

from Massachusetts, the whole number of the House is 433.

**CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES**

The SPEAKER pro tempore (Mrs. TAUSCHER). The unfinished business is the further consideration of the veto message of the President on the bill (H.R. 976) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is, Will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

The gentleman from Michigan (Mr. DINGELL) is recognized for 1 hour.

Mr. DINGELL. Madam Speaker, for purposes of debate only, I yield 30 minutes to my good friend, the distinguished gentleman from Texas (Mr. BARTON).

I will also yield 15 minutes of my time to the distinguished gentleman from New York (Mr. RANGEL) and ask unanimous consent that he be permitted to control that time.

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

There was no objection.

**GENERAL LEAVE**

Mr. DINGELL. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the matter under consideration.

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

There was no objection.

Mr. DINGELL. Madam Speaker, I yield myself 2 minutes.

Today we face an awesome responsibility to do what is right for America's children. The debate here is about one thing only: health care for kids. Some have tried to change the subject, obfuscating this debate with misconceptions, half-truths, and outright lies. Whether this is ignorance or malfeasance, allow me to help them understand the legislation.

First, the bill terminates the coverage of adults under the CHIP program. I repeat, terminates.

Second, the bill prohibits the use of Federal funds for illegal aliens. Section 605 plainly states, "No Federal Funding for Illegal Aliens."

Third, the bill is fully paid for and will not increase the national debt. In fact, CBO estimates this bill, if enacted, will return money to the Treasury.

The legislation before us would provide health care and health insurance coverage for 10 million needy American children. It provides funding for States

to enroll millions of low-income children who are already eligible for benefits yet remain uninsured. Under current law, these boys and girls are entitled to their benefits. Continuing this situation of not providing coverage is a travesty.

I am not alone in this view. Former Surgeons General for Presidents Carter, Reagan, Bush, Clinton and for the current President recently wrote in support of this legislation the following: "We implore you to not put off the health needs of our Nation's children. Please act today."

This legislation has the strong backing of the entire medical community, children advocates, educators, school administrators and school boards, as well as insurance companies across the country, and 43 of the Nation's Governors want SCHIP enacted because they know children cannot learn if they are not well.

□ 1100

They also know something else. These are the most vulnerable people in our society. We will be judged how we care for them; but beyond that, this is an investment in the future of the country. More than 300 organizations and a long list of distinguished Americans support this bill.

I urge my colleagues to join in overriding the veto.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent, of the 30 minutes that I control, I yield 15 minutes of that to the ranking member of the Ways and Means Committee, Mr. MCCRERY of Louisiana, to control.

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

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I yield 2 minutes to the distinguished ranking member of the Health Subcommittee of the Energy and Commerce Committee, Mr. DEAL of Georgia.

Mr. DEAL of Georgia. I thank the gentleman for yielding.

All of us would like to see an extension of the SCHIP program, and I think there are some very basic principles on which all of us should agree, principles that should be embodied in a bipartisan piece of legislation. I would suggest there are five.

First of all, we should put the poorest children at the front of the line. That means we should require States actually to enroll 90 percent of their SCHIP and Medicaid-eligible children under 200 percent of the poverty line before they start enrolling children at higher income levels.

Two, no families with incomes above 250 percent of the Federal poverty level should be eligible for Federal SCHIP funds. States that want to go above that should feel free to do so with their own funds; but hardworking, tax-paying families in the Midwest and the

Southeast shouldn't be forced to subsidize the health care for children and families in the richer States who are making over \$82,000 per year.

Third, no Federal SCHIP funds for adults other than pregnant women beginning in 2009. We should give the States a year to transition their low-income adults to Medicaid, which is where they belong, and stop taking away limited resources from needy children and giving them to childless adults.

Fourth, keep the existing Federal requirement that States actually document the citizenship and identity of all of the applicants for Medicaid and clearly state in the bill that illegal immigrants are prohibited from receiving Medicaid or SCHIP benefits. Being able to write down a Social Security number doesn't actually prove you're a United States citizen. Federal benefits should not go to illegal immigrants.

Fifth, no millionaires in SCHIP. We should simply put a \$1 million net asset cap on eligibility for Federal SCHIP funds. If you have over \$1 million in net assets, you should be able to afford to pay for your children's health insurance.

Mr. RANGEL. Madam Speaker, I yield myself 2 minutes. After my 2 minutes, I ask unanimous consent to turn the remaining time to Chairman STARK to be able to yield to other people as he sees fit.

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

There was no objection.

Mr. RANGEL. Madam Speaker, let me stand in a sense of bipartisanship, especially to my Republican friends, and remind you that come the next election, President Bush is going to be there at his ranch in Texas, and he will not be with you at the polls.

I say that because by that time the truth will have caught up with the message that the President is giving and most of you are using to sustain the President's veto.

Let me get to the one that I'm most familiar with, this \$83,000 ability of people to enjoy SCHIP. No one is more familiar with this than I am. It was the great State of New York that exercised its request for a waiver to ask the President of the United States whether or not a family of four would be allowed to buy in, even though they were making \$83,000. And guess what, under existing law, not new law, the President of the United States says, hell, no, you can't do it.

So we've got to emphasize over and over again, you could ask for it for \$1 million because it's not an entitlement, it's a block grant, and the Governors can ask for anything they want over 200 percent over poverty, and the President, Republican or Democrat or whoever she might be, will be able to say, no, you're not going to be able to do it. So knock that out.

And for all of the people that are upset with immigrants, legal or illegal,

we're just going to put in big letters so that by the time November gets here that in the bill that the President has vetoed it says no illegal alien can receive the benefits of the bill.

And since you're so against adults receiving benefits, the bill is eliminating adults.

So if you can't be with us today, try to think of yourself in November, and maybe we can work out something.

Mr. MCCRERY. Madam Speaker, I yield myself so much time as I may consume.

Ten years ago, Republicans and Democrats came together to create an SCHIP program with a stable funding source. It was a truly paid-for program. Throughout the process this year, we've been talking about the fact that this SCHIP reauthorization that's before the House today is not paid for. It's paid for only if you accept the budget gimmick that is used to make it appear on paper over the 10-year budget window that the program is paid for.

But I don't think any of us realized just how steep that cliff in the bill is until today, because last night my staff received from the nonpartisan Congressional Budget Office new numbers that show very clearly that under the bill that's before us today, total enrollment in SCHIP is expected to drop by 6.5 million children in the second five years of the program. Does anybody believe that is going to happen? Of course not. But the way the bill is designed, that's what would happen. We know that's not going to be reality.

Under this bill, the way it's designed, Democrats would have people believe that SCHIP enrollment, kids enrolled in this program, will drop to only 1.3 million by 2017.

Under a realistic expansion of the program, which the President has proposed and we support, there would be 2.9 million kids enrolled in the program in 2017. So under this bill that's before us today, you'd have 1.6 million fewer kids enrolled in SCHIP than you would under the President's budget. That's not realistic. We know that's not going to happen.

So how does that problem get fixed after 5 years? Massive tax increases. That's how it gets fixed. This House will be back here having to finance the real costs of the then-existent SCHIP program over the next 5 years, which CBO estimates will require about another \$40 billion in revenues over and above the new \$35 billion that this bill would impose on the American taxpayers.

So there is a better way. It's the way we created for this program in the first place, a bipartisan, fiscally responsible, truly fiscally responsible program to help kids in need.

I hope that the majority will be willing to join with us, all of us, to create that bipartisan program again when this veto is sustained.

Madam Speaker, I reserve the balance of my time.

Mr. DINGELL. Madam Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey (Mr. PALLONE), the chairman of the subcommittee, a great expert on the business of health.

Mr. PALLONE. Thank you, Mr. Chairman.

I just keep hearing inaccurate information on the other side of the aisle in an effort to try to sustain this veto, and it's simply not right.

First of all, this bill is totally paid for with a tobacco tax increase. Now, you may not like that if you don't like your tobacco taxed, but that's how it's paid for and it's a good way to pay for it.

Secondly, this idea that the President's alternative will not take kids off the rolls, that is simply not true. With the President's alternative, 800,000 children that are now covered by SCHIP will not have SCHIP anymore.

The President's veto of this bill was a slap in the face not only to this Congress but to the millions of children who, without this bill, will continue to be uninsured or, worse, lose the insurance they currently have.

And this is the truth about CHIP. Just listen up. The bipartisan CHIP proposal is supported by 72 percent of the American people, two-thirds of the Senate, the majority of the House, 43 State Governors, and more than 300 organizations nationwide.

The President is deluding himself if he doesn't think this veto is going to hurt millions of children; and unless we override, there are just going to be a lot of kids who simply cannot go to the doctor and would have to go to the emergency room.

What we sent to the President was a reasonable, bipartisan bill that would cover 4 million previously uninsured low-income children, most of whom are in working families, a total of 10 million. The vast majority of these kids are the very lowest income children who have no other options for care.

The President claims this bill covers rich kids, but it's not true. Senator HATCH who helped write this bill said 92 percent of the kids will be under 200 percent of the poverty level.

The President has also said that this bill opens the door to government-sponsored health care because it encourages families to drop their coverage. Simply not true. CBO said that that is not the case.

The best way to avoid crowd-out is to basically pass this bill. The problem is we continue to get inaccurate information from the other side of the aisle.

I would urge my Republican colleagues today to vote with their conscience, instead of with this misguided loyalty to the President who is out of touch with America's families.

Vote to override.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. I thank the ranking member for yielding to me and ap-

preciate the privilege to address this issue again here on the House floor.

I think we miss the point sometimes on what this is about. This isn't about sometimes the nuances of all of this. This is about where we take this Nation, and I'm seeing this debate in Iowa and across this country.

And what this is about, SCHIP stands for Socialized, Clinton-style Hillarycare for Illegals and their Parents. That's what happens, and it is illegals that are being funded by this because all they have to do is write down a Social Security number.

The CBO, the Congressional Budget Office, has given us a number, \$6.5 billion in additional costs that flow over to people that are not citizens because we've lowered the standards. Whatever gets said, that's the language that's in there, and the cost is there, \$6.5 billion.

So this is SCHIP, Socialized Clinton-style Hillarycare for Illegals and their Parents. This is the cornerstone of socialized medicine. It's put in place. That's what this debate is about: make people dependent so they don't have individual responsibility and you can have more people dependent upon your votes on the floor of this Congress and less vitality in America.

Mr. DINGELL. Madam Speaker, I yield myself 15 seconds for purposes of responding to the comments just made.

I want my colleagues to take a careful look at the remarks just made and the poster just presented. Every one of those statements is false. There is no treatment in this for illegals. There is no treatment in this for their parents. This is not socialized medicine.

It is supported by the health care industry. It is also supported by the insurance industry. It has no relationship to and it doesn't even look like the Hillarycare thing about which the gentleman complains.

I would note something else. This is a proposal which is a block grant to the States. It is not an entitlement.

Mr. STARK. Madam Speaker, I yield myself 2 minutes.

First of all, I'm just amazed that the Republicans are worried that we can't pay for insuring an additional 10 million children. They sure don't care about finding \$200 billion to fight the illegal war in Iraq. Where are you going to get that money? You are going to tell us lies like you're telling us today? Is that how you're going to fund the war?

You don't have money to fund the war or children, but you're going to spend it to blow up innocent people if we can get enough kids to grow old enough for you to send to Iraq to get their heads blown off for the President's amusement.

This bill would provide health care for 10 million children; and unlike the President's own kids, these children can't see a doctor or receive necessary care. Six million are insured through the Children's Health Insurance Program, and they'll do better in school and in life.

□ 1115

In California, the President's veto will cause the legislature to draw up emergency regulations to cut some 800,000 children off the rolls in California and create a waiting list. I hope my California Republican colleagues will understand that if they don't vote to override this veto, they are destroying health care for many of our children in California.

In his previous job as an actor, our Governor used to play make-believe and blow things up. Well, the Republicans in Congress are playing make-believe today with children's lives. They claim they can't afford health care. They say the bill will socialize medicine. Tell that to ORRIN HATCH, CHUCK GRASSLEY, and TED STEVENS, those socialists on the other side of the Capitol. The truth is, the CHIP program allows States to cover children primarily through private health care plans.

But President Bush's statements about children's health shouldn't be taken any more seriously than his lies about the war in Iraq. The truth is that Bush just likes to blow things up in Iraq, in the United States, and in Congress.

I urge my colleagues to vote to override his veto. America's children need and deserve health care despite the President's desire to deny it to them.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded not to engage in personalities toward the President.

Mr. MCCRERY. I thank the Speaker for that admonition.

Madam Speaker, at this time I would yield 2 minutes to the gentleman from Texas, a member of the Ways and Means Committee, Mr. BRADY.

Mr. BRADY of Texas. Madam Speaker, that gentle reminder is not enough. It is despicable to have a Member of this Congress accuse this President, any President, of willfully blowing the heads, quote, blowing the heads off our young men and women over in Iraq and Afghanistan. Having a brother who is an Army medic and served in Iraq, having spent this weekend with a family who lost their son in Iraq, it is beneath contempt, beneath contempt, to have a Member of Congress stand here and accuse the President of, in effect, assassinating our troops in Iraq and Afghanistan. It is dead wrong. And it is beneath contempt as well that we will sit here silently and allow such a remark to be tolerated, accepted if not embraced. And I will guarantee you, no Member on this side will stand up here and disavow those remarks, unfortunately, today.

It is bad enough that we are playing politics with the war. Now we are playing politics with our kids. The claim that the Republicans don't support this program is equally untrue. We created it. This is a great program. It keeps kids healthy. It helps their families avoid serious illness, keeps them out of

our emergency rooms. It is a great program.

When we created it, we did it the right way. We sat down with the President, President Clinton, and we worked out a good plan for kids. And then, more importantly, we believed in it enough to pay for it. We paid for the whole 10 years. This plan does not. It is only half paid for. It is only half paid for. It is just like these predatory loans; the first years are affordable, and then it balloons beyond what we can pay for it. If we believe in it, let's pay for it now. It allows abuses to continue. It doesn't cover the poor kids first.

My question is, why don't we sit down, why don't we quit playing political games with our kids, sit down with Republicans and Democrats with the White House and find a solution that is right for our children.

Mr. DINGELL. Madam Speaker, I am delighted to yield to the distinguished gentleman from Utah (Mr. MATHESON) 1 minute.

Mr. MATHESON. Madam Speaker, I have long stated that caring for our children is always the right thing to do. Every parent in my State of Utah and in this country knows that access to health care and preventive medicine for our kids is the right thing to do.

It has been 10 years ago that we passed this program. It has helped insure more than 6 million children, and that is a good thing. And we have made that type of progress even as health care costs have gone up and the number of people struggling to get and to pay for health insurance has increased. We made that progress through the Children's Health Insurance Program because it is a model that works. The States do their part, the Federal Government does its part, private insurance does its part, and the families through copays and premiums do their part as well.

At a time when it is often tough to make progress on important issues, why would we want to turn our backs on our kids and stop progress in its tracks?

As Members of Congress, none of us have to worry about this. We all have insurance for our kids. We don't need to worry about being one huge medical bill away from facing bankruptcy. Let's think about the folks who aren't in the same situation that we all have as Members of Congress. The best investment we can make is in our kids. I urge Congress to override the President's veto.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the distinguished gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

There has been a lot of rhetoric today and a lot of talk about polling and how Americans everywhere support this, Governors support this, people at the local level support it.

We have in this country something called representative government. We

are sent here and we are given access to figures and numbers that perhaps others don't have. What figures and numbers I am talking about tell us that we cannot sustain the trend that we are on, particularly ramping up a program like this and spending more than we have in the past. We simply can't sustain it, particularly when gimmicks are used in the outyears to pay for it. We know that. Perhaps those who are responding to the polls do not.

George Washington once said: If to please the people we do what we ourselves disapprove, how will we afterwards defend our work?

That is what we are here for, to do what we know is right. When I am told you have got to do what your conscience says, my conscience says that we can't afford this. If we have to use gimmicks in the outyears to pay for it, we simply can't afford to expand this program.

Mr. STARK. Madam Speaker, I would like to recognize for 1 minute a distinguished member of the Ways and Means Committee, the gentlelady from Pennsylvania (Ms. SCHWARTZ) who, unlike the Republicans, has had some experience with the truth and knows that occasionally it hurts.

Ms. SCHWARTZ. The President has rejected legislation to strengthen and expand CHIP for 10 million children of hardworking American families. The President's veto makes it clear that he has chosen to ignore the financial struggles of working families in this country who are unable to afford health care for their children. His veto makes clear that health care for America's children simply is not a priority for him; and the Republicans in this Chamber who support his veto today illustrate that they, like the President, does not understand or have chosen to ignore how well CHIP has worked and how positively it has impacted the lives of millions of American families.

The Nation's Governors, health care providers, children's advocates, insurance executives, labor unions, religious leaders, parents and grandparents all support CHIP's affordable coverage for millions of American children. They know the President's veto is shortsighted, it is callous, and it is wrong.

Today is the day of decision to stand with the President or to stand with America's children. Ten million American children and their families are waiting.

Mr. MCCRERY. Madam Speaker, I recognize for 1½ minutes the distinguished gentleman from California (Mr. HERGER), the ranking member on the Trade Subcommittee of the Ways and Means Committee.

Mr. HERGER. Madam Speaker, all of us support SCHIP and we all want to reauthorize it, but we need to put low-income kids first.

This bill would expand the program to families making more than \$60,000 a year. That is not low income. It is a majority of the households in America. There is a better way. Reauthorize

SCHIP and keep it focused on truly needy children, and then tackle rising health care costs that are squeezing middle-class families.

Tax credits could help 10½ million kids from middle-income families gain or keep their health care coverage. Millions more would benefit if families could purchase less expensive health plans from across State lines. Let's defeat this motion and get to work on making health care more affordable for all Americans.

Mr. DINGELL. Madam Speaker, at this time it is my privilege to show the bipartisanship of this bill which is supported by one of every four of our Republican colleagues, including our dear friends Mr. GRASSLEY and Mr. HATCH in the Senate. At this time, I yield to the distinguished gentlewoman from New Mexico (Mrs. WILSON) 1 minute.

Mrs. WILSON of New Mexico. Ten years ago, the Children's Health Insurance Program passed with a Republican Congress and a Democratic President. Now we are trying to reauthorize it with a Democratic Congress and a Republican President. We should be able to do this, and we should be able to do it in a bipartisan way.

The Children's Health Insurance Program has reduced the number of uninsured children in this country and has given them access to primary care. They live healthier lives because of it. This is not a great bill, but it is a good bill; and I have supported this bill, and I encourage my colleagues to support it again today.

In particular, it phases out the participation of adults in this program. This program is for kids, for low-income kids, not for adults. And successive administrations have been approving the admission of adults to the program, and that was not its intent.

New Mexico in particular will benefit from this program because it allows lower income kids to be participants in the program. Because of an anomaly of the original law, New Mexico's lowest income kids are not eligible for this program. I would urge my colleagues to vote in favor of the bill today.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to a distinguished member of the Energy and Commerce Committee, Mrs. BLACKBURN of Tennessee.

Mrs. BLACKBURN. Madam Speaker, we do all know what this debate is about, but I think there is still confusion about the context of this bill and the content of this bill. We have heard our colleagues across the aisle saying that it has to do with supporting health care for disadvantaged children. But, unfortunately, that is not exactly what this bill does.

We are all for health care for children of the working poor, but some of the things that this bill is about: It would move a very successful block grant program to an entitlement. It would provide free taxpayer-funded health care to illegal immigrants. It would add more adults than what our own IRS

calls high-income families to the government health care rolls. It would remove people from private insurance and put them over on the government rolls. It would, in many cases, replace the doctor-patient relationship with the bureaucrat making the decision.

It doesn't live up to its name. It doesn't live up to what it is supposed to do. How do you pay for it? With budget gimmicks. Look at what happens in 2012. Let's show respect for the issue. Take it back. Sustain the President's veto.

Mr. STARK. Madam Speaker, I yield to the distinguished gentleman from New York (Mr. HALL) 1 minute.

Mr. HALL of New York. Madam Speaker, in a move that defies logic, President Bush made the mistake of vetoing the Children's Health Insurance Program, or CHIP, contradicting an explicit pledge he made during the 2004 campaign to "lead an aggressive effort to make sure uninsured children receive health coverage, guaranteeing them a healthy start in life." Instead of living up to that promise, he is denying millions of children access to high quality, affordable health care.

CHIP is a vital program for both the Nation and the State of New York. Since 1997, it has proven to be a popular, successful program, covering 6.6 million children nationwide, and helping to reduce the number of uninsured children in my State of New York by 40 percent. The bill he vetoed would help 268,000 more of New York's kids.

The President has said that children don't need health care; all they need to do when they get sick is go to an emergency room. I am not sure if that comment was uninformed and irresponsible or simply callous, but I think that parents of New York would like to see the veto overridden.

Mr. MCCRERY. Madam Speaker, I ask unanimous consent that Mr. HULSHOF, a member of the Health Subcommittee of the Ways and Means Committee, be permitted to allocate the remainder of the time on my side.

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

There was no objection.

Mr. HULSHOF. Madam Speaker, I yield myself 2 minutes.

Never in my wildest dreams would I imagine that on a day in August of 1997 that a Democratic President would sign a bill presented by a Republican Congress, and that that would be a high-water mark as far as consensus between a divided government, 10 years ago, the high-water mark of a divided government coming together to create a solution. I was here to help create the bill. In that instance, a Republican Congress worked with, negotiated with, compromised with the President of the other party to create a solution to the problem of children who had no health insurance.

□ 1130

Now, I would say, Madam Speaker, that the 2007 version of the Children's

Health Insurance Program is almost unrecognizable from the original bill, and certainly beyond the original intent of that bill.

For instance, New Jersey currently has a planned amendment that would use income disregards which would allow it to raise its SCHIP eligibility levels to 350 percent of poverty. That's about \$71,000 for a family of four. And don't just take my word for it. Look at section 114, subparagraph A under the bill. And that would continue under this bill.

Many adults without children would be eligible under this bill. Don't take my word for it. Read subparagraph A of section 112 of the bill. You know, the bill allows States to move them to Medicaid, but allows it to pay.

The Federal Government should not be, in my humble opinion, in the business of paying for States who want to cover childless adults that are grandfathered in this bill. And on behalf of my constituents in Missouri, should I ask them to reach in their pockets then and to pay for health care for a family of four in New Jersey making \$70,000 or a family of four in New York making \$80,000?

So it comes down to this. In fact, there are still 79,000 kids in Missouri, Madam Speaker, that are still at or below 200 percent of poverty. Those are the kids we need to reach out to to provide health insurance.

So the question at the end of this vote is this, to my friends on the other side, Do you want the politics or do you want the policy?

Mr. DINGELL. Madam Speaker, at this time I yield to the distinguished majority whip, the gentleman from South Carolina, my friend, Mr. CLYBURN, 3 minutes.

Mr. CLYBURN. Madam Speaker, when it comes to the war on terror, the President is always quick to remind members of the international community that they're either with us or against us. There is no neutral or impartial position that can be taken. Well, I'm here to tell my colleagues today that there is no nonaligned position that they can assume on child care. You either support working families with health care for their children, or you don't. It's just that simple.

Now, I've heard the specious claims that SCHIP is a form of socialized medicine. The President did not call it socialized medicine when he promised the American people he would seek to expand the program when he was accepting the party's nomination for a second term. Then again, how can it be socialized medicine when it covers 10 million children and not be socialized medicine for 6 million children?

And the outrageous claim that this Congress is neglecting poor children is inaccurate. We already provide assistance to poor children through Medicaid. SCHIP is designed to provide assistance to those working families whose incomes are too high to qualify for Medicaid and too low to purchase private health care coverage.

If you do not want to provide relief to middle-income families, you should just have the guts to say so. But don't come here to the floor and mislabel this bill as socialized medicine or accuse Democrats of not prioritizing the needs of America's children.

I implore those of you who plan to vote to sustain the veto to reconsider your position. Think of how devastated you would be if your children and grandchildren had to go without basic health care. Imagine the hopelessness and despair you would feel in such a situation.

This is where we are today, because when you cast your votes today, you either stand with our children or you stand against them. There is no in between.

Let's vote to override the President's veto.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to a distinguished member of the Energy and Commerce Committee, Mr. WALDEN of Oregon.

Mr. WALDEN of Oregon. Madam Speaker, I rise today to say that I support expansion of the children's health care program, but not in its current form, and here's why. Half of the 1.2 million new enrollees in the expansion of SCHIP under this proposal already have insurance, already have insurance, and that's according to the Congressional Budget Office. When it comes to adults, they cost 60 percent more to care for than kids. This program should be about helping expand coverage to children whose families do not have access to health insurance.

I spent 21 years in small business. I'd never sign a contract that I knew I couldn't keep my word on. This bill is unfunded after year five. In year six, according to the Congressional Budget Office, this program is short about 80 percent.

Beyond that, if we took the million and a half adults off of this program and put them on Medicaid, which they're eligible to do, then that would free up funds that could go to help kids. In fact, I think it's about 780,000 adults in 2012 would still be on this program. That would fund 1,150,000 children who could be put on Medicaid.

Mr. STARK. Madam Speaker, I am delighted to recognize the distinguished gentleman from Illinois (Mr. EMANUEL), the chairman of the Democratic Caucus, who has a brilliant 3-minute speech, and I yield him 1 minute in which to present it.

Mr. EMANUEL. Madam Speaker, Dolores Sweeney, from my district, works for an insurance company that doesn't provide health care for her or her children. She earns a paycheck, not a welfare check. She has three children and would like to buy private health care, but can't afford to do so.

Dolores Sweeney's children are on SCHIP, and without the SCHIP program they would go without health care, or she would have to go without a job.

Our bill does right by Dolores Sweeney and the other 10 million children from working families.

I believe that you care about the poor, but I wonder why you voted to cut \$8 billion from Medicaid.

I believe that you think this is excessive cost, but you never said that about the \$680 billion for Iraq, no questions asked.

And I believe that you say that this is a taxpayer-funded government-run health care, just like the health care your kids get in the Federal Government program. This is exactly that.

I believe the sincerity of your positions; but time and again, when it came to standing up for poor kids, you cut Medicaid. When it came to excessive cost, you provided \$680 billion for the war in Iraq. And when it comes to government-funded health care, if it's good enough for your kids, it's good enough for Dolores Sweeney's children.

Mr. HULSHOF. I continue to reserve my time, Madam Speaker.

Mr. DINGELL. Madam Speaker, at this time I reserve my time.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the distinguished Congressman from Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, I believe that every child deserves proper health care. I support SCHIP's renewal with increased funding. And I also support its expansion, but I believe it must be done in a responsible manner, a manner that ensures valuable resources target our Nation's most vulnerable children without unnecessarily expanding the program to those who do not need it.

According to the Congressional Budget Office, of the 4 million children who would receive coverage under the current proposal, approximately 40 percent already have private insurance. Our dialogue should focus on our children who are uninsurable, sick children who have exhausted private coverage, and families who cannot afford coverage for their children. Yesterday, I introduced a measure that seeks to achieve this goal.

Congress now has the opportunity to engage in a productive, bipartisan discussion focusing on strengthening the SCHIP program.

Mr. STARK. Madam Speaker, I am delighted to yield 1 minute to the distinguished majority leader, Mr. HOYER.

Mr. HOYER. Madam Speaker, the moment of truth has arrived. And now, our Republican friends have a very clear choice that they must make. They can stand with 10 million American kids who need, deserve and currently are eligible for health insurance under the CHIP program.

They can stand with the bipartisan majorities in the House and Senate who supported compromise legislation to reauthorize CHIP, including 18 Republican Senators and 45 House Republicans.

They can stand with the States' Governors, the American Medical Association,

the Association of Health Insurance Plans, pharmaceutical companies, nurses, children's advocates. And most important, they can stand with the American people, 81 percent of whom support expanding the CHIP program to cover more low-income children, according to a just-released CBS News poll.

This poll, of course, was taken long after the American people knew exactly what the terms of this bill are all about. Eighty-one percent, including a large, over two-thirds majority of independents and including over 60 percent of the Republicans polled, believe that we ought to move forward on this bill.

Or, Madam Speaker, House Republicans can choose today to stand with President Bush, who earlier this month broke his own campaign promise to extend insurance coverage under CHIP to millions of additional low-income American children, low-income American children.

They can choose to stand with President Bush, who continues to make inaccurate and misleading claims about the bipartisan bill that he has vetoed; claims that have been repudiated by Senators HATCH, GRASSLEY, ROBERTS and many other Republicans.

Let me remind my Republican colleagues, who I believe want to help children, as the gentleman who preceded me said, here is what President Bush told the American people 3 years ago when he was seeking their votes for re-election at the Republican National Convention, the President of the United States, 2004, seeking re-election, promising what he would do: "In a new term, we will lead an aggressive effort to enroll millions of children who are eligible but not signed up for government health insurance programs. We will not allow a lack of attention or information to stand between these children and the health care they need."

That is what President Bush said in 2004 when he was seeking the votes of the American people for re-election. Yet, the President's own proposal that he has made this year would force nearly 1 million children from low-income families who are participating in CHIP to be dropped from the present CHIP program. So his proposal not only does not add the millions that he promised to add in 2004, but it drops over 830,000 children.

In sharp contrast, Madam Speaker, through this bipartisan compromise this Congress has done exactly what the President said he would do if re-elected.

The American people have heard both sides of this issue, and they have disagreed with the President. They stand with America's children, and so must this Congress.

I urge my Republican colleagues, and the reason I say I urge my Republican colleagues, because we believe that there are very few, if any, Democrats who will not vote with the children this day.

Look at the facts. Look into your hearts. Look beyond partisanship and politics. Look at the pictures of your loved ones back in your office and ask, what if they were the ones today who needed health insurance?

Luckily, our children are covered. Our children are covered.

□ 1145

But think of the millions of children to whom President Bush referred to in 2004 that he promised to add to this critical program.

This, I suggest to all of us, is a defining moment for the Congress of the United States. Will we, as the Founding Fathers contemplated, exercise the policymaking authority, or will we once again crumble, complicit in the President's failure to respond to the views of the American public and to our children?

My friends on both sides of the aisle, let us come together. Let us come together and do the right thing for our children and for our Nation. Let's override the President's unjustified veto of this compromise, bipartisan legislation. Let us ensure that 10 million low-income children have the health care coverage they need and deserve. This will not be a partisan victory if we override this veto. It will be a victory for our children and for the President's promise.

Vote to override this veto. Vote for our children.

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

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

Mr. EDWARDS. Madam Speaker, this is a moment of truth for millions of American children and the hard-working families who love them. With this vote we can say yes to providing health care to 10 million children.

The Children's Health Insurance Program is pro-family and pro-work.

You know, there has been a lot said over the last 7 years about leaving no child behind. Well, today we can do something about it. The choice is clear: A "yes" vote means 10 million children receive better health care. A "no" vote will leave millions of children behind without adequate health care.

Our children don't need slogans. They don't even need good intentions. Today, they need our vote. Today, they deserve our vote.

I would ask each Member one question: If this vote meant the difference between your child or grandchild having health insurance or not, how would you vote? How would you vote?

Mr. BARTON of Texas. Madam Speaker, I am proud to yield 1 minute to a distinguished member of the Energy and Commerce Committee, the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Madam Speaker, I listened to one of my colleagues just a

moment ago say that this bill should be easy to reauthorize and should be done on a bipartisan basis, and, indeed, it should. But it is not because it has fallen victim to politics. It is victim to overreaching and political exploitation.

This is a program that is supposed to be about uninsured poor children. But the President vetoed it because the majority insisted on expanding it to already insured middle-class children and adults.

We can reform this program and keep it where it is supposed to be, and then we can move on to real health care reform. In his State of the Union address this year, the President proposed an idea to help every uninsured American, a proposal to end the outrageous discrimination by which those who have employer-based insurance get it with pretax dollars but the rest, who don't, have to pay more.

We can do better for all Americans. We can help all the uninsured. And when this veto is sustained today, as it should be, let's reauthorize this program, but then let's reform health care for all the uninsured.

Mr. STARK. Madam Speaker, I would like to yield for the purpose of making a unanimous consent request to the gentlewoman from Texas.

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

Ms. JACKSON-LEE of Texas. I thank the distinguished gentleman.

I proudly rise to vote to override the President's veto and to support 10 million children with health care.

Madam Speaker, as the chair of the Congressional Children's Caucus, I rise to announce that I will proudly cast my vote to override the President's veto of H.R. 976, the "State Children's Health Insurance Program (SCHIP) Authorization Act of 2007."

By vetoing the bipartisan SCHIP Authorization Act, the President vetoed the will of the American people. By vetoing this legislation, the President turned a deaf ear and a blind eye to the loud message sent by the American people last November.

I will vote to override the President's veto because I can think of few goals more important than ensuring that our children have access to health coverage. I will vote to override the President's veto because I put the needs of America's children first.

Madam Speaker, this important legislation commits \$50 billion to reauthorize and improve the State Children's Health Insurance Program (SCHIP), and it also makes critical investments in Medicare to protect the health care available to our Nation's senior citizens. I strongly urge my colleagues to join me in voting to override the President's veto.

Madam Speaker, SCHIP was created in 1997, with broad bipartisan support, to address the critical issue of the large numbers of children in our country without access to health care. It serves the children of working families who earn too much money to qualify for Medicaid, but who either are not able to afford health insurance or whose parents hold jobs without health care benefits.

Children without health insurance often forgo crucial preventative treatment. They can-

not go to the doctor for annual checkups or to receive treatment for relatively minor illnesses, allowing easily treatable ailments to become serious medical emergencies. They must instead rely on costly emergency care. This has serious health implications for these children, and it creates additional financial burdens on their families, communities, and the entire Nation.

This year alone, 6 million children are receiving health care as a result of SCHIP. However, funding for this visionary program expires September 30. Congress must act now to ensure that these millions of children can continue to receive quality, affordable health insurance.

As chair of the Congressional Children's Caucus, I can think of few goals more important than ensuring that our children have access to health coverage. It costs us less than \$3.50 a day to cover a child through SCHIP. For this small sum, we can ensure that a child from a working family can receive crucial preventative care, allowing them to be more successful in school and in life. Without this program, millions of children will lose health coverage, further straining our already tenuous health care safety net.

Additionally, through this legislation, we have an opportunity to make health care even more available to America's children. The majority of uninsured children are currently eligible for coverage, either through SCHIP or through Medicaid. We must demonstrate our commitment to identifying and enrolling these children, through both increased funding and a campaign of concerted outreach. This legislation provides States with the tools and incentives they need to reach these unenrolled children without expanding the program to make more children eligible.

In my home state of Texas, as of June 2006, SCHIP was benefiting 293,000 children. This is a decline of over 33,000 children from the previous year. We must continue to work to ensure that all eligible children can participate in this important program. To this end, Texas Governor Rick Perry signed legislation in June which, among other things, creates a community outreach campaign for SCHIP.

In addition to reauthorizing and improving the SCHIP program, this legislation also protects and improves Medicare. Due to a broken payment formula, access to medical services for senior citizens and people with disabilities is currently in jeopardy. Physicians who provide health care to Medicare beneficiaries face a 10 percent cut in their reimbursement rates next year, with the prospect of further reductions in years to come looming on the horizon. The budget proposed by the Bush administration does not help these doctors, or the patients that they serve.

This is extremely important legislation providing for the health coverage of 11 million low-income children, as well as protecting the health services available to senior citizens and persons with disabilities. President Bush was wrong to veto this legislation. I stand strong with the children of America in voting to override his cruel veto.

Mr. STARK. Madam Speaker, I yield 1 minute to the distinguished gentleman from Pennsylvania.

Mr. SESTAK. Madam Speaker, I rise today in support of a bill that I do understand has expanded dental care and I do understand puts mental parity more on a par with physical disability.

But I must rise today because that number of nearly 4 million children uninsured is almost too large for me to comprehend that we haven't done something before, based upon when my daughter, struck with a malignant brain tumor and given 3 to 9 months to live at age of 4, and you all provided me, as a 31-year military veteran, with the opportunity for her to live.

But what I was most struck by was her roommate when she began her chemotherapy. A young 2½-year-old boy, where we listened and could not help in that small room hear social workers come and go for 6 hours as they tried to determine whether that young boy, struck with acute leukemia, whose parents did not have health care, would have the same opportunity as you gave my daughter; that this Nation gave them the time for not just quality of life but for life.

I rise in support of this bill to give all children what you gave me as a member of the Armed Forces.

Mr. HULSHOF. Madam Speaker, I am pleased to yield 2 minutes to an individual who is now the ranking member of the Health Subcommittee, who also helped create the Children's Health Insurance Program back in 1997, the gentleman from Michigan (Mr. CAMP).

Mr. CAMP of Michigan. I thank the gentleman for yielding.

First, I would like to make one point perfectly clear: Republicans support health care for low-income children.

Second, I want to address something that was said on the floor the last time we considered this issue. It was said that failing to cast a "yea" vote would give new meaning to the phrase "suffer the little children." However, it's the failure of this legislation to refocus benefits on low-income children that gives new meaning to the phrase "suffer the little children."

If, as the verse continues, it is to these children "that the Kingdom of God belongs," then why is this children's program failing to serve so many children? How is it that in my home State of Michigan 87,000 eligible children don't have health care while 39,000 adults are in the program?

How is it that in Minnesota 87 percent of the enrollees in this children's program are adults?

How is it that this low-income program is covering families in New Jersey making more than \$70,000 a year? No wonder New York wanted to go over \$80,000.

Ladies and gentlemen, the answer to these questions is clear. The majority does not want a low-income children's plan. They want what Hillary Clinton called for in 1994, the first step towards nationalized, government-run, controlled health care.

We should not be diluting this children's program, and we should not be diverting money away from these low-income kids.

I am proud to have offered yesterday the Kids First Act, a bill that would return this program to its roots, insuring

low-income children, covering an additional 1.3 million American children, does not raise taxes, and is fully funded. This is the kind of legislation we should be debating instead of continuing this senseless stalemate that uses children as political pawns.

I urge my colleagues to vote against this veto override, and more importantly, I urge my colleagues to quickly compromise on this important issue and ensure that low-income American children have health care coverage.

Mr. DINGELL. Madam Speaker, I would just note that my good Republican colleagues have ignored one fact that is important, and that is that every time that there is an inclusion of anybody over the level of 200 percent of poverty, it is on an express waiver granted by the Republican White House.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I would like to yield 1 minute to the distinguished member of the Energy and Commerce Committee, Dr. BURGESS of Denton, Texas.

Mr. BURGESS. I thank the gentleman for yielding.

Madam Speaker, I come to the floor of the House today to say that I support the reauthorization of the State Children's Health Insurance Program. It's a good program that deserves to be reauthorized. I wasn't here when it was first passed in 1997, but I believe in the original intent of this program.

Madam Speaker, I believe it is critical to focus on the most important recipients of this program: That's the poor children, poor kids first.

Madam Speaker, this debate is not about money; it is about freedom. And it is also critical to remember to focus on what is necessary to do to cover the poor kids. And every opportunity for expansion, every opportunity for expansion based on income set-asides, expanding covering adults, expanding covering people in the country without the benefit of a Social Security number, every time we expand the benefit, we limit the benefit for the poor and the near poor, the initial population that we were supposed to be covering. We can't cover those other populations at the expense of people that we are required to take care of.

Finding more of the truly eligible children is hard work. It's hard work, but it's the right thing to do. Hard work first. It is the right thing to do.

Mr. STARK. Madam Speaker, I am pleased to yield 1 minute to the distinguished member of the Ways and Means Committee, the gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. Madam Speaker, today we must override the President's veto because it is the right thing to do for our children.

We have a mission, an obligation, and a mandate to provide health insurance for all of the children and override the President's veto.

We can spend millions and billions of dollars on war, but we cannot take care

of health care for our children? It would be a shame and a disgrace not to take care of the little children.

We must take care of the children. "Suffer the little children." They need our help and they need it now. Override this veto.

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

Mr. DINGELL. Madam Speaker, I yield 1 minute to the distinguished gentlewoman from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Madam Speaker, as Senator GRASSLEY wrote in a letter to The Washington Post, it's fine to have a philosophical debate over the merits of this program, but opponents should be intellectually honest about what the bill does and does not do.

Despite this, the President and a few supporters are still clinging to a series of distortions and spin to try to mislead the public. The President keeps talking about families earning as much as \$83,000. If this were true, I would have voted against this program. And as for the exception for New Jersey, the \$72,000 was requested by a Republican Governor and approved by President Bush's administration. Some of the President's supporters have claimed we didn't provide a way to pay for this bill, but we did. As Americans, we want our children to be healthy and productive.

The irony did not escape me that while the President was attacking SCHIP, I was sitting in a hearing of the Armed Services Committee, of which I am a member. The topic was waste and fraud in Iraq, billions of dollars. Like I said, the irony did not escape me, and it did not escape most Americans.

We must override this veto.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. Madam Speaker, is it acceptable under the rule that we are operating under, as long as we control time, to recognize a Member more than once as long as you control the time?

The SPEAKER pro tempore. Recognition is within the discretion of the Chair.

Mr. BARTON of Texas. I'm not sure I understand. Let me rephrase my question.

The SPEAKER pro tempore. Is the gentleman seeking to have another Member recognized that has already spoken?

Mr. BARTON of Texas. I want to recognize myself now and then recognize myself later in the debate, because my speakers aren't here. Is that acceptable, Madam Speaker?

The SPEAKER pro tempore. In controlling time the gentleman may speak more than once and may yield to another more than once.

Mr. BARTON of Texas. Madam Speaker, I yield myself 1 minute.

Madam Speaker, one of the things that has been talked about in this debate is that the pending bill before us does not allow illegal aliens to receive benefits, and there is a section in the bill, section 605 that says that. But it has no enforcement. And in another part of the bill the requirement for citizenship verification is repealed, and the substitution for that is a requirement that a beneficiary or potential beneficiary simply show a Social Security number.

□ 1200

And as we all know, there are millions of fraudulent Social Security numbers floating around. So when we actually do get down to negotiating the conference after this veto is sustained, I hope that my friends in the majority will work with us in the minority to make sure that illegal aliens do not get benefits and that we have the appropriate enforcement mechanism in the bill that we send to the President.

With that, I reserve the balance of my time.

Mr. STARK. Madam Speaker, I am delighted to recognize a member of the Ways and Means Committee, the distinguished lady from Nevada (Ms. BERKLEY) for 1 minute.

Ms. BERKLEY. I thank the gentleman for yielding.

Madam Speaker, coming from a State with one of the highest percentages of uninsured children, I know how important it is that we succeed in overriding the President's veto today.

I think it's absolutely shameful that in the United States of America, in the 21st century, in a country of such great abundance, we have to override a Presidential veto to provide essential health care to kids from lower-income, hard-working American families.

Passage of this bill is essential to ensure continued coverage for the more than 30,000 kids currently receiving their health care by the SCHIP program in Nevada. And the bill will also enable Nevada to reach out to the nearly 70,000 children currently eligible who remain uninsured and not in the program because of a lack of funding.

I urge my colleagues to vote to override this veto. It's a shame that he vetoed this bill in the first place.

Mr. HULSHOF. Before yielding to my friend from Texas, I yield myself such time as I may consume to respond to a previous speaker, the gentlelady from New Hampshire, who said that she would have voted against the original bill had she known or had she believed that, in fact, a family of four making \$80,000 would qualify their children. Well, in fact, I would point the gentlelady to section 114, subparagraph A of the bill that allows income disregards.

And I would say to the distinguished chairman of the Energy and Commerce Committee, who pointed out that, yes, it was the administration that granted the waiver, there are some on this side

who would suggest the administration has approved unwise waivers in the past. But even this administration has indicated to a particular Governor that before we allow this waiver to occur, in the instance of New Jersey, so many additional enrollees would have to meet the intent of the SCHIP program, to which the Governor said, "I don't have to abide by that." And I find that a bit difficult to swallow as we then discuss whether this should be the law of the land.

I am now pleased to yield 1 minute to the distinguished gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. I thank the gentleman for yielding.

Ten years ago, a Republican Congress created SCHIP to provide health insurance benefits to children who are uninsured, who are Americans, and whose parents represent the working poor. Yet today, once again, this Democrat Congress will try to do something else, and that is, give these same benefits to adults, to illegal immigrants, to those who are already insured, and to some of the wealthiest among us. These are the facts.

Although the program was designed for those up to 200 percent of poverty, we know today there are families of up to \$82,000 of income receiving these benefits. Although the program was designed for children, we know almost 20 States now serve more adults than children. Although the program was designed for Americans, the Democrats strip out proof-of-citizenship measures. And although the program was designed for the uninsured, CBO said this will have the effect of taking 2 million off and putting them on a government insurance program. That is wrong.

Mr. STARK. Madam Speaker, at this time, I am delighted to recognize the gentlelady from Arizona (Ms. GIFFORDS) for 1 minute.

Ms. GIFFORDS. Madam Speaker, I rise today on behalf of the 179,000 children in the State of Arizona who need Congress to stand up for them.

Ten million American children need SCHIP, known as KidsCare in my home State of Arizona, because it changes their lives. For example, when Collin Bollinger was born, his mother, Sherry, did not have health insurance. Sherry was gainfully employed, but she could not afford her company's high insurance premiums and did not qualify for Medicaid. After Collin's second birthday and a series of ear infections, Sherry scraped and borrowed enough money for private insurance to cover Collin at the high cost of \$150 per month. At times, Sherry chose her son's health care over paying the rent and having a full dinner.

Then she discovered the KidsCare program; her premiums then fell by 90 percent per month. With the money that Sherry saved, she could even afford her own health insurance. Now Collin is a straight A student. He plays football at Cienega High School and leads a happy and healthy life. His mother credits KidsCare.

Mr. BARTON of Texas. Madam Speaker, I just have two speakers left, the distinguished minority leader and myself. I'm prepared to do the miniclose. I assume that Ms. PELOSI is going to close for the majority, so we're kind of in a holding pattern here.

The SPEAKER pro tempore. The Chair will recognize for closing speeches in the reverse order of opening: Mr. HULSHOF, Mr. STARK, Mr. BARTON, and then Mr. DINGELL.

Mr. DINGELL. Madam Speaker, I would observe that here we have three speakers before we're prepared to close. And if you would permit, Madam Speaker, the Speaker, Ms. PELOSI, will close for us.

Madam Speaker, at this time, I'm delighted to yield 1 minute to the distinguished gentleman from North Carolina (Mr. SHULER).

Mr. SHULER. I thank the distinguished gentleman.

Madam Speaker, every night when we sit down, we talk to our children, we say our prayers, my wife and I, we thank God for the many blessings He has bestowed upon us, some of those blessings that we don't even recognize so much every single day, like having health care for our children. But there are children and parents every day for whom that is a constant reminder.

And here we have questions about what is important, how many children will it be. My children, age three and six, they talk about and they pray that God will bless all children. We talk about, across the aisle, I am pro-life. My distinguished colleagues across the aisle talk about being pro-life. It is time they start being pro-life today and start by overriding this veto.

Mr. DINGELL. Madam Speaker, at this time, I yield 1 minute to the distinguished gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. I thank the Chair of our Energy and Commerce Committee.

Madam Speaker, we have a health care crisis in our country. And the President vetoing the SCHIP bill has made bad policy based on bad information. We've heard it from the floor today from the minority.

The President should know we target low-income children below 200 percent of poverty. The President should know that we focus SCHIP on children and phase out parents and childless adults that were allowed by this administration to be covered. The President should know that the bill covers 4 million children who are eligible for SCHIP but not enrolled. The President should know that we do not cover illegal alien children. It's frustrating, when we have a health care crisis in our country, that we can't cover the children.

When the White House asked Congress just recently for a special \$190 billion for the war in Iraq, over and above the hundreds of billions we've already spent, why can't we find much less than that for covering 10 million

low-income children, parents who are working in this country?

We have a health care crisis, and the Republican minority and the President have turned their back on that crisis, especially to the children.

Mr. Speaker we have a health care crisis in our country. In vetoing our SCHIP bill, the President has invoked a bad policy based on bad information.

The President should know we target low-income children below 200 percent of poverty.

The President should know we focus SCHIP on children, and phase out parents and childless adults that were allowed by his administration.

The President should know the bill covers 4 million children who are eligible for SCHIP but not enrolled.

The President should know this does not cover undocumented children. Under the President's proposal, 6 million of our children eligible for SCHIP would remain without health insurance.

And, an additional 700,000 children currently in the program would join them in the ranks of the uninsured.

If the President is so concerned about adults and middle income families in the SCHIP program, he should sign this bill which effectively addresses those concerns.

America's low-income children shouldn't suffer because the President can't get his facts straight.

More than 8 in 10 Americans support this legislation to expand SCHIP for children.

When the White House asks Congress for a special \$190 billion for the war in Iraq, over and above hundreds of billions already spent why can't they find much less to cover 10 million low-income children.

This is the people's House, and it is our duty to override this veto and listen to the American people.

Mr. STARK. Madam Speaker, I yield myself 1 minute.

I hope that we can find, as we close today and we come to this vote, enough people on both sides of the aisle who will vote to override the veto. It doesn't make much sense. There is no cost, there are no illegal aliens, there are no rich people, unless the Republicans choose to make it possible for them. It's a bill that is paid for, unlike the war, which the Republicans don't mention.

What are you going to do for that 200 or 300 billion bucks, folks, that you're spending to kill these kids when they grow up? You can't answer that, can you? You look at your shoes, look up here, you don't know.

So you don't even want to talk about \$200 or \$300 billion to kill innocent Iraqis and young men and women. There is no Member of this House that has an enlisted child over there. There is no risk for you guys.

The SPEAKER pro tempore. The gentleman's time has expired.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. STARK. I yield myself an additional 30 seconds.

The fact that we don't want to talk about killing children that we send to

die in a war and spend \$200 billion, we're going to shuffle on, calling things "socialism," Madam Speaker. And we're going to talk about if we only had a chance to do this a little better to make sure that illegal aliens were treated a little less fairly than they are now, we might vote for it. It's too bad. It's too bad they're voting to harm children for a bunch of really petty grievances that they have in the minority. I hope they will change their minds and vote to override the veto.

Mr. HULSHOF. Madam Speaker, I yield myself 1½ minutes.

With all respect, Madam Speaker, I don't need to be lectured to by a Member who did not even support the original Children's Health Insurance Program.

The fact is that we reached compromise 10 years ago. And I recognize that the chairman of the Health Subcommittee can ram through a bill when you've got the votes, as the original bill was done, without any input from anybody else, that it's my way or the highway. And I recognize that when you have the votes, that's one way you can try to enact legislation.

So my question still stands, after this veto is sustained, Do you want the politics or do you want the policy? I hope the latter. Because I guarantee you we can have a meeting of the minds.

Mr. CAMP and I, Mr. BOUSTANY, in fact, introduced the Kids First Act that would reauthorize this program. It's similar to the alternative in the Senate that would increase State allotments by \$14 billion over the next 5 years, that would allow 1.3 million new low-income children to be covered, that reimburses States at their Medicaid matching rate, fully offsets the bill without raising taxes, bolsters current provisions to provide premium assistance to kids who have access to private coverage so that we can better coordinate public and private programs to prevent the crowding-out effect.

So once this political effort is done, I hope we can have a meeting of the minds.

Mr. DINGELL. Madam Speaker, at this time I reserve my time. I have one more speaker and then the Speaker who will be closing for us.

Mr. BARTON of Texas. Madam Speaker, I yield myself 4 minutes.

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

□ 1215

Mr. BARTON of Texas. Madam Speaker, what we have today is a classic case of a Washington, DC, nonintersecting conversation. Since the President vetoed this bill several weeks ago, my friends on the majority side have spent 2 weeks encouraging outside groups and perhaps their political arm, I am not sure about that, to spend millions of dollars in television and radio ads bombarding targeted Republicans to get them to change their vote.

Now, that is only the sixth time in history that we know of that a veto has not been brought to the floor immediately on the President's veto. The result is going to be that when we get to the vote in the next hour or so, the next 30 minutes or so, the President's veto will be sustained. Then, hopefully, we will have the real bipartisan negotiations that should have started 6 or 7 months ago.

It is interesting to me that we are still having a misunderstanding about the basic facts. And the reason is, we have never had a legislative hearing in either the Ways and Means Committee or the Energy and Commerce Committee. We have not had a subcommittee markup in either of the jurisdictional committees. And we really didn't have a markup at full committee, because the original bill for SCHIP was a 500-page mammoth bill that we got at midnight the day before it was supposed to be marked up in the case of the Energy and Commerce Committee.

But once we do sustain the President's veto, we are going to have these negotiations I hope. And first we are going to talk about the kids. Both sides are talking about the kids. Well, here are the facts. Under current law, every child in America who is below 100 percent of poverty is covered by Medicaid. Both parties support that. Under current law, every child in America who lives in a family between 100 and 200 percent of poverty is covered by SCHIP if they will sign up. Now, there are some children and families that won't sign up. In Dallas, Texas, I am told that only 33 percent of the eligible SCHIP children are actually in an SCHIP program. That is a travesty. We ought to do something together to reach out to those children and those families to make sure that they either have SCHIP coverage or private insurance, that they have something. We can work together on that on a bipartisan basis.

Now, once you get above 200 percent of poverty, we have a difference of opinion. The original House bill said go to 400 percent of poverty. That bill is dead. The bill before us goes to 300 percent. It is a legitimate policy argument: If you want to go above and expand the program, how much do you expand it above 200 percent? Do you go to 300 percent? Do you go to 250 percent? The Republican alternative is, let's cover the lowest income kids first. Once we get 90 percent of those kids covered below 200 percent of poverty, let's let States go to 250 percent. That is the Barton-Deal alternative that we have the discharge petition on. But that is a legitimate policy argument.

Now, let's talk about illegal aliens. Under current law, you are not supposed to cover a child of an illegal alien. But they are covered because there is no verification enforcement system. In the pending bill, they have section 605 that says no benefit shall go to children of illegal aliens. But that is

all it says. There is no enforcement mechanism. There is no enforcement mechanism. That is something we can work on in the conference. That is something we can work on together to really put some enforcement to make sure that SCHIP benefits are for citizens and legal residents. We can work on that.

Let's vote to sustain the President's veto, and then let's work together to get a program that really is for the kids, not for adults, that really is for citizens, and that we can afford.

Well, Madam Speaker, there they go again. Once again, we are being forced by the Democratic Leadership of the House to vote on a bill that exists almost exclusively to help Democrats score political points against the President.

We're going to sustain the President's veto today, and we're going to do it because the President did the right thing by vetoing this poorly written expansion of federalized health care that leaves the poorest kids behind. Anybody who cares about needy children can vote against this bad bill proudly.

I'm both proud and concerned that Republicans had no part in writing this legislation. Proud because this bill is an embarrassment. Concerned because we're all supposed to be legislating on behalf of children, and as everybody knows, no Republican Member of this House was even asked for an opinion, much less invited to participate in writing the Democratic SCHIP bill.

I don't even think the Democrats who wrote it understand what they've done. I challenge the supporters of this bill to look people in the eye and say that they understand all of the provisions that are actually in this bill. Because I have some questions for you.

Madam Speaker, it would be a compliment to say that the so-called process which produced this bill is an abuse of our democratic system of Government. It was so much worse than garden-variety abuse. It was pathetic. Yet, I'm sure that some will show up here with a handful of talking points from your Democratic staffers who actually constructed this legislation, and you will explain to us that it is not an abomination at all, but a wondrous triumph of bipartisanship.

Give me the name of one Republican in the entire House of Representatives who directly participated in these discussions. Name just one.

I know that the authors of this bill certainly did not consult with either Mr. DEAL or myself, I know that they have not included any Members of the Republican Leadership in the House; and I'm not aware of a single Republican Member of the Energy and Commerce Committee or the Ways and Means Committee being invited to participate in this process.

And although we were excluded from the negotiations and the Democratic Leadership has repeatedly refused to hold a legislative hearing on this bill, we have learned a few facts from the official projections produced by the Congressional Budget Office, and from what I've read, this bill isn't something that I could ever support.

For example, we know that the vast majority of the people added to the SCHIP program under the Democrats' bill will either already have private health insurance or they live in

families with incomes too high to be eligible for SCHIP coverage today.

In fact, the Congressional Budget Office projects that H.R. 976 will lead to over 1.2 million new enrollees will be added to SCHIP as a result of an "expansion of SCHIP and Medicaid eligibility to new populations." This means that these 1.2 million children live in families whose incomes are too high to qualify for the current SCHIP program. On the other hand, CBO projects that only 800,000 currently SCHIP eligible kids will be enrolled as a result of H.R. 976. This means that 50 percent more higher-income kids will be enrolled than currently SCHIP eligible kids.

And who will be paying for this expansion of SCHIP eligibility to higher-income families? Well, according to the Congressional Research Service, the vast majority of the \$70 billion in additional tobacco tax revenues will come from low-income families. In fact, the Congressional Research Service said that tobacco taxes are "the most regressive of the federal taxes."

So, with H.R. 976, the Democrats really are taxing the poor in order to give to the rich.

In their defense, I guess it is difficult for the Democratic Leadership to know exactly what is in their own bill since it has neither been subject to a single legislative hearing nor conferred by the House and the Senate.

Madam Speaker, I wonder if someone can explain to me why the Democratic Leadership decided to wait until just days before SCHIP expires to bring their reauthorization to the House floor. We have known for well over 10 years that the current SCHIP authorization would expire on September 30, 2007, and the Democratic Leadership in the House and the Senate have known since early November of 2006 that they would be in charge of actually producing a bill to reauthorize this vital health care program for low-income, uninsured children. Yet, here they were, a full 10 months later, jamming a bill through the House with fewer than three legislative days before the entire program expires and children's health care stops.

Well, Madam Speaker, I was not sent here by the 6th District of Texas to be quiet and do what the gentle lady from San Francisco instructs me to do. I was sent here to represent my constituents' best interests and I demand the ability to do what I have sworn to do.

We all know that the President promised to veto this version of the bill, so why did we waste precious time on a bill that we all know didn't stand a chance of ever becoming law?

While we are down here on the floor participating in this Theatre of the Absurd, the Democratic Leadership is in the back rooms trying to figure how they will extend the SCHIP program for another 6 months or a year. We all know this to be a fact, but I guess the Democrats want to pick a fight with the president so they can pretend that he is against children, and only then will they permit everybody to do the right thing and extend SCHIP.

Madam Speaker, I'm sorry it's come to this. The pettiness of this transparent political strategy to damage and weaken the president is a new low.

I'd hoped that we would not engage in this game, and it's still not too late to stop it. We could start debating how to best extend the SCHIP program so that we can actually do the job people sent us here to do. We still have a chance to write a responsible, long-term re-

authorization of the SCHIP program. Now, it's true that writing a solid, bipartisan bill will not give the Democrats the "political victory" that they are hoping for, but that's the price that Democrats will have to pay. Given that millions of needy children are depending on us, it doesn't seem like a big price.

I am ready to start today to sit down with the Majority and reach a compromise bill so we can reauthorize this program expeditiously. Short 6-week extensions are irresponsible. We can and should come up with a compromise that can be signed into law and that ensures that low income children continue to have access to the SCHIP program. We should not drag this political process out any longer than today. Let us dispense with politics and commence with legislating.

Here's a way that will get me to call the President and urge him to sign up fast.

Require that States find and enroll 90 percent of the kids under 200 percent of the Federal Poverty Level before they go looking for more people with higher incomes.

States should be free to spend their own money, of course, but Federal taxpayers in 49 States shouldn't be made to subsidize the health care premiums for one State making \$80,000 a year.

No adults except pregnant women, please. No more childless couples and, beginning in 2009, and Medicaid-eligible adults should move to Medicaid.

Let's preserve the requirement that States document the citizenship and identity of Medicaid applicants. Just writing down a Social Security number doesn't make you a citizen.

A bipartisan effort could pass this bill in a week, and doing so would make sense to poor kids, their families and nearly everybody outside the Democratic Congressional Campaign Committee.

Mr. HULSHOF. Madam Speaker, I yield the balance of my time to the ranking member of the Ways and Means Committee, my good friend, the gentleman from Louisiana.

The SPEAKER pro tempore. The gentleman from Louisiana is recognized for 1½ minutes.

Mr. MCCREY. I thank the gentleman for yielding.

Madam Speaker, I have with me, I am going to submit this for inclusion in the RECORD, a page from a report from the Congressional Budget Office that we received last night. This one page puts the lie to the assertion that this bill is paid for, at least in any terms that a reasonable person would agree that the bill is actually paid for. What this sheet says, in 2012, under the March 2007 baseline, CBO estimated 3.3 million people, not just children, 3.3 million people would be covered. Under the President's proposal, in his budget, CBO estimated 4 million people would be covered in 2012. If the current program with all the exceptions and waivers were continued, CBO says that in 2012, 5.3 million children will be covered. CBO says under the bill on the floor in 2012, 7.8 million people would be covered. But then they say, in 2017, 5 years later, under the President's budget, 2.9 million people would be covered. Under the current program, with all the exceptions and waivers, 5.6, and

under this bill, 1.3 million people. So you go down from 7.8 million to 1.3 million over 5 years, and you are telling

me that that is going to take place? It is not. You know it. And you are going

to have to pay for it to the tune, the CBO says, of \$40 billion.

CBO PROJECTIONS OF SCHIP AVERAGE MONTHLY ENROLLMENT (BY FISCAL YEAR, IN MILLIONS)<sup>1 2</sup>

	2008	2012	2017
March 2007 Baseline <sup>3</sup>	4.1	3.3	2.1
President's FY 2008 Budget <sup>4</sup>	4.9	4.0	2.9
Maintain current programs <sup>5</sup>	5.0	5.3	5.6
H.R. 976, CHIPRA <sup>6</sup>	NA	7.8	1.3

<sup>1</sup> The figures in this table include the program's adult enrollees, who account for less than 10 percent of total SCHIP enrollment. These figures represent the average number of individuals who could be covered in a typical month. The total number of individuals enrolled at any time during the year would be about 170 percent of these figures. These figures do not include enrollment in the U.S. territories.

<sup>2</sup> These enrollment figures are for SCHIP only. Relative to the baseline, the President's proposal and maintaining current programs would reduce Medicaid enrollment by shifting some children to SCHIP. In 2012, CHIPRA would also shift some children from Medicaid to SCHIP; however, in 2017 the reduced SCHIP funding levels under an extrapolation of CHIPRA would cause a shift in children from SCHIP to Medicaid. CHIPRA would increase Medicaid enrollment overall by providing financial incentives to states to enroll additional children.

<sup>3</sup> Title XXI of the Social Security Act authorizes SCHIP through 2007. Consistent with statutory guidelines, CBO assumes in its baseline spending projections that funding for the program in later years will continue at its 2007 level of \$5.0 billion.

<sup>4</sup> The Administration proposes funding of \$5.0 billion in 2008, \$5.3 billion in 2009, and \$6.5 billion in each of fiscal years 2010 through 2012.

<sup>5</sup> Assumes increases in funding sufficient to account for increases in health spending per enrollee and the projected number of enrollees (due both to population growth and increases in the number of uninsured). Also assumes no change in eligibility rules or benefit packages after 2008.

<sup>6</sup> CHIPRA authorizes SCHIP through 2012. For budget scoring purposes CBO has projected spending under CHIPRA through 2017, based on the funding level at the end of 2012—an allotment of \$3.5 billion per year. The 2017 enrollment figures shown there reflect that extrapolation.

**Note:** SCHIP = the State Children's Health Insurance Program, CHIPRA = the Children's Health Insurance Program Reauthorization Act of 2007, as cleared by the Congress on September 27, 2007.

Mr. STARK. Madam Speaker, I would like to recognize the gentlewoman from Colorado for 1 minute.

And pending that recognition, I would just like to point out that under the Republican plan, by 2017 we probably will have killed 20,000 soldiers in Iraq spending \$200 billion.

Mr. BARTON of Texas. Madam Speaker, I ask that the gentleman's words be taken down.

□ 1230

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

The Clerk read as follows:

"I would just like to point out that under the Republican plan, by 2017 we probably will have killed 20,000 soldiers in Iraq spending \$200 billion."

The SPEAKER pro tempore. The words do not descend to personality within the meaning of rule XVII. Nor do they engage in such inflammatory rhetoric as might otherwise breach decorum.

The words are not out of order.

The gentleman from California may proceed.

Mr. STARK. Madam Speaker, I yield the balance of my time to the gentlewoman from Colorado (Ms. DEGETTE).

The SPEAKER pro tempore. The gentlewoman from Colorado is recognized for 1 minute.

Ms. DEGETTE. Madam Speaker, I stand with the 81 percent of Americans who support this bipartisan compromise bill that gives health care to 10 million poor children in this country. It builds upon the strong foundation of SCHIP and covers almost 4 million additional children.

You can use whatever words you want to talk about this bill, but here's the truth and here are the real facts: the bill does not cover adults, the bill does not cover people who are here illegally, and it does not cover the wealthy. It is fully paid for.

We in Congress should hang our heads in shame if the wealthiest country in the world refuses to provide basic health care to the children of our land. Let us rekindle the bipartisan spirit of the past and join together to reauthorize the State Children's Health Insurance Program. Let us put the

working families of this country first. Let us override this veto.

Mr. BARTON of Texas. Madam Speaker, I want to yield our last minute to the distinguished minority leader from the State of the current number one college football team in the country, Ohio State, Mr. BOEHNER of Ohio.

Mr. BOEHNER. Madam Speaker, I am disappointed that we have reached this point. I think all of us know that Democrats want to renew the SCHIP program and Republicans want to renew the SCHIP program. We haven't been afforded the opportunity to sit down and work together to resolve the differences we might have in order to keep this important program alive and available to children in America who deserve and need good health care coverage. I hope that that opportunity to sit down and work together comes today after this vote.

In 1997, Republicans and Democrats worked together to create the State Children's Health Insurance Program. We worked to ensure that low-income children without health insurance come first. But I think all of us know that is not what has happened.

Today, there are 500,000 eligible low-income children for this program who are not covered. Yet there are some 700,000 adults around America who are covered under the Children's Health Insurance Program. I think the numbers speak for themselves. In Minnesota, 87 percent of the people on the Children's Health Insurance Program are adults. In Wisconsin, 66 percent of the people on the Children's Health Insurance Program are adults.

Madam Speaker, what we have been working towards is trying to find a way to say that we ought to insure poor children first. I know States have all kinds of ideas about how to expand this program, but let's not let this become another Washington program that starts with one principle in mind and then becomes something for everyone. Why can't we refocus the program to ensure that we help those poor children who do not have health insurance before we get into insuring adults and people beyond the low-income folks that we are trying to help?

I think the President vetoed this bill because, frankly, I think the majority sent it to him to ensure that it was vetoed. There were no conversations in this House between Democrats and Republicans on what this bill would ever look like. I don't think there was ever any intention that this bill be sent to the White House to be signed into law.

It is a point that I have made here before, and I am going to make it again: the American people are tired of all the political games. They want us to find some way to work together to resolve our differences and to help move America forward. What we have seen over the last several months on this bill, and especially the last two weeks, is an example of the political games that the American people are tired of.

Madam Speaker, when you begin to look at Congress's approval ratings, it shouldn't come to anyone's surprise in this Chamber that they are very low. And why are they low? Because I think Americans are tired of the rhetoric, they are tired of the political games, and they want us to find some way to work together to address their needs and their concerns.

Two weeks ago, when the President vetoed this bill because we didn't put poor children first, we could have had this vote right then and there. We could have had the override vote. Then we could have sat down and begun to resolve our differences. By now we could have had them resolved and we could actually be here today on a new bill that makes sure that the poor children who don't have health insurance actually get it.

Madam Speaker, what I would say to all of my colleagues is that I would hope that the political games will come to an end.

On behalf of House Republicans, I again extend this invitation to all of you: let's sit down and work together in a bipartisan manner to resolve our differences. Secondly, let's make sure that we put poor children first.

Mr. DINGELL. Madam Speaker, before I yield to our Speaker to close, I yield myself 30 seconds.

Madam Speaker, I will submit for the RECORD a letter from Peter Orszag, Director of the Congressional Budget Office. That office notes several things. First of all, one, this bill actually saves money for the Treasury; two, it is fiscally responsible; three, it is fully paid for.

The bill also covers approximately 10 million children in 2012, but it authorizes that only through 2012. In my Republican colleague's comparison with events in the year 2017, those comparisons are both impossible and bogus. I would note that the legislation covers 4

million more children than the administration's proposal.

CONGRESSIONAL BUDGET OFFICE,  
Washington, DC, October 18, 2007.

Hon. JOHN D. DINGELL,  
Chairman, Committee on Energy and Commerce,  
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: In response to questions that we have been asked about the enclosed enrollment table that CBO circulated yesterday regarding the State Children's Health Insurance Program (SCHIP), two points are worth noting. First, as indicated in footnote 2 of the table, the enrollment figures are for SCHIP only. The Children's Health Insurance Program Reauthorization Act (CHIPRA) would also raise enrollment in

Medicaid by 1.3 million in 2012 relative to the baseline. Second, as indicated in footnote 6 of the enclosed table, CHIPRA authorizes SCHIP only through 2012, and the figures for 2017 are therefore based on an extrapolation of CHIPRA beyond the legislation's authorization window. Under that extrapolation of CHIPRA through 2017, SCHIP and Medicaid enrollment combined would rise relative to the baseline.

If you have any further questions, please feel free to contact Keith Fontenot at 226-2800.

Sincerely,

PETER R. ORSZAG,  
Director.

Enclosure.

CBO PROJECTIONS OF SCHIP AVERAGE MONTHLY ENROLLMENT (BY FISCAL YEAR, IN MILLIONS)<sup>1 2</sup>

	2008	2012	2017
March 2007 Baseline <sup>3</sup>	4.1	3.3	2.1
President's FY 2008 Budget <sup>4</sup>	4.9	4.0	2.9
Maintain current programs <sup>5</sup>	5.0	5.3	5.6
H.R. 976, CHIPRA <sup>6</sup>	not available	7.8	1.3

<sup>1</sup> The figures in this table include the program's adult enrollees, who account for less than 10 percent of total SCHIP enrollment. These figures represent the average number of individuals who could be covered in a typical month. The total number of individuals enrolled at any time during the year would be about 170 percent of these figures. These figures do not include enrollment in the U.S. territories.

<sup>2</sup> These enrollment figures are for SCHIP only. Relative to the baseline, the President's proposal and maintaining current programs would reduce Medicaid enrollment by shifting some children to SCHIP. In 2012, CHIPRA would also shift some children from Medicaid to SCHIP; however, in 2017 the reduced SCHIP funding levels under an extrapolation of CHIPRA would cause a shift in children from SCHIP to Medicaid. CHIPRA would increase Medicaid enrollment overall by providing financial incentives to states to enroll additional children.

<sup>3</sup> Title XXI of the Social Security Act authorizes SCHIP through 2007. Consistent with statutory guidelines, CBO assumes in its baseline spending projections that funding for the program in later years will continue at its 2007 level of \$5.0 billion.

<sup>4</sup> The Administration proposes funding of \$5.0 billion in 2008, \$5.3 billion in 2009, and \$6.5 billion in each of fiscal years 2010 through 2012.

<sup>5</sup> Assumes increases in funding sufficient to account for increases in health spending per enrollee and the projected number of enrollees (due both to population growth and increases in the number of uninsured). Also assumes no change in eligibility rules or benefit packages after 2008.

<sup>6</sup> CHIPRA authorizes SCHIP through 2012. For budget scoring purposes CBO has projected spending under CHIPRA through 2017, based on the funding level at the end of 2012—an allotment of \$3.5 billion per year. The 2017 enrollment figures shown there reflect that extrapolation.

Note: SCHIP = the State Children's Health Insurance Program CHIPRA = the Children's Health Insurance Program Reauthorization Act of 2007, as cleared by the Congress on September 27, 2007.

At this time it is with great pleasure and privilege that I yield the balance of my time to our distinguished Speaker for purposes of closing.

The SPEAKER pro tempore. The gentlewoman from California is recognized for 1 minute.

Ms. PELOSI. Thank you, Madam Speaker. I thank the gentleman for yielding. I commend him for his exceptional leadership on this issue.

The issue of health care for Americans has been a signature issue for the Dingell family. Mr. Dingell, the distinguished chairman's father, was the author of legislation for access to health care for all Americans. He continues that tradition. He was in the chair the day and gavelled the vote on Medicare. So thank you for your years of experience and leadership, and, again, your leadership on this important issue of insuring our children.

This isn't about an issue; this is about a value. Thank you, Mr. STARK, thank you, Mr. PALLONE, for your leadership, and thanks to the distinguished Chair of the Ways and Means Committee, Mr. RANGEL, for his important and relentless leadership on this issue.

My colleagues, as I listen to the debate today, I hear a lot of subterfuge and distractions; but the fact is that this is a discussion about America's children and it is a discussion about America. There is no industrialized country in the world that anyone respects that does not provide health insurance for its children. We are the exception. This is not a designation to be proud of.

But the American people in their wisdom have this not as an issue, but as a value, as an ethic. That is why I am so proud of what has transpired since we took our first vote on this bill. That

day I said we could establish ourselves as "the Children's Congress," and we did. Work remains to be done to bring that to fruition.

In the meantime, across our country, Democrats and Republicans, Governors and mayors, people who work with children or have the responsibility of delivering a system of health care have been advocating for this reauthorization of SCHIP that we have before us today. Every organization you can name, from AARP to YWCA, and everything in between, the American Medical Association, Catholic Hospital Association, Families USA, every organization you can name is supporting this legislation.

I am so proud, because earlier this week Easter Seals representatives covered the Hill with hundreds of advocates visiting Members' offices. We were pleased to hear from the president of Easter Seals, President James Williams, who said, "Without health care coverage, our early intervention in other programs for children cannot be successful." That is why the Easter Seals organization was here.

□ 1245

He was very eloquent in his advocacy, but no more eloquent than the young children who were here to tell us their stories.

Today, representatives of the March of Dimes, over 400 of them, are visiting offices on Capitol Hill. And Jennifer Howse, president of the March of Dimes, has stated that SCHIP "is the health insurance lifeline for millions of low-income children who have no other way to obtain coverage."

Our country has put poor children first; that's called Medicaid. The poorest of the poor children in our country

are able to receive health care through Medicaid.

I wish you could have heard the stories of some of the parents who told us, Bethany's parents who were in the other day. The press asked them if they were afraid their family would come under attack because they were lobbying for SCHIP. They said we are already under attack, but we are proud to come forward to support this initiative. We are not proud of the fact that we are low income, they said. We are trying very hard to lift ourselves up into the middle class. We work very hard not to be on Medicaid, but to be among the working poor, it is not something that we brag about, but SCHIP is something that we need.

So when the President wants to have 4 or 5 million children instead of 10 million children in his initiative, is he the one, the decider, who wants to go to that family and say, Your child is out? Bethany had heart problems from birth. She was 2 years old in July. They have been told by some people as they lobbied, The baby is better now; you don't need SCHIP anymore. Well, she does.

They said, We are not just lobbying for Bethany; we are lobbying for all of the children.

As far as the March of Dimes is concerned, and I am proudly wearing their pin, they deal with children with birth defects, and it might interest you to know that one of eight children in America each year is born prematurely, around half a million babies born prematurely. Many of those children, I am not saying all, but many of those children have ongoing conditions and preconditions that bar them from

getting any health insurance. Those children need SCHIP. They are in the category that makes them eligible.

And that category does not include people earning \$83,000 a year. So while some of you may use that as an excuse not to vote for the program, I hope you know intellectually it is not a reason to vote against this initiative. There are currently no children enrolled in SCHIP with family income of 400 percent of the Federal poverty level, \$83,000 for a family of four. In fact, 91.3 percent of the children enrolled in SCHIP are in families of four that make less than 200 percent of poverty. And 99.95 percent, just a hair under 100 percent of them, are in families under 300 percent of poverty.

So this is a sad thing. We are asking people who are working hard and playing by the rules, they are taking care of their families. They could have stayed out of work and stayed on Medicaid, but that is not what we are encouraging people to do in our country. We are encouraging them to move on and upward. And these families have to come forward and say why they have not attained the American Dream of enough wealth to afford \$1,200 a month in health insurance premiums, and that's a big order.

I am so pleased, though, that with the work they have done, Easter Seals, Red Cross and all of the organizations I mentioned earlier, and the Governors and mayors, et cetera, that now 82 percent of the American people support this initiative. If I said it before, I want to say it again.

And let me also say that there are some myths about SCHIP. Well, I don't think that they are myths; I think they are excuses not to vote for the bill. I mentioned one of them. Another one is about illegal aliens.

Clearly, the bill states "no Federal funding for illegal aliens." It says it, but it is also the law of the land. Illegal aliens do not get benefits, so don't use that as an excuse to deprive 10 million children in our country who are eligible for enrollment in SCHIP that they shouldn't get it.

This has been a bipartisan effort, and some of what has been said about SCHIP is simply not true. But don't take it from me. Senator ORRIN HATCH, former Chair of the Health Committee in the Senate, now the ranking member, said: "I believe that some have given the President bad advice on this matter because I believe supporting this bipartisan compromise to provide health coverage to low-income children is the morally right thing to do. If we were truly compassionate, it seems to me, we would endorse this program." Senator ORRIN HATCH, Republican of Utah.

Senator CHARLES GRASSLEY, former chairman of the Finance Committee, another committee of jurisdiction and now the ranking member said: "The President's claims about SCHIP are flatly incorrect. The SCHIP bill is not a government takeover of health care.

Screaming 'socialized medicine' during a health care debate is like screaming 'fire' in a crowded theater. It is intended to cause hysteria that diverts people from looking at the facts." Senator GRASSLEY, Republican Senator from Iowa.

So, my colleagues, we have a decision today to override the President's veto, which would be, in my view, the right thing to do for our children and for our country. It is not about compassion. It is about fairness. It is about fairness. And this is a bill again that has been bipartisan in its development and required enormous sacrifice from the Democrats in the House of Representatives. We had a much higher goal. This is what is achievable for the children. It should have been signed by the President. There is no reason that he has given that is consistent with the facts.

And so I urge my colleagues to think about the children, to think about Bethany and think about a little boy, Zeke, who was in my office this morning. He is the ambassador of the March of Dimes for 2007. He is 8 years old, born prematurely at a pound and a half, and now going out and speaking on behalf of the needs of other children.

The President is isolated in this. Don't join him in his isolation. Come forward on behalf of the children and let's truly send a signal that we are about the future. I tried to do that when I was sworn in by being surrounded by children. It was a spontaneous moment, but it was one that was clear in its message: We are gaveling this House to order on behalf of the children.

There is nothing more important that we have to do in our work than make sure that our children are healthy and safe. Today we have an opportunity to do that. Let's not miss that opportunity. Let's give a vote for the children and against the President's veto.

Mr. CONYERS. Madam Speaker, I rise to voice my strong support for overriding the President's veto of the State Children's Health Insurance Program Reauthorization. This bipartisan legislation would provide health coverage for 10 million of our most vulnerable children. It is supported by over 80 percent of the American public, as well as bipartisan majorities in the House and Senate and 43 of our Nation's Governors.

The fact that the President and the House Republican leadership continue to oppose this critical, life-saving legislation is difficult to comprehend. All of the excuses that they have trotted out for blocking this bill—that it would cover the rich, or illegal aliens, or that it would institute "socialized" medicine—have been exposed as false. This bipartisan program puts poor kids first, as reflected in the fact that 90 percent of families covered by SCHIP live under 200 percent of the poverty level. It bars coverage of illegal immigrants, as is spelled out clearly in the bill's text. In fact, the bill does not even cover legal immigrants. Finally, the SCHIP reauthorization does not institute "socialized" medicine. Seventy-seven percent

of children in the SCHIP program are covered by private insurance companies, and the American Association of Health Insurance Plans, as well as the American Medical Association and PhRMA, all support this bill. The Republicans' other excuse for opposing this bill—that we can't afford it—is disingenuous. This legislation is fully paid for with a tobacco tax. I also find it interesting that those who raise the cry of "fiscal responsibility" when it comes to a few billion dollars for poor children do not seem to have any objections to providing hundreds of billions for the President's disastrous war.

Having revealed that the Republicans' stated reasons for opposing this legislation are patently false, one is forced to wonder what is actually motivating them. I believe that the President and his supporters are blocking this legislation because they are afraid. They are afraid of SCHIP because it demonstrates that health care guaranteed by the government is workable, it is affordable, and it is popular. They worry that if SCHIP is expanded, even more Americans will begin to demand that the government guarantee health care to all our citizens, not just to poor children. After all, every other industrialized nation does so, while spending less than we do and while achieving better health outcomes for its citizens. The Republicans will apparently use every means at their disposal to ensure that health care in this country remains a privilege for those who can afford it, rather than a right guaranteed to all.

Madam Speaker, today's vote raises a moral question. Simply put: will we, as a nation, take responsibility for ensuring that all our children have necessary health coverage? All other issues raised in this debate are obfuscations meant to hide the fact that the party claiming the mantle of "family values" is in fact unwilling to back that slogan with substance. There is only one vote today that truly supports America's families. It is a vote to override this shameful veto.

Mrs. CHRISTENSEN. Madam Speaker, I rise today for one main reason: the 10 million low-income children in this Nation whose health, health care and wellness are very much at stake. This is especially true today as the House votes on whether to override the President's inhumane, unethical and irresponsible veto of the Children's Health Insurance Program.

We honored the promises we made to this Nation when we not only passed the Children's Health and Medicare Protection Act, the CHAMP Act, but when we exercised the art of compromise and passed a bipartisan CHIP bill that, though more modest than the CHAMP Act, still represented a respectable step in the right direction. In fact, the CHIP bill that so many of us stood behind would have provided health insurance coverage to nearly 4 million currently uninsured, low-income children. Unfortunately, despite our tireless efforts, the President opted to veto the bill that would have reduced the number of uninsured children in this Nation by nearly half.

Madam Speaker, we can and should do better, not only because we promised to, but because this Nation's children deserve it. We cannot and should not shortchange the most vulnerable among us, and we cannot and should not relent in our efforts to ensure that our Nation's low-income children have reliable

access to the health care services and treatments that they will need to be healthy and to pursue their life's destinies.

Madam Speaker, today we have yet another opportunity to reach across the political aisle and stand together to do the right thing for America's children. As I know my colleagues on both sides of the aisle well know, the children who are currently enrolled and would be newly enrolled in CHIP are not undocumented residents; they are legal American citizens. Efforts to try to derail our intention to override the veto by inundating CHIP in an immigration debate are both unconscionable and inaccurate.

And, the children who are and would be covered by CHIP also are not children from wealthy or even middle-income families who could otherwise afford health insurance. The mythical \$83,000 CHIP family is just that: a myth. They are no more real than the weapons of mass destruction we invaded Iraq to find.

The reality, however, is that more than 9 in 10 children enrolled in CHIP are from families with incomes that are below 200 percent of the Federal poverty level. That means, Madam Speaker, that CHIP kids are coming from families earning less than \$41,300 a year for a family of four. These are not financially comfortable families. And, these are not families living lavishly off the backs of taxpayers. These are hardworking American families whose children's health care needs often exceed their financial means. They deserve better and their children deserve better, and we ought to override this veto to ensure that the CHIP program captures these kids and keeps them from joining the ranks of the uninsured.

It has never been lost on me or my colleagues in the minority caucuses that CHIP is a key minority health issue. In fact, 8 in 10 currently uninsured African-American kids and 7 in 10 Hispanic children are eligible but not enrolled in the program. Without health insurance, children suffer worse health outcomes and are less able to enjoy their childhoods because of illnesses that are often preventable. Overriding the President's veto, therefore, not only will help reduce uninsurance among our Nation's most vulnerable children and improve their health, but also will help us reduce the racial and ethnic health disparities that plague our health care system.

I urge all of my colleagues to override the President's veto. We not only can and should do better, but we should demand that the President do more for our children. Let's do it now for all of America's children.

Mr. WELDON of Florida. Madam Speaker, I rise as a supporter of the State Children's Health Insurance Program, SCHIP, which focuses on covering children in families at or below 200 percent of the poverty level, \$41,000 per year. I have voted to extend this program and to provide additional resources to ensure that those living in families below 200 percent of the poverty level, \$41,000, have access to affordable health insurance through the SCHIP program.

Before sharing my concerns over the bill that was vetoed by the President and that we are voting on today, I would like to share with my colleagues an overview of the SCHIP reauthorization bill that I am joining in introducing today. Our bill will provide families with health care choices, health care transferability and health care security.

The bill I have cosponsored would ensure that all children between 100 percent and 200 percent of poverty are eligible to enroll in SCHIP. In addition to being able to enroll in SCHIP, these families could also decide to use their SCHIP credit to pay for the additional costs of enrolling their children in the parent's employer provided health plan. For those making between 200 percent and 300 percent of the poverty level, our bill would provide a \$1,400 per child health care tax credit. This credit would be refundable for those who have tax liability less than the amount of the credit. Parents could use this credit to pay the additional costs of enrolling their children in an employer provided health care plan or in another state licensed health care plan. This plan borrows from the proposal put forward by a broad range of organizations that run the political spectrum—from the liberal Families USA, to the Chamber of Commerce, and the American Medical Association, AMA.

The biggest question remaining after this vote is taken today is whether or not our House Democrat colleagues will do something that they have by and large failed to do so far with regard to SCHIP: invite House Republicans to participate in developing the legislation. To date, House Democrat leaders have abused the rules of debate to totally shut Republicans out of the legislative process.

Two weeks ago, rather than having an up or down vote on the President's veto, the Democrat majority chose to put off the final vote for two weeks in order to engage in political posturing and partisan attacks. Today we are holding that vote and the outcome today is no different than what it would have been two weeks ago. So, why the delay? Solely for partisan posturing. Madam Speaker, our children deserve better and it is time to stop using them as political pawns. Unfortunately, recent press reports are filled with quotes from Democrat leaders stating that they want to keep this alive as a political issue, calling for "repeated votes" and temporary extensions of SCHIP over the next year, rather than approving a long-term bipartisan bill that secures SCHIP coverage for those it was intended for—children in low-income households with family incomes of less than 200 percent of the poverty level.

I would now like to address once again, why I cannot support the bill before us. This bill: 1. Fails to place a priority on first enrolling uninsured children in households earning less than \$41,000 per year, 200 percent of the federal poverty level; 2. Expands government SCHIP subsidies to those making far more than the Federal poverty level; 3. Spends half of the additional SCHIP dollars to enroll children in the government SCHIP program who are already enrolled in private insurance; and 4. Uses budget gimmicks—like booting millions of children off of the program in 2012—in order to fool the public into believing they can fund the program for the next 5 years.

It is fiscally irresponsible to expand this program by enticing millions of children in families earning far above the poverty level to drop private coverage and enroll in the SCHIP program that cannot be sustained. In August, House Democrat leaders forced an earlier version of SCHIP through the House that cut over \$150 billion from Medicare and moved that money into SCHIP so that they would have a way to pay for millions of new SCHIP enrollees over the next 10 years, including mil-

lions of currently insured children from middle and upper middle class families.

Their plan to cut Medicare was rejected not only by Republicans but by the U.S. Senate, and most importantly by the public at large. The bill that the President vetoed is a bait and switch. This nearly triples the size of SCHIP over the next 5 years—including enrolling millions of children currently insured by private plans—only this time they have chosen to hide from the public how they plan to pay for the program for the next 10 years. They ramp up the annual SCHIP budget to nearly \$14 billion a year, and then they simply leave it to a future Congress to find a way to continue paying for the massively expanded SCHIP program. And they hand the bill to future generations of Americans. It turns out that their nearly tripling of the Federal cigarette taxes still leaves them tens of billions of dollars short. Americans should be on notice that in 2012 the Democrats will ask for another \$180 billion to continue SCHIP for another 10 years.

Particularly troubling is that by significantly expanding SCHIP enrollment eligibility to those far above the poverty level, the Congressional Budget Office, CBO, estimates that millions of new SCHIP enrollees will be children that move from private coverage to the SCHIP program. By moving children from private insurance onto the government program, this bill essentially enrolls 5 uninsured children for the price of 10. Enticing millions of children to drop private coverage and sign up for SCHIP is shortsighted and irresponsible, particularly given the multibillion dollar SCHIP budget shortfall that hits in 2012.

What we should be doing is focusing this program on enrolling uninsured children in households earning less than \$41,000 per year. Madam Speaker, our children and the American taxpayers deserve better than what the Democrat leadership has put before us today.

In February of this year, States that had overspent their SCHIP funding grants came to Congress begging for more money to "insure uninsured poor children." The root problem in many of these States was the fact that they had used their Federal grant to enroll children in the SCHIP program who were neither poor nor uninsured. New Jersey, for example had used their grant to enroll children in families with incomes of more than \$72,000, even though there were and still are over 150,000 children in New Jersey in households earning less than \$41,000 who are uninsured.

I offered an amendment in February that would have refocused SCHIP to make sure that children in families under 200 percent of the poverty level were covered first. My amendment was rejected by the liberal majority on the Committee, who Stated that they had no intent to refocus SCHIP on lower income children. Rather, they planned to continue expanding the program to those well above the poverty level—to include adults and illegal immigrants—as a step toward universal government-run health care. A recent op-ed in the Washington Post, by liberal columnist E.J. Dionne Jr., removes any doubt of this goal by writing: "This battle [over SCHIP] is central to the long-term goal of universal coverage."

While the press releases about today's bill focus on uninsured low-income children, the language in the bill is about much more than uninsured low-income children. If the bill before us was focused on low-income uninsured

children, I would be voting for it. The bill before us does the opposite. It repeals recent rules requiring States to ensure that at least 95 percent of those under 200 percent of the poverty level are insured under their State SCHIP programs. Democrat leaders in Congress have responded to the rule by arguing that there is no way to ensure a 95 percent enrollment rate of uninsured children in households earning less than \$41,000 per year. They argue that since they cannot achieve the goal we should simply expand the program to those in households earning more than \$60,000 a year or more.

They use budget gimmicks to say that their bill is balanced and paid for through higher cigarette taxes. The Heritage Foundation has estimated that the amount of money Democrats estimate they will raise from higher cigarette taxes comes up billions of dollars short and that over the next 10 years they will have to find 22 million new smokers to bring in the amount of cigarette tax revenue they hope to raise. It is also noteworthy that lower-income Americans pay a higher percentage of cigarette taxes, but it is middle-income Americans that will receive most of the expanded SCHIP benefits under this bill.

I am also concerned over provisions included in the bill that repeal the requirement that individuals must prove citizenship in order to enroll in Medicaid and SCHIP. This opens the program to fraud and the enrollment of illegal immigrants. In 2006, the Inspector General, IG, of the Department of Health and Human Services found that 46 States allowed anyone seeking Medicaid or SCHIP to simply State they were citizens. The IG found that 27 States never sought to verify that enrollees were indeed citizens. The Congressional Budget Office (CBO) estimates that repealing this requirement will cost \$1.9 billion.

And finally from a Florida perspective, Florida taxpayers come up short. Florida taxpayers will send \$700 million more to Washington than we will receive back in SCHIP allocations. Where will Florida taxpayer dollars end up going? Residents of California, New York, Texas, New Mexico, Arizona and New Jersey will be the biggest recipients of Florida tax dollars. Yet, Florida has a higher rate of uninsured children than several of these.

Florida voters will also be asked to foot part of the bill for a \$1.2 billion earmark inserted into the 300-page bill at the last minute by the powerful chairman of the committee for his home State of Michigan.

Madam Speaker, let's open up the legislative process and develop a strong bipartisan bill. It is time to end the politics around this issue and ensure that low-income children have access to this program.

Mr. RAMSTAD. Madam Speaker, I rise to urge my colleagues to vote to override the President's veto of H.R. 976, which extends and expands the State Children's Health Insurance Program, SCHIP.

We have a moral obligation to cover all our children so every child in America can grow up healthy. It's the right thing to do; it's also the cost-effective thing to do.

The great Minnesotan Hubert H. Humphrey once said that a key moral test of government is how we treat those who are in the dawn of life, the children. We must not flunk this moral test.

My home State of Minnesota started covering children through its medical assistance

program even before SCHIP was created, but we still have far too many children without coverage—73,000 kids.

That's why I strongly support extending and expanding SCHIP. I also hope we can work together to provide greater access to private insurance coverage for America's children and other uninsured Americans.

I urge my colleagues to support overriding the veto. We cannot afford to wait any longer. It's time to break down the barriers to health care for our kids. It's time to reauthorize SCHIP. It's time that all kids have a chance to grow up healthy.

This legislation passed both the House and Senate with strong bipartisan support, and it deserves to become law.

Let's put children's health first and do the right thing. Let's override the veto of the SCHIP reauthorization and reduce the number of uninsured children by at least 70 percent.

There is no better investment than to invest in the health and well-being of America's children.

Mr. BISHOP of Georgia. Madam Speaker, since its inception in 1997, I have been a steadfast proponent of SCHIP, known in Georgia as PeachCare for Kids, and I rise today to urge my colleagues to join me in sustaining this successful program by voting to override the President's veto.

Let me first say that, while my support of children's health care has been unwavering, this is not a perfect bill. Like many of my colleagues, some provisions in the bill concern me. But let us not let "perfect" be the enemy of the "good."

On health care, our country faces a tremendous challenge, and while disagreement still impedes finding creative solutions to encourage responsibility for health care to solve problems of access for adults, it is our moral imperative to rise up and meet these challenges for our Nation's children. Furthermore, as Members of this body, it is our solemn duty to protect the youngest and most vulnerable among us. This legislation presents us with such an opportunity.

It is disappointing to see the administration throwing up so many roadblocks. Indeed, this administration has proven its willingness to "rise up and meet" other challenges. Beyond that, it has proven its willingness to sign blank checks for a military operation with an ever-changing, increasingly expensive mission. For the past 4½ years we have been engaged in an overseas conflict that has taken a large toll on this country—in terms of both human life and taxpayer money. While it is of utmost importance to ensure our troops continue to have every dollar, dime, nickel, and penny they need to fight this war, we must not neglect our domestic priorities.

The SCHIP reauthorization asks the administration to rise up and meet the challenge of one of those domestic priorities. Plainly, the bill asks for just 41 days worth of Iraq war funding to embark on a clearly-defined, targeted, and morally justifiable mission—providing American children from low-income families with comprehensive health care.

That's right—just 41 days worth of Iraq war funding would pay for the entire SCHIP bill. Just one week of the Iraq war would pay for 1.7 million children. That's enough to cover all the children eligible for SCHIP in Georgia, as well as several other States. One week of war funding would do all that.

To my colleagues opposing this legislation, let me reiterate something many know very well: the President, recently, asked for compromise legislation.

This bill, in fact, represents a compromise, as evidenced by its broad bi-partisan support. Forty-three of our Nation's Governors, including Governor Sonny Perdue of Georgia, support this legislation, as do 270 organizations representing millions of Americans, 68 Senators and a majority of Congress.

I urge my colleagues to join the bi-partisan majority and vote in favor of overriding the President's veto.

Mr. ETHERIDGE. Madam Speaker, I will vote to override the President's veto of H.R. 976. As the only former State schools chief serving in Congress, my life's work has been to provide for a better future for the next generation, and health care is critically important to that effort. There is no doubt that the State Children's Health Insurance Program, or SCHIP, has served this Nation well and must be reauthorized and expanded. The Congressional Research Service reported this week that, at current funding levels, 21 states would run out of SCHIP money before the end of the current budget year, and funding for North Carolina would only provide coverage for needy children through May 2008.

In North Carolina, over 250,000 children who would otherwise have gone without insurance have been served by North Carolina's Health Choice. The services they get through Health Choice—regular checkups and preventive care, doctor and hospital visits when they are sick, and ongoing dental and vision benefits—make sure that North Carolina's children are as healthy and productive as possible and grow up to fulfill their best potential. Untreated illnesses can have long-term consequences, and ensuring access to health care, as SCHIP does in North Carolina and across the country, allows children to remain healthy and strong and head off expensive treatments down the road. As a nation, we must follow through on the promise of SCHIP to protect our most vulnerable citizens.

SCHIP is not government-run medical care as some have falsely claimed. SCHIP is an effective initiative to extend health insurance to working families who otherwise cannot afford to send their children to the doctor when they are sick. In North Carolina, this has meant providing a physician-directed managed care system modeled on health insurance for children of state employees and teachers. North Carolina has about the best child health programs of any state, providing seamless cost-effective care for thousands of at-risk children, each year reducing costs and becoming more effective at providing health care.

The funding increase in H.R. 976 is necessary to address shortfalls in the current SCHIP funding plan, and to allow states to reach more eligible but uninsured children. The bill expands health care coverage to 10 million children in America over the next five years. In North Carolina the \$35 billion in this legislation translates into 210,000 covered children, an increase of 90,000 children. Only kids aged 6–17 with families below 200 percent of the poverty level are covered by SCHIP in North Carolina. Even if some of these children have had private insurance for some of the time, their parents only were able to afford it by cutting back on other necessities. We owe it to these children to ensure

that they are continuously covered and can get the health care they need when they need it. I wholeheartedly support the increased funding and the guidelines for states in this legislation.

I have withheld my support for this bill in the past due to my concerns about the bill's funding mechanism, and I continue to be concerned about the impact of a tobacco tax increase on North Carolina's rural communities. I am working with the leadership of the House of Representatives to craft an effective disaster relief package that will assist North Carolina's farmers and help to counter any negative impact. As the Chairman of a key Agriculture Subcommittee, I will continue to work to address the needs of farm country, including finishing the Farm Bill with a real safety net for farm families and pursuing disaster relief for drought-stricken regions like North Carolina. Should the veto override fail, I will continue to urge the Congressional leadership to write a new bill that funds SCHIP without placing the burden of funding on the backs of North Carolinians.

After careful consideration, I will vote to override the President's veto, and I urge my colleagues to join me in voting for the children of America's working families.

Mr. STEARNS. Madam Speaker, for the last two weeks the Democrats have continued their political games. They have failed to correct the inherent flaws in this legislation and at a closer section by section look it is clear this legislation contains numerous errors.

Section 101: provides an appropriation of \$9 billion in 2008, 25 percent more than governors of both parties have told CMS would be necessary to fully fund SCHIP next year.

Section 211: provides a new citizenship documentation option, but what this new provision does is completely erase the stricter citizenship requirements enacted in the Deficit Reduction Act. The Social Security Administration states that this provision will not guarantee that applicants who use false Social Security Numbers will be identified thus clearly opening the door for millions of illegal aliens becoming enrolled.

I hope the other side stops using these children as political pawns and crafts sound legislation that does not throw away tax dollars for votes.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support of overriding the President's veto of the Children's Health Insurance Program Reauthorization Act of 2007.

I was deeply disappointed that the President exercised his veto pen on a bicameral and bipartisan bill. Not so long ago, the President pledged to expand coverage of CHIP to include eligible children who are not yet enrolled in the program. In his September 2004 speech to the Republican National Convention, the President stated—and I am quoting here, “We will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for the government's health insurance programs. We will not allow a lack of attention, of information, to stand between these children and the health care they need.” With this veto, the President has reversed course and turned his back on America's children.

The CHIP Reauthorization Act would reauthorize and improve the very successful Children's Health Insurance Program for 5 years. This bipartisan bill would preserve coverage for the six million children currently enrolled

who otherwise would have access to health insurance while extending coverage to 3.8 million children who are already eligible, but not enrolled in the program. The bill also includes guaranteed dental coverage and mental health parity in the CHIP program. By reauthorizing this very important program, we will strengthen CHIP by improving the quality of health care children receive and at the same time increase health insurance coverage to one of the most vulnerable segments of our society.

This legislation is paid for. It increases the tobacco tax by 61 cents to a total of one dollar. Increasing the tobacco tax will save billions in health costs and is one of the most effective ways to reduce tobacco use, especially among young children. In short, raising the tobacco tax will prevent thousands of children from starting to smoke and the proceeds of the tax will be used to provide health coverage for children. That is a win-win result.

Madam Speaker, we should do the right and moral thing and override this veto. I strongly urge my House colleagues to override the President's veto on this bipartisan legislation.

Mr. EVERETT. Madam Speaker, I rise today to express my opposition to this attempt to override the President's veto of the Children's Health Insurance Program Reauthorization Act (H.R. 976). This bill expands a good program far beyond its original intent, and opens the door to government controlled healthcare. The SCHIP program was created 10 years ago under a Republican led Congress to fill a gap of uninsured, low-income children whose families fell into a salary bracket too high to receive funds under Medicaid. This bill, however, takes this money and gives it to adults, illegal immigrants, and children whose parents are currently making up to \$82,000 a year. This bill would encourage more and more children to move from private health care to health care coverage from the Federal government. According to the Congressional Budget Office, as many as two million children would make this shift.

The Liberal spin machine has tried to frame the veto as “anti-children”, while denying the American people the facts. This bill would cost the American people \$60 billion over 5 years. This is a \$35 billion increase over the current program, and is \$30 billion more than the President said he would support. Even the funding sources of this bill have been hidden from the general public. This bill would add a 61 cent tax to every pack of cigarettes, which the Democrats claim will curb smoking among children. This line of thought, however, is intrinsically flawed by the fact that 22 million new smokers will be required to pay for the cost of this bill. How can anyone be anti smoking when they need the very revenue it creates to pay for the healthcare of children? In addition, in 2012, the funding for this program will all but disappear. After a 5-year campaign of signing up as many middle-class children, adults and illegal immigrants as possible, program funds will be cut by 80 percent. This will cause millions of children to be dropped from their healthcare programs, or require an even more extensive funding expansion and burden on the taxpayers.

While supporters of H.R. 976 claim the bill does not allow Federal payments for illegal residents, it severely weakens Federal law to leave those individuals a gaping loophole. Existing law requires documentation proving one's citizenship in order to be covered under

Medicaid and SCHIP, however, this bill would merely require a name and social security number. According to Social Security Administration Commissioner Michael Astrue, a Social Security number would not keep someone from fraudulently receiving coverage under Medicaid of SCHIP if they claimed they were someone that they were not.

Two weeks after the President vetoed the bill the Democrat Leadership has decided to play politics and gamble on the health of these children before having this override vote. This stalling tactic has done nothing but shorten the time we have until this program expires. I am proud to sustain the President's veto and I sincerely hope that my friends on the other side of the aisle care about these children enough to create a bill that everyone can stand behind, as it was when the program first began. I urge a “no” vote on the motion to override the President's veto.

Mr. SAM JOHNSON of Texas. Madam Speaker, I rise today to support the President's veto. It is important for the American people to understand that this debate is not about whether or not to reauthorize the Children's Health Insurance Program, but how we reauthorize it. This bill completely misses the mark. It is a massive expansion of a government-run program that takes resources away from the very children it was meant to help.

In this country there are millions of low-income uninsured children who are currently eligible for government help, but are not enrolled. I firmly believe it is our responsibility to cover the neediest of America's kids first.

The bill the President vetoed did just the opposite.

The Democrats' bill diverts money away from those who need it the most in order to cover kids who already have private health insurance. One in every three kids covered under this bill already has private health insurance coverage. Because the Democrats care more about how much they can expand taxpayer funded entitlement programs rather than helping those who actually need help, I will vote to sustain the President's veto.

Out of respect to the American taxpayer and the uninsured kids who need our help—Congress can and should pass a more fiscally sound bill that puts the poorest kids first.

Mr. LANTOS. Madam Speaker, I rise today in support of reauthorizing a program that has proven to be crucial to the lives of children across the Nation. The State Children's Health Insurance Program—or SCHIP, as it is known—provides access to health care for 6.6 million children. Through bipartisan efforts, Congress is trying to expand eligibility to nearly 4 million additional underserved and uninsured kids, but the President a few weeks ago decided to ignore the will of the people and veto the bill to renew this popular, worthy and socially responsible program.

I can't overstate how extraordinarily troubling this veto is. Rather than spending the \$3.50 a day it would cost to provide health insurance for these children, the President instead has cynically claimed the mantle of fiscal responsibility. Had he not already presided over the largest increase in government spending since the New Deal, this claim might not ring as hollow as it sounds. Let's be clear: the President has chosen insurers and tobacco companies over the well-being of more than 10 million children and their families.

This is the wrong issue and the wrong time to pander to business interests.

Madam Speaker, it is unconscionable that American families must choose between buying a warm coat for the winter and having their children immunized. No American families should have to choose between putting food on the table and getting a life-saving operation for their son or daughter.

We go back to our respective districts and meet the people who are forced to make these sorts of decisions on a daily basis. We feel and see the utter insanity of vetoing \$3.50 a day for health coverage for our neediest children. As members of the House of Representatives, we speak directly for the American people and we come to the floor to vote with their hopes and wishes foremost in our minds.

Each day that we fail to provide basic health care to kids, is a day we have failed as leaders.

Congress is The People's House, and we have a duty to represent the needs of the American people, not of multi-billion dollar international insurance companies. This administration has sided with big business too many times and at too heavy a cost to the little guy.

Republican President Calvin Coolidge once said, "The business of America is business," and it seems that the current President agrees with him. I say that this Congress' business is the people's business. I urge my colleagues to override the President's veto and allow an entire generation of America's children to grow up healthy.

Ms. SCHAKOWSKY. Madam Speaker, the day is finally here. Today, the American people will see what this body is really made of and where members stand on the issue of children's healthcare. Is this body willing to stand up to the President and override his veto? Or are my colleagues on the other side of the aisle going to fold like a house of cards and follow this President right off a cliff?

The choice is easy—you are either for healthcare for 10 million children or you are not. You can equivocate all you want and come up with an excuse that is politically expedient, but when it comes down to it, there is no way to hide from your vote.

When that voting board lights up this afternoon, we will know and remember those who let 10 million children and their families down. The President and most of the Republicans in Congress will tell you that we can't afford this bill, but don't let them fool you. This bill is fully paid for, unlike the half a trillion dollars that we have already spent in Iraq.

And keep in mind, the members that vote against this bill today are going to turn right around and vote for \$190 billion more dollars for the war in Iraq. Unfortunately, it's the children that end up with the short end of the stick. The children the President is refusing to insure today are the same ones that will be forced to foot the bill for the war in Iraq tomorrow.

But you have a chance to make things right today, to set the record straight. You can show your constituents and this country that you care about the millions of uninsured American children more than continuing this disastrous war.

Please, don't let these children down. They need your vote. Vote to override this misguided veto.

Mr. SCOTT of Virginia. Madam Speaker, I rise today in support of the vote to override

the President's veto of H.R. 976, the Children's Health Insurance Program Reauthorization Act. While the bill vetoed by President Bush was a watered down version of the bill passed by the House, it was at least a step in the right direction.

The SCHIP bill that Congress sent to the President was a bipartisan effort that renews and improves the Children's Health Insurance program, providing health care coverage for 10 million children. This bill preserves coverage for the 6 million children currently covered by SCHIP and expands coverage to nearly 4 million more uninsured children.

Madam Speaker, two-thirds of Americas' uninsured children are currently eligible for SCHIP or Medicaid but are not enrolled for various reasons. This bill gives states the resources and incentives to enroll, those children.

The President's budget proposal would have increased SCHIP by \$5 billion over the next 5 years. This increase fails to cover the costs of simply maintaining the current SCHIP enrollment of 6 million children. In fact, according to the Congressional Budget Office, over the next 5 years, the President's budget would result in over 1 million children losing their SCHIP coverage.

Madam Speaker, the SCHIP reauthorization is supposed to be a bill to expand coverage, not reduce it. I urge my colleagues to support this bill.

Mr. KUCINICH. Madam Speaker, I rise in support of the vote to override the President's veto of SCHIP. I do so because the President's objections to government health insurance for low income children are outrageous.

That said, I still believe, the bill's failure to provide coverage for legal immigrants is reprehensible. All children deserve health care coverage. Health care is a right, not a privilege. The denial of a lifesaving service based on an arbitrary length of citizenship is simply wrong.

It is the responsibility of Congress to address the main difficulties that prevent legal immigrant children from gaining access to health care. This bill does exactly the opposite. Thus I felt compelled to vote against the bill after the Senate negotiators refused to provide health benefits to legal immigrant children. Negotiating away health care for 400,000–600,000 children as a political compromise is not acceptable.

The President has vetoed the bill because he calls it a step toward socialized medicine. This perennial straw-man is trotted out when meritorious arguments are lacking. In fact, SCHIP uses private doctors and private health care plans. More importantly, however, the President is fond of ignoring the volumes of literature showing that government-run health insurance programs that use private hospitals and doctors like Medicare and Medicaid, deliver higher quality care at lower costs with higher rates of satisfaction than private insurance plans. According to a 2007 article in the journal, *Health Affairs*, administrative costs of private plans were about twice as much as those for Medicaid. Medicare's overhead costs are approximately 3 percent while those of the private sector are closer to 31 percent.

That is one of the main reasons that H.R. 676, the Expanded and Improved Medicare for All Act, is the best cure for our health care ills. It captures the enormous savings to be had if Americans had health care provided through

Medicare and uses them to cover everyone for all medically necessary services with no co-payments, no deductibles and now premiums. That is how wasteful private insurance is. Providing cheaper coverage through the private sector simply leaves Americans with dangerously weak coverage. About 50 percent of all bankruptcies in the U.S. are related to medical bills. Of those with medically related bankruptcies, about 75 percent had insurance before they got sick. Their so-called "coverage" did not cover them. They were, in fact, underinsured. The President chose to ignore this crisis by vetoing a bill that would have not only covered uninsured children but provided better coverage for many who are one illness away from losing their money and their home.

The provisions in the bill would make substantial and crucial progress in providing health care for all American children. It would provide coverage for 3.8 million more children than are covered now and preserve coverage for 6.6 million more. It would help ensure Ohio can expand its program to include an additional 20,000 children. It targets the lowest-income uninsured children for outreach and enrollment, ensures dental coverage and mental health parity.

The President was fundamentally wrong to veto the SCHIP bill. He needs to understand the economic and moral realities behind SCHIP. I cast my vote to express that.

Mr. UDALL of Colorado. Madam Speaker, I will vote to override the President's veto of this urgently needed legislation.

Dr. Martin Luther King, Jr. said "of all the forms of inequality, injustice in health care is the most shocking and inhumane." H.R. 976 does not end health care inequality, but it would have provided continued coverage for children not covered by Medicare but whose parents cannot afford to buy insurance and whose employers do not provide it.

These children—currently 6 million of them—are now eligible for coverage under the Children's Health Insurance Program (CHIP)—but that program is set to expire and the President should have accepted this compromise legislation. Because the President does not accept this bi-partisan compromise bill, these 6 million will no longer have access to quality, affordable health insurance.

This legislation would assure continued coverage for those now enrolled and would provide coverage for an additional 4 million children who currently qualify, but who are not yet enrolled under CHIP.

I believe that health care should be a right, not a privilege, and this act is a step in the right direction toward that goal. So, I support this bill although I wish it went further.

Despite claims by some, this bill does not change the basic nature of the CHIP program. Instead, it maintains current eligibility requirements for CHIP. The majority of uninsured children are currently eligible for coverage—but better outreach and adequate funding are needed to identify and enroll them. This bill gives states the tools and incentives necessary to reach millions of uninsured children who are eligible for, but not enrolled in, the program.

Earlier this year, I voted for the "CHAMP" bill to extend CHIP. The House of Representatives passed that bill, and I had hoped the Senate would follow suit. It would have increased funding for the CHIP program to \$50 million, instead of the lesser amount provided

by this bill. The CHAMP bill would have also addressed major health care issues, first by protecting traditional Medicare and second by addressing the catastrophic 10 percent payment cuts to physicians who serve Medicare patients.

However, the bill vetoed by the President represents a compromise between the House and the Senate and deserves support today. It will pay for continued CHIP coverage by raising the federal tax by \$0.61 per pack of cigarettes and similar amounts on other tobacco products. According to the American Cancer society, this means that youth smoking will be reduced by 7 percent while overall smoking will be reduced by 4 percent, with the potential that 900,000 lives will be saved.

H.R. 976 has the support of the American Medical Association, American Association of Retired Persons, Catholic Health Association, Healthcare Leadership Council, National Associations of Children's Hospitals, American Nurses Association, US Conference of Mayors, NAACP, American Cancer Society Cancer Action Network, and United Way of America.

It is imperative that we vote to override this veto in order to protect those that are most vulnerable in our society by increasing health insurance coverage for low-income children. I hope that we have the opportunity to take up the other important Medicare issues addressed in the CHAMP bill soon.

Ms. ESHOO. Madam Speaker, I rise in strong support of this effort to override the President's veto of H.R. 976, the Children's Health Insurance Program (CHIP) Reauthorization bill.

Virtually everyone with a stake in public health and health care is calling for this bill to be passed. There are 270 groups supporting this bill: 43 Republican and Democratic governors, including Governor Schwarzenegger, the American Medical Association, AARP, America's Health Insurance Plans (AHIP), the Healthcare Leadership Council, and Catholic Charities, among others.

There are at least 10 million reasons to insure the children of our Nation because 10 million children don't have healthcare coverage today.

The bill provides dental care, mental health benefits, and other medically necessary benefits that are part of the program.

The bill provides coverage to expectant mothers.

The bill allows States to provide assistance for CHIP-eligible kids to secure private insurance through a parent's employer-sponsored coverage.

The bill is fully funded by a 61-cent per pack increase in the tax on cigarettes.

The opponents of this bill are hiding behind the thinnest arguments.

They say there are only 500,000 uninsured kids who are eligible for CHIP that we need to enroll. This is incorrect. According to the Urban Institute, there are more than 6.6 million low-income children who qualify for CHIP but are yet to be enrolled. This bill provides States with the resources and incentives to ensure these kids get the coverage they're eligible for.

The President says the program will cover children in families with incomes of up to \$83,000 a year. Senator GRASSLEY, the Ranking Republican on the Senate Finance Committee, disputes this charge, saying "the president has been served wrong information about what our bill will do." In fact, the bill provides

incentives for States to enroll children below 200% of poverty and any State that chooses to provide more generous coverage must get approval from the Administration.

Opponents assert that the bill increases taxes on "working people." The truth is it increases taxes on smokers. Not only does this help pay for the program, but according to the Institute of Medicine, by increasing the tobacco tax, there will be a decrease in tobacco use, particularly among young people.

Opponents assert the bill will cover adults not children. Although the program has been used to cover adults in the past, this practice will be phased out over the next two years.

Opponents assert that the bill gives coverage to undocumented aliens. There is nothing in the bill that would provide such coverage. In fact, the bill says, "nothing in this act allows federal payment for individuals who are not legal residents."

The moment has arrived for the House of Representatives to override the President's veto of the Children's Health Insurance Program, and when we do, we will stand next to the children and on the side of a brighter future for them and our entire country.

Mr. McDERMOTT. Madam Speaker, this is the choice we have to make today. We stand up for our children and their future or we stand down with the President and tobacco companies. Good health or no health for millions of poor and disadvantaged children across America—that is what's at stake today.

The President will spend \$50 billion in 5 months on a war in Iraq, but he won't spend \$35 billion over 5 years on poor and vulnerable kids. We pay for SCRIP but we will keep paying for the war for decades to come. We take care of our children while the President passes his war costs on to our children, and grandchildren.

We can vote to provide access to quality, affordable health care for our Nation's children by voting to override this veto, or we can vote to sit back and watch the economic security of our working families erode day by day, as this Administration has done.

The President said he is using his veto pen on SCRIP to show he is relevant, but with the stroke of a pen he has merely shown he is irresponsible with the health and welfare of America's future.

Let's set a good example for our children and support a bipartisan, fiscally responsible, health care bill that will get us one step closer to universal coverage for all Americans.

Mr. McGOVERN. Madam Speaker, in Massachusetts, we have begun to address the crisis of the uninsured. We believe health care is a right, not a privilege for the wealthy.

The president's veto of the bipartisan SCHIP compromise abandons 11 million children, including 90,500 Massachusetts children. That is unacceptable.

I wish President Bush would take the time to meet hardworking families like the O'Neils of Fall River. They were just blessed with their first child, Sean. Dad works several jobs while his wife recovers her health.

But the cost of all those doctors' visits and immunizations add up. Thanks to SCHIP, Sean is a happy, healthy baby.

But thanks to the President's veto, my proactive State exhausted its SCHIP allotment on October 1. Even with the extension, all of its funds will be gone by January 11.

To justify his position, the President has decided to distort what this good bill actually

does. It doesn't cover well-off families. It doesn't cover illegal immigrants. What it does do is give a hand to millions of families who are struggling to provide health care for their kids.

I simply don't understand the President's priorities. He's more than happy to sign bills giving billions of tax breaks to oil companies and multi-millionaires, but he won't sign a modest, fully-paid-for bill that helps millions of low-income children? He's willing to spend hundreds of billions of dollars—none of it paid for—in Iraq but is unwilling to sign a bill that is paid for and will keep children from losing their health care?

That makes no sense to me.

This bill has the support of the medical community, children's advocates, and even the insurance industry. There is simply no reason for the President to reject it, other than partisan politics.

I will continue to fight for this important program, and I urge all of my colleagues, Republican and Democrat, to do the same.

Mr. ORTIZ. Madam Speaker, this is a defining moment for the state of health care in this Nation . . . a defining moment for this Congress . . . and a moment when the country will watch this government take sides.

The State Children's Health Insurance bill is one of the best pieces of bipartisan legislation the House has considered in a decade. It lays bare the most significant difference between what this Congress supports and what the President—and those who stand with him in support of his veto—supports.

Supporters of SCHIP stand with working families and children . . . opponents here in Congress—and the President—stand with insurance companies. The President's veto cut off health care for over 120,000 kids in Texas.

There's just no lipstick to pretty up this pig. The President's veto was downright mean. He leaves a legacy of a war he won't pay for and children he won't give health care to. Being for war and against kids is an awful record and a horrible legacy.

Those who stand with the President today in sustaining his veto of this bipartisan bill will bear the ridicule of that record the next time they face the voters.

Those who do an unpopular thing—knowing it is the right thing to do—are rewarded by history. History will accurately note that those supporting the President in this veto are doing the bidding of the health insurance companies, at the expense of our children. Those supporting the President's veto are doing the wrong thing for the wrong reasons.

Congress created SCHIP in 1997 with broad bipartisan support. This year, 6 million children have health care because of SCHIP. The program has worked well in Texas. This has been an excellent investment for our nation, given that health care costs without insurance would be much more expensive.

The President highlighted his support for SCHIP while running for re-election in 2004. Today he—and those who stand with him in sustaining this veto—show their true colors: say one thing in political campaigns, do another when the moment comes to record your vote . . . when the rubber hits the road.

I urge my colleagues to override this veto. We are the last hope of children and families all over this country. They are watching us—all of us.

Mr. RODRIGUEZ. Madam Speaker, today the House of Representatives has an historic

opportunity to provide health insurance for 10 million children from low-income families. In fact, when the House takes up a motion to override the President's veto on the State Children's Health Insurance Program (CHIP) Reauthorization Act, it will be the second time in as many months that Congress votes to provide low-income, working families with health insurance for their children.

This legislation, passed by Congress in September, is an essential step in providing better access to healthcare for the 47 million uninsured individuals in this country, 5 million of whom are children. One could argue that the state of Texas, which has the highest percentage of uninsured individuals of any state in the Nation, needs this bill the most. Texas is home to a staggering 1.4 million children who lack even the most basic health insurance.

The CHIP Reauthorization that President Bush vetoed provides health insurance for 10 million underprivileged American children. The bill adds \$35 billion for the CHIP program over the next 5 years. It maintains coverage for the 6 million children who are already enrolled, and allows for an additional 3.8 million who are already eligible for the program to start receiving benefits.

Instead of supporting this modest expansion, President Bush wants to increase funding for CHIP by a mere \$5 billion over the next 5 years. Such a proposal would not allow for any new eligible, uninsured children to enroll in the program. In fact, according to the non-partisan Congressional Budget Office, President Bush's proposal would result in 840,000 children losing their CHIP coverage.

We cannot in good conscience enact a program that will push children from the CHIP rolls. I will stand behind the Congressionally-passed CHIP authorization and hope that my colleagues in the House of Representatives join me and override the President's veto today.

Ms. WOOLSEY. Madam Speaker, it's disappointing that the Administration and many Republicans can't get their priorities in order and support an expansion of SCHIP. The Administration's veto of H.R. 976, the Children's Health and Medicare Protection Act, shows just how far its priorities are from the rest of this country.

The Administration said it's too expensive. Yet the Administration has had no trouble spending half-a-trillion dollars on the occupation of Iraq. The Administration's priorities are clear: Unlimited money for occupation, no money for kids. Currently, we're spending about \$14 million dollars per hour on the occupation. That means we could provide medical, dental, and mental health care to more than 10,000 low-income children for the cost of just one single hour in Iraq.

This bill was an opportunity for us to stand up and say that 10 million of our Nation's children deserve health coverage and access to dental and mental health services. In California, that would have provided 607,000 additional children with health insurance. By vetoing this bill, the Administration has turned its back on these children.

Additionally, the Administration has abandoned its promise to our Nation's military service members and their families. This legislation amends the Family and Medical Leave Act, the landmark workplace protection legislation passed 14 years ago, to provide the

spouse, child, parent, and next of kin of an injured service member with six months of unpaid, job protected leave to care for their wounded loved one. This language is identical to the bipartisan bill, H.R. 3481, the Support for Injured Servicemembers Act, which Chairman GEORGE MILLER and I have championed in the House and Senators CHRISTOPHER DODD and HILLARY RODHAM CLINTON have fought for in the Senate. We have a moral obligation to honor our military families, who should never have to choose between keeping their jobs and support and meeting the needs of their loved ones. As the Chairwoman of the Workforce Protections Subcommittee, I believe we can no longer afford to deny these dedicated men and women the urgently needed protections included in this bill.

Children are 25 percent of our population but 100 percent of our future. I look forward to working with my fellow Members to continue to protect the health and well-being of our Nation's most valuable resource: its children.

Mr. WILSON of South Carolina. Madam Speaker, despite all the rhetoric about the State Children's Health Insurance Program which was created by Republicans, the fact remains that we all want low-income children to have access to health care. The only difference is that Republicans have stood by the principle of covering poor children first and not covering adults, illegal aliens, and those already covered by private insurance.

The President's SCHIP proposal provides an increase of \$5 billion to cover those who are currently enrolled and the 500,000 children eligible but not yet covered. The billions more in spending that the Democrats are requesting will use taxpayer dollars to provide health care for individuals SCHIP was never meant to cover. Additionally, the Democrat proposal pulls the rug out from underneath these children when funding to the program is drastically cut in 2012.

When you take the Democrat legislation at face value and look past the political rhetoric and the demagoguery, the Republican proposal to promote SCHIP is best for families and children.

In conclusion, God bless our troops, and we will never forget September 11.

The SPEAKER pro tempore. Without objection, the previous question is ordered.

There was no objection.

The SPEAKER pro tempore. The question is, will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

Under the Constitution, the vote must be by the yeas and nays.

The vote was taken by electronic device, and there were—yeas 273, nays 156, not voting 4, as follows:

[Roll No. 982]

YEAS—273

Abercrombie  
Ackerman  
Allen  
Altmire  
Andrews  
Arcuri  
Baca  
Baird  
Baldwin  
Barrow  
Bean  
Becerra

Berkley  
Berman  
Berry  
Bishop (GA)  
Bishop (NY)  
Blumenauer  
Bono  
Boren  
Boswell  
Boucher  
Boyd (FL)  
Boyda (KS)

Brady (PA)  
Braley (IA)  
Brown, Corrine  
Buchanan  
Butterfield  
Capito  
Capps  
Capuano  
Cardoza  
Carnahan  
Carney  
Castle

Castor  
Chandler  
Clarke  
Clay  
Cleaver  
Clyburn  
Cohen  
Conyers  
Cooper  
Costa  
Costello  
Courtney  
Cramer  
Crowley  
Cuellar  
Cummings  
Davis (AL)  
Davis (CA)  
Davis (IL)  
Davis, Lincoln  
Davis, Tom  
DeFazio  
DeGette  
Delahunt  
DeLauro  
Dent  
Dicks  
Dingell  
Doggett  
Donnelly  
Doyle  
Edwards  
Ehlers  
Ellison  
Ellsworth  
Emanuel  
Emerson  
Engel  
English (PA)  
Eshoo  
Etheridge  
Farr  
Fattah  
Ferguson  
Filner  
Fossella  
Frank (MA)  
Gerlach  
Giffords  
Gilchrest  
Gillibrand  
Gonzalez  
Gordon  
Green, Al  
Green, Gene  
Grijalva  
Gutierrez  
Hall (NY)  
Hare  
Harman  
Hastings (FL)  
Herseth Sandlin  
Higgins  
Hill  
Hinchey  
Hinojosa  
Hirono  
Hobson  
Hodes  
Holden  
Holt  
Honda  
Hooley  
Hoyer  
Inslee  
Israel  
Jackson (IL)  
Jackson-Lee  
(TX)  
Jefferson  
Johnson (GA)

Jones (OH)  
Kagen  
Kanjorski  
Kaptur  
Kennedy  
Kildee  
Kilpatrick  
Kind  
Richardson  
Kirk  
Klein (FL)  
Kucinich  
LaHood  
Lampson  
Langevin  
Lantos  
Larsen (WA)  
Larson (CT)  
Latham  
LaTourette  
Lee  
Levin  
Lewis (GA)  
Lipinski  
LoBiondo  
Loeback  
Lofgren, Zoe  
Lowey  
Lynch  
Mahoney (FL)  
Maloney (NY)  
Markey  
Matheson  
Matsui  
McCarthy (NY)  
McCollum (MN)  
McDermott  
McGovern  
McHugh  
McIntyre  
McMorris  
Rodgers  
McNerney  
McNulty  
Meek (FL)  
Meeks (NY)  
Melancon  
Michaud  
Miller (MI)  
Miller (NC)  
Miller, George  
Mitchell  
Mollohan  
Moore (KS)  
Moore (WI)  
Moran (KS)  
Moran (VA)  
Murphy (CT)  
Murphy, Patrick  
Murphy, Tim  
Murtha  
Nadler  
Napolitano  
Neal (MA)  
Oberstar  
Obey  
Olver  
Ortiz  
Pallone  
Pascrell  
Pastor  
Payne  
Pelosi  
Perlmutter  
Peterson (MN)  
Petri  
Platts  
Pomeroy  
Porter  
Price (NC)  
Pryce (OH)  
Rahall

Ramstad  
Rangel  
Regula  
Rehberg  
Reichert  
Renzi  
Reyes  
Richardson  
Rodriguez  
Ross  
Rothman  
Roybal-Allard  
Ruppersberger  
Rush  
Ryan (OH)  
Salazar  
Sanchez, Linda  
T.  
Sanchez, Loretta  
Sarbanes  
Schakowsky  
Schiff  
Schwartz  
Scott (GA)  
Scott (VA)  
Serrano  
Sestak  
Shays  
Shea-Porter  
Sherman  
Shuler  
Simpson  
Sires  
Skelton  
Slaughter  
Smith (NJ)  
Smith (WA)  
Snyder  
Solis  
Space  
Spratt  
Stark  
Stupak  
Sutton  
Tanner  
Tauscher  
Thompson (CA)  
Thompson (MS)  
Tiberti  
Tierney  
Towns  
Tsongas  
Turner  
Udall (CO)  
Udall (NM)  
Upton  
Van Hollen  
Velázquez  
Visclosky  
Walsh (NY)  
Walz (MN)  
Wasserman  
Schultz  
Waters  
Watson  
Watt  
Waxman  
Weiner  
Welch (VT)  
Wexler  
Wilson (NM)  
Wilson (OH)  
Wolf  
Woolsey  
Wu  
Wynn  
Yarmuth  
Young (AK)  
Young (FL)

NAYS—156

Aderholt  
Akin  
Alexander  
Bachmann  
Bachus  
Baker  
Barrett (SC)  
Bartlett (MD)  
Barton (TX)  
Biggart  
Billbray  
Bilirakis  
Bishop (UT)  
Blackburn  
Blunt  
Boehner

Bonner  
Boozman  
Boustany  
Brady (TX)  
Broun (GA)  
Brown (SC)  
Brown-Waite,  
Ginny  
Burgess  
Burton (IN)  
Buyer  
Calvert  
Camp (MI)  
Campbell (CA)  
Cannon  
Cantor

Carter  
Chabot  
Coble  
Cole (OK)  
Conaway  
Crenshaw  
Cubin  
Culberson  
Davis (KY)  
Davis, David  
Deal (GA)  
Diaz-Balart, L.  
Diaz-Balart, M.  
Doolittle  
Drake  
Dreier

Duncan	Kline (MN)	Reynolds
Everett	Knollenberg	Rogers (AL)
Fallin	Kuhl (NY)	Rogers (KY)
Feeney	Lamborn	Rogers (MI)
Flake	Lewis (CA)	Rohrabacher
Forbes	Lewis (KY)	Ros-Lehtinen
Fortenberry	Linder	Roskam
Fox	Lucas	Royce
Franks (AZ)	Lungren, Daniel	Ryan (WI)
Frelinghuysen	E.	Sali
Gallegly	Mack	Saxton
Garrett (NJ)	Manzullo	Schmidt
Gingrey	Marchant	Sensenbrenner
Gohmert	Marshall	Sessions
Goode	McCarthy (CA)	Shadegg
Goodlatte	McCauley (TX)	Shimkus
Granger	McCotter	Shuster
Graves	McCrery	Smith (NE)
Hall (TX)	McHenry	Smith (TX)
Hastert	McKeon	Souder
Hastings (WA)	Mica	Stearns
Hayes	Miller (FL)	Sullivan
Heller	Miller, Gary	Tancredo
Hensarling	Musgrave	Taylor
Herger	Myrick	Terry
Hoekstra	Neugebauer	Thornberry
Hulshof	Nunes	Tiahrt
Hunter	Paul	Walberg
Inglis (SC)	Pearce	Walden (OR)
Issa	Pence	Wamp
Johnson (IL)	Peterson (PA)	Weldon (FL)
Johnson, Sam	Pickering	Weller
Jones (NC)	Pitts	Westmoreland
Jordan	Poe	Whitfield
Keller	Price (GA)	Wicker
King (IA)	Putnam	Wilson (SC)
Kingston	Radanovich	

## NOT VOTING—4

Carson  
Jindal

Johnson, E. B.  
King (NY)

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings or other audible conversation is in violation of the rules of the House.

□ 1317

So (two-thirds not being in the affirmative) the veto of the President was sustained and the bill was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. KING of New York. Madam Speaker, due to the sudden circumstances regarding my mother's health, I will not be present during today's rollcall vote on the override of the Presidential veto of the Children's Health Insurance Program Reauthorization Act (H.R. 976). If I were present, I would vote "yea."

The SPEAKER pro tempore (Mrs. TAUSCHER). The veto message and the bill will be referred to the Committees on Energy and Commerce and Ways and Means.

The Clerk will notify the Senate of the action of the House.

## LEGISLATIVE PROGRAM

(Mr. BLUNT asked and was given permission to address the House for 1 minute.)

Mr. BLUNT. I yield to my good friend, the gentleman from South Carolina, for the purpose of inquiring about next week's schedule.

Mr. CLYBURN. I thank my friend for yielding to me.

Mr. Speaker, on Monday the House will meet at 12:30 p.m. for morning-

hour business and 2 p.m. for legislative business, with votes rolled until 6:30 p.m. We will consider several bills under suspension of the rules. A list of those bills will be announced by the close of business tomorrow.

On Tuesday, the House will meet at 9 a.m. for morning-hour business and 10 a.m. for legislative business. On Wednesday and Thursday, the House will meet at 10 a.m. for legislative business. We expect to consider H.R. 1483, the Omnibus Parks and Public Lands Act; H.R. 1011, Virginia Ridge and Valley Act; H.R. 505, Native Hawaiian Government Reorganization Act; H.R. 3685, Employment Nondiscrimination Act; and H.R. 3867, Small Business Contracting Act. On Friday, there will be no votes in the House.

Mr. BLUNT. I thank the gentleman for that information. There are really a couple of bills I wanted to ask about that I wonder when and if they are going to be coming back. As the gentleman knows, we only have a few more weeks of legislation outside of what we might have to do on the appropriations bills.

Yesterday, I spoke on the floor, and others did, in opposition to the FISA bill, the Foreign Intelligence Surveillance Act bill, that was on the floor yesterday. We quit in the middle of that debate. I am wondering if the gentleman has any information on when that bill may come back to the floor or if you have any information that it wouldn't be coming back.

I would yield.

Mr. CLYBURN. I thank the gentleman for yielding. We do expect the bill to come back to the floor, and it is under discussion as to when that will be.

Mr. BLUNT. I thank the gentleman for that. I would say that we would be interested in trying to continue to work to get a bill on the floor on this important issue that a broad base of Members of the House on both sides could support. And as we were able to talk about earlier today, I would hope that that we would have a chance maybe to look at that bill one more time.

The other bill that got a lot of attention this week was the bill that was reported out of the House Foreign Affairs Committee on Armenian genocide, and I wonder if my friend has any sense of the status of that bill.

I yield to the gentleman.

Mr. CLYBURN. I thank the gentleman. We are still looking at that bill, and we expect next week to have some announcements about it.

Mr. BLUNT. I thank the gentleman for that information. We are very interested in that bill.

On the bill that we just voted on, a vote that would have been pretty easy to predict, I believe, 2 weeks ago, I noticed just this week that the Governor of New York said that he would be willing to accept new language in that bill that would eliminate his State's ability to cover families at over 400 percent of the poverty level. I would suggest

that that is one of the compromises that would really be helpful, if we could eliminate that level that appears to only initially apply to the State of New York. Last week, when Mr. HOYER and I discussed this, he suggested that if the veto was sustained, that his view was that we should have an opportunity to work together on a bill that could come to the House floor. And I am wondering if the gentleman has any information on how the majority intends to move forward now on that bill.

I yield to the gentleman.

Mr. CLYBURN. I thank the gentleman. I can tell the gentleman that we are serious about extending coverage to 10 million children. I think that the issue you just raised is an issue that has been talked about quite a bit, especially in the media, for the last 2 or 3 days, and I suspect that that is one of the things that we would be taking a look at in order to try to bring some resolution to. I think, so long as we can maintain the intentions to cover 10 million children, everything else will be under discussion.

Mr. BLUNT. I would particularly think that that would be the topic I just raised, where families of four could make up to \$83,000 a year and still have their children insured by taxpayers, would be one of the areas that, if we could deal with that issue, that would be a significant step on the bill, maybe not the only step necessary. But if we could now get in a situation where we could do what the vast majority of the House said they wanted to do just a few weeks ago when we definitely went on record saying we don't want this State Child Insurance Program to go out of existence but we want to do what we can to be sure that it is meeting the real goals of the program.

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That would be helpful. And any efforts that we can collectively make to where we work together on this would be, I think, helpful in reaching a conclusion. And I think this too: unfortunately, I don't think many minds were changed in the last 2 weeks, and we lost 2 weeks that we could have been talking. But that's behind us now, and I'm hoping we move forward.

The other major topic that I wanted to ask a question about today to my friend was on appropriations. I've been asking every week since we started the new fiscal year, or approached the new fiscal year, when we were going to have some bills on the floor or to go to conference, rather, on bills. On the Military Quality of Life bill, the Senate Democrats have been named to the conference. The Senate Republicans have been named to the conference. The House Republicans have been named to the conference. And I'm wondering if the gentleman has any sense of when we might actually see something now begin to happen on these appropriations bills.

I yield to the gentleman.

Mr. CLYBURN. I thank the gentleman for yielding.