and contact information for consumers should a problem arise. Again, I urge my colleagues support and cosponsorship of this important consumer protection bill.

CHILDREN'S HEALTH AND MEDICARE PROTECTION ACT OF 2007

SPEECH OF

HON. ROBERT E. ANDREWS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2007

Mr. ANDREWS. Madam Speaker, today I rise in strong support of the ''Children's Health and Medicare Protection Act of 2007'' (CHAMP or H.R. 3162) and would like to take this opportunity to thank the distinguished chairman of the House Energy and Commerce Committee, Mr. JOHN DINGELL for the inclusion of my State Health Insurance Program (SCHIP) small employer buy-in proposal. He is a good friend and an invaluable leader in providing adequate health insurance to all of America's children.

Today, it is estimated that of the 9.4 million uninsured children, 7 million of them are eligible for SCHIP, but are not enrolled. Furthermore, approximately 37 percent of the 6.6 million children currently enrolled in SCHIP have parents who work in businesses with fewer than 100 employees. Due to the high cost of health insurance in the private small group and individual market, many of these parents do not have access to affordable health insurance for themselves. To help cover these parents and enroll the 7 million uninsured children eligible for SCHIP, I believe that one viable solution is for Congress to provide small employers access to buy into a public health care program, such as the State Children's Health Insurance Program (SCHIP).

With the support of Chairman DINGELL, the CHAMP Act does just that—it establishes a demonstration program for up to 10 States to offer employers and their employees the option to buy into a State's children' health insurance program.

In order for a State to participate in the demonstration program it may not impose a waiting list, enrollment cap, or any other enrollment limitation on low-income children at or below 200 percent of the Federal poverty level (FPL). As for the employer qualifications, 50 percent of his or her workforce must comprise of full-time employees with family incomes at or below 200 percent of the poverty line. Furthermore, eligible employees must have at least one eligible SCHIP child in their family.

If an employer agrees to participate, the program requires the employer to make a contribution no less than 50 percent of the premium toward the family coverage. The employee is required to make a contribution no greater than 5 percent of their entire income of the premium toward family coverage. The SCHIP funds used to cover the eligible children are the only allowable SCHIP funds that may be applied toward the family coverage. At the State's discretion, any remaining cost of the family coverage may be covered by the employer or the State. Specifically, the State may use its own funds or apply an access fee to the employer for utilizing the purchasing pooling power of their children's health care program.

As the CHAMP Act moves to conference, I hope my colleagues on both sides of the aisle will view this demonstration as one viable solution to addressing the health care crisis. Again, I thank Chairman DINGELL for his outstanding leadership and support. At the end of the day, I am confident we will accomplish our goal of insuring as many children as possible.

REDUCING BARRIERS TO EDUCATION ACT OF 2007

HON. DAVID LOEBSACK

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. LOEBSACK. Madam Speaker, I rise today to introduce the Reducing Barriers to Learning Act of 2007. Students come to school with diverse academic and non-academic needs. A student may have trouble reading, or have a chronic health condition or a disability. Students may have hearing problems or problems with their eyesight. They may have behavior problems. Some children may have experienced a tragedy or have family problems. They may live in poor conditions or be subject to violence in their homes or communities.

It's abundantly clear that many students face severe barriers to learning. In order to reduce these barriers and help our children succeed in the classroom and in the community we must find a way to positively affect their social and emotional well being. A child is only prepared to learn when he or she is healthy and strong, both mentally and physically.

Unfortunately, 20 percent of the 53 million children in school will, at some point, meet the criteria for a diagnosable mental illness at a level of impairment that requires some type of intervention. Thus, there is the potential that over 10 million children will need some type of help to meet the goals relating to emotional well-being in the No Child Left Behind legislation.

The school can be an important site where the health and education risks of students may be identified. Early identification and intervention addressing a student's social and emotional health is essential. Many important services are provided by school counselors, nurses, psychologists, social workers, therapists, and many others. These individuals, commonly referred to as pupil services personnel, are lifelines to our children.

Unfortunately, very little attention is paid to these personnel and the services they provide for struggling students. In fact, there is a shortage of school mental health positions. Current recommended ratios are 250 students per counselor; 400 students per social worker; and 1,000 students per psychologist. Unfortunately, reality does not match recommendations. Current national averages are 488 students per counselor and over 1,600 students per school social worker and psychologist.

In Iowa, during the prior school year, 40 districts out of 365 did not have a school counselor. The State legislature recently reconstituted the mandate that every district have ''a'' counselor and included goal language that staffing levels work toward no more than 1 counselor for every 350 students. The ratio of students per school social worker is 2000 to 1.

These shortages jeopardize a schools ability to provide broad-based mental health services to students. Unfortunately, very little attention is paid to these personnel and the services they provide for struggling students. This appears to be largely a reflection of a lack of leadership at the national, state, and local level.

The Reducing Barriers to Learning Act of 2007 takes necessary steps toward increasing student access to critical services so that we can better address the nonacademic needs of students and reduce barriers to learning.

The bill creates a grant program for State Education Agencies to build the capacity of Local Education Agencies to develop programs and personnel dedicated to removing barriers to learning. These grants will help recruit and retain coordinators at the local level; establish and expand instructional support services programs; and provide technical assistance regarding the effective implementation of instructional support services programs.

The bill also establishes an Office of Specialized Instructional Support within the U.S. Department of Education. This office will administer, coordinate, and carry out programs and activities concerned with providing specialized instructional support services in schools. The office will provide technical assistance to State education agencies and State specialized instructional support coordinators, if any. It will also improve cross-agency coordination of services and programs supporting students who face barriers to learning.

Finally, the bill simply clarifies conflicting terminology, definitions, and roles of specialized instructional support personnel. The personnel are known as ''pupil services personnel'' in the ESEA and as ''related services personnel'' in the IDEA, despite the fact that they are exactly the same professionals. This difference in terminology continues to cause confusion for school districts. Establishing one common statutory term would ease this confusion and would more accurately reflect the nature and purpose of the services that these professionals provide to students in schools.

Knowing who is available to support struggling students in schools is essential. Connecting students in need with a professional who can assist them and be accountable to them is the only way to know that we will leave no child behind. The Reducing Barriers to Education Act of 2007 will take necessary steps toward increasing student access to critical support services and I look forward to working with my colleagues to pass this important legislation.

HONORING THE CAREER OF JACK EDISON OF PLYMOUTH, INDIANA

HON. JOE DONNELLY

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, August 3, 2007

Mr. DONNELLY. Madam Speaker, today I rise to honor the career of Plymouth High School boys' basketball coach, Jack Edison. After 34 years, 545 wins, 18 sectional titles, 9 regional crowns, 4 Final 4 appearances, 3 state finals, and 2 state titles as head coach of the Plymouth Pilgrims, Coach Edison has retired.

This beloved coach finished his final season with a second state title, making him the ninth winningest coach in Indiana's legendary high