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 Green, Al
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 Hall (NY)
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 Larson (CT)
 Latham
 LaTourette
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 Lewis (CA)
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 Linder
 Lipinski
 LoBiondo
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 Lofgren, Zoe
 Lowey
 Lucas
 Lungren, Daniel
 E.
 Lynch
 Mack
 Mahoney (FL)
 Maloney (NY)
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 Marchant
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 Matheson
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 McCarthy (CA)
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 Rodgers
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 Miller, Gary
 Miller, George
 Mitchell
 Mollohan
 Moore (KS)
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 Moran (KS)
 Moran (VA)
 Murphy (CT)
 Murphy, Patrick
 Murphy, Tim
 Murtha
 Musgrave
 Myrick
 Nadler
 Napolitano
 Neal (MA)
 Neugebauer
 Nunes
 Oberstar
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 Oliver
 Ortiz
 Pallone
 Pascrell
 Pastor
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 Perlmutter
 Peterson (MN)
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 Platts
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 Price (GA)
 Price (NC)
 Pryce (OH)
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 Rahall
 Ramstad
 Rangel
 Regula
 Rehberg
 Reichert
 Renzi
 Reyes
 Reynolds

Richardson
 Rodriguez
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Ros-Lehtinen
 Roskam
 Rothman
 Roybal-Allard
 Royce
 Ruppersberger
 Rush
 Ryan (OH)
 Ryan (WI)
 Salazar
 Sali
 Sánchez, Linda
 T.
 Sanchez, Loretta
 Sarbanes
 Saxton
 Schakowsky
 Schiff
 Schmidt
 Schwartz
 Scott (GA)
 Scott (VA)
 Sensenbrenner
 Serrano
 Sessions
 Sestak
 Shadegg
 Shays
 Shea-Porter
 Sherman
 Shimkus
 Shuler
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 Simpson
 Sires
 Skelton
 Slaughter
 Smith (NE)
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 Smith (TX)
 Smith (WA)
 Solis
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 Space
 Spratt
 Stark
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 Stupak
 Sullivan
 Sutton
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 Thompson (CA)
 Thompson (MS)
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 Tierney
 Towns
 Turner
 Udall (CO)
 Udall (NM)
 Upton
 Van Hollen
 Velázquez
 Visclosky
 Walberg
 Walden (OR)
 Walsh (NY)
 Walz (MN)
 Wamp
 Wasserman
 Schultz
 Waters
 Watson
 Watt
 Waxman
 Weiner
 Welch (VT)
 Weldon (FL)
 Weller
 Westmoreland
 Wexler
 Whitfield
 Wicker
 Wilson (NM)
 Wilson (OH)
 Wilson (SC)
 Wolf

Woolsey
 Wu
 Wynn
 Yarmuth
 Young (AK)
 Young (FL)
 NAYS—2
 Kucinich
 Paul
 NOT VOTING—14
 Berry
 Bishop (GA)
 Carson
 Cubin
 Davis (IL)
 Davis, Jo Ann
 Delahunt
 Herger
 Jindal
 Johnson, E. B.
 Johnson, Sam
 Poe
 Ross
 Snyder

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
 The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in this vote.

□ 1527

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1530

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 976, CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Mr. MCGOVERN. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 675 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 675

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 976) to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes, with Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the chairman of the Committee on Energy and Commerce or his designee that the House concur in each of the Senate amendments with the respective amendment printed in the report of the Committee on Rules accompanying this resolution. The Senate amendments and the motion shall be considered as read. The motion shall be debatable for one hour equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce and the chairman and ranking minority member of the Committee on Ways and Means. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

POINT OF ORDER

Mr. ROGERS of Michigan. Mr. Speaker, point of order.

The SPEAKER pro tempore (Mr. HOLDEN). The gentleman will state his point of order.

Mr. ROGERS of Michigan. Mr. Speaker, I rise for a point of order against consideration of the resolution because it violates clause 9(b) of House rule XXI for failure to disclose a taxpayer-funded earmark contained in the bill.

Section 618 of the Democrats' SCHIP bill contains an undisclosed earmark

directing taxpayer funding to a facility located in Memphis, Tennessee, specifically in the district of the gentleman from Tennessee.

Under House rules, all earmarks are supposed to be disclosed, and the Member requesting the earmark is required to certify that he has no financial interest in this earmark.

The earmark contained in this bill has not been disclosed anywhere. In fact, at the Rules Committee last night, my friends in the Democratic leadership certified this bill as "earmark-free," despite the fact that this bill includes an earmark for the gentleman from Tennessee.

The requirements of full disclosure and certification that there is no financial interest have not been met here.

This earmark was not in the House-passed bill, H.R. 976. It was not in the Senate amendment to H.R. 976. I would point out it was in the House-passed H.R. 3192, but it was never disclosed there either.

This bill threatens the important programs that protect the health of seniors and children, and that debate should happen.

This bill spends billions in taxpayer dollars on health insurance for families who make \$83,000 a year and on illegal immigrants. This bill ignores House earmark rules to buy votes for its passage.

Mr. Speaker, the American people are entitled to know how their tax dollars are being used. This is why the Republican leadership for months has been requesting a vote on House Resolution 479, legislation that would clarify the rules of our Chamber to ensure all earmarks are publicly disclosed and subject to challenge and debate here on the floor. The majority leadership has unfortunately refused to allow H. Res. 479 to come to the floor for vote. And this is why Republicans had no choice but to file a discharge petition last week that will force H. Res. 479 to the floor.

Mr. Speaker, there is a reason that the American people hold us in lower regard than a twice-convicted used car salesman. It is because we continue to, in a slap of the face of every American taxpayer who gets up in the morning and plays by the rules, to play politics and slip things into bills that are not only against the rules, but against the integrity and well-standing of this House.

PARLIAMENTARY INQUIRY

Mr. MCGOVERN. Mr. Speaker, will the gentleman please state his point of order?

The SPEAKER pro tempore. The gentleman from Michigan must confine his remarks to his point of order.

Mr. ROGERS of Michigan. Mr. Speaker, my point of order is that this bill is in violation of 9(b) of House rule XXI for failure to disclose a taxpayer-funded earmark contained in the bill.

The SPEAKER pro tempore. Does any Member wish to be heard on the point of order?

The gentleman from Michigan makes a point of order under clause 9(b) of rule XXI that the resolution waives the application of clause 9(a) of rule XXI. It is correct that clause 9(b) of rule XXI provides a point of order against a rule that waives the application of the clause 9(a) point of order.

In pertinent part, clause 9(a) of rule XXI provides a point of order against a bill, a joint resolution, or a so-called “manager’s amendment” thereto unless certain information on congressional earmarks, limited tax benefits and limited tariff benefits is disclosed. But this point of order does not lie against an amendment between the Houses.

House Resolution 675 makes in order a motion to concur in Senate amendments with amendment. Because clause 9(a) of rule XXI does not apply to amendments between the Houses, House Resolution 675 has no tendency to waive its application. The point of order is overruled.

Mr. ROGERS of Michigan. I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is: Shall the decision of the Chair stand as the judgment of the House?

MOTION TO TABLE OFFERED BY MR. MCGOVERN

Mr. MCGOVERN. Mr. Speaker, I move to table the appeal of the ruling of the Chair.

The SPEAKER pro tempore. The question is on the motion to table.

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

RECORDED VOTE

Mr. ROGERS of Michigan. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 224, noes 190, not voting 18, as follows:

[Roll No. 902]

AYES—224

Abercrombie Cleaver Giffords
Ackerman Clyburn Gillibrand
Allen Cohen Gonzalez
Altmire Conyers Gordon
Andrews Cooper Green, Al
Arcuri Costa Green, Gene
Baca Costello Grijalva
Baird Courtney Gutierrez
Baldwin Cramer Hall (NY)
Barrow Crowley Hare
Bean Cuellar Harman
Becerra Cummings Hastings (FL)
Berkley Davis (AL) Herseth Sandlin
Berman Davis (CA) Higgins
Bishop (NY) Davis, Lincoln Hill
Blumenauer DeFazio Hinchey
Boren DeGette Hinojosa
Boswell DeLauro Hirono
Boucher Dicks Hodes
Boyd (FL) Dingell Holden
Boyd (KS) Doggett Holt
Brady (PA) Donnelly Honda
Braley (IA) Doyle Hooley
Brown, Corrine Edwards Hoyer
Butterfield Ellison Inslie
Capps Ellsworth Israel
Capuano Emanuel Jackson (IL)
Cardoza Engel Jackson-Lee
Carnahan Eshoo (TX)
Carney Etheridge Jefferson
Castor Farr Johnson (GA)
Chandler Fattah Jones (OH)
Clarke Filner Kagen
Clay Frank (MA) Kanjorski

Kaptur Moran (VA)
Kennedy Murphy (CT)
Kildee Shuler
Kilpatrick Murphy, Patrick
Kind Murtha
Klein (FL) Nadler
Kucinich Napolitano
Lampson Neal (MA)
Langevin Oberstar
Lantos Obey
Larsen (WA) Olver
Larson (CT) Ortiz
Lee Pallone
Levin Pascarell
Lewis (GA) Pastor
Lipinski Payne
Loeb sack Perlmutter
Lofgren, Zoe Peterson (MN)
Lowey Pomeroy
Lynch Price (NC)
Mahoney (FL) Pryce (OH)
Maloney (NY) Rahall
Markey Rangel
Marshall Reyes
Matheson Richardson
Matsui Rodriguez
McCarthy (NY) Rothman
McCollum (MN) Roybal-Allard
McGovern Ruppertsberger
McIntyre Rush
McNerney Ryan (OH)
McNulty Sanchez, Linda
Meek (FL) T.
Meeks (NY) Sanchez, Loretta
Melancon Sarbanes
Michaud Schakowsky
Miller (NC) Schiff
Miller, George Schwartz
Mitchell Scott (GA)
Mollohan Scott (VA)
Moore (KS) Serrano
Moore (WI) Sestak

NOES—190

Aderholt Emerson Manzullo
Akin Everrett Marchant
Alexander Fallin McCarthy (CA)
Bachmann Feeney McCaul (TX)
Bachus Ferguson McCotter
Baker Flake McCreery
Barrett (SC) Forbes McHenry
Bartlett (MD) Fossella McHugh
Barton (TX) Foxx McKeon
Biggart Franks (AZ) McMorris
Bilbray Frelinghuysen Rodgers
Bilirakis Gallegly
Bishop (UT) Garrett (NJ) Mica
Blackburn Gerlach Miller (FL)
Blunt Gilchrest Miller (MI)
Boehner Gingrey Miller, Gary
Bonner Gohmert Moran (KS)
Bono Goode Murphy, Tim
Boozman Goodlatte Musgrave
Boustany Granger Myrick
Brady (TX) Graves Neugebauer
Brown (GA) Hall (TX) Nunes
Brown (SC) Hastert Paul
Brown-Waite, Hastings (WA) Pearce
Ginny Hayes Peterson (PA)
Buchanan Heller Petri
Burgess Hensarling Pickering
Burton (IN) Hobson Pitts
Buyer Hoekstra Platts
Calvert Hulshof Porter
Camp (MI) Inglis (SC) Price (GA)
Campbell (CA) Issa Putnam
Cannon Johnson (IL) Radanovich
Cantor Jones (NC) Ramstad
Capito Jordan Regula
Carter Keller Rehberg
Castle King (IA) Reichert
Chabot King (NY) Renzi
Coble Kingston Reynolds
Cole (OK) Kirk Rogers (AL)
Conaway Kline (MN) Rogers (KY)
Crenshaw Knollenberg Rogers (MI)
Culberson Kuhl (NY) Rohrabacher
Davis (KY) LaHood Ros-Lehtinen
Davis, David Lamborn Roskam
Davis, Tom Latham Royce
Deal (GA) LaTourette Ryan (WI)
Dent Lewis (CA) Sali
Diaz-Balart, L. Lewis (KY) Saxton
Diaz-Balart, M. Linder Schmidt
Doolittle LoBiondo Sensenbrenner
Drake Lucas Sessions
Dreier Lungren, Daniel Shadegg
Duncan E. Shays
Ehlers Mack Shimkus

Shuster Thornberry Westmoreland
Simpson Tiahrt Whitfield
Smith (NE) Tiberi Wicker
Smith (NJ) Turner Wilson (NM)
Smith (TX) Upton Wilson (SC)
Souder Walberg Wolf
Stearns Walden (OR) Young (AK)
Sullivan Walsh (NY) Young (FL)
Tancredo Weldon (FL)
Terry Weller

NOT VOTING—18

Berry Delahunt Johnson, E. B.
Bishop (GA) English (PA) Johnson, Sam
Carson Fortenberry McDermott
Cubin Herger Poe
Davis (IL) Hunter Ross
Davis, Jo Ann Jindal Snyder

□ 1557

So the motion to table was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. SESSIONS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and to insert extraneous materials into the RECORD.

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield myself 6 minutes.

Mr. Speaker, H. Res. 675 provides a rule for consideration of the Senate amendments to H.R. 976, the Children’s Health Insurance Program Reauthorization Act.

The rule permits the chairman of the Committee on Energy and Commerce to move that the House concur in the Senate amendments with the amendments printed in the Rules Committee report.

The rule waives all points of order against the motion except those arising under clause 10 of rule XXI.

Finally, the rule provides 1 hour of debate equally divided among and controlled by the chairmen and ranking minority members of the Committee on Energy and Commerce and the Committee on Ways and Means.

Mr. Speaker, the bill before us today represents a defining historic moment for this House. Members of this body will be faced with the simple choice: Will you vote to provide health insurance to millions of children, or will you vote to take health insurance away from the children who currently have it?

Today, over 45 million people living in this country woke up without health care. Millions of them are children whose families make too much to be eligible for Medicaid but not enough to purchase their own insurance.

Studies have shown that the number of uninsured children jumped by 710,000

last year. That is unconscionable; and under the leadership of Speaker PELOSI and the new Democratic Congress, we have begun to change it.

The State Children's Health Insurance Program, or SCHIP, currently provides health care to over 6 million children; but the program will expire in just 6 days unless we act to reauthorize it.

Historically, the SCHIP program has enjoyed bipartisan support. The bill before us today represents a careful, bipartisan compromise that enjoys the support of people like Senator CHUCK GRASSLEY, Senator ORRIN HATCH, Congressman RAY LAHOOD, and Congresswoman HEATHER WILSON.

Frankly, Mr. Speaker, the bill before us does not go as far as I would like. I prefer the bill this House passed a few weeks ago. The House-passed bill not only expanded the SCHIP program to 1 million more children than the bill we'll be voting on today; it also leveled the playing field by adjusting the reimbursements for the Medicare Advantage Program, a program that is in dire need of reform. But I will not and I cannot allow the perfect to be the enemy of the very good, and this is a very good bill.

Under this agreement, health insurance coverage will be provided to millions of children who do not have it today. Quality dental coverage will be provided to all enrolled children. The agreement ensures that States will offer mental health services on par with medical and surgical benefits covered under SCHIP, and the bill also provides States the option to cover prenatal care, ensuring healthy babies and healthy moms.

Now, contrary to the White House rhetoric, the bulk of the children who would gain coverage are poor and near-poor children who are uninsured, not middle-income children with private coverage.

□ 1600

The President would like to suggest that SCHIP is Congress's way of socializing medicine and undermining private health insurance plans, which is interesting, considering that just yesterday this bill was endorsed by America's Health Insurance Plans, the Nation's largest insurance lobbying group. It is also important to note, Mr. Speaker, that this bill is fully paid for. This represents a sharp change from earlier bills that the President enthusiastically supported from the 2003 Medicare prescription drug bill to the Republican energy plans to his tax cuts for the rich, which were all financed by massive amounts of deficit spending.

The President has threatened to veto this bill, Mr. Speaker. That takes my breath away. He didn't veto billions of dollars in tax breaks to oil companies that were gouging people at the pump. He didn't veto billions of dollars in no-bid defense contracts. But he will veto a modest bipartisan bill to provide health care coverage for millions of

low- and moderate-income American children?

Now, some of my friends on the other side of the aisle would say that we should simply extend the current SCHIP program, but what they won't tell you is that the spending level supported by the President is not enough even to provide continued coverage for all the children who are currently enrolled. In other words, Mr. Speaker, those who support the President would take health care away from over 800,000 kids who have it today. That is not acceptable. That is cruel.

As the Catholic Health Association has said, "Temporary extensions and/or inadequate funding levels will lead to children losing coverage. That would be an enormous step back for our Nation and a retreat from our collective commitment to cover uninsured children."

Mr. Speaker, this is a defining moment for this Congress. With a "yes" vote on this bill, we can improve the lives of millions of children and their families. A "no" vote is a vote to take health care away from some of the most vulnerable members of the American family.

The choice is clear. I urge a "yes" vote on the rule and the underlying bill.

I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, today is a defining moment for an insatiable appetite that the new Democrat majority has for spending, spending taxpayer dollars and going well beyond the mission statement of SCHIP. And that is what the day is all about. It is a defining moment with the new Democrat majority seeking a way to have single payer-funded health care for all America. And that is the road that we are defining and beginning again today.

Mr. Speaker, I rise in strong opposition to this completely closed rule that fails to even provide the minority with a motion to recommit, and to the underlying legislation that the minority did not receive until 6:30 last night.

When I came to the floor in the beginning of August to oppose the previous version of this legislation, I explained my opposition to the way that it had been brought to the floor without a single legislative markup. And, unfortunately, again today that fact has not changed. In fact, neither Republican leadership nor Republican members on the House Energy and Commerce Committee had an opportunity to participate in the crafting of the 250-plus pages of legislative language this entire House was provided with just a little bit more than 12 hours ago.

Despite the terrible process surrounding this legislation from start to finish, I would like to once again thank the Democrat leadership for one thing: By cramming this bill through the House for a second time, they are giving every single Member of this body another opportunity to go on record regarding which vision they have for the

future of our Nation's health care system that they truly support.

The first vision for our future is to slowly shift away as many Americans as is possible into a one-size-fits-all Washington bureaucrat-run program. And, if nothing else, I congratulate the Democrat leadership for their clarity, because that vision is embodied in H.R. 976.

Rather than taking the opportunity to cover the children who cannot obtain coverage through Medicaid or the private marketplace, this bill uses these children as pawns in their cynical attempt to make millions of Americans completely reliant upon the government for their health care needs.

H.R. 976 also increases government spending and dislocates the private marketplace, leaving taxpayers holding the bag for these increased costs. This bill generally raises the income threshold for eligibility and allows States to qualify anyone receiving these funds, including childless adults and people making over \$80,000 a year, despite the fact that this diverts these much needed funds away from helping our Nation's most poorest children.

It would also allow illegal immigrants and aliens to receive these benefits by forcing States to accept non-secure documents as proof of citizenship for purposes of receiving these funds. I find it both ironic and unfortunate, Mr. Speaker, that the party of HILLARY CLINTON and bureaucrat-run health care would float a proposal in which law-abiding citizens are made to show proof of insurance as a condition of employment, while this legislation would open the door for ineligible and illegal immigrants to receive federally funded benefits, no questions asked.

All of these problems exist on top of a current system which we know that some States already abuse. This bill grandfathers in New York's standard, which provides Federal assistance to those making four times the poverty level, and in New Jersey at 3½ times, while allowing every other State to expand coverage to three times the current poverty level.

Finally, Mr. Speaker, the crowd-out effect created by this big government bill that replaces private insurance with a government program will not provide coverage to more kids. By the CBO estimate, it simply will shift 2.4 million children out of private insurance and into a Federal program that hurts doctors and hospitals by forcing them to deal with government bureaucrats that short-change both patients and providers by undercompensating them for medical services.

If Democrats were serious about ensuring that every American had access to inexpensive and high-quality health care, we would be talking about a different vision today for our health care, one that tackles the system's real underlying problems and revolutionizes our health care system to provide us

with better results. This other, Republican vision for improving health access to health insurance includes allowing families to have access to tax exemptions up to \$15,000 a year for health care, not just those who work for large employers.

The Republican vision includes giving Americans the ability to purchase health insurance across State lines, because healthy insurance options should not be limited to the State you live in or your zip code. It also includes having Congress act to ensure that those who can't get insurance in the marketplace have access to coverage through high-risk pools and low-income tax credits.

Mr. Speaker, I am not here to oppose the idea of SCHIP. It was a Republican-controlled Congress that created SCHIP, and I support its original, true mission. But H.R. 976 is a camouflaged attempt at slowly siphoning Americans from insurance plans into a Washington, D.C., bureaucrat-run system.

Mr. Speaker, today we fail to address one of the most serious issues facing our Nation: how to make our health insurance system more affordable and accessible for all Americans. And by focusing on the wrong vision for our future, this bill does nothing to address either problem. It ignores the fact that our Nation has produced the greatest health care advantages in the world, many of which have come as a result of our competitive insurance market.

The American survival rate for leukemia is 50 percent; the European rate is just about 35 percent. For prostate cancer, the American survival rate is 81 percent; in France, it is 62 percent; in England, it is 44 percent.

Rather than trying to emulate Europe and its outdated socialized approach, we should be working on a vision to give every single American an opportunity to take part in our competitive insurance market. I encourage my colleagues to oppose this rule and the underlying legislation to drag America into a one-size-fits-all European model.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, before I yield to our next speaker, I just respond to the gentleman from Texas by saying, he talks about this Republican vision for health care; but if my memory is serving me correctly, the Republicans were in charge of the Congress for many years, too many years, if you ask me, and they had the President of the United States of the same party while they were in control of both Congresses.

What they presided over with all their control, this Republican vision that the gentleman from Texas talks about, resulted in more and more and more, millions and millions more Americans falling into the ranks of the uninsured. And many of them are children. Too many are children. We are trying to fix that here. We think it is unconscionable in the richest country

on the face of this Earth that millions of children go without health insurance.

Let me just say one other thing. The gentleman made an allusion, too, that this bill would make it easier to enroll illegal immigrants. I want to ask my friend from Texas to read the bill. Section 605, no Federal funds for illegal immigrants. Nothing in this Act allows Federal payment for residents who are not legal residents.

Now, I know that immigrant bashing is the last bastion of the politically desperate, but the fact of the matter is facts are facts. And on documentation, only my Republican friends would argue that poor children should have passports as though they are jetting off to Paris for the spring fashion shows.

The bottom line is, what the gentleman is raising on that level is totally unwarranted.

Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. Mr. Speaker, I rise today in strong support of the bipartisan agreement that will provide health coverage to 10 million children.

We have a moral obligation to protect and nurture our children. No child should go without health care. No child should go without regular checkups, preventive care, and treatment of illnesses. This legislation provides support to those who need it most, our children. And it is long overdue.

This compromise secures coverage for the 37,000 children covered by Iowa's HAWK-I program. It also provides essential funding for the State of Iowa to reach the almost 27,000 children who are eligible for the program but remain uninsured.

Mr. Speaker, healthy children are the foundation of our society and our economy. I sincerely hope that the President will change his mind, put the politics aside, and sign this critical legislation into law. The health, the well-being, and the lives of our children are at stake, and I support the rule.

Mr. SESSIONS. Mr. Speaker, at this time I yield to the gentleman from San Dimas, California, the ranking member on the Rules Committee, the gentleman from California (Mr. DREIER) 6 minutes.

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I thank my very good friend from Dallas for yielding this time, and I thank him for his great, very thoughtful statement on this issue.

I have got to say, as I did last night when we met in the Rules Committee, Mr. Speaker, that it really saddens me that we are here at this point. It was very proudly in a Republican Congress with a Democratic President that we came together in a bipartisan way to ensure that the very, very underprivileged in this country, children, would have access to health insurance. It is something that existed for 10 years, and we know that there are still chil-

dren who are in need and we want to do everything that we possibly can to ensure that children have an opportunity to have access to quality health care. Mr. Speaker, this ain't it. This is not the answer.

I listened to my friend from Worcester begin this very thoughtful statement about bipartisanship. He mentioned two House Republicans and two Senate Republicans who made this a wonderful bipartisan measure. But I would like to yield to my friend and engage in a colloquy with him, if I might.

I see here on the floor the very distinguished ranking minority member of the Committee on Energy and Commerce, the committee that has had jurisdiction over this issue. And I would like to inquire of my friend if he knows if the distinguished gentleman from Texas (Mr. BARTON) was ever invited, as he hails this great spirit of bipartisanship, to any meeting that was held by the majority in attempts to negotiate this measure. I am happy to yield to my friend from Worcester.

□ 1615

Mr. MCGOVERN. I'm sorry, I didn't hear the question of the gentleman from California.

Mr. DREIER. Would the gentleman yield me 1 minute so that I could ask the question again?

Mr. MCGOVERN. We have all of our time scheduled. I'm sorry.

Mr. DREIER. Would the gentleman yield me 30 seconds so that I can ask the question? We've got a limited amount of time here and a lot of speakers.

Mr. MCGOVERN. We are literally filled up.

Mr. DREIER. So the gentleman chooses not to answer my question then.

Mr. RANGEL. I will answer the question if you yield.

Mr. DREIER. I'd be happy to yield to my very good friend from New York.

Mr. RANGEL. Let me explain to the ranking member how difficult I know it must have been for you to see how the leadership in the House and Senate did this.

Mr. DREIER. Mr. Speaker, let me reclaim my time. I was happy to yield to my friend to answer my question. It was a yes or no question.

Mr. RANGEL. The Republican leadership excluded that man. The Republican leadership excluded him, as I had been excluded as a Democrat. He was excluded from participating by the Republican leaders.

The SPEAKER pro tempore (Mr. SCHIFF). The gentleman from New York will suspend. The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, the distinguished Chair of the Committee on Ways and Means is a great friend of mine. I'm always happy to yield to him. I was trying to yield to the gentleman from Worcester who is managing this rule—

Mr. RANGEL. He was excluded, too.

Mr. DREIER. I would simply inquire as to whether or not the distinguished ranking member of the Committee on Energy and Commerce, the former chairman of the committee, was invited to participate in this much heralded bipartisan agreement to which Mr. MCGOVERN has referred. And I guess the answer that I'm getting with all of this convoluted stuff is no. Well, you know what? Maybe I should yield to the distinguished former chairman of the Committee on Energy and Commerce to inquire of him. Mr. RANGEL and Mr. MCGOVERN seem to be unable to answer the question as to whether or not the distinguished former chairman, the ranking member, was invited to participate in this great bipartisan package that we've got. I'm happy to yield to my friend.

Mr. BARTON of Texas. The answer is no. I was allowed to testify at the Rules Committee last evening. That's the only formal opportunity I was ever given in the last 9 months on this bill.

Mr. DREIER. I thank my friend for enlightening us on that, Mr. Speaker, and I will simply say that that demonstrates that, as we've heard about this great quest for bipartisanship in dealing with an issue which should have been completely bipartisan, and was when the Republicans were in the majority, I will say. The American people were represented here in a bipartisan way in fashioning a State Children's Health Insurance Program, SCHIP, that had, first, a Democratic President, Bill Clinton, sign it, and it was a Republican work product.

It saddens me that today we now have a Democratic Congress and a Republican President, and this Republican President is going to veto the measure. Why? Because it dramatically expands the welfare state, undermines the ability for children who are truly in need to get it, and as was pointed out in an Energy and Commerce item, it's a reverse Robin Hood. It takes from the poor with a tax increase, the most regressive tax of all, as was stated by the Congressional Budget Office, and it gives to people who shouldn't even be able to qualify for this program.

And that is, I believe, just plain wrong. It is a mischaracterization of what we should see in a SCHIP program. Everybody wants to make this happen. Governors across the country wanted to make it happen. Of course, they want to have access to these resources. And Democrats and Republicans want to make it happen. But this is not the right bill. If Mr. BARTON had been able to participate, I'm convinced that we would have, Mr. Speaker, had a very decent bill on this.

Now, let me just say that the other thing that really troubles me is what we held our last vote on just a few minutes ago. Let me just very quickly, Mr. Speaker, say that we tried very, very hard at the beginning of this Congress to take the majority at their word when they said there was going to be a

great new era of transparency and disclosure and accountability.

Well, 10 days ago, Mr. Speaker, we marked the first anniversary of our passing real earmark reform in this institution. What did it say? It said there would be transparency, accountability and disclosure on items, not just appropriations bills, but on authorizing bills and on tax bills. And, unfortunately, in this so-called new era of transparency and disclosure in this new Congress, we completely subvert the notion of transparency and disclosure on earmarks, as is evidenced in this bill.

When we in the Rules Committee last night saw the majority, and they all voted, we had a recorded vote on this. They chose to waive the provision that would have, in fact, had an opportunity for disclosure and accountability; and they voted, again, against it right here on the House floor. That's why, as was said by Mr. ROGERS earlier, we have a discharge petition so that we can do what we did last September 14, a year ago, and that is have real earmark reform.

Vote "no" on this rule and "no" on the underlying legislation.

Mr. MCGOVERN. Mr. Speaker, I'm sorry that the gentleman from California wasn't impressed with the names of the Republican legislators that I met who, I think, have impeccable conservative credentials. But this is a bipartisan effort. In fact, unlike when he was the chairman of the Rules Committee and his party was in control of Congress, bipartisanship now means more than just one Member of the opposing party.

Mr. Speaker, I would like to insert in the RECORD a letter that's in enthusiastic support of this bill sent to Speaker PELOSI signed by 16 other Republicans, and there are many, many more who I hope will support this bill.

CONGRESS OF THE UNITED STATES,
Washington, DC, September 19, 2007.

HON. NANCY PELOSI,
Speaker, House of Representatives, The Capitol,
Washington, DC.

MADAM SPEAKER: On September 30, 2007, authorization for the State Children's Health Insurance Program will expire, putting at risk the health insurance coverage of six million children. While the House has passed a controversial Medicare and SCHIP reauthorization bill largely along party lines, the Senate has passed bipartisan SCHIP reauthorization legislation without Medicare provisions. We urge you to take up the bipartisan Senate SCHIP bill to reauthorize the program before it expires at the end of the month.

The Senate legislation would reauthorize the program for five years and increase the authorized funding for the program by \$35 billion over that time. The funding would fully fund current program levels and allow for the enrollment of more eligible uninsured children into the program. The Congressional Budget Office estimated the Senate bill would decrease the number of uninsured children by 3.2 million.

We would be supportive of consideration of the Senate SCHIP bill and believe it is the best vehicle for extending the program expe-

ditiously. The health of the nation's children is too important to delay.

Sincerely,

Heather Wilson, John M. McHugh, Mary Bono, Phil English, James T. Walsh, David Reichert, Jo Ann Emerson, Wayne T. Gilchrest, Ralph Regula, Tom Davis, Todd R. Platts, Jim Ramstad, Mark Kirk, Judy Biggert, Rick Renzi, — — —.

Mr. Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GENE GREEN).

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Speaker, I've been on the Energy and Commerce Committee 10 years, and it was a dark day that we couldn't mark up this bill simply because the Republican minority wanted to read the bill for 2 days, and so we lost jurisdiction of it. It hurt the Energy and Commerce Committee. But it hurt this House. And that's what we're seeing in this House of Representatives.

We want to do things on a bipartisan basis. And there is not a closer friend I have in the House than JOE BARTON. But as ranking member, we were stuck there for 2 days and couldn't even amend the bill without reading the whole bill. So to pass it in August we had to get it out of the committee. And we didn't do that when we were the minority. We could have, but we also knew that the majority had to rule.

Mr. SESSIONS. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Florida (Mr. LINCOLN DIAZ-BALART).

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise with the same sadness that was manifested by the ranking member, Mr. DREIER of the Rules Committee, when he spoke about the fact that on an issue like this, if there is ever an issue where we should be able to come together and extend a program, it is this one.

But as we saw last night, with the long, thorough testimony before the Rules Committee, the excessively exclusivist process that has been engaged in by the majority really has affected, in a significant and unfortunate way, the product before us. And Mr. BARTON pointed out, as has already been explained, that he was excluded from the process. And for example, on an issue, despite the fact that it's a major expansion of SCHIP, that we're facing a major expansion here of SCHIP on a very important issue which is the inclusion, for example, of legal immigrant children, they have not been included. For example, that's why we have the National Hispanic Medical Association saying we do not support this legislation, this SCHIP bill that does not include legal immigrant children.

You have the National Hispanic Leadership Agenda: "We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children."

The National Council of La Raza: "We are particularly disheartened that a congressional debate focused on expanding access to health care to children would perpetuate an exclusion for legal immigrants."

Now, one thing would be, Mr. Speaker, if due to limited resources we were simply extending this program, a program that we all agree is so necessary and important. But to see an expansion of the program that excludes legal, and I reiterate, legal immigrant children and pregnant women is most unfortunate. That's why I would include into the RECORD, Mr. Speaker, these letters.

My distinguished friend Mr. PALLONE last night was saying, well, you know, some people in the Senate didn't want that; that's why we don't do it. Mr. BARTON pointed out in Rules that he would have been happy to be there supporting this provision for legal, and I repeat, legal immigrant children. Perhaps that would have been the difference in being able to solve this problem.

Again, exclusivist process leads to an unfortunate result in policy. If there's ever been an example of that, we're seeing it this afternoon. So I oppose this rule, Mr. Speaker, and, at this stage, this unsatisfactory product that is being brought before us and that we should vote down today.

NATIONAL COUNCIL OF LA RAZA,
Washington, DC, September 24, 2007.

DEAR MEMBER OF CONGRESS: The National Council of La Raza (NCLR), the largest Hispanic civil rights and advocacy organization in the U.S., urges you to vote "No" on the State Children's Health Insurance Program (SCHIP) reauthorization conference report, legislation that we had hoped to support. The SCHIP conference report deliberately deletes a provision previously approved by the House of Representatives to restore health care coverage for Latino and other legal immigrant children. We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children. We urge Congress to reject the conference report and go back to the drawing board to develop SCHIP reauthorization legislation which will provide health care coverage equitably.

Latino children, who represent two-fifths of uninsured children, are overwhelmingly disconnected from health coverage, so it remains essential for Congress to address the core barriers that prevent them from gaining access to health care. While we acknowledge that the bill has some provisions that will broaden coverage opportunities for some of America's children, including some Latinos, we are deeply dismayed that it fails to include the language of the "Legal Immigrant Children's Health Improvement Act (Legal ICHIA)," which was passed by the House of Representatives with widespread bipartisan support. This important proposal addresses arbitrary restrictions to Medicaid and SCHIP for legal immigrant children and pregnant women and has the potential to extend coverage for hundreds of thousands of vulnerable children.

We are particularly disheartened that a congressional debate which is focused on expanding access to health care to children would perpetuate an exclusion for legal immigrants. It is disingenuous to say to the Latino community that health care is being expanded when a significant proportion of our children are not included.

We cannot accept this unjust and unnecessary inequity. We urge you to oppose the SCHIP conference report and redraft a reauthorization which includes the provisions of "Legal ICHIA." We will recommend that votes associated with this legislation are included in the National Hispanic Leadership Agenda (NHLEA) congressional scorecard.

Sincerely,

JANET MURGUÍA
President and CEO.

NATIONAL HISPANIC
LEADERSHIP AGENDA,

Washington, DC, September 24, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate, Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MAJORITY LEADER REID AND SPEAKER PELOSI: On behalf of the National Hispanic Leadership Agenda (NHLEA), a nonpartisan coalition of 40 major national Hispanic organizations and distinguished leaders, representing 44 million Hispanics, we strongly urge you to include the Legal Immigrant Children's Health Improvement Act (Legal ICHIA) into the final State Children's Health Insurance Program (SCHIP) Conference Report.

Latino children, who represent two-fifths of all uninsured children, are overwhelmingly disenfranchised from health coverage, so it remains essential for Congress to address the core barriers that prevent them from gaining access to health care. Not including Legal ICHIA in the Report is a grave injustice to the thousands of legal immigrant children and pregnant women who will be affected by this exclusion. The ban on covering legal immigrant children who have not been in the U.S. for five years has resulted in high uninsurance rates and lack of preventative care for many Hispanic children. Lifting the restriction to public health care would provide assurance to many families that their children's health conditions could be treated before becoming chronic.

We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children. We urge you to reject the conference report and go back to the drawing board to develop SCHIP reauthorization legislation which will provide health care coverage equitably.

Sincerely,

RONALD BLACKBURN-MORENO,
Chair of the Board of Directors.

NATIONAL HISPANIC
MEDICAL ASSOCIATION,
Washington, DC, September 24, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate, Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MAJORITY LEADER REID AND SPEAKER PELOSI: On behalf of the National Hispanic Medical Association (NHMA), a nonprofit association representing 36,000 licensed Hispanic physicians in the United States, we strongly urge you to demonstrate leadership and include the Legal Immigrant Children's Health Improvement Act (Legal ICHIA) into the final State Children's Health Insurance Program (SCHIP) bill.

The mission of NHMA is to improve the health of Hispanics and other underserved populations. We recognize that expansion of health insurance to legal immigrant children in the U.S. would allow a significant number of children to have access to health care that they desperately need in order to be better equipped to learn in school as well as to be able to grow developmentally into healthy adults. Since one in five Hispanic children is

currently uninsured, and Hispanics represent the largest group of uninsured in the United States, inclusion of the Legal Immigrant Children's Health Improvement Act into the program is vital to increasing the enrollment numbers of Hispanic children.

In summary, the National Hispanic Medical Association strongly supports the inclusion of expanding access to health insurance for legal immigrant children and pregnant women that would ultimately, increase the quality of life of all Americans. We do not support an SCHIP bill that does not include Legal ICHIA.

Sincerely,

ELENA RIOS,
President and CEO.

Mr. MCGOVERN. Mr. Speaker, let me just say a couple of things with regard to process. The gentleman knows, everybody else knows, the gentleman should know that his Republican colleagues in the Senate blocked a motion to go to conference.

The SCHIP program expires in 6 days, and we don't have time for a House version of a filibuster. A dozen States will run out of SCHIP funding if we do not act. Now is the time to act. So if you want to make sure that those currently enrolled continue to get the health care coverage, then you've got to vote for this. And if you want more children to be enrolled, then you have to vote for this.

On the issue of legal immigrants, I agree. I think all of us here agree that the legal immigrants should be included. The reality is there were not enough Republicans who agree. The Republican leadership has been awful on this issue. And the Republicans in the Senate have said that adding a legal immigrant provision would have killed the bill in the Senate. That is the gentleman's party.

Let me also remind Members of this House that you had an opportunity to vote for an SCHIP that covered legal immigrants. That is what we voted on here in the House, and you all voted "no." You voted "no" on that. You voted not to extend coverage for those legal immigrants in this country, those children of legal immigrants. So I'm not quite sure what you're trying to do here, other than trying to delay this process so we don't get this bill passed.

Mr. Speaker, I'd like to yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a distinguished member of the Rules Committee.

(Ms. MATSUI asked and was given permission to revise and extend her remarks.)

Ms. MATSUI. Mr. Speaker, I rise in support of this rule and the underlying legislation, even though it does not do as much as I would like. In fact, less than 2 months ago I voted with a majority of this body for a bill that covered more children. It strengthened health care for millions of American citizens and restored fairness to our Medicare system and invested in preventive health.

Unfortunately, that bill cannot pass the Senate. And sometimes, in order to make change, we must compromise. Compromise is why we are here today,

Mr. Speaker. And though the bill before us is not ideal, it is a step in the right direction.

It is rare that Members of Congress have the chance to provide health care to 4 million more children with one vote, but that is the opportunity we have today.

My district is like many others in this country. In my hometown of Sacramento, there are children who can see a doctor when they get sick. They go to a pediatrician and get a checkup or have their ear infection examined or their teeth cleaned regularly.

But there are also thousands of children in Sacramento who do not have this access, thousands of kids whose families cannot afford the huge cost of health insurance. These are children who cannot see a doctor until they're seriously ill, children who do not get the medical attention until they get to an emergency room. It is for these children, the thousands in Sacramento and the millions across the country, that we must pass this legislation today.

It is for these children that the President must sign this bill. If he vetoes it, he turns his back on 4 million more children in need. He will disregard the will of a clear majority of the American people.

Mr. Speaker, I stand before this House today as a colleague, but also as a proud grandmother. My two grandchildren are named Anna and Robby. Most of what I do in Congress is colored by how it will affect them and their generation.

Anna and Robby are fortunate. They have stable reliable health insurance. Millions of other children are not so lucky. Anna and Robby's peers are the reason I support this compromise bill, Mr. Speaker, even though it ignores many of the problems that the CHAMP Act addressed. Anna and Robby's peers are still the reason we should all support this bill, and they are the reason the President must sign it.

We'll return to this issue soon, Mr. Speaker. We'll finish what we began with the CHAMP Act. But for now, for the sake of millions of children in this country, I urge all my colleagues to support this rule and the underlying legislation.

□ 1630

Mr. SESSIONS. Mr. Speaker, I yield 4½ minutes to the distinguished gentleman from Ennis, Texas, the ranking member on Energy and Commerce (Mr. BARTON).

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

Mr. BARTON of Texas. Mr. Speaker, I am going to speak extemporaneously since my prepared remarks are in the RECORD. I remind the body that the Democratic majority took over the House and the Senate in January of this year. They set the schedule. They set the agenda. They decide what hearings are held. They decide what bills are marked up. They decide which

issues come to the floor of both bodies. Not the Republicans.

It is insulting to sit here and be told that somehow when the same party, of which I am not a member, controls the agenda in both legislative bodies of this great Congress that somehow the Republicans are responsible for this late effort to reauthorize SCHIP.

I told the distinguished chairman of the Energy and Commerce Committee the day after the election last November, Mr. DINGELL of Michigan, that I was looking forward to working with him on SCHIP reauthorization, and while I don't know it as a fact, I am fairly certain that Mr. MCCRERY had a similar conversation with the distinguished chairman of the Ways and Means Committee, Mr. RANGEL of New York.

Now, how much bipartisan cooperation have we had in the House of Representatives? The answer is almost none. It is my understanding that Mr. RANGEL and Mr. MCCRERY did talk some in their committee, but in the Energy and Commerce Committee we held a number of generic hearings. We never held a hearing specifically on SCHIP. We never held a legislative markup in subcommittee. We never held a legislative hearing or markup in full committee. We got a 565-page bill the night before the scheduled markup, and it was take it or leave it. Well, we left it. And that bill passed the House, but barely.

What has happened since that bill passed? There have been discussions in the Senate between the Republicans and the Democrats apparently, and the House Democratic leadership have participated. But the House Republicans have not been allowed to participate. So what is the result of that? The result of that is a 300-page bill that the House Republicans saw at about 6:14 last evening and a Rules Committee in which it was voted to not give a Republican substitute, not give a Republican amendment, not even give a Republican motion to recommit.

So we are going to have twice now a major bill in which there is bipartisan support for is going to come to the House of Representatives with no Republican input, not even a motion to recommit.

Now, I don't know how many times the Republicans did that to the Democrats in the last several Congresses when we were in the majority, but I bet I could count them on the fingers of one hand, and I might be able to count them on the fingers of one finger.

Don't you think the American people deserve at least a substitute or a motion to recommit? Now, we are going to be given a chance later this evening to have 1 hour of debate, 1 hour of debate, and then an up-or-down vote, and we are going to get enough votes to sustain the President's veto, and maybe next week Mr. DINGELL and Mr. RANGEL and Ms. PELOSI will contact Mr. BOEHNER, Mr. BARTON, and Mr. MCCRERY, and we may yet get this bi-

partisan agreement. We may get it next week, and I hope we do. But I don't want the American people to be under any illusion. The bill that's coming before the floor tonight is a back-room deal that the most that can be said for it is that it does have money in it for the children of America, which we support. And there are lots of reforms that we probably support, too, if we are ever given the chance to have that discussion.

I would hope we would vote "no" on this rule, take it back to the Rules Committee, at least make a substitute or a motion to recommit in order, and put back in the rule in terms of earmarks. There are at least two earmarks that we know in the bill that nobody has talked about.

One of the earmarks is from the great State of Michigan, \$1.2 billion over 10 years. It's just a gift of \$1.2 billion for their FMAP program. And if that's not an earmark, I don't know what is. And under the Democratic leadership's own rule in this Congress, that should have at least been disclosed. And last night at the Rules Committee, they said there were no earmarks in the bill. And I believe when Ms. SLAUGHTER, the distinguished chairman, said that, she believed it. I don't think she knew it was in the bill. But it is. That at least ought to be corrected.

Vote "no" on the rule and send it back to the committee.

Mr. Speaker, this rule is an apt reflection of the underlying SCRIP legislation. Like the bill, it tramples democracy in a feckless commitment to bad politics over good policy. The House Democratic leadership wants to embarrass and weaken the President, and that goal is more important to them than extending health care to needy children.

So we're being instructed—not even asked—to swallow a multi-billion-dollar bill without having a legislative hearing at any level, without having a subcommittee markup and without having a conference. We're each supposed to analyze and comprehend a 299-page enigma that was unveiled last night. There'll be no amendments, of course, and no motion to recommit. This is getting to be a bad habit, isn't it?

Each of us represents several hundred thousand people, and most of them come from families that work hard and pay taxes. They do their part, and we should, too. But we can't do much more than voting object when we are not even able to know what's in the bills we're voting on.

Most of what we know about this SCHIP bill is what we hear in the halls and see in the newspapers. For some, that's enough because the harder we listen and the more we look, the more we discover that is troubling. What on earth is the \$1.2 billion earmark for Michigan all about, anyway? And how many more like it are tucked away in this bill?

We cannot actually know most of what's in this bill, but we can suspect much. We can certainly suspect the State Children's Health Insurance Program grew from a fraction of the House SCHIP bill to become an entire pretend conference report. All we know for sure is that we're being asked to pass another major

piece of legislation based on blind faith and guesswork.

I wonder why we can't do now what we're surely going to do later—pass a simple extension of the SCRIP program and then have the honest public debate about policy changes that should have occurred over the last 10 months. Mr. DEAL and I propose to extend the authorization of SCRIP for an additional 18 months, and more than a hundred of our colleagues have agreed. There are no gimmicks, no budget trickery, no politics and no changes.

But the majority will want their pound of the President's flesh first. Everybody gets that, and maybe it won't work so well as they hope because, after all, everybody gets it. This rule and this legislation aren't about children or health. They are about a cynical exercise of raw power for the sake of a fleeting political advantage.

I wish the Democrats wouldn't do it this way, but I'm under no illusion that wishin' or hopin' will change the speaker's mind. I look forward to the President's inevitable veto because it will give us a chance to have a real discussion and write a transparent bill instead of foisting this mystery package on the taxpayers and the needy children of America.

We can work together and do this right, and I believe that eventually, we will. The best first step would be to reject this pathetic rule and start working on real legislation now instead of later.

Mr. MCGOVERN. Mr. Speaker, let me remind my colleagues that this program expires in 6 days and that the Republicans in the Senate blocked a motion to go to conference. That's why we are here. The other reason why we are here is we want to make sure that 10 million children in this country get health insurance.

Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from New York, the chairman of the Ways and Means Committee (Mr. RANGEL).

Mr. RANGEL. Mr. Speaker, I want to support some of what Mr. BARTON has just said in terms of being critical about the manner in which this bill, albeit it helps 3½ million more children, how it got to the floor. And I also want to sympathize with him, having been the ranking member of Ways and Means when the Republicans were in charge, so I know what being excluded means. But I want to assure him that he was not excluded by the House leadership, not the House Democratic leadership and not the House Republican leadership. The criticism that so many people have about this bill is misfounded.

This is not the House bill. For those that are so sensitive about legal immigrants not being covered, you had an opportunity when the bill was in the House to vote for the House bill. And I hope for political reasons when you get back home, that vote was recorded the right way. But the reason it is not in this is because this is not the House bill.

And I want to tell Mr. BARTON that I was invited to go into the back room, but the back room was on the Senate side and it wasn't controlled by the Democratic leadership but by those Re-

publicans who demanded that it be their way or the highway.

So you can debate all you want how you want to help or hurt the children, but don't be critical of the Democratic leadership in the House. Be critical of this bipartisan agreement on what? The Senate bill. And I have been assured by the majority whip of the majority leader in the Senate that he wanted to go to conference, and it would take 60 votes in order to beat a filibuster even for us to have a conference on the bill or perhaps we could have heard from the ranking member and others that would be appointed to the conference.

So the issue today is not how badly really the Republicans in the Senate handled this. They're in charge. They hold us hostage. You need 60 votes. You got a filibuster. So they have now capitulated to this bill that's now before us. And what is your decision? It is either you're going to help the kids or you're not. Either you're going to expand the coverage or you're not. And the President is not going to be in your district if you're lucky, but he doesn't have to explain anything if he vetoes.

Mr. SESSIONS. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, it came up in the point of order about a question of an earmark, and it was raised by the Republican side that that earmark was in my district. And they questioned something that maybe I should have done.

The fact is that part of the bill is in my district. It's The Med, a public hospital that renders charity care to people in Tennessee, Mississippi, Arkansas, and the boothill of Missouri; a hospital almost out of business because of how much charity care that it renders to the folks in those States.

I have no interest in that hospital but that as a congressman who supports that hospital. No personal interest whatsoever. I have great political interest in it because it serves my constituents, the people of Mississippi, and Arkansas. It is questionable whether that is an earmark or not. It was put in with the help of people across the aisle, and I appreciate my Republican colleagues from the State of Tennessee who helped get this in the bill because they see the need to help folks from Mississippi and Arkansas get health care that is provided at The Med and is not reimbursed to The Med. They lost \$20 million in funding last year, the citizens of Shelby County who provided that funding at The Med for people in Mississippi and Arkansas, and that funding should continue.

Patients don't stop at State lines and neither should funding. And all this provision does is allow States to request Medicaid reimbursement for their citizens being treated at The Med in Memphis, Tennessee, the "City of

Good Abode." I am proud to be a Congressman from Tennessee, and I am proud to represent The Med and take umbrage at any suggestion that I violated any rules in seeing that I worked with my colleagues from Tennessee on the Republican and Democrat side to see that this inequity was corrected.

Mr. SESSIONS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I would like to yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my colleague of the Rules Committee for allowing me to speak.

I rise today in support of the legislation to reauthorize the SCHIP program. With 6 million American children currently eligible for the program and yet unenrolled, it is time we quit playing politics with their health care and start covering these children.

This bill accomplishes both of these goals and is a true bipartisan, at least in the Senate, bicameral effort that will result in nearly 4 million additional children receiving health insurance coverage under the SCHIP program. This bill wisely retains the House formula and the incentives for States to implement outreach and enrollment tools, which offered the best combination for finding and enrolling eligible children.

However, I have to express regret and disappointment that the bill did not include the House bill's guarantee that children in families earning less than 200 percent of the poverty level will have 12 months of continuous eligibility under SCHIP. The enrollment and outreach package includes an incentive for States to provide this eligibility guarantee. But for a State like mine, we need to ensure that the State of Texas does right by our Texas children and doesn't use that flexibility inherent in the program to kick these kids off the rolls on a budgetary whim. The 175,000 Texas children who were kicked off the rolls in 2003 know all too well of the State's willingness to balance the State budget on their backs, and I hoped that this bill would take away the State's ability to do that in the future.

But like most pieces of compromise legislation, we have to consider the totality of the bill, and the bill should be celebrated for all that it does accomplish.

I hope my colleagues will join me in supporting the legislation and sending a strong message to the President that we must abandon the partisan politics and reauthorize SCHIP for America's children whose parents are working but cannot afford or are not offered employer-based health insurance.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 3 minutes to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

I rise today in opposition to this rule. It is the latest example of a long line of broken campaign promises made by this Democratic majority to conduct the most open, fair, and inclusive Congress in history. However, the Democrat majority has taken this opportunity yet again to shut out and alienate nearly half of the American population from the democratic process.

But I not only rise today in opposition to the rule but the underlying legislation as well. I do so because this massive expansion of an entitlement program is an irresponsible way to spend American taxpayers' hard-earned money.

Mr. Speaker, the legislation that we will be debating on the floor of the House today increases this government-run health care program far past its original intent to help low-income families purchase health care coverage for their children. The reality is this bill does not protect the most vulnerable amongst our children and citizens. Rather, it diverts these precious resources from those who most need it in order to cover adults and already privately insured children.

□ 1645

In fact, the extra \$35 billion the Democrats are asking American families to pay for is aimed at a population, Mr. Speaker, where 77 percent of the children already have private health insurance coverage. These children would simply be transferred from private insurance coverage to a taxpayer-funded, government-controlled health care entitlement program.

So I wholeheartedly support the concept of the continuation of the SCHIP program, because as a physician for nearly 30 years, I acutely understand how quality health care is critical for our American children. And that's why I am a proud original cosponsor of H.R. 3584, the SCHIP Extension Act.

Mr. Speaker, this legislation looks to extend the current SCHIP program for 18 months, and it focuses the program and its funds on those individuals who really need it: low-income, uninsured American children.

I am also a cosponsor of the Barton-Deal alternative to this 140 percent massive 5-year Democratic expansion. Barton-Deal increases funding by 35 percent, and this is sufficient to cover the poor children who have fallen through the cracks; it is estimated to be 750,000 to 1 million kids. That covers it, Mr. Speaker.

So I, again, want to say that I am adamantly opposed to this legislation, not because I don't support SCHIP, but because this legislation irresponsibly spends American tax dollars. And I believe Congress can and should do a better job, because I believe the American taxpayers deserve better.

I urge all of my colleagues to vote "no" on this rule and the underlying legislation.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to

the distinguished gentleman from Texas (Mr. DOGGETT) of the Committee on Ways and Means.

Mr. DOGGETT. Mr. Speaker, today's bill certainly does not do enough for America's children; but even too little is too much for President Bush, who seems intent on doing for America's children what he did as Governor for the children of Texas, condemning more and more of them to suffer without health insurance.

As Governor, Mr. Bush refused to lead for Texas children. Our children's health insurance was late, very late. And once we got it, he did all he could to see that as few children as possible were covered, even though the Federal Government was picking up almost 75 cents of every dollar of the bill. Texas has actually refused about \$1 billion of Federal money to help our children. And by insisting on such neglect from the start, Mr. Bush has ensured that Texas has the proud record of being number one of all the 50 States in having the highest percentage of children with no health insurance.

Now in alliance with the nicotine peddlers opposing this bill, once again President Bush's greatest concern is that too many children will get insurance coverage. He actually demands that some children must wait an entire year with no insurance at all before they are eligible for CHIP coverage.

Why doesn't the child of a waitress, the child of a construction worker, the child of one of the many workers at a small business that can't afford to provide health insurance to their employees, why doesn't that child deserve a healthy start in life? Painful earaches, a strep throat, a cavity, they deserve swift treatment, not waiting. As President Bush so disdainfully said last month, just take them to the emergency room. It's that kind of indifference, combined with his record in Texas, that demonstrates indifference to the needs of our children and their health insurance as nothing new for our President. But if he prevails today, the number of children who will suffer without adequate health insurance will be even bigger than Texas.

He calls this approach compassionate conservatism. I think most Americans would just call it "cheatin' children."

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 1 minute to the distinguished gentleman from Texas (Mr. EDWARDS).

Mr. EDWARDS. Mr. Speaker, the Children's Health Insurance Program is pro-family and pro-work. It is pro-family because few things are more important to a family than the health of their children. It's pro-work because it says to those on welfare, if you will get a job and go to work, you won't lose your health care coverage for your children.

This bill is about helping those who are working hard to help themselves. By passing this bill, we can ensure that 4 million American children without health insurance will receive better health care.

All too often in years past, Congress has fought hard for powerful special interests for change. Today, we can stand up for the interest of America's children, and we should do it for their sake and for the future of our country.

As a father of two young sons, I hope every Member will ask him or herself just one question, how would I vote if this bill meant the difference between my own children having health care coverage or not? The lives of 4 million children will be affected by how we answer that question today, right now.

Vote "yes" to children's health care. It's the right thing to do.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 3 minutes to the gentleman from Texas, a father and a patriot (Mr. HENSARLING).

Mr. HENSARLING. I thank my dear friend for yielding.

I rise in opposition to this rule. I find it somewhat ironic that apparently Members have 5 days to insert something into the RECORD, yet we have less than 24 hours to actually read a 300-page bill.

Mr. Speaker, maybe some people are confused about the debate. Those of us who have plowed through this bill are not. Make no mistake about it, this is a government-run, socialized health care wolf masquerading in the sheepskin of children's health care.

This is only the first battle in this Congress over who will control health care in America. Will it be parents, families and doctors? Or will be it Washington bureaucrats? That's what this debate is all about.

As one of my colleagues, the gentlelady from Oklahoma (Ms. FALLIN), said, and I'll paraphrase, the Democrats now want to turn over your health care, your family's health care to the same Federal Government that can't get you a passport, that can't keep illegal immigrants from crossing our border, and could not competently render aid after Hurricane Katrina. And that's who they want to give your family's health care to.

Now, again, the Democrats claim this is all about insuring low-income children. That debate is false because they know, Mr. Speaker, Medicaid takes care of the children at the poverty level in the current SCHIP program, takes care of the working poor. And today, the Democrats know they could get overwhelmingly bipartisan support if they would reauthorize that, but that's not what they're bringing to the floor. They're bringing us a program that will insure adults, insure families making up to \$62,000 a year and in some cases \$82,000 a year. And they do this by taxing working poor, by a massive tobacco tax that primarily falls upon families with less than \$30,000 in income. That's right, Mr. Speaker, they're going to tax the working poor to give subsidies to those making up to \$82,000 a year.

In order to finance this program, the Heritage Foundation has concluded they're going to need 22 million new

smokers over the next 10 years just to fund this program.

The Congressional Budget Office said that in effect they will also in this bill take family-chosen health care plans away from 2.1 million families and stick them with a government-run plan instead. They're taking children off of family-chosen health insurance and putting them in government-run plans.

Every American child deserves access to quality, affordable, accessible health care. They deserve the kind of health care that we in Congress and our children enjoy, but that's not what they're receiving here. Instead, in a matter of years, when mothers in America have sick children, they will wait weeks and months to see a marginally competent doctor chosen by a Washington bureaucrat that may or may not do anything to help their children. That's not the way it ought to be in America. We can do better.

Defeat this rule. Defeat this bill.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the distinguished gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Let me thank the distinguished gentleman from Massachusetts and the chairman of the full Committee on Ways and Means and the chairman of Energy and Commerce. This is correctly stated by the chairman of the Ways and Means: this is not the House bill.

I love our children. I have great concerns about this legislation, but I have more concerns about my Republican friends who are opposing this legislation, and I am outraged about the President's threat of a veto. Even this bill does not cover the 6 million children that we need to cover, it only covers 2.4 million. My friends, this is not Medicaid; this is SCHIP. This is for working men and women whose children don't have health insurance; 2.8 million are insured. We wanted 5 million, 6 million; but, no, we only have 2.8 million, 3.2 million left out.

And then, of course, there was the possibility of insuring some adults, the most vulnerable sick adults, under SCHIP with remaining monies. This bill does not do that. And then, of course, we look at individuals who are of legal immigrant status and we tell them they cannot be covered—these immigrants are here legally.

We also are asking people to come to the emergency room with a sick child with citizenship documentation. And let me say, this is for all of us. And so you have a sick child and you're looking for citizenship documentation. On the other hand, I am grateful that we have parity with dental and mental care for SCHIP children. And pregnant women are covered. And then we have the ability to enroll the children quickly, because one of the problems of SCHIP is that children are not enrolled. But the real crisis is no answer

coming from the White House children's health care. The only thing coming from the White House is a veto pen.

So not only will 6 million children be left out in the cold, but the small number, 2.8 million, that was squeaking through the door will be thrown under the bus because we won't be able to cover them because a veto pen is waiting for us. We can do better. America is better than this.

I love our children. We need to do this in the right way. We certainly don't need a veto pen by the President of the United States. We should love our children and respond to their health needs.

Mr. Speaker, I rise to express my disappointment in the version of the State Children's Health Insurance Program Act of 2007 which has been brought before this body today. This bill, which has been largely driven by the Republicans in the Senate, falls far short of the mark to mend the broken pieces of our healthcare system and provide healthcare coverage for some of our most vulnerable populations in this country. Instead of covering an additional 6 million uninsured children, this bill increases coverage for 3 million, leaving 3 million children uninsured. This bill also fails to provide vision coverage and provides very little mental coverage for our children. Pregnant women may also suffer under this bill because this bill, unlike the previous House version, does not guarantee additional coverage for pregnant women. This bill also denies coverage to parents, college-aged adults, and legal immigrants who currently have coverage in some states.

This is extremely important because reauthorization of SCHIP is crucial to closing the racial and ethnic health disparities in this country. Narrowing health care coverage of our children, as this newly agreed upon version does, clearly falls far short of the goal that we had hoped for in our efforts to decrease health disparities. It is crucial that this Congress continue to bring awareness to the many health concerns facing minority communities and to acknowledge that we need to find solutions to address these concerns. My colleagues in the Congressional Black Caucus and I understand the very difficult challenges facing us in the form of huge health disparities among our community and other minority communities. We will continue to seek solutions to those challenges.

Reauthorization of the SCHIP bill is crucial to realizing those solutions. However, we must not compromise away the health of millions of children who will under this new SCHIP version go without healthcare coverage. It is imperative for us to improve the prospects for living long and healthy lives and fostering an ethic of wellness in African-American and other minority communities.

Looking at the statistics, we know that the lack of healthcare contributes greatly to the racial and ethnic health disparities in this country, so we must provide our children with the health insurance coverage to remain healthy. SCHIP, established in 1997 to serve as the healthcare safety net for low-income uninsured children, has decreased the number of uninsured low-income children in the United States by more than one-third. The reduction in the number of uninsured children is even more striking for minority children.

In 2006, SCHIP provided insurance to 6.7 million children. Of these, 6.2 million were in families whose income was less than \$33,200 a year for a family of three. SCHIP works in conjunction with the Medicaid safety net that serves the lowest income children and ones with disabilities. Together, these programs provide necessary preventative, primary and acute healthcare services to more than 30 million children. Eighty-six percent of these children are in working families that are unable to obtain or afford private health insurance. Meanwhile, healthcare through SCHIP is cost effective: it costs a mere \$3.34 a day or \$100 a month to cover a child under SCHIP, according to the Congressional Budget Office. There are significant benefits of the State Children's Health Insurance Program when looking at specific populations served by this program.

Minority Children: SCHIP has had a dramatic effect in reducing the number of uninsured minority children and providing them access to care; Between 1996 and 2005, the percentage of low-income African American and Hispanic children without insurance decreased substantially; In 1998, roughly 30 percent of Latino children, 20 percent of African American children, and 18 percent of Asian American and Pacific Islander children were uninsured. After enactment, those numbers had dropped by 2004 to about 12 percent, and 8 percent, respectively; Half of all African American and Hispanic children are already covered by SCHIP or Medicaid; More than 80 percent of uninsured African American children and 70 percent of uninsured Hispanic children are eligible but not enrolled in Medicaid and SCHIP, so reauthorizing and increasing support for SCHIP will be crucial to insuring this population.

Prior to enrolling in SCHIP, African American and Hispanic children were much less likely than non-Hispanic White children to have a usual source of care. After they enrolled in SCHIP, these racial and ethnic disparities largely disappeared. In addition, SCHIP eliminated racial and ethnic disparities in unmet medical needs for African American and Hispanic children, putting them on par with White children. SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has health care coverage through SCHIP. More than half of all children whose family income is \$32,180 received health care coverage through SCHIP.

Children in Urban Areas: SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has health care coverage through SCHIP. More than half of all children whose family income is \$32,180 received healthcare coverage through SCHIP.

Children in Rural Communities: SCHIP is significantly important to children living in our country's rural areas. In rural areas: One in three children has health care coverage through SCHIP or more than half of all children whose family income is under \$32,180 received healthcare coverage through Medicaid or SCHIP. Seventeen percent of children continue to be of the 50 counties with the highest rates of uninsured children, 44 are rural counties, with many located in the most remote and isolated parts of the country. Because the goal is to reduce the number of uninsured children, reauthorizing and increasing

support for SCHIP will be crucial to helping the uninsured in these counties and reducing the 17 percent of uninsured.

Mr. Speaker, I would much rather we extend the deadline for reauthorization of SCHIP, while we diligently and reasonably consider the unsettled issues in this debate so that millions of the most vulnerable population, including many African American and other minority children can receive the health care coverage they need to remain healthy and develop into productive citizens of this great country. It is not as important to reauthorize an inferior bill under pressure of fast-approaching deadlines, as it is to ensure that we provide health care to those children who remain vulnerable to health disparities. I urge my colleagues to join me in ensuring health care coverage for millions of children and reducing health disparities among the most vulnerable populations.

Mr. MCGOVERN. Mr. Speaker, I would like to yield 1½ minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy.

I urge my colleagues to invest in our children's health by approving this bipartisan legislation.

It amazes me that the President of the United States can support testing our children in school repeatedly under No Child Left Behind, but doesn't think we should test them for hepatitis, let alone vaccinate them against the disease.

The President claims that everybody already has access to health care through the emergency room. This is not only callous; it's a terrible way to get health care and it is factually wrong. Every family does not have access.

Now, there are no surprises here in this legislation. No matter how often the President or some of his apologists here on the Republican side of the aisle say it, this is not a giveaway to the middle class; it's not socialized medicine. That's why 86 percent of our Governors, including 16 Republican Governors, support this legislation and are looking, actually, to use it to increase the number of vulnerable families who receive health care.

How can some claim that ours is the best health care system in the world when it is inaccessible to 10 million of our most vulnerable citizens, our children of working class families, none of whom can afford their own health care?

I urge my colleagues to take a stand, join this bipartisan consensus, vote to extend the program, and resist the President's veto.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 1½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

(Mr. LANGEVIN asked and was given permission to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, I am pleased to rise in support of this rule to reauthorize the Children's Health Insurance Program. It is critical that we pass this legislation, and with the funding for SCHIP program scheduled

to expire in 5 days from now, it is critical that we pass it today.

SCHIP began in 1997 and has been a true success story. While the number of uninsured adults has steadily climbed over the past 10 years, currently 47 million Americans without health insurance, the number of uninsured children in our Nation has declined by nearly a third.

This program has made health insurance a reality for over 12,000 children in my home State of Rhode Island this year, the majority of them in families where one or more adults is part of the workforce. It is a critical component of health care delivery in Rhode Island, as it is across the country.

By reauthorizing the SCHIP program, we renew our national commitment to achieving the goal of insuring all children whose parents cannot afford private health insurance coverage.

I urge my colleagues to vote in favor of this rule which will allow us to preserve and strengthen this tremendously successful program. It is the compassionate thing to do, it's the right thing to do, and I urge my colleagues to support SCHIP reauthorization.

□ 1700

Mr. SESSIONS. Mr. Speaker, I will be asking Members to oppose the previous question so that I may amend the rule to allow for consideration of H. Res. 479, a resolution that I call the "Earmark Accountability Rule." It seems like we need a lot more accountability. We had to learn today that through a loophole that evidently we don't have to have all earmarks to be accounted for in the bills that come to this floor of the House of Representatives despite what we were told just a few months ago.

Last night in the "Graveyard of Good Ideas," which is the Rules Committee, I made a motion that would have the Democrats enforce their own earmark proposal by allowing points of order regarding earmarks to be raised on this legislation. As expected, the vote failed along party lines with every Democrat member present voting to waive their own earmark rules for this bill. I am greatly disappointed in that outcome. So today I am giving the entire House, not just the nine Democrat members of the Rules Committee, whose word we are expected to take that this legislation contains no earmarks, an opportunity to correct that mistake.

This rules change would simply allow the House to debate openly and honestly about the validity and accuracy of earmarks contained in all bills, not just appropriations bills. If we defeat the previous question, we can address that problem today and restore this Congress' nonexistent credibility when it comes to the enforcement of its own rules.

I ask unanimous consent to have the text of this amendment and extraneous material appear in the RECORD just before the vote on the previous question.

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

There was no objection.

Mr. SESSIONS. Mr. Speaker, today, once again, we have a rule that is on the floor of the House of Representatives that is neither open nor I think passes the standard of accountability to the American people nor fairness that they spoke about. Last night, the Rules Committee and minority received this bill just 1 hour and 15 minutes before the Rules Committee was to meet. It involved no feedback from Republican Members, especially those who have jurisdiction over this from the Energy and Commerce Committee.

I am disappointed. I am disappointed that, once again, we have to come to the floor of the House of Representatives after asking a straightforward question last night to the chairman of the Rules Committee, "Are there any earmarks in this legislation? We think we found three," only to come to the floor today and find out, oops, no, we got a loophole, had to find a loophole.

This is crass. It is really politics over policy. I know many people want the United States House of Representatives to be higher in the polls. We are at 11 percent right now. People scratch their head and wonder why. Well, with the way that this House is running, not living up to their word, even the word in committee among colleagues who have been with each other for 9 years that I have been on the Rules Committee where a person looked right at me and said, "There is nothing in that bill," I think we can do better.

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

Mr. MCGOVERN. Mr. Speaker, let me begin by saying that this is a proud day for the House of Representatives. If we can pass the bill and send it to the President, that will guarantee 10 million children who don't have health insurance currently that they will get health insurance. That is something we can be proud of. That is an accomplishment. That is results.

We have heard a lot of excuses from the other side. A lot of my friends say, "I love SCHIP, but I just don't want to vote for it. I love all of our children in this country. I believe everybody should have insurance, but I am not willing to vote to make sure that they have insurance."

Well, Mr. Speaker, that doesn't cut it. The American people are sick of the stalling tactics. They are sick of the excuses. They are sick of the lack of results that they have seen in the area of making sure that everybody in this country gets health insurance. And that is one of the reasons why, I should tell the gentleman from Texas, why his party lost in the last election, because it was perceived by the American people that his party wasn't responding to the real challenges and the real needs of the American people, that they were indifferent to the plight of uninsured children across this country.

It is time to do the right thing, Mr. Speaker. As I said in the very beginning of this debate, the choice really is very simple, will you vote to provide health insurance to millions of children, or will you vote to take health insurance away from children who currently have it? This is the choice. Voting "no" or voting for all the procedural motions that the gentleman from Texas has put forward will basically result in children currently who have insurance losing that insurance, because the President's plan doesn't provide nearly enough money to cover those who are already enrolled in the program. But we need to do better.

The bottom line is that we are the richest country on the face of the Earth. It is unconscionable that every person in this country does not have health care. It is even more outrageous that our children don't have health insurance. It is, quite frankly, outrageous that the President of the United States is holding a veto threat over this bill, a bill to guarantee that more of our children have health insurance. Of all the things he could possibly veto, this is where he draws the line in the sand when it comes to making sure that our kids get the health care they deserve? It takes my breath away when I think that this is the issue that he chooses to have a fight over, health insurance for our children. I am grateful that there are Republicans who are going to join with us on this vote.

So, Mr. Speaker, I urge a "yes" vote on the previous question and on the rule.

The material previously referred to by Mr. SESSIONS is as follows:

AMENDMENT TO H. RES. 675 OFFERED BY MR. SESSIONS OF TEXAS

At the end of the resolution, add the following:

That immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider the resolution (H. Res. 479) to amend the Rules of the House of Representatives to provide for enforcement of clause 9 of rule XXI of the Rules of the House of Representatives. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to final adoption without intervening motion or demand for division of the question except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308-311) de-

scribes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Democratic majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's "American Congressional Dictionary": "If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business."

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. MCGOVERN. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Mr. SESSIONS. Mr. 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 and clause 9 of rule XX, this 15-minute vote on order-

ing the previous question will be followed by 5-minute votes on adoption of House Resolution 675, if ordered, and suspending the rules and agreeing to House Resolution 95.

The vote was taken by electronic device, and there were—yeas 218, nays 197, not voting 17, as follows:

[Roll No. 903]

YEAS—218

Abercrombie	Gutierrez	Oberstar
Ackerman	Hall (NY)	Obey
Allen	Hare	Oliver
Altmire	Harman	Ortiz
Andrews	Hastings (FL)	Pallone
Arcuri	Herstein Sandlin	Pascarell
Baca	Higgins	Payne
Baird	Hinchey	Perlmutter
Baldwin	Hinojosa	Peterson (MN)
Bean	Hirono	Pomeroy
Becerra	Hodes	Price (NC)
Berkley	Holden	Rahall
Berman	Holt	Rangel
Bishop (NY)	Honda	Reyes
Blumenauer	Hoolley	Richardson
Boren	Hoyer	Rodriguez
Boswell	Inslee	Rothman
Boucher	Israel	Roybal-Allard
Boyd (FL)	Jackson (IL)	Ruppersberger
Boyda (KS)	Jackson-Lee	Rush
Brady (PA)	(TX)	Ryan (OH)
Braley (IA)	Jefferson	Salazar
Brown, Corrine	Johnson (GA)	Sánchez, Linda
Butterfield	Kagen	T.
Capps	Kanjorski	Sanchez, Loretta
Capuano	Kaptur	Sarbanes
Cardoza	Kennedy	Schakowsky
Carnahan	Kildee	Schiff
Carney	Kilpatrick	Schwartz
Castor	Kind	Scott (GA)
Chandler	Klein (FL)	Scott (VA)
Clarke	Lampson	Serrano
Clay	Langevin	Sestak
Cleaver	Lantos	Shea-Porter
Clyburn	Larsen (WA)	Sherman
Cohen	Larson (CT)	Shuler
Conyers	Lee	Sires
Cooper	Levin	Skelton
Costa	Lewis (GA)	Slaughter
Costello	Lipinski	Smith (WA)
Courtney	Loeb sack	Solis
Cramer	Lofgren, Zoe	Space
Crowley	Lowe y	Spratt
Cuellar	Lynch	Stark
Cummings	Mahoney (FL)	Stupak
Davis (AL)	Maloney (NY)	Sutton
Davis (CA)	Markey	Tanner
Davis, Lincoln	Marshall	Tauscher
DeFazio	Matheson	Taylor
DeGette	Matsui	Thompson (CA)
DeLauro	McCarthy (NY)	Thompson (MS)
Dicks	McCollum (MN)	Tierney
Dingell	McDermott	Towns
Doggett	McGovern	Udall (CO)
Donnelly	McIntyre	Udall (NM)
Doyle	McNerney	Van Hollen
Edwards	McNulty	Velázquez
Ellison	Meek (FL)	Viscosky
Ellsworth	Meeks (NY)	Walz (MN)
Emanuel	Melancon	Wasserman
Engel	Michaud	Schultz
Eshoo	Miller (NC)	Waters
Etheridge	Miller, George	Watson
Farr	Mitchell	Watt
Fattah	Mollohan	Waxman
Filner	Moore (KS)	Weiner
Frank (MA)	Moore (WI)	Welch (VT)
Giffords	Moran (VA)	Wexler
Gillibrand	Murphy (CT)	Wilson (OH)
Gonzalez	Murphy, Patrick	Woolsey
Gordon	Murtha	Wu
Green, Al	Nadler	Wynn
Green, Gene	Napolitano	Yarmuth
Grijalva	Neal (MA)	

NAYS—197

Aderholt	Biggart	Brady (TX)
Akin	Bilbray	Brown (GA)
Alexander	Bilirakis	Brown (SC)
Bachmann	Bishop (UT)	Brown-Waite,
Bachus	Blackburn	Ginny
Baker	Boehner	Buchanan
Barrett (SC)	Bonner	Burgess
Barrow	Bono	Burton (IN)
Bartlett (MD)	Boozman	Buyer
Barton (TX)	Boustany	Calvert

Camp (MI)
 Campbell (CA)
 Cannon
 Cantor
 Capito
 Carter
 Castle
 Chabot
 Coble
 Cole (OK)
 Conaway
 Crenshaw
 Culberson
 Davis (KY)
 Davis, David
 Davis, Tom
 Deal (GA)
 Dent
 Diaz-Balart, L.
 Diaz-Balart, M.
 Doolittle
 Drake
 Dreier
 Duncan
 Ehlers
 Emerson
 English (PA)
 Everett
 Fallin
 Feeney
 Ferguson
 Flake
 Forbes
 Fortenberry
 Fossella
 Foxx
 Franks (AZ)
 Frelinghuysen
 Gallegly
 Garrett (NJ)
 Gerlach
 Gilchrest
 Gingrey
 Gohmert
 Goode
 Goodlatte
 Granger
 Graves
 Hall (TX)
 Hastert
 Hastings (WA)
 Hayes
 Heller
 Hensarling
 Hill
 Hobson
 Hoekstra

NOT VOTING—17

Berry
 Bishop (GA)
 Blunt
 Carson
 Cubin
 Davis (IL)

□ 1732

Messrs. DAVIS of Kentucky, LEWIS of California, and STEARNS changed their vote from “yea” to “nay.”

Messrs. GENE GREEN of Texas, HIGGINS, and MOORE of Kansas changed their vote from “nay” to “yea.”

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. SCHIFF). The question is on the resolution.

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

RECORDED VOTE

Mr. SESSIONS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 215, noes 199, answered “present” 2, not voting 16, as follows:

Platts
 Porter
 Price (GA)
 Pryce (OH)
 Radanovich
 Ramstad
 Regula
 Rehberg
 Reichert
 Renzi
 Reynolds
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Ros-Lehtinen
 Roskam
 Royce
 Ryan (WI)
 Sali
 Saxton
 Schmidt
 Sensenbrenner
 Sessions
 Shadegg
 Shays
 Shimkus
 Shuster
 Simpson
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Souder
 Stearns
 Sullivan
 Tancredo
 Terry
 Thornberry
 Tiahrt
 Miller (FL)
 Turner
 Upton
 Walberg
 Costello
 Walden (OR)
 Walsh (NY)
 Courtney
 Cramer
 Crowley
 Weldon (FL)
 Weller
 Westmoreland
 Whitfield
 Wicker
 Wilson (NM)
 Wilson (SC)
 Wolf
 Young (AK)
 Young (FL)

NOT VOTING—17

Jones (OH)
 Poe
 Putnam
 Ross
 Snyder

□ 1732

Aderholt
 Akin
 Alexander
 Bachmann
 Bachus
 Baker
 Barrett (SC)
 Bartlett (MD)
 Barton (TX)
 Biggert
 Bilbray
 Bilirakis
 Bishop (UT)
 Blackburn
 Boehner
 Bonner
 Bono
 Boozman
 Boustany
 Brady (TX)
 Broun (GA)

[Roll No. 904]

AYES—215

Abercrombie
 Ackerman
 Allen
 Altmire
 Andrews
 Arcuri
 Baca
 Baird
 Baldwin
 Barrow
 Bean
 Becerra
 Berkeley
 Berman
 Bishop (NY)
 Blumenauer
 Sali
 Boswell
 Hoyer
 Boucher
 Boyd (FL)
 Boyda (KS)
 Brady (PA)
 Braley (IA)
 Brown, Corrine
 Butterfield
 Capps
 Capuano
 Cardoza
 Carnahan
 Carney
 Castor
 Kilpatrick
 Kind
 Klein (FL)
 Lampson
 Clay
 Langevin
 Lantos
 Larsen (WA)
 Larson (CT)
 Lee
 Levin
 Lewis (GA)
 Lipinski
 Loebsack
 Lofgren, Zoe
 Lowey
 Lynch
 Mahoney (FL)
 Maloney (NY)
 Markey
 Marshall
 Matheson
 Matsui
 McCarthy (NY)
 McCollum (MN)
 Doggett
 Donnelly
 Doyle
 Edwards
 Ellison
 Ellsworth
 Emanuel
 Engel
 Eshoo
 Etheridge
 Farr
 Fattah
 Filner
 Frank (MA)
 Giffords
 Gillibrand
 Gonzalez
 Gordon
 Green, Al

NOES—199

Brown (SC)
 Brown-Waite,
 Ginny
 Buchanan
 Burgess
 Burton (IN)
 Buyer
 Calvert
 Camp (MI)
 Campbell (CA)
 Cannon
 Cantor
 Capito
 Carter
 Castle
 Chabot
 Bono
 Boozman
 Boustany
 Brady (TX)
 Broun (GA)

Fossella
 Foxx
 Franks (AZ)
 Frelinghuysen
 Gallegly
 Garrett (NJ)
 Gerlach
 McCarty (CA)
 McCaul (TX)
 McCotter
 McCrery
 McHenry
 McHugh
 McKeon
 McMorris
 Rodgers
 Mica
 Miller (FL)
 Miller (MI)
 Heller
 Moran (KS)
 Murphy, Tim
 Smith (TX)
 Myrick
 Neugebauer
 Nunes
 Pastor
 Issa
 Johnson (IL)
 Jones (NC)
 Jordan
 Kellar
 King (IA)
 King (NY)
 Kingston
 Kirk
 Kline (MN)
 Knollenberg
 Kucinich
 Kuhl (NY)
 LaHood
 Lamborn
 Latham
 LaTourette
 Lewis (CA)
 Lewis (KY)
 Linder
 LoBiondo

ANSWERED “PRESENT”—2

Kaptur
 Watson

NOT VOTING—16

Berry
 Bishop (GA)
 Blunt
 Carson
 Cubin
 Davis (IL)

Rogers (MI)
 Rohrabacher
 Ros-Lehtinen
 Roskam
 Royce
 Ryan (WI)
 Sali
 Saxton
 Schmidt
 Sensenbrenner
 Serrano
 Sessions
 Shadegg
 Shays
 Shimkus
 Shuler
 Shuster
 Simpson
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Souder
 Stearns
 Sullivan
 Tancredo
 Terry
 Thornberry
 Pence
 Peterson (PA)
 Petri
 Pickering
 Upton
 Walberg
 Platts
 Porter
 Price (GA)
 Pryce (OH)
 Radanovich
 Ramstad
 Regula
 Rehberg
 Reichert
 Renzi
 Reyes
 Reynolds
 Rogers (AL)
 Rogers (KY)

□ 1741

So the resolution was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF CAMPUS FIRE SAFETY MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 95, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. HOLT) that the House suspend the rules and agree to the resolution, H. Res. 95, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 406, nays 0, not voting 26, as follows:

Lucas
 Lungren, Daniel
 Mack
 Manzullo
 Marchant
 Gerlach
 McCarty (CA)
 McCaul (TX)
 McCotter
 McCrery
 McHenry
 McHugh
 McKeon
 McMorris
 Rodgers
 Mica
 Miller (FL)
 Miller (MI)
 Heller
 Moran (KS)
 Murphy, Tim
 Smith (TX)
 Myrick
 Neugebauer
 Nunes
 Pastor
 Issa
 Johnson (IL)
 Jones (NC)
 Jordan
 Kellar
 King (IA)
 King (NY)
 Kingston
 Kirk
 Kline (MN)
 Knollenberg
 Kucinich
 Kuhl (NY)
 LaHood
 Lamborn
 Latham
 LaTourette
 Lewis (CA)
 Lewis (KY)
 Linder
 LoBiondo

Rogers (MI)
 Rohrabacher
 Ros-Lehtinen
 Roskam
 Royce
 Ryan (WI)
 Sali
 Saxton
 Schmidt
 Sensenbrenner
 Serrano
 Sessions
 Shadegg
 Shays
 Shimkus
 Shuler
 Shuster
 Simpson
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Souder
 Stearns
 Sullivan
 Tancredo
 Terry
 Thornberry
 Pence
 Peterson (PA)
 Petri
 Pickering
 Upton
 Walberg
 Platts
 Porter
 Price (GA)
 Pryce (OH)
 Radanovich
 Ramstad
 Regula
 Rehberg
 Reichert
 Renzi
 Reyes
 Reynolds
 Rogers (AL)
 Rogers (KY)

Fortenberry