

Medicare fill at least one prescription per year for such conditions as osteoporosis, hypertension, heart attacks, diabetes, or depression. It is obvious, Mr. Speaker, that the need is there for prescription drug coverage.

We must defend the seniors of America from the rising costs of medicine, which monthly worsens the situation for those without prescription drug coverage. The price for the 50 drugs most commonly used by seniors increased at nearly twice the rate of inflation last year. The prices for prescription drugs rose faster than any other category of health care, increasing by more than 15 percent, while total health care costs rose by less than 6 percent.

In my San Diego Congressional District on the United States-Mexico border, thousands of our citizens are forced to cross the international border to find the drugs they need at a much lower cost. Why is such a trip necessary for American citizens? How can seniors find the money that they need to purchase these vital drugs? Many are on fixed incomes. Many do not have the choice of a high paying job with good private medical plans.

Think about your parents; think about your grandparents. We are forcing them to choose between food on the one hand and essential prescription drugs that protect their quality of life on the other. Mr. Speaker, this is a choice that no American should have to make.

The President has proposed a plan that would extend prescription drug coverage to all seniors, provide lower premiums for Medicare beneficiaries and contain the rising costs of pharmaceuticals. Let us work together to make life-saving prescription drugs available to all of America's seniors.

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The SPEAKER pro tempore (Mr. MILLER of Florida). Under a previous order of the House, the gentleman from New York (Mr. NADLER) is recognized for 5 minutes.

(Mr. NADLER addressed the House. His remarks will appear hereafter in the Extensions of Remarks).

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ENSURING THAT CHILDREN RECEIVE NEEDED IMMUNIZATIONS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, most Americans are surprised to learn that in some States one in four children are not receiving the immunizations they need to prevent disease and death. Yet despite gains in recent years, we are still not doing enough to make sure that children get the right immunizations when they need them.

As this chart shows, in some States, like my home State of Texas, Michigan, and Nevada one in four children are not receiving one or more of the

immunizations they need by the time they are 2 years old. In Houston, we share seven Members of Congress in Houston, and that is my district, over 44 percent of our children do not receive one or more of the immunizations. Over 44 percent of the children receive less than one or more of their immunizations.

I am introducing two bills that will help correct this situation. The first is the sense of Congress that calls for increase in funding to crucial State immunization infrastructure programs. The second bill, the Comprehensive Insurance Coverage of Childhood Immunization Act, will require health plans to begin providing immunizations to children as a covered benefit.

America's children need our help. In recent months, some have questioned why vaccines are needed at all. Some have linked them to adverse effects, such as autism. While there is no scientific link between immunizations and autism, and I will repeat, no scientific link between immunization and autism, I support efforts to completely and thoroughly research this issue to put the minds of parents at rest.

We should not lose our focus, however, on the huge health gains that have resulted from immunizations. The Centers for Disease Control list vaccinations for children as the number one public health achievement of the last century. Before we had the smallpox vaccine, 48,000 Americans per year had this disease; 1,528 died. Before we had a measles vaccine, close to one-half million children a year got this disease, and over 400 died. Before we had the mumps vaccine, close to 150,000 died each year of this disease. Before we had diphtheria vaccination, over 175,000 children got sick each year.

None of these diseases have been eliminated. Only smallpox has been eradicated. An epidemic of unvaccinated children is entirely possible, as we saw with measles in 1989.

Children still die of the measles, mumps, rubella, and whooping cough. These are dangerous and harmful, painful and sometimes fatal diseases. Measles can lead to seizures and death. Mumps can lead to deafness. Polio causes paralysis that can lead to permanent disability and death. Diphtheria can result in coma and death. Whooping cough can result in death for infants.

Providing access to lifesaving vaccines should be one of our Nation's top priorities. Tracking children who have not been vaccinated, in order to prevent future outbreaks, should be another priority.

To meet these goals, the sense of Congress resolution I have introduced with my friend and colleague, the gentleman from Pennsylvania (Mr. GREENWOOD), calls for an increase in Federal funds to the Public Health Service's Section 317 infrastructure program. A similar resolution was approved by the Senate Budget Committee in March. These funds are used by States and cit-

ies to support a complex array of programs and activities, including implementation of registries, community outreach, management of vaccines, quality assurance services, and surveillance and outbreak control.

As this chart of funds illustrates, infrastructure funds have reduced rather dramatically in the last 5 years, from \$271 million in 1995, to \$139 million today. That is a 40 percent decrease in funds for infrastructure immunization. Yet the need for outreach and registry and infrastructure development is greater today than it was in 1995.

If you have not heard from your State health director on this issue, you will. Cuts in infrastructure funding have meant different things in different States. In Florida, for example, the State reports that it has reduced surveys on pockets of need and has reduced monitoring due to lack of adequate staffing. The State has reduced community outreach staffs and reduced the number of reminder cards it sends. Florida has also reduced its school-based immunization clinics and has had to cut back on efforts at day care centers.

In California, where infrastructure funds have been reduced from \$27 million in 1997 to \$14.9 million in 1999, only 35 percent of children have been vaccinated against chicken pox, and the State has no system to monitor chicken pox cases.

In California, a targeted immunization information campaign aimed at Latino, African and American Southeast Asian families has been eliminated.

The need for increased infrastructure funding is particularly important in light of a recent journal of the American Medical Association showing that 50 percent of America's children are either over- or under-vaccinated.

Mr. Speaker, the JAMA study shows that 21% of toddlers received at least one extra immunization while 31% missed at least one. In other words, over 50% of American children are receiving too few or too many vaccinations. We should do a better job of tracking these children.

A Section 317 funding increase is supported by: the American Academy of Family Physicians, the American Academy of Pediatrics, and the American Public Health Association.

The increase is also supported by the Association of Maternal and Child Health Programs, Every Child by Two, the Association of State and Territorial Health Officials and the Association of County and City Health Officials.

My second legislative initiative, the Comprehensive Insurance Coverage of Childhood Immunization Act of 2000, requires all health plans governed by the Employee Retirement Income Security Act (ERISA) to provide coverage of immunizations for children 18 years old and younger.

The vaccines required to be covered are those recommended by CDC's Recommended Childhood Immunization Schedule, issued periodically by the CDC's Advisory Committee on Immunization Practices.

This schedule is approved by the American Academy of Pediatrics and others and serves