

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. TORRICELLI (for himself and Mrs. MURRAY):

S. 1716. A bill to amend the Federal Insecticide, Fungicide, and Rodenticide Act to require local educational agencies and schools to implement integrated pest management systems to minimize the use of pesticides in schools and to provide parents, guardians, and employees with notice of the use of pesticides in schools, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. BOND (for himself, Mr. BREAUX, Mr. MCCAIN, Mr. BAUCUS, and Mrs. LINCOLN):

S. 1717. A bill to amend title XXI of the Social Security Act to provide for coverage of pregnancy-related assistance for targeted low-income pregnant women; to the Committee on Finance.

By Mr. KERRY (for himself and Mr. DURBIN):

S. 1718. A bill to amend the Internal Revenue Code of 1986 to provide a credit for medical research related to developing vaccines against widespread diseases; to the Committee on Finance.

By Mr. HUTCHINSON (for himself, Mr. SANTORUM, Mr. ABRAHAM, Mr. COVERDELL, Mr. MCCAIN, Mr. DEWINE, Mrs. HUTCHISON, and Mr. BROWNBACK):

S. 1719. A bill to provide flexibility to certain local educational agencies that develop voluntary public and private parental choice programs under title VI of the Elementary and Secondary Education Act of 1965; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. COVERDELL (for himself, Mr. CLELAND, Mr. BUNNING, Mr. SESSIONS, Mr. KOHL, Mr. FEINGOLD, Mr. MACK, Mr. MURKOWSKI, Mr. STEVENS, Mr. LAUTENBERG, Mr. WYDEN, Mr. DEWINE, Mr. COCHRAN, Mr. CRAIG, Mr. MCCONNELL, Mr. TORRICELLI, Mr. MCCAIN, Mr. HAGEL, Mr. BURNS, Mr. DURBIN, and Mr. SCHUMER):

S. Res. 201. A resolution congratulating Henry "Hank" Aaron on the 25th anniversary of breaking the Major League Baseball career home run record established by Babe Ruth and recognizing him as one of the greatest baseball players of all time; considered and agreed to.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BOND (for himself, Mr. BREAUX, Mr. MCCAIN, and Mr. BAUCUS):

S. 1717. A bill to amend title XXI of the Social Security Act to provide for coverage of pregnancy-related assistance for targeted low-income pregnant women; to the Committee on Finance.

MOTHERS AND NEWBORNS HEALTH INSURANCE ACT OF 1999

• Mr. BOND. Mr. President, I rise today to introduce a bill that I believe

is vitally important to the health care of children and pregnant women in America. The goal of this legislation is simple—to make sure more pregnant women and more children are covered by health insurance so they have access to the health care services they need to be healthy.

The need is great—on any given day, almost 12 million children and almost half a million pregnant women do not have health insurance coverage. For many of these women and children, they or their family simply can't afford insurance. Many others are actually eligible for a public program like Medicaid or CHIP, but they don't know they are eligible and are not signed up.

Lack of health insurance can lead to numerous health problems, both for children and for pregnant women. A child without health coverage is much less likely to receive the health care services that are needed to ensure the child is healthy, happy, and fully able to learn and grow. An uninsured pregnant woman is much less likely to get critical prenatal care that reduces the risk of health problems for both the woman and the child. Babies whose mothers receive no prenatal care or late prenatal care are at-risk for many health problems, including birth defects, premature births, and low birth-weight.

The bill I am introducing—along with Senators BREAUX, MCCAIN, and BAUCUS—deals with this insurance problem in two ways.

First, it allows states to provide prenatal care for low-income pregnant women under the state's CHIP program if the state chooses.

Through the joint federal-state Children's Health Insurance Program, states are currently expanding the availability of health insurance for low-income children. However, federal law prevents states from using CHIP funds to provide prenatal care to low-income pregnant women over age 19, even though babies born to many low-income women become eligible for CHIP as soon as they are born.

As many as 45,000 additional women could be covered for prenatal care. There are literally billions of dollars of CHIP funds that states have not used yet, so I would hope that most states would choose this option. This provision will not impact federal CHIP expenditures because it does not change the existing federal spending caps for CHIP. Babies born to pregnant women covered by a state's CHIP program would be automatically enrolled and receive immediate coverage under CHIP themselves. It is foolish to deny prenatal care to a pregnant mother and then—only after the baby is born—provide the child with coverage under CHIP. Prenatal care can be just as important to a newborn baby as postnatal care, and the prenatal care is of course important for the mother as well.

Second, the bill will help states reach out to women and children who are eligible for—but not signed up for—Med-

icaid or CHIP. 358,000 pregnant women and 3 million children are estimated to be eligible for but not enrolled in Medicaid. Millions of additional children are eligible for but not yet enrolled in CHIP. When Congress passed the welfare reform bill back in 1996, we created a \$500 million fund that states could tap into to make sure that all Medicaid-eligible people stayed in Medicaid. The problem is that only about 10 percent of that fund has been used, and most states are about to lose their 3-year window of opportunity to use these funds. My bill would allow states continued access to these funds by eliminating the 3-year deadline, and it would give states more flexibility to use the funds to reach out to both Medicaid and CHIP-eligible women and children.

This legislation is a smaller piece of a bill I introduced earlier this year called Healthy Kids 2000. By extracting it from the larger bill, we get a chance to show the widespread support I believe exists for these measures. I believe this is crucial legislation, and urge my colleagues to join me in support of it so that we can pass this bill.

• Mr. BREAUX. Mr. President, I rise today to join Senator BOND in introducing the Mothers and Newborns Health Insurance Act of 1999. This is important legislation regarding our children's health.

More than 12 million women of child-bearing age—one in five—lacked health insurance in 1998, according to the Census Bureau. Lack of insurance leads to bad outcomes for pregnant woman and the children. Pregnant women without health insurance face barriers to care and do not receive the medical attention they need to have healthy babies. The Mothers and Newborns Health Insurance Act could provide insurance coverage to virtually all pregnant women in the United States. Such coverage will have an enormous impact on the health of children in our nation, by ensuring pregnant women have access to prenatal care and automatically enrolling their babies in their State Children's Health Insurance Program.

In the United States, 7.6 out of 1000 babies die before their first birthday. Our nation is ranked 25th, in the world for our infant mortality rate. The statistics in my home state are even more disheartening; in Louisiana where 24.7% of childbearing age women are uninsured, there are 9.8 deaths per 1000 births. Many of these deaths are preventable, and good prenatal care is the first step to ensuring that babies see their first birthday.

The Mothers and Newborns Health Insurance Act of 1999 addresses these concerns in three ways. One, it would amend Title XXI of the Social Security Act to give states the options to use Children's Health Insurance Program (CHIP) funds for health insurance coverage of uninsured low income pregnant women. Two, it would automatically enroll newborns to CHIP eligible women in CHIP for one year. And