happen when Iraq used chemical weapons in the mid-1980's and later in the decade. Diplomats met in 1989 to address the gassing of the Kurds and, faced with incontrovertible proof of an abrogation of the Geneva Protocol, did not sanction Iraq. Many experts believe that the most productive measure to counteract chemical weapons is to develop meaningful international sanctions that could be added to the Geneva Protocol to give it teeth. Had a Geneva Protocol enforcement mechanism been in place and acted upon when Iraq first used its CW arsenal, Iraq's further refinement of a chemical war-fighting capability may have been slowed or even halted before Saddam threatened U.S. soldiers with these same weapons during the gulf war.

This approach offers a significant advantage: it would resolve the verification issue. It is relatively easy to detect use as opposed to possession. It is likely that a nation on the receiving end of a chemical attack would welcome international inspectors to confirm that a violation has occurred and to garner worldwide condemnation of the perpetrator. The second advantage is that, as I earlier indicated, several of the nations we are most worried about—that have not ratified the CWC—have already ratified the Geneva Protocol. I am speaking of Cuba, Iraq, North Korea, and the former Soviet Union.

#### PRESSING RUSSIA TO UPHOLD ITS EXISTING COMMITMENTS

In addition, the United States must make a high priority holding Russia to its commitments under the 1989 memorandum of understanding and the 1990 bilateral agreement to destroy chemical weapons. The current administration has not been forceful in making clear we expect compliance. Progress made between the two countries on this issue need not be wasted, if we really mean to do something about chemical warfare.

#### IMPLEMENTING THE CHEMICAL AND BIOLOGICAL WEAPONS THREAT REDUCTION ACT (S. 495)

Finally, there are additional steps we can, and should, take. The Senate passed on March 20 the Chemical and Biological Weapons Threat Reduction Act (S. 495). This legislation provides a comprehensive package of domestic and international measures aimed at reducing chemical, as well as biological, weapons threats to the United States, its citizens, its armed forces and those of our allies. It sets forth practical and realistic steps to achieve this objective.

The act fills important gaps in U.S. law by outlawing the entire range of chemical and biological weapons activities. Quite remarkably, the possession of chemical weapons is not today a criminal offense. S. 495 corrects that untenable situation, and sets out still criminal, civil, and other penalties the spectrum of chemical and biological weapons related activities.

The act will also strengthen and reinforce deterrence against the use of chemical and biological weapons. Strong controls on trade in these weapons, as called for in the legislation, will make it more difficult and raise the costs for rogue nations to acquire offensive chemical and biological weapons capabilities. Improvements in U.S. and allied chemical and biological defenses, also mandated by the act, will serve to devalue the potential political and military utility of these weapons by would-be opponents. And the requirement that tough sanctions be imposed against any nation that uses poison gas should reduce the chance that such weapons would be used in the first place.

S. 495 recognizes that we can't go it alone when it comes to dealing with chemical and biological weapons threats. True, some things we can and should do on a unilateral basis. But sensible international action, focused on concrete and achievable measures, must likewise be an essential component of our strategy. The legislation encourages our allies and potential coalition partners to match our efforts and improve their military capabilities against chemical and biological weapons. The legislation also seeks multilateral agreement on enforcement mechanisms for the 1925 Geneva Protocol.

The Chemical and Biological Weapons Threat Reduction Act thus provides a sensible and effective plan that CWC critics and proponents alike should support. By enacting and implementing the act, the United States will lead by example, and will underscore its commitment to bringing together like-minded friends and allies to make unthinkable the resort to chemical or biological weapons.

#### CONCLUSION

Arms-control treaties, at the end of the day, are not a substitute for defense preparedness. A treaty as flawed as the Chemical Weapons Convention is worth less to our country than the unilateral actions the United States can and must take to ensure the protection and the survival of its citizens. The entry into force of the CWC—with or without American participation—will not bring us a world in which these terrible weapons are no longer manufactured or stockpiled. Nor can we say they will never be used. When words, diplomacy, and international documents signed with the best of intentions fail to protect populations from the threat of attack with these inhuman weapons, every nation falls back upon its ability to preempt or repel such an attack. It would be irresponsible to let down our guard in this respect, for history has shown us that treaties—even well-crafted ones—cannot replace the political and military will that are necessary to oppose acts of aggression.●

#### IN MEMORY OF OWEN WILLIAMS

● Mr. COVERDELL. Mr. President, too often, it seems good deeds and public service go unrecognized while it is precisely the proprietors of these acts who hold our communities together. I would like to take a moment to recognize one of these proprietors who I call unsung heroes. On Saturday, March 1 of this year, a dear friend and colleague of mine, Owen Williams, and his son, Alfredo, were tragically killed by a drunk driver in my home State of Georgia.

Owen was a true hero in my eyes—bright, devout, and committed to his wife Carolyn and eight children. A former Vietnam combat veteran, Owen was dedicated to his community, his country, and his God.

When I issued a call to action for Georgians to help reduce the rising tide of teen drug use, Owen was one of the first to answer. He served in a volunteer capacity as chairman of the Bibb County Operation Drug Free Georgia Committee and was making great strides in his community with the program.

This Saturday, at our second annual statewide drug summit, which is dedicated to the memory of Owen and Alfredo, I will present the First American Hero Award to Owen's family for the great contributions he made to those around him. It has been said that the mark of a great man is that his deeds touch the lives of others even after he is gone. I know this will be true of Owen. This is a tragic loss, particularly for me, but the work that Owen has done will continue to serve as an inspiration to us all.●

#### CHILDREN'S HEALTH INSURANCE PROVIDES SECURITY (CHIPS) ACT

● Mr. CHAFEE. Mr. President, yesterday I introduced S. 674 along with Senator ROCKEFELLER and others. I ask that the text of bill S. 674 be printed in the RECORD.

The text of the bill follows:

S. 674

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Health Insurance Provides Security (CHIPS) Act of 1997".

#### SEC. 2. ENCOURAGING STATES THROUGH INCREASED FEDERAL MEDICAL ASSISTANCE PERCENTAGE (FMAP) TO EXPAND MEDICAID COVERAGE OF CHILDREN AND PREGNANT WOMEN.

(a) INCREASED FMAP FOR MEDICAL ASSISTANCE FOR CERTAIN INDIVIDUALS.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (b), by adding at the end the following new sentence: "Notwithstanding the first sentence of this subsection, in the case of a State plan that meets the conditions described in subsection (t)(1), with respect to expenditures for medical assistance for individuals within an optional coverage group (as defined in subsection (t)(2)) the Federal medical assistance percentage is equal to the enhanced medical assistance

percentage described in subsection (t)(3)."; and

(2) by adding at the end the following new subsection:

"(t)(1) The conditions described in this paragraph for a State plan are as follows:

"(A) The plan provides (either through exercise of the option under section 1902(l)(1)(D) or authority under section 1902(r)(2)) for coverage under section 1902(l)(1)(D) of individuals under 19 years of age, regardless of date of birth.

"(B) The plan provides under section 1902(e)(12) for continuous eligibility for a period of 12 months (under subparagraph (A) of such section) of all individuals under 19 years of age who are determined to be eligible for benefits under a State plan approved under this title under section 1902(a)(10)(A).

"(2) For purposes of subsection (b), the term 'optional coverage group' means individuals described in each of the following subparagraphs:

"(A) PREGNANT WOMEN WITH FAMILY INCOME BETWEEN 133 PERCENT AND 150 PERCENT OF POVERTY LINE.—Women described in subparagraph (A) of section 1902(l)(1) whose family income exceeds 133 percent, but does not exceed 150 percent, of the poverty line for a family of the size involved.

"(B) INFANTS WITH FAMILY INCOME BETWEEN 133 PERCENT AND 150 PERCENT OF POVERTY LINE.—Infants described in subparagraph (B) of section 1902(l)(1) whose family income exceeds 133 percent, but does not exceed 150 percent, of the poverty line for a family of the size involved.

"(C) CHILDREN UNDER 6 YEARS OF AGE WITH FAMILY INCOME BETWEEN 133 PERCENT AND 150 PERCENT OF POVERTY LINE.—Children described in subparagraph (C) of section 1902(l)(1) whose family income exceeds 133 percent, but does not exceed 150 percent, of the poverty line for a family of the size involved.

"(D) OLDER CHILDREN WITH FAMILY INCOME BETWEEN 100 PERCENT AND 150 PERCENT OF POVERTY LINE.—Children described in subparagraph (D) of section 1902(l)(1), who are not described in any of subclauses (I) through (III) of section 1902(a)(10)(A)(i), and whose family income exceeds 100 percent, but does not exceed 150 percent, of the poverty line for a family of the size involved.

"(3) The enhanced medical assistance percentage described in this paragraph for a State is equal to the Federal medical assistance percentage (as defined in the first sentence of subsection (b)) for the State increased (but not above 90 percent) by the number of percentage points equal to 30 percent of the number of percentage points by which (A) such Federal medical assistance percentage for the State, is less than (B) 100 percent."

(b) STATE OPTION TO EXPAND ELIGIBILITY TO 150 PERCENT OF POVERTY LINE FOR CHILDREN OVER 1 YEAR OF AGE.—Section 1902(l)(2) of such Act (42 U.S.C. 1396a(l)(2)) is amended—

(1) in subparagraph (B), by striking "equal to 133 percent" and inserting "a percentage (specified by the State and not less than 133 percent and not more than 150 percent)", and

(2) in subparagraph (C), by striking "equal to 100 percent" and inserting "a percentage (specified by the State and not less than 100 percent and not more than 150 percent)".

(c) CLARIFICATION OF STATE OPTION TO COVER ALL CHILDREN UNDER 19 YEARS OF AGE.—Section 1902(l)(1)(D) of such Act (42 U.S.C. 1396a(l)(1)(D)) is amended by inserting "(or, at the option of a State, after any earlier date)" after "children born after September 30, 1983".

(d) STATE OPTION OF CONTINUOUS ELIGIBILITY FOR 12 MONTHS.—Section 1902(e) of such Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following new paragraph:

"(12) At the option of the State, the plan may provide that an individual who is under an age specified by the State (not to exceed 19 years of age) and who is determined to be eligible for benefits under a State plan approved under this title under subsection (a)(10)(A) shall remain eligible for those benefits until the earlier of—

"(A) the end of a period (not to exceed 12 months) following the determination; or

"(B) the time that the individual exceeds that age."

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to medical assistance for items and services furnished on or after January 1, 1998.

### SEC. 3. EMPLOYER CONTRIBUTIONS TO PREMIUMS.

(a) GENERAL RULE.—Any employer which elects to make employer contributions on behalf of an individual who is an employee of such employer, or who is a dependent of such employee, for health insurance coverage shall not condition, or vary, such contributions with respect to any such individual by reason of such individual's status as an individual eligible for medical assistance under a State plan under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(b) ELIMINATION OF CONTRIBUTIONS.—An employer shall not be treated as failing to meet the requirements of subsection (a) if the employer ceases to make employer contributions for health insurance coverage for all its employees.

(c) ENFORCEMENT.—The enforcement provisions applicable to group health insurance coverage under the amendments made by section 101(e)(2) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191; 110 Stat. 1952) shall apply with respect to an employer that violates the provisions of this section in the same manner as such provisions apply to employers under such amendments.

### SEC. 4. GRANT PROGRAM TO PROMOTE OUTREACH EFFORTS.

(a) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, for each fiscal year beginning with fiscal year 1998 to the Secretary of Health and Human Services, \$25,000,000 for grants to States, localities, and nonprofit entities to promote outreach efforts to enroll eligible children under the medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and related programs.

(b) USE OF FUNDS.—Funds under this section may be used to reimburse States, localities, and nonprofit entities for additional training and administrative costs associated with outreach activities. Such activities include the following:

(1) USE OF A COMMON APPLICATION FORM FOR FEDERAL CHILD ASSISTANCE PROGRAMS.—Implementing use of a single application form (established by the Secretary and based on the model application forms developed under subsections (a) and (b) of section 6506 of the Omnibus Budget Reconciliation Act of 1989 (42 U.S.C. 701 note; 1396a note)) to determine the eligibility of a child or the child's family (as applicable) for assistance or benefits under the medicaid program and under other Federal child assistance programs (such as the temporary assistance for needy families program under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.), the food stamp program, as defined in section 3(h) of the Food Stamp Act of 1977 (7 U.S.C. 2012(h)), and the State program for foster care maintenance payments and adoption assistance payments under part E of title IV of the Social Security Act (42 U.S.C. 670 et seq.)).

(2) EXPANDING OUTSTATIONING OF ELIGIBILITY PERSONNEL.—Providing for the sta-

tioning of eligibility workers at sites, such as hospitals and health clinics, at which children receive health care or related services.

(c) APPLICATION, ETC.—Funding shall be made available under this section only upon the approval of an application by a State, locality, or nonprofit entity for such funding and only upon such terms and conditions as the Secretary specifies.

(d) ADMINISTRATION.—The Secretary may administer the grant program under this section through the identifiable administrative unit designated under section 509(a) of the Social Security Act (42 U.S.C. 709(a)) to promote coordination of medicaid and maternal and child health activities and other child health related activities.●

### FRANKLIN DELANO ROOSEVELT MEMORIAL DEDICATION

● Mr. LEVIN. Mr. President, tomorrow, May 2, we will dedicate a memorial on the Tidal Basin in West Potomac Park to one of America's greatest Presidents, a towering figure in the history of the 20th century, Franklin Delano Roosevelt.

A memorial to FDR was first proposed in the Congress as early as 1946. The FDR Memorial Commission was finally established, by law, in 1955. It has taken 42 years to complete this effort. I am proud to have served on the Memorial Commission. Tomorrow, will be a great day for Americans, a day to look back and remember FDR, his enormous contribution to all of our lives and the contribution of the generation of Americans who struggled through the depression and valiantly defeated fascism; a day to admire the beauty and to be inspired by the art of this great new addition to our capital city's memorials; and a day to contemplate America's future and the contribution that this memorial will make to the understanding that future generations will have of one of the most critical eras of our history.

This memorial is an expression of what America is all about. It is what America can do to overcome challenges of depression and war. Roosevelt imbued hope and he instilled optimism in a people who were down and out in a depression and then attacked when we were down, by Japan at Pearl Harbor.

Franklin Roosevelt was an inspirational leader because of his optimism in the face of the long odds our Nation faced. He was our voice. He reflected our hopes. He continues to inspire us today because he showed what we can do when we pull together as a people. And, this new memorial will help to keep FDR's legacy inspiring Americans for the centuries ahead.

Roosevelt saw the positive role of Government in the economy, pulling us out of the depression and in times of a world war, when we had to pull together. But he was also willing to experiment. He was not somebody who would hang onto a program if it wasn't working. He believed that Government programs could make a positive difference. And they did for millions. But he also believed that if Government programs were not working that we