CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110-80)

The SPEAKER pro tempore laid before the House the following veto message from the President of the United States:

To the House of Representatives:

I am returning herewith without my approval H.R. 3963, the “Children’s Health Insurance Program Reauthorization Act of 2007.” Like its predecessor, H.R. 976, this bill does not put poor children first and it moves our country’s health care system in the wrong direction. Ultimately, our Nation’s goal should be to move children who have no health insurance to private coverage—not to move children who already have private health insurance to government coverage. As a result, I cannot sign this bill.

The purpose of the State Children’s Health Insurance Program (SCHIP) was to help low-income children whose families were struggling, but did not qualify for Medicaid, to get the health care coverage that they needed. My Administration strongly supports reauthorization of SCHIP. That is why in February of this year I proposed a 5-year reauthorization of SCHIP and a 20 percent increase in funding for the program.

Some in the Congress have sought to spend more on SCHIP than my budget proposal. In response, I told the Congress that I was willing to work with its leadership to find any additional funds necessary to put poor children first, without raising taxes.

The leadership in the Congress has refused to meet with the Administration’s representatives. Although they claim to have made “substantial changes” to the legislation, H.R. 3963 is essentially identical to the legislation that I vetoed in October. The legislation would still shift SCHIP away from its original purpose by covering adults. It would still include coverage of many individuals with incomes higher than the median income in the United States. It would still result in government health care for approximately 2 million children who already have private health care coverage. The new bill, like the old bill, does not responsibly offset its new and unnecessary spending, and it still raises taxes on working Americans.

Because the Congress has chosen to send me an essentially identical bill that has the same problems as the flawed bill I previously vetoed, I must veto this legislation, too. I continue to stand ready to work with the leaders of the Congress, on a bipartisan basis, to reauthorize the SCHIP program in a way that moves adults out of a program meant for children; and does not abandon the bipartisan tradition that marked the

Announcement by the Speaker pro Tempore

The SPEAKER pro tempore (Mrs. Slaughter, from the Committee on Education and the Workforce) announced that there are 2 minutes left in this vote.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. Slaughter, from the Committee on Education and the Workforce) announced that Members are advised there are 2 minutes left in this vote.

Announcement by the Speaker pro Tempore

The SPEAKER pro tempore (Mrs. Slaughter, from the Committee on Education and the Workforce) announced that Members are advised there is 1 minute left in this vote.

— 1856 —

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.J. RES. 69, FURTHER CONTINUING APPROPRIATIONS, FISCAL YEAR 2008

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 110-177) on the resolution (H.J. Res. 69) providing for consideration of the joint resolution (H.J. Res. 69) making further continuing appropriations for the fiscal year 2008, and for other purposes, which was referred to the House Calendar and ordered to be printed.
original enactment of the SCHIP program. In the interim, I call on the Congress to extend funding under the current program to ensure no disruption of services to needy children.

GEORGE W. BUSH.

THE WHITE HOUSE; December 12, 2007.

George W. Bush.

Mr. HOYER. Madam Speaker, I have a privileged motion at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. HOYER moves that further consideration of the veto message and the bill, H.R. 3963, be postponed until January 23, 2008.

The SPEAKER pro tempore. The gentleman from Maryland (Mr. HOYER) is recognized for 1 hour.

Mr. HOYER. Madam Speaker, for the purposes of debate only, I yield 30 minutes to the gentleman from Texas (Mr. BARTON).

I ask unanimous consent that the gentleman from New Jersey (Mr. PALLONE) and the gentleman from California (Mr. BECERRA) each be allowed to control 15 minutes.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I would ask unanimous consent that we shorten the debate to 15 minutes on each side. We don’t have that many speakers and the hour is late. I have a feeling people’s minds are not going to be swayed by the eloquence on either side on this debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

Mr. HOYER. Reserving the right to object, I thank the gentleman for his comments. I think perhaps we may not need to have a vote on this, I would agree, but there are some number of speakers on our side who would like to speak. I don’t know whether we will have 10, maybe 15 speakers cumulatively. If the gentleman might prevail on his side, maybe we wouldn’t ask people to come back for a vote, but we do have Members on our side who want to speak.

Madam Speaker, I object.

The SPEAKER pro tempore. Objection is heard.

The Chair recognizes the gentleman from California.

Mr. BECERRA. Madam Speaker, I yield 1 minute to the distinguished Speaker of the House.

Ms. PELOSI. I thank the gentleman for yielding.

I thank Mr. HOYER for his leadership on this very important legislation. He has worked very hard to try to achieve a level of bipartisanism on this legisla-

tion that could override the President’s veto. In the United States Senate, there is a substantial bipartisan majority large enough to override the President’s veto. I hope that we could achieve that in this House. We are not going to take up that fight, as has been indicated by Mr. HOYER. That debate and that vote will take place on January 23.

It is just very interesting to hear the reasons why the President of the United States has vetoed the Children’s Health Insurance Program, Veto in Latin: I forbid. I forbid the children of America, the children of working families who play by the rules and want the best for their children, who are struggling to make ends meet and who need health care and the health care that keeps them in the workforce and off of welfare and off of Medicaid.

Madam Speaker, it is particularly interesting to hear in this debate on the omnibus bill where there is talk of hundreds of billions for war in Iraq. For 40 days in Iraq, we can insure 10 million children in America; 40 days in Iraq, 10 million children in America. This is not an issue. This is a value. This is an ethic of the American people. The Democrats and Republicans, people of no party affiliation, everybody cares about the children of America. Over 80 percent of the American people support the SCHIP expansion that we want to do to double the number of children.

So when the President says we have not met his objections, he is moving the goal post. In his first veto message, he said he is concerned about the fact that people making $80,000 would be eligible for SCHIP. Not so. The only way they could be eligible is if the President of the United States himself gave them a waiver. The President has given waivers to families making 300 percent of poverty. The President himself has written a letter and is complaining about that level of income for families, hardworking families to receive SCHIP.

The President said he is concerned that there are still adults in the program. The Democratic response, bipartisan, strong, with 45 Republican votes, said that the adults would be phased out. The reason some of them are in there in the first place is that in order to get the children into the program, the Government might act upon conning about that level of income for families, hardworking families to receive SCHIP.

The President said he is concerned that there are still adults in the program. The Democratic response, bipartisan, strong, with 45 Republican votes, said that the adults would be phased out. The reason some of them are in there in the first place is that in order to get the children into the program, the Government might act upon conning about that level of income for families, hardworking families to receive SCHIP.

So when the President says he is opposed to the bill because it raises taxes, then we get to the heart of the matter. This bill is paid by an increase in the cigarette tax, and this is really why the President is vetoing the bill. The President is saying that rather than raise the cigarette tax, he would prefer to prevent an additional 5 million children in our country from getting access to quality health care.

The President has also said in other comments about this legislation, everyone in America has access to health care in America; they can just go to the emergency room. That was probably one of the most ill-informed, with stiff competition for that honor, but nonetheless probably one of the most ill-informed statements that could ever be made by anyone dealing with public policy and access to health care.

So again, I think all the Members of Congress who voted for this in a very strong bipartisan way in the House and the Senate can take great pride in setting a high watermark for what this Congress should be doing for children of working families in America.

I salute Mr. HOYER, Mr. DINGELL, Mr. RANGEL, Mr. PALLONE, Mr. STARK for their exceptional leadership. I also salute Mr. LAHOOD for what he tried to do bringing bipartisanism to all of this. I commend Senator GRASSLEY and Senator HATCH for their courageous leadership in the Senate, in leading the way to a veto-proof majority of Democrats and Republicans in the United States Senate.

Whether you are talking about Easter Seals or the March of Dimes, the Association of Catholic Hospitals, AARP, AMA to YWCA, to everything alphabetically in between, everyone supported SCHIP except the President of the United States and those in this body who will side with him on this vote.

What a sad day. What a sad day that the President would say, rather than insuring 5 million children, I don’t want to raise the cigarette tax. What a sad day when we would spend in 40 days in Iraq what it takes to insure 10 million children in America for 1 year. But we are not going to let this veto stand. We will continue to fight the fight until 10 million children at a minimum in America have access to quality health care under the SCHIP program. It is the wish of the Governors.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the distinguished minority leader from the great State of Ohio (Mr. BOEINER).

Mr. BOEINER. Let me thank my colleague for yielding.

On the opening day of this Congress, the Speaker of the House said, let’s have partnership, not partisanship. And over the course of this year, I have been looking for that partnership to occur. There is probably no better example that the partnership has never supported over the course of this year than this bill.

On this bill, there were no hearings in the relevant committees. There was no markup through the regular legislative process in the Energy and Commerce Committee. And then the bill was brought to the floor in what I would describe as a very partisan way. The majority prevailed, but there was
And we are talking about the Children’s Health Insurance Program. We are talking about a program that was developed by Republicans and Democrats working out and working together. Some Republicans here in the House have been as well. But the leadership on the Republican side has not been. So I think it is very unfortunate that, as stated today, that that has not been the case. And I think all the Members know it hasn’t been happening.

And so after this veto the first time was upheld, we began some bipartisan talks trying to find common ground to see if we couldn’t reauthorize this program in a way that the American people expect of us. They expect us to come here, work together, and find a way to get this program reauthorized. And at the end of the day, my Members and I think Democrats want to do is reauthorize this program in a way that meets the needs of poor children first. That hasn’t been happening, and I think all the Members know it hasn’t been happening.

But as we see again tonight, there is no attempt to resolve the differences. This has become a partisan political game that we are involved in. The motion that we are debating here is to move the vote on overriding the President’s veto until January 23. Hello. And this happens to be about 6 days before the President is going to come and give his State of the Union address.

We can have this vote right now and the outcome is certain. But no, no, we can’t have an outcome that is certain; we have got to continue to play political games. That is exactly what the American people are disgusted with when they look at this Congress and we see the approval ratings where they are.

I think it is time for us to resolve our differences in a bipartisan way and reauthorize this program and make sure that no Americans have the kind of health insurance that they deserve.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, let me say it really pains me to listen to the minority leader say that no attempt has been made to resolve the differences on this legislation. I can’t think of a single bill in this Congress where the leadership has been reaching out to the Republican side of the aisle on a daily basis. There have been so many meetings. I mean, there have literally been hundreds of meetings trying to reach out to the Republican side in the House to try to reconcile differences on this bill and come up with a consensus piece of legislation. The Republicans in the Senate have always been willing. They have been reaching out to the Members here in the House have been as well. But the leadership on the Republican side has not been. So I think it is very unfortunate that, as stated today, that that has not been the case. And I think it is important constantly, and I defy anyone to say differently.

Madam Speaker, today for the second time this year President Bush turned his back on the health care needs of 10 million children. It was just 2 months ago when the President vetoed the Children’s Health Insurance Program Reauthorization Act, which had passed both the House and the Senate with overwhelmingly bipartisan support.

After that first veto we came together on both sides of the aisle, with Republicans and Democrats, and wrote a different bill that addresses many of the President’s concerns, including enrolling lower income children first. Today, President Bush vetoed the same effort, saying that it is inconsistent with the first veto.

And I say it was not. And then the President knows better.

The President’s second veto of CHIP legislation is a slap in the face not only to this Congress but to the millions of children who, without this bill, continue to be uninsured, or worse, basically lose the insurance they currently have.

Every day the parents of more than 9 million children worry when their kids have an earache, toothache, asthma, all this before they finally have to take them to the hospital emergency room. And the President seems satisfied with the status quo. In fact, in the past he has stated that every American has access to health care because they can always go to the emergency room.

Let me tell my colleagues, this fall I visited an emergency room in my district and it was not a great place for a kid to visit. It is the scene of trauma. Children are forced to share space with people who have overdosed on alcohol or drugs. Most emergency rooms are overwhelmed with real emergencies and have few resources to treat people who need regular family care.

The House Republicans proposed children get to see a doctor on a regular basis. And the President is deluding himself if he doesn’t think this veto is going to hurt millions of children. And those Members voting to sustain the President’s veto are just as guilty of turning their backs on millions of children who will be denied regular visits to see a doctor.

I urge my Republican colleagues to vote their conscience. Let’s override the President’s veto so we can ensure that 10 million children receive the health care they need to grow up healthy and strong. This is the right thing to do for our country.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas, Madam Speaker, I yield myself 3 minutes.

Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.

Mr. BARTON of Texas. Madam Speaker, everybody has all said that needs to be said on this debate; we just haven’t said it this third or fourth time that we are here on the House floor.

As the minority leader pointed out, at some point in time it still may be possible to reach a consensus on reauthorizing the SCHIP program because people on both sides of the aisle want to keep the program moving forward. The problem that most Republicans have is that we support the base program for near low-income children between 100 and 200 percent of poverty. We don’t think that the SCHIP program, which was a children’s health care program, should be for all aliens. We don’t think it should be for illegal aliens. We think it should be for children between 100 percent to 200 percent of poverty, and perhaps slightly higher than that if a good-faith effort has been made to cover children in that income bracket.

My friends on the other side of the aisle appear to want to use this as a surrogate for universal health care. In some versions, the original version that came out in the CHAMP bill, they wanted to go as high as 300 and 400 percent. They said that or others, although they say they don’t want to cover noncitizens, they won’t agree to enforcement measures that make that possible. And they don’t want adults on the program to have to exit the program in some reasonable time period, so we have the impasse that we have today.

There haven’t been many times in our Nation’s history that we have postponed a veto override. I think less than 20 in the last 30 years, less than 3 percent of the time, but we have done it twice in a row on this particular bill. So we will postpone the bill until the week of the President’s State of the Union so there can be more political posturing on the major- ity side right before the President comes before a joint session of Congress.

This majority is right to try to postpone that vote to that time. It would be hard if we wanted to. We’ve already voted on it tonight, sustained the President’s veto tonight so we could then hopefully continue work or start working in a bipartisan way to actually get a SCHIP reauthorization that was more than a 1-month extension at a time. We have the vote tonight. The President’s veto will be sustained. When we have the vote in January, the President’s veto will be sustained. At some point in time we may yet get together and try to work out a compromise that both sides can agree to and have a 435-Member vote. Apparently that will not be any time in the near future.
Mr. BECERRA. Madam Speaker, I yield 1½ minutes to the distinguished gentleman from Texas (Mr. DOGGETT), a member of the Ways and Means Committee.

Mr. DOGGETT. Let’s be very clear about what is being postponed and who is doing the postponing. When this President exercised his second veto, he postponed our desire to see that children get the health care that they need. And tonight, when Republicans in the Senate, in the House, in their nice, friendly little headquarters stand in the way of the door at the doctor’s office, millions of children are denied the care that they deserve.

This President’s holiday season veto of our efforts to aid these ailing children is neither sound fiscal policy nor a representation of our efforts to aid these ailing children. It is neither compassionate nor conservative.

The children of the working poor should be treated no differently than their middle- or upper-income counterparts. The affordable health care for all of our children, no matter their economic means, is a moral imperative.

And tonight, when Republicans in the Senate, in the House, in their nice, friendly little headquarters stand in the way of the door at the doctor’s office, millions of children are denied the care that they deserve.

For as long as the President and a minority of this House stand between children and the lifesaving, pain-reducing care that they need, we will work to overcome their intransigence, whether it takes one time in January or another time thereafter. We cannot yield to those who would block our children from the care they need.

Mr. DEAL of Georgia. Madam Speaker, I yield 2 minutes to the gentleman from Wisconsin (Mr. KAGEN).

Mr. KAGEN. Madam Speaker, I thank my leader for offering an opportunity, not just this evening, but during this next month for our Nation to begin to answer the question of our time, and that question is this: What kind of Nation are we when we turn our backs on our children? Who do we all depend? And what kind of President would turn more towards saving the profits of a corporation than the lives of our children?

The SCHIP bill is good for our Nation’s health. It is good for our children. It is far more economical to have children be seen by their physicians in their doctor’s offices than in the emergency room. It just makes sense.

And sometimes I am coming to find here, if it makes sense, it may not happen while we have the President that we do.

I have been witnessing a great deal of misinformation about this bill. I have read every single page of the SCHIP bill, and I have heard the opposition in the minority speak up regarding with what I call misinformation. The fact is that this bill provides for children who are 19 years and under, and yet I have heard them say age 25.

I have read every single page of the bill and it says it is two times poverty, $41,000 of annual income, and yet I have heard them say they don’t know how people would turn more towards saving the profits of a corporation than the lives of our children?

The SCHIP bill is good for our Nation’s health. It is good for our children. It is far more economical to have children be seen by their physicians in their doctor’s offices than in the emergency room. It is just, in fact, it just makes sense. But sometimes, we need to come to find here, if it makes sense, it may not happen while we have the President that we do.

I have been witnessing a great deal of misinformation about this bill. I have read every single page of the SCHIP bill, and I have heard the opposition in the minority speak up regarding with what I call misinformation. The fact is that this bill does not provide for children who are 19 years and under, and yet I have heard them say 25.

I have read this bill, and it says it is two times poverty, $41,000 of annual income, and yet I have heard them say they don’t know how people would turn more towards saving the profits of a corporation than the lives of our children?

The SCHIP bill is good for our Nation’s health. It is good for our children. It is far more economical to have children be seen by their physicians in their doctor’s offices than in the emergency room. It just makes sense.

And sometimes I am coming to find here, if it makes sense, it may not happen while we have the President that we do.

I have been witnessing a great deal of misinformation about this bill. I have read every single page of the SCHIP bill, and I have heard the opposition in the minority speak up regarding with what I call misinformation. The fact is that this bill does not provide for children who are 19 years and under, and yet I have heard them say 25.

I have read this bill, and it says it is two times poverty, $41,000 of annual income, and yet I have heard them say they don’t know how people would turn more towards saving the profits of a corporation than the lives of our children?

The SCHIP bill is good for our Nation’s health. It is good for our children. It is far more economical to have children be seen by their physicians in their doctor’s offices than in the emergency room. It just makes sense.

And sometimes I am coming to find here, if it makes sense, it may not happen while we have the President that we do.
still have the support of the Members on the other side of the aisle. After weeks of negotiations, we came to a point where I think both sides realized that if a deal was going to be possible, we both had to give some ground for the benefit of children.

I think that we are and were very close to agreement in principle and a framework that both sides can support. To be frank, the agreement isn’t a bill that I would write if I had the choice. I am sure that my friends on the other side of the aisle feel the same way. But this is how a negotiation works. I think if we both came away with a little bit of feeling like we hadn’t won, then that’s a true negotiation and both sides have compromised.

Unfortunately, I think we’ve run out of time for this year, and given that the current reauthorization ends on the 14th and there are a number of States projected to run out of SCHIP funding next year, I hope we can agree to an extension with additional funding to ensure that States will not have to drop children from the program.

But I would also ask that we continue working on a final bill when we return in January. I have spoken with the leadership on both sides and expressed my desire to do so. We need to put partisanship aside, and I would hope that we can continue to discuss this issue.

Mr. BECERRA. Madam Speaker, at this point I yield 1 1⁄2 minutes to the chairman of the Democratic Caucus, a member of the Ways and Means Committee, the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Madam Speaker, the President and the Republican leadership in Congress never miss an opportunity to not miss an opportunity. There was a bipartisan consensus for 10 million children to have health care, and because the President didn’t agree with it, he vetoed it.

Now, some people here say that we could have this vote now. We can have this vote in January.

The truth is the real vote will be in November of 2008. Some of us disagreed with the President of the United States on stem cell research. There was an election, and now we have a new Senator from Missouri, we have a new Congressman from Arizona, all because of that vote.

And the real vote, and people don’t want to talk about it, say it’s political, that’s what a democracy is about. And there will be a vote about this, and the American people will vote on this. And those Members of Congress that are happy about denying 10 million children health care will get a chance and an opportunity to explain that vote. Those of us who think it’s important will get that.

My friends, I wouldn’t want to mix politics with policy, if there’s going to be a few less Members who vote against 10 million children because the American people will make a judgment about that. And we shouldn’t deny that.

And so I give you credit. You never miss an opportunity to miss an opportunity. So, some have talked about for 40 days in Iraq you could fund 10 million children’s health care. Presumably in Iraq.

President Kennedy once said, “To govern is to choose.” Well, you’ve made your choice. We’ve made our choice. And the American people in November are going to make their choice.

Mr. BARTON of Texas, Madam Speaker, I’m going to yield myself 2 minutes.

I want to thank my friend from Illinois for being honest. This is all about politics. It’s not about policy. It’s not about the children. It’s about politics. So I commend him.

Mr. EMANUEL. Will my good friend yield?

Mr. BARTON of Texas. I yield for 30 seconds, sure.

Mr. EMANUEL. Okay. I come from a family. I believe politics is a good thing, because we have differences, and you work them out on election day and the American people make a decision, except for what’s really restrictive. But usually you let it out on election day. And I believe in that. I don’t have a problem with that.

It’s not about scoring points. There’s differences. You don’t support this. And I won’t go through this. I was in the room when the special this in 1997. When President Clinton proposed this, the Republican leadership at the time, and he said there will be no balanced budget without a children’s health insurance program that had eye, dental, and pediatric. The Republican leadership said at that point it was welfare. President Clinton said there will be no balanced budget agreement without this. Finally, you guys offered pediatric care but no eye and dental. And they said, was this the SCHIP we have today. And the very flexibility that you oppose that our Governors are exploring was what you demanded back in 1997. But the original children health proposal wasn’t a bipartisan agreement. It was President Clinton saying there will be no balanced budget agreement without 6 million children getting their health care. I believe that politics is a good thing, and that’s what it proved.

Mr. BARTON. I have a couple of issues that I respect, the gentleman from Illinois. I think we should do more of this, quite frankly.

Madam Speaker, I’m going to yield myself such time as I may consume now to respond to my good friend from Illinois. I was in the House when SCHIP was passed. I was not in the leadership, but I was on the committee. My recollection is a little bit different than my friend from Illinois.

There were some Republicans. I think Senator HATCH was one of them in the Senate. Congressman Archer, who was the chairman of the Ways and Means Committee. This did come out of the effort to reform welfare as it was then. There was a concern that as we tried to move primarily women who were single head of households off of welfare, if they didn’t have a job that had health care, their children, in order for them to work, transition to work, then the Republican leadership said at that point it was the answer. And President Clinton of the Republican leadership in the House and the Senate did agree that SCHIP was the answer. And it was a bipartisan agreement. I would give the President credit for supporting it, but I would also give the Republican leadership in the House and the Senate credit for supporting it also at that time.

The bill that is before us tonight is not the bill that passed in 1997. We have over 600,000 adults on SCHIP, a children’s health insurance program. Rhetorically, my friends on the majority side say they really don’t want adults to be covered. But nothing in this bill moves those adults off of SCHIP.

I don’t know how many hundreds of thousands of noncitizens are covered. But most people agree that there are hundreds of thousands, if not millions. Nothing in this bill has an enforcement mechanism to move children who are noncitizens off of the roll. Not one thing moves that. And the 200 percent of poverty, the original SCHIP bill was between 100 and 200 percent of poverty. That’s still a good principle. There are not 10 million children in America between 100 and 200 percent of poverty that qualify for SCHIP. The most authoritative number is that there may be an additional 800,000.

Now, the current SCHIP bill covers about 6 million children. In order to get to the 10 million number, you have to go way above 200 percent, probably above 300 percent and maybe even as high as 400 percent. So this 10 million number, there are about 80 million children in America. Most of those children have health insurance through some sort of a private sector employee-sponsored health insurance program. Six million have it under SCHIP, and then there are several million that have it under Medicaid. But there are not 10 million between 100 and 200 percent of poverty.

Those of us on the Republican side, we support SCHIP. We support the original program. We may even support something expanding it beyond the original program. But we don’t support some of the ideas that take it up to as high as 300 to 350 percent of poverty, that cover noncitizens and that cover adults. That’s what this debate is all about.

So we hope that we have an opportunity. We hope that we have a veto vote and that we sustain the President’s veto, and then maybe my friend from Illinois and myself can actually enter into a bipartisan negotiation that does exactly what he wants to do and what people like myself want to do.

Mr. EMANUEL. Can I ask the ranking member to yield?
Mr. BARTON of Texas. I would yield for 30 seconds.

Mr. EMANUEL. First of all, it wasn't part of welfare reform. Welfare reform had a 1-year transitional for Medicaid. It wasn't part of that, which is a point you made.

Second is, SCHIP was so successful, while the rest of the population actually had an increase in uninsured, the only group in America for the last 7 years that had actually a decrease in the uninsured was children until last year. This is a product of answering the shortcomings between Medicaid and private insurance.

Mr. BARTON of Texas. We support that.

Mr. EMANUEL. The fact is there have been a million additional children in the last year and a half whose parents work full-time who don't have health care and this would cover.

And to the other point you said, actually, there have been Democratic and Republican Governors and principally signed by this President where the adults have come from. This President signed those waivers for Democratic and Republican Governors.

Mr. BARTON of Texas. That doesn't mean that we need to continue those waivers.

With that, I would reserve the balance of my time.

Mr. FALLONE, Madam Speaker. I yield 1 minute to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Madam Speaker, I'm a new Member of this Chamber, and so I don't know all the history of SCHIP. I don't know all of the reasons why the bill was written, why it was, the history of negotiations, and with all due respect to my friends who were here, I don't really care, because what I know is that right now there are millions of children throughout this country who go to bed each night ill, simply because they can't afford to see a doctor. And let me tell you why I think it's a good thing that we should wait a couple of weeks in order to take this vote. Because, frankly, I'm a hopeless romantic when it comes to this House, the people's House's ability to impose the will of the vast majority of Americans. Call me crazy, but I think that when 80 percent of Americans, as the CBS News poll told us some weeks ago, support advancing children's health care, I mean, maybe, maybe, this House should do something about it. I'm also unapologetically idealistic about our moral obligation as a society and as a Congress, because I know every single one of us, if we were walking down the road and we saw a sick child on the side, we would stop everything we were doing and try to help that child. And I don't understand why that argument isn't extrapolated to those children throughout this country who are sick only because they can't afford health care. We have a moral obligation to help those kids. And we have a fiscal obligation as well, because that system of universal coverage that extends only to people that go to emergency rooms when they get so sick that that's the only place that they can go, that costs us money. As moral and fiscal custodians of this great Nation, we have the moral obligation to override this President's veto and to give all the time in the world to your constituents and our constituents to make that case over the next 4 weeks.

Mr. BARTON of Texas. Let me inquire how much time I have remaining, Madam Speaker.

The SPEAKER pro tempore. The gentleman from Texas has 14 minutes remaining.

Mr. BARTON of Texas. I want to yield 4 minutes to a member of the committee and also a member of the ad hoc negotiation team, Mr. WALDEN of Oregon.

Mr. WALDEN of Oregon. Madam Speaker, I think it is important to start by noting there is not, I don't think, a Member on either side of the aisle that doesn't support continuing the existing SCHIP program, continuing providing insurance coverage for 4.04 million American children. What we're debating is how you pay for an expansion beyond that, how you go from 200 percent of poverty level to a family of four that would be at 300 percent of poverty level. For the record, that's $61,950. Some of us believe that before you expand to 300 percent of poverty, or a family of four making nearly $62,000 a year, we should make sure that those kids who are in families that make enough that they don't qualify for Medicaid, that those from there on up to 200 or 250 percent of poverty actually are being insured by the States to whom we send this money back to.

There has been discussion that 10 million kids will be covered under the bill that the President vetoed. I wish somebody would give me a Congressional Budget Office summary that says that, because what CBO found was that when they analyzed this bill was that by 2012 there would be a total of 7.4 million kids insured under SCHIP under the bill we're debating tonight. If you've got a different document from CBO, I'd love see it. I've not seen it.

Further, CBO claims that the way this bill is structured, there would be 2 million children in America, 2 million of this 7.4 that either already have health insurance or have access to health insurance through their families or their families' employers. Two million. This is Congressional Budget Office data.

The effect of the way this bill is structured, those 2 million kids would probably be shifted onto a government plan. We ought to be trying to get kids who don't have access to health insurance first, and we should be trying to get the kids who are at the lower end of the economic scale insured first. Those are principles that we're fighting for in this.

Finally, two other points. I don't think it's asking too much that when a parent brings in their children and their children don't have ID, that the parent simply present ID, a driver's license, something that proves who they are when they certify these are their kids. That's something we're asking for in this.

The third and final point, this program, the way it's crafted under this legislation, even with the tax that's proposed, by the next 10 years, the end of 10 years, you have borrowed forward $80 billion, with a B, that has been borrowed, and in 2013, the program's out of money.

We have got enough of those Federal programs today. I mean Members on both sides of the aisle would have to agree that we haven't fixed the Medicare fix yet for docs. Their funding is fiscally responsible, that can be sustained so that we don't end up with kids on a cliff in 5 years because you spent the money that was allocated over 10 in the first 5 because you borrowed. That doesn't make sense.

Never knowing and we're doing it for 10 years in small business entered into a contract that I knew I couldn't fulfill. This is a contract that can't be fulfilled the way it is crafted. We can do better than this. It doesn't have to be a campaign and political issue. It can be a policy issue that works.

Mr. BERCERRA. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. THOMPSON), a member of the Ways and Means Committee.

Mr. THOMPSON of California. Madam Speaker, this is about health care for kids. It's an important and humane bill that's illustrative of who we are as Americans. It's paid for, and moreover, it saves us money. It saves us money by keeping kids out of the emergency room, and anytime that you can prevent or cure an illness before it becomes acute, that saves us money as well.

It's bipartisan, not only in the House and the Senate, but 43 Governors have endorsed this measure. Over 80 percent of the American people support the SCHIP program.
We should not let the President deny health care to 10 million kids of working moms and dads. We’re better than that. We need to override this veto.

Mr. BARTON of Texas. Madam Speaker, I believe we only have two more speakers, so I’m going to reserve my time.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the gentlewoman from New Hampshire (Ms. SHEA-POR Text continues...
that it’s for adults. It is for childless couples and, by definition, is not for the poor. It is for middle class because, as we know, the median income in this country is $42,000. This bill will allow people upwards to $62,000 or $70,000 to be eligible for this program. By definition, it will provide for a middle-class program for universal health care.

Now, in conclusion, the Democrat conference leader explains why they are saying that they are forbidding moving forward is very clear. He said, I enjoy politics, and that’s what this bill is all about. It is about politics.

So to those who come to the floor tonight from the other side of the aisle and with a heartfelt passion that I believe is in their heart that they wish to move forward on moving advanced care for our children, I would ask your rank-and-file Members of that side of the aisle to talk to your leadership and say, Do not veto this effort. Do not say, I forbid moving forward, and allow us to move forward on providing health care for indigent, poor children in this country.

I want to address some of the issues of the Republicans in the United States Senate, and 44 of your Democratic Party, or Democrat, as he likes to refer to us, is totally inaccurate, I will tell my friend. We’ve worked very hard. Why have we worked very hard? Because we think that 4 million children who the President of the United States in 2004 got the Republican National Convention floor seeking the votes of all of his fellow citizens to be re-elected as President of the United States, said, I want to add millions of children currently eligible to this program who are not yet seen by my friend that’s what this bill does. That’s why we are so surprised and disappointed that the President rejected this bill and vetoed it and said, as the Speaker said, I forbid this bill going into effect and adding those 4 million children.

Mr. GARRETT of New Jersey. Madam Speaker, will the gentleman yield?

Mr. HOYER. I yield to the gentleman from New Jersey.

Mr. GARRETT of New Jersey. I thank the gentleman.

I appreciate that, and as I said in my remarks, I believe that there is heartfelt desire on the other side of the aisle to do this program for, and I may have said in my previous comments in this country, I do honestly believe that, from both sides of the aisle that the goal is the same thing, to try to provide care for that particular class of individuals.

What I disagree with the gentleman with is on a couple points you said. One specifically as far as the issue of a good, fair effort of negotiations on moving forward in this legislation.

Mr. HOYER. Reclaiming my time, I suggest that the gentleman refer to Mrs. Biggert, my friend of the other side of the aisle, whether or not she thought they were good-faith or extensive negotiations and discussions.

I yield to my friend. Mr. GARRETT of New Jersey. I thank the gentleman.

Mr. GARRETT of New Jersey. I am informed that our side of the aisle, whether through Mrs. Biggert or otherwise, has presented to you or through your staff or otherwise a proposal back on November 15 of five pages of recommendations or suggestions as far as positions that could be made in order to accommodate the adding of 4 million children.

Mr. BARTON of Texas. Madam Speaker, what is the order of closing?

The SPEAKER pro tempore. It will be the Members in reverse order: Mr. PALLONE, Mr. BARTON, and Mr. BECERRA.

Mr. BARTON of Texas. I am ready to close after Mr. PALLONE.

Mr. PALLONE. Madam Speaker, I just want to reiterate and contradict some of the things that the President said in his veto message today.

He said that this is the same bill that we sent him that he previously vetoed. It’s simply not true. He made substantial changes to it to allay concerns about higher income families enrolling, adults being enrolled, or even undocumented immigrants being enrolled. I just want to point out some of the flaws with the President’s message in closing.

First, the President says that our goal should be to move kids into private coverage and not into public programs. That is exactly what the CHIP program does. Mr. President, CHIP provides money to uninsured children to enroll in private health insurance. Second, the President says his proposal to reauthorize CHIP would increase funding by 20 percent. What he doesn’t tell you is that his plan would not help provide coverage to the 6 million kids who are uninsured and eligible to enroll in either CHIP or Medicaid. I would point out that the Senate Finance Committee in July received a letter from the CBO where they said that they estimate between 5 million and 6 million children who are uninsured are eligible for Medicaid or SCHIP. So there are a lot of kids out there, almost twice as many that are in the program now, that could be insured.

And then the President said that we added adult coverage. Well, let me say, our bill phases out adult coverage faster than the President would do by just disapproving his waiver requirements.

Fourth, the President says we don’t focus on the lowest income kids, and that’s not true. We provide financial resources for States to go out and find the lowest income kids first.

Finally, the President has said he’s been willing to work with us to reauthorize SCHIP, and the Republicans in the House said the same thing. Well, the fact of the matter is that, as our majority leader said, we have reached out. We have had hundreds of hours of meetings. We have reached out to the
President. It’s simply not true that we haven’t reached out, and the fact of the matter is that the President has been unwilling to budge even 1 inch from where he wants to go with the SCHIP legislation. Instead of working with us to provide health insurance to 10 million children, he has told us that he will not go past 5 or 6 million, that don’t have health insurance. It’s a shame that we have come to this position today, and I would urge my colleagues to cast a vote to override the President’s veto.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. BARTON of Texas. Madam Speaker, there’s a great movie from the sixties or maybe the seventies called Cool Hand Luke.” Paul Newman is Cool Hand Luke, and he gets imprisoned for some minor infraction and he just doesn’t conform with the regulations of the prison. And finally in exasperation the prison warden is talking to him in front of the chain gang and he utters the famous line, “What we have here is a failure to communicate.”

Well, what we have here tonight apparently is another failure to communicate. Some of the Republicans in the House of Representatives want to reauthorize SCHIP. Some of the Republicans in the House of Representatives even want to expand SCHIP. But what we don’t want to do is make SCHIP the surrogate for Medicaid. Some of the Republicans in the House of Representatives want to reauthorize SCHIP. Some of the Republicans in the House of Representatives even want to expand SCHIP. But what we don’t want to do is make SCHIP the surrogate for Medicaid.

What we have here today is that the Members who have really no official standing but did negotiate in good faith to come up with a compromise. And as Mr. GARRETT pointed out, the written proposal the Republicans put before us, Mr. GARRETT and Mr. RANGEL from New York would work with Mr. McCREGORY and myself and other Members to really come together on a bipartisan basis.

I would like to point out that these negotiations that Mr. HOYER alluded to did, in fact, happen, but those negotiations were not a conference. This bill is not the result of a conference committee between the House and the Senate. The bill before us is the result of some hard work and then an effort on an ad hoc basis of some of the senior Members of the majority in this House and some Members of the other body to work with some of our junior Members who had really no official standing but did negotiate in good faith to come up with a compromise. And as Mr. GARRETT pointed out, the written proposal the Republicans put forward, I think, to this day has never been answered. Now, I could be wrong on that, but I don’t think it has ever been formally put on the floor.

So I wish we wouldn’t postpone this veto. I wish we would go ahead and have the veto override tonight because we will sustain the veto. And then I wish my good friend John Dingell from Michigan, and Mr. Rangel, from New York would work with Mr. McCREGORY and myself and other Members to really come together on a bipartisan basis.

I would like to point out that these negotiations that Mr. HOYER alluded to did, in fact, happen, but those negotiations were not a conference. This bill is not the result of a conference committee between the House and the Senate. The bill before us is the result of some hard work and then an effort on an ad hoc basis of some of the senior Members of the majority in this House and some Members of the other body to work with some of our junior Members who had really no official standing but did negotiate in good faith to come up with a compromise. And as Mr. GARRETT pointed out, the written proposal the Republicans put forward, I think, to this day has never been answered. Now, I could be wrong on that, but I don’t think it has ever been formally put on the floor.

So I sit in on those negotiations for several days, and what we got was a lot of good feeling talk. But when it came time to put it on paper, the majority wouldn’t put it on paper.

So let’s not postpone this override. Let’s vote down the motion to postpone, and let’s have the veto override tonight. And then in the next week or so if we are still in session, let’s really start a bipartisan process that is based on the formal processes of the House and the Senate.

With that, I would yield back my time, Madam Speaker.

Mr. BERCERRA. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, let’s remember why we’re here. Less than 2 weeks before Christmas, and we’re talking about whether or not 10 million children, 2 weeks before Christmas, will have access to health care. The children of hardworking American families, when we know that the cost of health care has increased, we’re talking about whether or not 10 million children, 2 weeks before Christmas, will have access to health care.

Madam Speaker, the bill we’re attempting to override is a responsible bill. It does not increase the deficit in providing health care access to our children. It is completely paid for.

Madam Speaker, this bill speaks for itself. Regardless of what’s been said by either side, read the bill, it speaks for itself. This is about children’s health care. And I’m not sure, we have been in the process of talking to our Republican colleagues and trying to resolve our differences for over 100 days, as the gentlelady from Illinois (Mrs. BIGGERT) herself stated. Ten million, that’s a price tag. That’s the price tag for children in this country who will not have access to health care if we don’t do anything. They simply want to have the same access to health care, to a doctor, to a clinic or to a hospital the way the children of every other American or every other child in this country has access to health care.

No Member of Congress stands up and complains that, at taxpayer expense, we are making available to each and every one of us a health care policy that today and on Christmas will ensure that our children will be insured if something should happen and they need to go to a doctor or to a hospital. Is there any reason why hardworking Americans who just don’t earn enough money to pay for the full cost of health insurance shouldn’t have the same access as each and every Member of Congress has for his and her children today?

Madam Speaker, I hope we all keep our eye on the prize: 10 million children, 10 million children who we’re trying to make sure have access to health care. If Members of Congress can guarantee our children health care, then we are prepared to make sure that anyone who works in this country can provide health care to their children. That’s what this is about.

We’re going to return to the people of this country the Congress that they feel they’ve lost. We said a while ago that this Congress would take a new direction. That’s what we mean when we mean to override the President’s veto.
I urge my colleagues to vote today to think about 10 million kids right before Christmas and say to the President, We will override your veto.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to postpone. There was no objection.

The SPEAKER pro tempore. The question is on the motion. The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BARTON of Texas. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The Speaker pro tempore. Evidently a quorum is not present. The Sergeant at Arms will notify absent Members.

Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to postpone will be followed by a 5-minute vote on suspending the rules and passing the bill, H.R. 3985.

The vote was taken by electronic device, and there were—yeas 211, nays 180, not voting 40, as follows:

---

---

NOT VOTING

---

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Speaker pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3985, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The Speaker pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. OBSTERN) that the House suspend the rules and pass the bill, H.R. 3985.

The vote was taken by electronic device, and there were—yeas 374, nays 0, not voting 57, as follows:

---

---

OVER-THE-ROAD BUS TRANSPORTATION ACCESSIBILITY ACT OF 2007

The Speaker pro tempore. The Speaker pro tempore. The Speaker pro tempore.