

Thompson (MS)	Visclosky	Welch (VT)
Tierney	Walz (MN)	Weller
Towns	Wasserman	Westmoreland
Tsongas	Schultz	Wexler
Udall (CO)	Waters	Woolsey
Udall (NM)	Watson	Wu
Van Hollen	Watt	Wynn
Velázquez	Weiner	

NOT VOTING—43

Baird	Gohmert	Napolitano
Billbray	Granger	Rangel
Blunt	Hastert	Renzi
Boren	Hayes	Reyes
Buyer	Hunter	Sarbanes
Calvert	Issa	Shays
Carson	Jindal	Shea-Porter
Cubin	Johnson, E. B.	Tancredo
Davis (CA)	Johnson, Sam	Waxman
Davis (KY)	Lewis (CA)	Weldon (FL)
Dreier	Maloney (NY)	Wilson (OH)
Emanuel	Marshall	Yarmuth
Filner	McCollum (MN)	Young (AK)
Flake	Meek (FL)	
Galleghy	Moran (VA)	

□ 1232

Ms. KAPTUR changed her vote from “aye” to “no.”

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. FILNER. Mr. Speaker, on rollcall No. 1005, I was not present because I was helping my constituents cope with the fire crisis in San Diego, CA. Had I been present, I would have voted “no.”

PROVIDING FOR CONSIDERATION OF H.R. 3963, CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

The SPEAKER pro tempore (Mr. HOLDEN). The gentlewoman from New York is recognized for 1 hour.

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

GENERAL LEAVE

Ms. SLAUGHTER. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on H. Res. 774, and to insert extraneous materials into the RECORD.

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

There was no objection.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H. Res. 774 provides a closed rule for consideration of H.R. 3963, the Children’s Health Insurance Program Reauthorization Act of 2007. The rule provides 1 hour of debate equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce and the chairman and ranking minority member of the Committee on Ways and Means.

Mr. Speaker, I stand before you on the floor this afternoon with mixed emotions. I along with a majority of Members of the House are disappointed

that we have to reintroduce a bill, passed by enormous bipartisan support, which would have provided millions of children across the Nation with access to health care.

The memory of what took place here on the House floor a week ago today will not soon be forgotten. On that day, we saw a few Members stand in lockstep with the President and with that deny health care coverage for millions of our children.

However, coupled with my disappointment, Mr. Speaker, is the consuming feeling of promise. I have hope for those children, along with a belief that those Members who were unable to break away from the President’s mistaken rhetoric will stand for what is right today and vote to overwhelmingly pass this vital legislation.

I feel strongly that what motivated me and so many of my colleagues to come to Washington in the first place was the thought that on any day a vote could be held that would improve the lives of millions of people throughout our country. And that is exactly the chance that we have been given here today.

We are again granted the chance to vote for a bill that will advance medical care in this country, improve the health of our youngest and neediest citizens, and offer new hope for literally millions of children who would otherwise be left without either.

I think everyone listening today recognizes the reality of the situation we face. Should we not act, the health care of millions of children will be yanked away on November 16. Not providing health care to millions of children when given the opportunity to do so is appalling, but to strip away benefits from those who currently have them is simply indefensible.

Mr. Speaker, in our vote to expand SCHIP last month, we made a genuine dent in one of the most shameful inadequacies of our health care system: the lack of coverage for millions of America’s children.

Congress created the State Child Health Insurance Program in 1997 with broad bipartisan support, including some of my colleagues who now oppose it. As a result, over 6 million children currently have health care coverage that otherwise would not. In my home State of New York, over 400,000 children are enrolled, the second highest in the Nation.

The SCHIP reauthorization bill would preserve access to health care for 6 million children already enrolled in the program, while bringing desperately needed health care coverage to almost 4 million more children. As a result, in my home State of New York, an additional 268,000 children who need it will have health care coverage. That means they will be able to get their immunizations before starting school, or see the dentist when they have a toothache.

This new bill also makes changes by phasing out childless adults after 1

year, and also puts in a cap on children whose parents’ income are over 300 percent above the poverty level. The bill also requires States to develop plans and implement recommended best practices for addressing crowd-out.

Make no mistake, 43 Governors from red States and blue, 69 Members of the United States Senate, Democrats and Republicans, 273 of my colleagues from both sides of the aisle in the House, and 81 percent of the American public, including a large majority of Republicans, support our bipartisan expansion of SCHIP.

Yet, presented with this overwhelming support from all sides, the President decided to dust off his veto pen and with it deny millions of children access to health care. In spite of the unquestionable benefits and in spite of the overwhelming popularity and accomplishments of this program, SCHIP is under attack.

We saw reprehensible smear attacks on families who were brought into the public eye to showcase the benefits of the program. In the face of the life-saving chance that was bestowed on the family due to this program, the harshest rhetoric was not cast against the bill, but against this family, including the children.

We saw persons go to the home of one of the families and harass them in public, talk radio and blogs made wild and audacious accusations, and we even saw staffers on Capitol Hill who clearly intended to assist this fabricated, cold-hearted smear campaign.

It is simply beyond comprehension to me that many are willing to score political points by denigrating our Nation’s children, particularly those who owe their very lives to this program.

But the American people saw through the attacks. They understood that the health of our Nation’s children is simply not worth scoring a few political points.

Mr. Speaker, the President chastises the \$35 billion bill, which is fully paid for, as “too expensive.” And with the same breath, he seeks an additional \$190 billion for the Iraq war, all of which is at the expense of the taxpayer.

This is simply unconscionable when you realize the amount of money it takes to provide the health care for 10 million children for an entire year is what we spend in Iraq in just 41 days. We need to get our priorities straight.

I am enormously proud of the accomplishments we have done this year, from education to health care, but nothing means more to us than SCHIP. The American people expect us to tackle this health challenge before us. Last week we fell short of overturning the veto by just 13 votes. To those Members who know that providing health care to vulnerable children is the right thing to do, I say to you: Join with Democrats and Republicans and with the American people in passing the bill today.

Healthy children make a healthy Nation, Mr. Speaker. I hope every Member takes a long and hard look at the bill that we are presenting today and sees not just the words and the numbers, but the faces of 10 million children whose fate they hold in their very hands.

It is time to put principles before politics. It is time to stand in defiance of misplaced priorities. And it is time to vote with our Nation's children and provide them with the health care they need and deserve.

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

Mr. SESSIONS. Mr. Speaker, I rise today in strong opposition to this 40th completely closed rule to be reported by the Rules Committee in the first session of the 110th Congress, a rule that fails even to provide the minority with a substitute amendment and to the underlying legislation that the minority did not receive until 7:30 p.m. last night.

Might I also add, perhaps the American public is sold on this, but there is not one cosponsor of this bill in this body. And when the bill was presented to the Rules Committee last night, no one even took credit for it. Those that brought the bill forward said, "Not my bill, this is the Senate bill." An interesting twist of fate.

Mr. Speaker, once again, for the third time in as many months, I oppose the way this legislation has been brought to the floor without a single legislative markup. I oppose the fact that despite Speaker PELOSI's promise to run the most honest, open and transparent House in history, today we are being provided with a process and a product that is none of the above.

Mr. Speaker, what we do have is a bill that neither the Republican leadership nor the Republican members on the Energy and Commerce Committee nor the administration had any opportunity to participate in crafting.

What we do have is a process that has been politicized and mischaracterized over and over again by the new Democrat majority in the hopes if the same skewed numbers and faulty facts are repeated enough times, then somehow they must be true.

Last night in the Rules Committee, we learned that when it comes to playing by their own PAYGO rules, the Democrat majority wants to have things both ways. We learned that this majority only agrees with the facts presented by the Congressional Budget Office when it suits their needs. When the CBO estimates that the bill raises taxes enough to pay for the additional \$35 billion in spending that it creates, they would be for it. However, when confronted by the fact that CBO estimates that this legislation falls 26 percent short of the often-repeated claim of covering 10 million children, all of a sudden the CBO's calculator is broken and their ability to estimate anything accurately is certainly put at dispute.

The CBO also estimates, as my good friend and colleague from Texas, Dr.

MICHAEL BURGESS, points out in his testimony late last night in the Rules Committee, this legislation will move 2 million children who are already being covered by private health insurance into a Washington-based system that deliberately undercompensates physicians for their services by approximately 40 percent, creating a net loss for the overall quality of patient care.

What we do have is a process that for the third consecutive time still increases government spending and dislocates the private marketplace, diverting much-needed funds away from helping our Nation's poorest children.

One new bit of information which has been represented about this legislation is that it finally prevents undocumented workers and adults from receiving those funds intended to pay for the medical cost of children of the working poor.

□ 1245

Since we got this 293-page bill just a few hours ago, I will have to take the Democrats at their word. But if this is the case, it means that despite all of their protests to the contrary, and consistent with now-vindicated Republican criticisms, the first two SCHIP bills passed by the House did cover undocumented workers and adults.

I would like to congratulate Speaker PELOSI and the rest of the new Democrat leadership team for finally agreeing with what Republicans have been saying all along, because we all began at the same point, and that is, you can't have a fix if there's no problem to begin with. We knew there was a problem, and they finally admitted it in this new bill.

Mr. Speaker, I'm not here to oppose the idea of SCHIP. It was a Republican-controlled Congress that created SCHIP; and I support its original, true mission statement. But H.R. 3963 is yet another thinly camouflaged attempt at slowly siphoning Americans from insurance plans in the private market into a Washington-based, government-run, single-payer health care system.

Mr. Speaker, today we have failed to address one of the most serious issues facing our Nation, how to make the health insurance system more affordable and accessible for all Americans. So, most of all, I rise to oppose the Democrat leadership playing political games with children's health in order to score electoral points.

It is a well-known and often-cited axiom that "success has a thousand fathers, but failure is an orphan." That statement is no more true than in Washington, D.C. today, where everyone clamors to be associated with success but sets new land-speed records in distancing themselves from responsibility.

You see, last night in the Rules Committee, we were told time and time again that the bill being brought forward by this rule is not a House product; it is a Senate compromise that we all just have to support. The chairman

of the Energy and Commerce Committee, my good friend Mr. DINGELL, reiterated the point over and over again to the committee in his testimony.

In fact, despite asking for one, I'm still unable to find one House Democrat willing to take responsibility for all the shortcomings of this bill. And if we can't find one Member of the House, much less a thousand, willing to take credit for this bill, then I guess if we're simply judging the bill a success or a failure, it's pretty obvious which category this falls into.

Mr. Speaker, I ask all of my colleagues to oppose this completely closed rule that breaks every promise made in Speaker PELOSI's "New Direction for America," and this politically motivated and ill-conceived legislation.

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

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from California, the Speaker of the House, Ms. PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentlelady for yielding, the distinguished Chair of the Rules Committee, and I thank you for bringing this opportunity to the floor where Congress again will have to make a decision about our priorities. The Congress will, I know, in a very strong bipartisan vote, support the children of America because this has always been, as the gentlewoman indicated, a bipartisan initiative.

I first want to acknowledge the distinguished chairman of the Energy and Commerce Committee, Mr. DINGELL, for his work over the years. I believe his committee had seven hearings on the legislation regarding SCHIP. And the distinguished Chair of the Health Subcommittee, Mr. PALLONE, is with us here.

I also want to acknowledge the great work of CHARLIE RANGEL, the Chair of the Ways and Means Committee, who has been such a strong advocate for America's children in every way and, in particular, in this. He, too, had his markups on the bill, which improved the bill; and I want to acknowledge him and his distinguished Chair of the subcommittee, Mr. STARK.

But my highest praise goes to Republicans. Without the Republicans we wouldn't even have SCHIP. Senator ORRIN HATCH of Utah really is the father of this initiative. As he tells us, two families in Provo, Utah, visited him in his office. Both of these families have two wage-earners, both of them making minimum wage, trying to support their families of four each. They pled with him that they could not provide health insurance for their children. Because they were working and they were above the poverty line, they did not qualify for Medicaid, and so their hard work was rewarded, not so, by not having health insurance for their children and that was where this all began.

Ten years ago, under a Democratic President, President Clinton, and a Republican Congress, this initiative, SCHIP, State Children's Health Insurance Program, became the law of the land; and God bless that bipartisan effort for making that possible for the health of our children.

So Senator HATCH was very much a part of putting this legislation together, and the gentlemen are right, this is largely a Senate initiative. Senator GRASSLEY, the former Chair of the Finance Committee from Iowa, also a distinguished Republican Member of the United States Senate, has worked harder than anyone to make this the law of the land again, to reauthorize this SCHIP, this children's health initiative, by his intellect, and helped shaping the bill, by his persuasion in talking to Members, including his persuasion of many of us who had a far different bill in mind but agreed to the compromises that he has put forth for the good of the children.

That bill was vetoed. The original bill was vetoed by the President, as we all know. The veto was not overridden. So here we are again with another SCHIP in the image of the bill that received all of the attention before, but improved upon by suggestions made by our colleagues in the minority, our Republican colleagues.

It wasn't that these issues weren't covered in the bill; but the clarity sought by the Republicans, and agreed to by all of us, I think are a definite improvement on the bill, and these fall into three areas.

First, there was the question of the now-famous unlimited amount of wealth that a person could have in order to be able to avail themselves of SCHIP. I hesitate to even repeat the charge because it was so untrue and was known to be untrue, because none of the waivers for such action were ever given by President Bush.

So that factual statement did not exist, but in any event, the fact is now and I thank our Republican colleagues for insisting upon the clarity that says no one making over 300 percent of poverty, no State can allow people to receive the benefits of SCHIP. So there's a cap, a 300 percent of poverty, as to who may receive the benefit.

Secondly, the question of undocumented, those people who are in our country but have not been here that length of time that would qualify. So the undocumented are one category, and the undocumented are not allowed to receive benefits from this initiative. It was clear in the first bill. It's even clearer in the second bill.

So the cap on who can receive it, stronger language as to undocumented, and, third, the issue of adults. Adults were in the program because people thought as a lure to families they could get children in the program. Republicans objected to that. There was an exaggeration of the number of adults who are in the program; but, nonetheless, in the interests of the

children the new legislation contains a provision that adults, under one circumstance, will be phased out in 2 years and, in another circumstance, in 1 year, so that it's a faster, faster removal of adults from the system.

As a mother of five, though, I have to insist that Governors still be allowed to provide health care to pregnant women because we cannot talk about the health of our children, especially getting one out to the earliest, healthiest start, unless we talk about the health of pregnant women.

So, again, three areas: the cap, 300 percent; no illegal aliens, to use your term, I prefer undocumented, are able to get benefits; and adults are phased out of the program. The adults were only in the program because the Bush administration gave the waiver to enable them to be in the program; but, nonetheless, that is now out of the question.

So we have this opportunity, once again, for this Congress to speak and vote in support of children. This is so important. It's a very positive day for me because when people ask me what are the three most important issues facing the Congress, I always say the same thing—our children, our children, our children: their health, the education, the economic security of their families, a safe and healthy environment in which they can thrive, and a world at peace in which they can reach their fulfillment.

And on every one of those scores, this Congress has acted in a strong bipartisan way on behalf of the children. The health, we're talking about today. The education, this Congress in a strong bipartisan way passed the biggest package for college affordability since the GI Bill of Rights was signed by Franklin Roosevelt in 1944, over 60 years ago, and this Congress said we are standing with the children in terms of expanding their opportunity.

The health today, the education and many other educational initiatives. I point that one out because it's a start. The economic security of their families, this Congress voted in a very strong bipartisan way to raise the minimum wage, the first time it was raised in 10 years, and with a strong bipartisan vote.

Also, in a very strong bipartisan vote, we voted for the Innovation Agenda, the COMPETES Act, our commitment to competitiveness to keep America number one, keep good-paying jobs and businesses in the United States, helping the economic security of our families.

And then the environment in which they live, again in a strong bipartisan way, we passed legislation to make the air they breathe, the water they drink cleaner. All of this was done, again strong bipartisan votes, highest ethical standard, no new deficit spending, all of it so that none of the advantages that we were conveying to children would be accompanied with a bill heaping mountains of debt onto them into the future.

Part of that also was to operate in the most honest and open way. In a strong bipartisan way, we passed our ethics reform bill so that we are here for the children's interest and not special interests.

So this Congress this year has had a strong bipartisan record in support of our children, and I thank both the Republicans and the Democrats for supporting those initiatives. Almost all of that except this SCHIP has been signed into law by the President of the United States.

Some mention has been made about the fact that there is a fire in California, and as one who has had the privilege of representing the great Golden State of California for 20 years in the Congress, one who understands we had an earthquake in San Francisco, an earthquake in Los Angeles and now these disastrous fires, we all understand how important it is for Members to be at home with their constituents at a time of a natural disaster, a time of tragedy. But that doesn't mean we don't continue with the work of government.

As Mr. TAYLOR so eloquently said earlier, he was with his constituents in Mississippi while we passed legislation that affected those people here in the Congress, and that was the appropriate way to go. It was then; it is now.

As a matter of fact, I spoke to Governor Schwarzenegger the other day and acknowledged his leadership and the rapid response of the California emergency services team, which is the gold standard, a model for the country. I wanted to find out from him what needs he had from the Federal Government. At the time we had emergency designation. Now we have a major disaster designation by the President, and I salute the President for making that designation, and I thank him for visiting California today.

According to Governor Schwarzenegger, all of the Federal resources that are available to those affected by the disaster, those resources are accessible to those who can help people with that, but we will be taking a bipartisan delegation of appropriators and others who can help meet their needs and get a better picture of what's on the ground there after the fire subsides.

So this is something that is a very high priority for this Speaker of the House, the first Californian to ever serve as Speaker, with great love for our great State.

□ 1300

The Governor in that conversation then said, How are we doing on SCHIP? He told me of the calls that he had made, and how important it was to pass this legislation. That's why we are here today.

This is important not only to California's children, but children across the country. The Governor knows a million people have been displaced in California in this natural disaster, and 1.2 million in California will benefit from

this SCHIP bill that we are passing in the Congress today. The Governor understands that. He has been a strong supporter of it, and he is helping us to pass this legislation, recognizing that we have to get the job done. Again, I salute him for his leadership, and I thank him for his support on SCHIP.

Earlier this year under the chairmanship of GEORGE MILLER, Congressman CHAKA FATTAH and Congresswoman ROSA DELAURO we had a summit, a children's summit, where we had hundreds of scientists from all over the country who came and spoke about our children again, their health, their education, housing, really, every aspect of their lives. One of the people who spoke there was Dr. James Heckman, who is a Nobel laureate, received the Nobel Prize for his work on economics. He is the Director of the Center for Social Program Evaluation, Harris School of Public Policy at the University of Chicago.

What he said that day was that the accident of birth is the greatest source of inequality in American society. He said, a good public policy for our children makes good economic sense. That is from an economist.

I know, as a mom and a grandmother that it makes good sense to care for the health of our children. Our Members, I am sure, across the aisle and all of us here know how important the health of our children is. People across America have understood it.

Easter Seals was here last week to advocate for this legislation. The March of Dimes was here on the day of the vote last week to advocate for this SCHIP legislation. Every organization from AARP and the AMA, the American Medical Association, to YWCA and everything in between alphabetically, Catholic Hospitals Association, Families USA, are out there beating the drum for the passage of this legislation.

Imagine Easter Seals and March of Dimes, within 1 week, both sending hundreds of people to Capitol Hill to lobby for this legislation. It was astounding.

I hope today, when our colleagues have to make a decision about this vote, that they will be thinking about the record of bipartisanship on behalf of America's children and families that this Congress already has. Sometimes it is eclipsed by the disagreement that we have on the war, but it is a fine record, and it is stronger because it is bipartisan.

I hope that our colleagues will be thinking about the children. Some of these little children, one of them, Zeke Taylor, he wasn't a beneficiary of SCHIP. March of Dimes helped him through his early years when he needed health care. But he wanted other children to have that, because he, at age 8 years old, as the ambassador for the March of Dimes, knew that it was important to him and, therefore, it was important to other children as well.

As my colleagues, we are pretty blessed, when you think of it. Think of

those of us who will be voting today. We all have health insurance for our children. In my case, it's grandchildren. My children are grown, so it's not a question of that. But you who have children who are still, God bless you, I am so jealous, have your children home, you have health insurance for your children.

The people we are trying to reach with this health insurance can't afford it. By the way, nearly, over 90 percent of them make one-fifth of what a Member of Congress makes, one-fifth of what a Member of Congress makes. So we are talking about people who are playing by the rules who are working to lift themselves into the middle class or to sustain their place in the middle class.

We are talking about a country who has not as an issue, not as a piece of legislation, but a deeply held value, an ethic, that to be a great Nation we have to take care of the health of our children. It should almost go without saying, but it doesn't, and we need the public policy, as Dr. Heckman said, good public policy for our children. We say it is necessary for their health and well-being. He also says that it is essential to our economy.

So there is every compassionate, humanitarian, motherly, fatherly, family reason to be for this legislation, but it also makes good economic sense. By the way, it also makes good national security sense.

Again, we have had our moment. We are like a family here. We have had our moments. It's time to put the children first.

I urge all of you to support this legislation that is before us for America's children, for all of America's children, to take our country in a new direction for them.

MR. SESSIONS. Mr. Speaker, the Republican Party does support SCHIP. We do not support taking 2 million children that today are in private health insurance programs and moving them to the government, Washington-based/run health care program. That is where we offer our differences today on the bill.

Mr. Speaker, I yield 4 minutes to the gentleman from Pasco, Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. I want to thank my friend and colleague on the Rules Committee from Dallas for yielding me the time.

Mr. Speaker, this is the third time the House has considered legislation to renew the State Children's Health Insurance Program. It is the third time that it is being considered under a closed rule that denies each and every Member of this House an opportunity to offer an amendment to improve it. It's the third time that we Republicans first saw the text the night before it comes up for debate. It is the third time that the Rules Committee has met at all hours of the night on these suddenly appearing bills.

Last night, it was almost until midnight. The second time we met, it

wasn't until almost 10 p.m. And the first time we met on this bill, it was from 1 a.m. to 3 a.m. in the morning. It is the third time the Democrat bill allows thousands of adults to sign up for children's health care. It's the third time it moves those with private insurance into a government-run program. And it's the third time it doesn't focus on caring for thousands of the poorest kids in our country who are eligible for coverage today but who haven't been signed up by the individual States.

Last night, from 9 p.m. until nearly midnight, the Democrats claimed this bill was really different, that they had changed it to address the problems. But the nonpartisan analysis by the Congressional Budget Office says that they are flat wrong.

Under this bill, we would have more adults on children's health insurance than we do today. SCHIP would actually cost more than the previous bills while covering less kids, and that several million enrollees in the program today would leave their private insurance for tax-funded programs. This bill isn't a true effort to reach a new accord to renew SCHIP. It is a political game being played out at its political worst.

Speaker PELOSI, who just spoke very eloquently on the floor, her Web site still has a statement on it, and I quote from that statement, "Under Democratic leadership, this Congress is changing the way we do business in Washington—restoring accountability and working together to get the job done." I wish this promise wasn't being broken every time the SCHIP bill is brought to the floor of the House, but it is a promise that is being broken.

I want to go on, since the Speaker spoke so eloquently. In her "New Direction for America," she states, "Regular meetings between Chairs and ranking members of committees and staff should be held." That didn't happen on this bill. That's another promise that was broken.

Further, in her "New Direction for America," she states, and I quote, "Bills should generally come to the floor under a procedure that allows open, full and fair debate consisting of a full amendment process that grants the minority the right to offer its alternatives, including a substitute." That's another promise that was broken.

To my Democrat friends, I must say that you can't reach an agreement by only talking to yourselves. You don't work together by ignoring Republicans, hiding the text of the bill from the Republicans until the night before the debate, shutting down any opportunity for amendments to be made in order to improve the legislation on the floor.

In 1997, a Republican Congress and a Democrat President actually held discussions on creating SCHIP. They talked together, worked together and reached an agreement to provide health insurance to the poorest kids in

our country. That approach was successful, and it created this program. That is the right approach to reach agreement to renew SCHIP and to keep the focus on caring for kids that are most in need.

The tactics last night and today by Democrat leaders aren't about bipartisan talks; they are about partisan posturing. To me, it's terribly disappointing. SCHIP should be renewed, and it will be renewed as soon as an honest effort is made on a bipartisan agreement.

I urge my colleagues to vote against this rule.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. I thank the gentlelady for yielding.

Mr. Speaker, I rise today in strong support of SCHIP and the millions of children from poor families who would be covered by this bill. It is critical that we take action immediately to save this important program. I wholeheartedly supported earlier versions of the SCHIP reauthorization, which would have enhanced and preserved a successful program that has made health insurance a reality for over 6 million children from low-income families.

I was tremendously disappointed that the President did not agree that strengthening SCHIP was a national priority. I could not disagree more with him.

But in response to his opposition, the House leadership has put forth the compromise version of this bill, one that addresses lingering concerns while retaining the core principles of this important program. This bill will protect the existing coverage for children and ensure that the lowest income children who are currently eligible but not enrolled would gain coverage, an additional 4 million children on top of the 6 million who are already covered.

It is the right thing to do. It is the moral and compassionate thing to do, and I urge my colleagues to vote in favor of this rule and the accompanying legislation.

Mr. SESSIONS. Mr. Speaker, I am pleased to yield 3 minutes to the ranking member of the Energy and Commerce Committee, the distinguished gentleman from Ennis, Texas (Mr. BARTON).

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

Mr. BARTON of Texas. Mr. Speaker, we are here once again on an issue that should have been solved, like, March of this year.

An emergency meeting of the Rules Committee was noticed at 7:30 last evening to be commenced at 8:30. That meeting lasted until midnight.

Dr. MICHAEL BURGESS, a member of the Energy and Commerce Committee,

attended with me to represent the Energy and Commerce Committee in the negotiations before the Rules Committee. He offered an amendment to this bill and was told it was not in order because he didn't get it in time. Didn't get it in time. An emergency meeting that is noticed at 7:30, that starts at 8:30, that lasts till midnight, Dr. BURGESS shows up with his amendment and is told, I am sorry, we can't have your amendment in order because it wasn't in time. We didn't even know there was going to be a meeting until 7:30.

Once again, we have a closed rule, which means there are no amendments made in order. Once again, we have a bill that was not seen, at least by those of us on the minority side, until approximately 7 to 7:15 last evening. Once again, we have a bill where there have been really no bipartisan negotiations. There have been some consultations with certain members of the minority party, I have to admit that.

I don't know what the distance is from here to there, but I am going to guess it's about 12 feet. Let's see. It's 18 feet. Now, if I really wanted to negotiate, and I was in the majority, I would say, let's get together and talk. I would reach out to my left and I would reach out to my right, each of us come about 9 feet, we could negotiate.

But here is how the Democrats do it. They haven't even said we wanted you to negotiate, but if they did, they head out the door. They are going around the world to meet us halfway when they could just do it 9 feet apart. I don't understand that.

Let's vote the rule down. Then let's get together and really negotiate.

Now, I want to give Ms. SLAUGHTER some credit. She was born in Texas. Her instincts are right. We did get a motion to recommit today, for the first time. When we get to the motion to recommit, we are going to have an opportunity to put forward a proposal that is positive for SCHIP that has been put together by the Republicans.

I will tell my friends on the majority side, it's not going to be a gimmick. I think it will say "forthwith," which means if we adopt it, we vote on it.

□ 1315

So I look forward to the debate, and I look forward to the motion to recommit. If we really want a bill the President would sign, I would say vote for the motion to recommit. But right now, vote against the rule so we can get some amendments made in order and have a real debate.

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

Mr. SESSIONS. Mr. Speaker, if I could ask how much time is remaining on both sides.

The SPEAKER pro tempore (Mr. HOLDEN). The gentleman from Texas has 16 minutes remaining. The gentlewoman from New York has 20½ minutes remaining.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 4 minutes to

the gentlewoman from Florida (Ms. GINNY BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I think we need to sometimes look back and see how we got to where we are.

On March 13, 1996, I was in the Florida Senate. I pulled up an old newspaper article that talked about "the million-dollar team of tobacco lobbyists figured they had their votes yesterday to override the Governor of Florida. Then Senator Ginny Brown-Waite of rural Hernando County stood to address the chamber. Her vote was crucial to the tobacco companies who wanted to scuttle Florida's tough anti-tobacco law. They thought they had her. But they didn't know that in the last 26 years she had lost her mother, father and sister, all smokers, to cancer."

I stood up and said, and it's quoted in here:

"'I can't sit here any longer and play the tobacco game,' Brown-Waite said in a hushed emotional voice. 'I was awake all last night laboring over this.'"

"Minutes later, pro-tobacco forces withdrew their motion."

Ladies and gentlemen, the reason I am bringing this up is this is where the money came from for the original SCHIP bill. It was because of overturning that vote and other States then followed to go after the tobacco companies for funds for third-party reimbursement. That's where the money came from for the SCHIP program. I was proud of that vote. I was very, very proud of that vote. I think the tobacco companies, for a long time, lied to the American public.

So after that, that was in 1996, after that, in 1997 Congress created the SCHIP bill. Great use of the tobacco litigation third-party reimbursement money. Great, great use for it. In Florida we created our own program from it.

But what we have here today is kind of what a farmer in my district once told me. He said, You can take horse manure and roll it in powdered sugar and it doesn't make it a doughnut. That, ladies and gentlemen, I think is kind of what we have here today.

It's a magnet for illegal aliens. We have income disregards in here that will encourage States to disregard anything at all. There are no guidelines. They can disregard any form of income, child support, child care costs, anything that they want to get to that 300 percent of poverty level.

This is not about supporting the President and the override. Lord only knows, this President knows he can not rely on my vote because I have stood in this Chamber and voted to override his veto of the stem cell bill. I disagreed with him on many, many issues.

Madam Speaker is absolutely right. This is about the children. Like her, I'm a mother and a grandmother. Wasn't it interesting that she couldn't use the word illegal. It was undocumented. Whether she prefers to call

them undocumented or illegal, this is a magnet which will draw even more people illegally, I don't have a problem using that word, illegally into our country.

If children really are what my friends on the other side of the aisle care about, then why did they hold up this vote for 2 weeks? Now kids, on November 16, unless we can really, really compromise, they will be without health care. I think that is cruel. I think we need to get serious.

I told Majority Leader HOYER this morning that this bill is just so outrageous. I almost wish I could turn back the clock and change my vote. I never thought I would say that. I absolutely, Mr. Speaker, never thought I would say that. I was very proud of that vote.

We need to make sure that we do cover kids and that we get serious about seriously negotiating a good bill, not a bill called a doughnut.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. SPACE).

Mr. SPACE. Mr. Speaker, I rise in support of the SCHIP bill that we will, again, today, be passing with bipartisan support. This is a bill which is not intended to be a handout. This is not a form of welfare. This is legislation that will provide assistance to working families, specifically 10 million children of working families who have had a very difficult time in today's economy, a difficult time with high gas prices, high prices of natural gas, electricity, struggling to make ends meet.

In Ohio we lead the Nation in foreclosures or are near the top. We're near the top in bankruptcy. In Ohio's 18th district there's an air of desperation, given the loss of manufacturing jobs.

The working families of this country need help. And this is a chance to give it to them. To call this a magnet for illegal immigration, to classify this legislation as Washington, D.C.-based health care is a gross misstatement of the facts, and nothing more than a red herring.

The truth is this legislation will enhance the lives, the quality of lives of 10 million young Americans. We have an obligation as a government to do that.

I thank those Republicans with the courage to vote to override the almost certain looming dark cloud of a Presidential veto and urge those with the foresight and courage to do so again as we proceed on this important legislation.

Mr. SESSIONS. Mr. Speaker, I would remind my wonderful friends on the other side that if they are serious about this bill maybe they would start by trying to negotiate with the administration, or by reaching across just 9 feet, as the gentleman from Texas said, Mr. BARTON. Why not try? It's amazing what you would maybe get, maybe some bipartisan help.

Mr. Speaker, at this time I would like to yield 3½ minutes to the distin-

guished gentleman from the Intelligence and Energy and Commerce Committees, the gentleman, Mr. ROGERS.

Mr. ROGERS of Michigan. Mr. Speaker, I can't tell you how disappointed I am in my colleagues across the aisle. Many of us reached out and said we'd like to help craft the language that solves the problems that we all agree are problems.

Even the Speaker of the House acknowledged that illegals in that other bill was a problem; that adults on the bill was a problem; that people collecting over 300 percent, in some cases \$83,000 or up to \$100,000, that was a problem. The fact that we're taking millions of children and forcing them off of their private insurance and onto a government program was a problem.

All was acknowledged. But not one constructive meeting happened where we actually sat down and said, we all agree that those are problems. You agree and we agree. Let's work out the language so that we can get a bill that takes care of poor children. That's what we believe.

But, Madam Speaker, I would encourage you to read the bill. As a matter of fact, she was proud to say that they capped it at 300 percent. We got the bill last night. We're still finding some real gems in here.

Denial of payments for expenditures for children health care assistance for children whose effective family income extends 300 percent of the poverty line. Basically, they said, we capped it, see?

And then you read down a little bit, under rule of construction: "Nothing in these amendments made by this section shall be construed as changing any income eligibility level for children under this section."

You didn't change anything. As a matter of fact, you made it worse, actually made it worse. So you know that same \$83,000 family that we all agreed and the Speaker stood right on this floor and said is a problem is still a problem in this bill.

I encourage all of you to read the bill. The rhetoric is great. Who's against poor kids? Nobody. But if you want to do something that has meaning, if you want to say that everybody's vote counts, that everybody should participate in this process, and you want to stand for kids and not behind them, then we need to reject this rule and come back and write a bill that doesn't allow illegals to have welfare benefits, that doesn't take these 2 million kids and throw them off their private health care, that doesn't have families making \$83,000 subsidized by hardworking middle-class families. We can do it if you just try. You didn't even try.

The only people that are welcome now on that side of the aisle's leadership offices are pollsters, focus groups, people who are running TV ads. Last night we had Members getting calls on the bill that we didn't see, advocating for the bill. Oops.

To say that this has been honest and fair and open is a disgrace to this institution, and it is a great institution.

There's lot of people over there I have just so much respect for, and so many of them were trying to reach out and do this; but they were completely cut off from anything that resembled reasonableness.

I just want to cover quickly, Mr. Speaker, the things that the Speaker said again. No illegals. CBO says that, in fact, is not true, and you confirmed in a meeting earlier with your leadership that no proof of citizenship is needed in this bill. Reason enough.

Adults, you said we took care of the adults issue. CBO scores 10 percent of all the participants by 2012 will be adults.

Nothing over 300 percent. You heard the language in there that actually obliterates that. We don't take these working-class families off of their private health care insurance. CBO says 2 million will lose it.

If you honestly believe by your words in this well that these were problems before that you tried to fix, we need to reject this bill, start talking, cooperating and negotiating; and we're going to have a bill that truly helps poor children.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. SOLIS), a member of the Energy and Commerce Committee.

Ms. SOLIS. I thank the gentlewoman for yielding time to me. And I ask my colleagues to please rise with us today on behalf of the many, many children, 10 million children, that will benefit from the reauthorization and on this rule so that we can hear the discussion and the debate on the Children's Health Insurance Program Reauthorization Act of 2007.

We can't afford not to help those 10 million children. These families here will be the ones that benefit, and future generations, Americans, citizens, will benefit. The SCHIP Reauthorization Act will help reduce what we call health care disparities that currently exist in our communities and in this country.

And although programs such as SCHIP and Medicaid have decreased the number of uninsured children over the last few years, there still has been a lack of funding and outreach efforts that have left millions of eligible children just like these without any form of health care coverage. In fact, 70 percent of Latino children are eligible for health care coverage through public programs, but remain uninsured.

This bill that we are going to debate will reduce the number of uninsured children of color by supporting community health care workers who are better known to give advice to many in our community. These are people that they can trust. These are people that can help inform them on how to go through the process of receiving this type of aid and assistance through the SCHIP program.

While we're doing that, we're going to reach millions of people who have otherwise not been enrolled in the program, particularly those communities that speak other languages, not just bilingual, but also people from different ethnic background like Armenians, Russians, Pacific Islanders and, yes, of course, Latinos.

□ 1330

The compromise legislation, as I see it, before us today is a step in the right direction, and we have an opportunity and a moral obligation to do what is right for our children and our families. These are the most vulnerable communities in the United States. Children of all ages and of all communities of color are counting on us to do the right thing.

I urge my colleagues to vote in support of this rule for the sake of the 10 million children and their families that will benefit from the increase in funding for health care coverage for the most vulnerable populations in our society.

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

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. BACA).

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

Mr. BACA. Mr. Speaker, I rise today in support of H.R. 3963.

This bill is not about politics. It is about hardworking families, the poorest amongst us. It's about 10 million children who will benefit, 10 million children that we have to put a face on. Our children.

As Christians, as humanitarians, we must think of the individuals who need help, children like Kristofer and Felecity Famutimi from San Bernardino County who were hospitalized because they needed sickle cell anemia care. Their families were financially strapped. SCHIP is the only reason that they were able to pull through.

For a month now, SCHIP has been under attack in the news. Enough is enough. Our children must come first. Our children must come first.

We have worked hard on a bipartisan basis to include provisions by the other side. We have included language to minimize substitution of employer-sponsored coverage with SCHIP and phase out childless adults after 1 year and even clarify that CHIP is only for U.S. citizens. Only for U.S. citizens. They are trying to use scare tactics by saying that undocumented children will be able to receive it. It is only for U.S. citizens.

This bill is not perfect, but we have done our part to work out the differences. Let's get our priorities straight. We spent a lot of money on the war, a war we should have never been in. Now we are talking about our children right here in the United States who need help. It is our respon-

sibility. Our children deserve it. We must do better.

I ask my colleagues to support this bill. It is important for the poorest children. Support H.R. 3963.

Mr. SESSIONS. Mr. Speaker, just so that the Members of Congress that are around understand this, that 10 million figure cannot be substantiated. As a matter of fact, the last bill had 7-some million. This new bill, 7.4. So for the Members that want to talk about 10 million, that's not truthful. That is just not true. CBO says it will serve 7.4 million people; about 10 percent will be adults, and 2 million children will go from private insurance into government-run Washington, D.C.-based health care.

Mr. Speaker, at this time I would like to yield 2 minutes to the distinguished gentleman from Florida, Dr. WELDON.

Mr. WELDON of Florida. I thank the gentleman for yielding.

As a physician who practiced medicine for many years prior to coming to the House, I dealt with the issue of the uninsured on a daily basis. Indeed, I used to see it regularly, up close and personal. And certainly I think it is a noble endeavor for this body to try to address this issue.

But I would have to say I think it is really shameful and disgraceful the way the majority has proceeded in this whole process. The first time they brought the bill forward they gave it to us at the 11th hour with no opportunity to amend it. They did it the second time. They did it the third time now. Never, as I understand it, sitting down and seriously trying to discuss this issue with the President. The President needs to sign it.

And people keep coming to the floor and saying we need to do this for the children. What about the children who have to pay for this? I mean, let's talk about all of the children. The way this bill is crafted, the nonpartisan CBO has estimated it will migrate 2 million kids in middle-class families who currently have insurance onto the government payroll. And, jeppers, we can't afford Social Security. We are told that that is going to be insolvent. We can't afford Medicare. Under the current Medicare formula, doctors in this country are supposed to get a 10 percent cut in reimbursement. And now we are going to expand this program.

And the other thing I just want to point out, we are really creating a new entitlement. And one of the very reasons I came here is that this body year after year was creating entitlements that it didn't have the ability to pay for. And all I can say is here we go again. We are expanding this program, we are making it like an entitlement, and we are saying over and over again we are doing it for the children.

What about the tens of millions of children, the hundreds of millions who are going to have to clean up this mess?

I am against this rule. I am against this bill. I'm going to vote against it again.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished chairwoman for her leadership, along with Chairman DINGELL and Chairman RANGEL.

You know, as I listen on the floor, it is so curious to hear us quarreling over helping children, falling down on incorrect facts, details, while our country is facing tragedy. Our friends in California are suffering because of a natural disaster, and here we are on the floor trying to help our children, many of them who live in a suffering State because they have no health insurance.

Today I will vote in a bipartisan manner with my colleagues to support this bill, and I will again hope the President will sign it. But I will join my bipartisan colleagues, 72 percent of the American public who support it, two-thirds of the Senate, the majority of the House. We will stand for the children.

And in particular, as I come from the State of Texas, this is a bill that we need. This bill will provide and is capped at 300 percent of poverty. This bill is standard law. We will cover legal immigrants, and the law already indicates that those who are undocumented will not be covered.

In my own particular community of Harris County, we started in September of 2006 being able to do 56,000. This is a county of 4 million people, and now in the metroplex we are up to 62,000. Do you think that is enough? Absolutely not. In our own State, the Center for Public Policy Priorities Associate Director says Texas will need additional Federal funds in coming years if the State wants to cover the 300,000 children eligible. We are a State that is 20 million plus, but not enrolled in the program today is a mere 300,000. The State is 20 million plus, but we have 300,000 that can't get health insurance, as well as pregnant women. We need this bill. The Texas version of SCHIP covers children and families with incomes at or below 200 percent of the Federal poverty level.

Our State representative, Representative Coleman, has said this veto handcuffs Texas' ability to continue to reduce the number of uninsured children in our State.

You can bet your bottom dollar I'm going to stand with the majority of this Congress in a bipartisan way, not quarrelling over serving our children.

Vote for the SCHIP bill. This is the best way to save our children here in America.

Mr. Speaker, as the Chair of the Congressional Children's Caucus, I rise to announce that I will proudly cast my vote in support of

H.R. 3963, the “Children’s Health Insurance Program (CHIP) Reauthorization Act of 2007.” I rise in strong support of this legislation because I am listening, and responding to the will of the American people. Last November 2006, Americans went to polls by the millions united in their resolve to vote for change. They voted for a new direction and a change in the Bush Administration’s disastrous neglect of the real needs of the American people, particularly children who lack health insurance through no fault of their own. The new Democratic majority heard them and responded by passing H.R. 976, “State Children’s Health Insurance Program (SCHIP) Reauthorization Act of 2007.” The President vetoed the bill, basing his decision on the absurd and laughable claim that the program was thinly-disguised “socialized medicine” and that it was too costly to provide health insurance for America’s needy children.

The President’s senseless veto of the SCHIP bill suggests that this Administration is operating under the misimpression that it is entitled to a continuation of the ancient régime under which the Republican-led Congress look askance and gave the President a blank check to mismanage the affairs of our nation.

Those days are over. No matter how many veto threats the President issues, this Congress is not going to give him a blank check to escalate and continue the war in Iraq or to ignore the pressing domestic needs of the American people. It is long past time for change in Iraq and in the direction of the United States. Just as the people and government of Iraq must responsibility for their own country, the people’s representatives in Congress must take the lead in addressing the real problems of real Americans living in the real world.

H.R. 3963 is a necessary step in the right direction because it provides dependable and stable funding for children’s health insurance under titles XXI and XIX of the Social Security Act in order to enroll all six million uninsured children who are eligible for coverage today, but not enrolled. That is why I strongly support this legislation.

Mr. Speaker, next to the Iraq War, there is no more important issue facing the Congress, the President, and the American people than the availability of affordable health care for all Americans, especially children.

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

I voted 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 voted to override the President’s veto because I put the needs of America’s children first.

TEXAS CHILDREN

I am extremely pleased to know that the children in the State of Texas stand to benefit tremendously from the SCHIP Reauthorization Act. Texas has the highest rate of uninsured children in the nation, and Harris County the highest in the state. The bill goes a long way to provide coverage for the 585,500 children enrolled in Texas’s CHIP program; and to reach the 998,000 children in families with incomes under the 200% Federal Poverty Level (FPL) who remain uninsured.

Mr. Speaker, this important legislation commits \$50 billion to reauthorize and improve the Children’s Health Insurance Program (CHIP) and cover the six million children who meet its eligibility criteria.

Mr. 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 healthcare. 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 healthcare benefits.

Children without health insurance often forgo crucial preventative treatment. They cannot 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 healthcare as a result of CHIP. However, stopgap funding for this visionary program expires November 16. 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 CHIP. 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 pro-

gram, millions of children will lose health coverage, further straining our already tenuous healthcare 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 CHIP 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 healthcare 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 six 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 reauthorize this program. I urge all members to join so that we pass the bill with a veto-proof majority.

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

According to Center for Public Policy Priorities Associate Director Anne Dunkelberg, Texas will need additional federal funds in coming years if the state wants to cover the 300,000 children eligible but not enrolled in the program, as well as pregnant women. Texas’ version of SCHIP covers children in families with incomes at or below 200% of the federal poverty level.

TEXAS CHIP ENROLLMENT COUNTY/MONTH FISCAL YR 2007

County Name	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
Fisher	32	29	29	30	30	34	33	31	28	30	29	29
Floyd	105	107	122	126	130	130	124	122	113	121	128	129
Foard	24	30	32	33	37	39	39	38	36	36	33	31
Fort Bend	5,009	5,144	5,662	5,728	5,726	5,840	5,843	5,855	5,604	5,573	5,660	5,625
Franklin	156	168	170	169	170	176	179	174	166	161	149	121
Freestone	164	173	165	174	170	170	171	161	148	138	143	148
Frio	276	284	299	296	284	286	283	275	268	269	271	263
Gaines	471	505	511	506	481	472	455	437	446	453	436	424
Galveston	2,379	2,435	2,731	2,763	2,845	2,922	2,889	2,839	2,545	2,448	2,473	2,427
Garza	74	78	88	84	77	85	85	95	93	86	91	90
Gillespie	333	351	351	360	354	353	354	363	355	348	343	325
Glasscock	24	25	22	21	25	25	22	23	17	15	15	18
Goliad	55	67	70	71	69	74	75	72	70	69	70	60
Gonzales	299	297	301	273	270	262	252	222	224	235	222	211
Gray	157	151	163	175	173	185	186	200	179	171	191	178
Grayson	1,156	1,175	1,191	1,216	1,196	1,193	1,193	1,188	1,144	1,119	1,098	1,081
Gregg	1,856	1,917	1,872	1,820	1,713	1,668	1,654	1,631	1,573	1,560	1,614	1,552
Grimes	260	277	270	256	249	249	268	248	239	229	226	218
Guadalupe	925	964	1,062	1,107	1,101	1,133	1,112	1,085	1,033	1,014	1,022	997
Hale	364	364	450	459	462	472	478	479	437	428	458	454
Hall	43	42	46	50	56	56	56	57	48	51	36	39
Hamilton	147	147	138	141	143	148	138	132	127	118	117	100

TEXAS CHIP ENROLLMENT COUNTY/MONTH FISCAL YR 2007—Continued

County Name	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
Hansford	54	59	70	66	69	71	73	72	74	82	84	83
Hardeman	48	48	44	43	45	42	40	33	38	34	31	36
Hardin	719	731	779	763	754	735	740	741	692	650	647	651
Harris	56,211	58,711	65,292	66,989	66,696	67,701	67,712	67,044	62,581	61,344	62,184	62,390
Harrison	751	755	756	751	715	719	733	738	701	706	717	707
Hartley	20	24	23	26	30	32	36	35	34	35	22	30
Haskell	83	108	105	105	99	103	108	91	91	103	97	89
Hays	1,342	1,371	1,460	1,456	1,489	1,480	1,455	1,460	1,358	1,266	1,336	1,330
Hemphill	39	35	40	45	45	40	47	46	39	30	30	30
Henderson	1,064	1,147	1,135	1,123	1,065	1,049	1,064	996	979	997	918	932
Hidalgo	16,082	16,874	16,580	16,681	16,124	16,237	16,054	15,835	15,724	15,546	15,367	15,539
Hill	534	557	568	580	568	559	556	539	498	487	493	476
Hockley	253	246	289	258	267	271	286	304	297	310	293	297
Hood	568	577	570	579	578	560	542	566	541	549	545	546
Hopkins	488	485	493	486	493	494	488	477	490	484	467	478
Houston	194	202	196	199	202	198	189	213	216	208	199	198
Howard	422	426	418	409	400	430	433	426	423	410	385	361

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 2 minutes to the former member of the Rules Committee, the distinguished gentleman from Georgia, Dr. GINGREY.

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

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

Mr. Speaker, I rise in strong support of the Children's Health Insurance Program, but not this program and not this rule.

Mr. Speaker, I have spent 26 years of my life as an OB-GYN physician delivering over 5,000 babies. I have a number of reasons to be in opposition to this bill and this rule, but not the least of which is the way the Democratic majority pays for this, how they raise the \$71 billion that they are required to in their PAYGO rules. And, Mr. Speaker, that is this cigarette tax of 61 cents a pack. If you crunch those numbers to raise \$71 billion to pay for this massive expansion so that Democrats can now cover an additional 4 million children under this program when there are only about 750,000 out there in the 100-200 percent Federal poverty level of not being covered, it makes really no sense. And to pay for it, they would have to have 22 million additional men, women, and, yes, maybe even some of those children I delivered take up the smoking habit. So what kind of sense does that make here? We are trying to provide health insurance for children, but we can only do it if we can encourage 22 million of their grandparents, parents, and, indeed, yes, some of these very children I delivered to take up the smoking habit.

It's like the Pied Piper, maybe being Ms. PELOSI, walking along heading for a cliff smoking cigarettes and all these adults right behind her smoking cigarettes and behind them these little children, and they are headed for that cliff, Mr. Speaker.

This is a terrible bill. I am totally opposed to it. I am not opposed to expanding the program to cover the uninsured that are eligible or even increasing a bit, as the President has said he is willing to increase maybe \$10 billion for this program, but I am opposed to the bill. It's wrong.

Let's vote against the rule and against the bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. SESTAK).

Mr. SESTAK. Mr. Speaker, I rise in support of this bill. I rise in support of it because this is the sole reason I ran for Congress. I owe this Congress. I owe this Nation for what it did for me. A lot of people think because I spent 31 years in the military that I got in because of Iraq. I did not. It was this bill.

In my last year in the military, my 4-year-old daughter was diagnosed with a malignant brain tumor, my sole daughter. She was given 3 to 9 months to live, and my entitlement from the Federal Government gave her an opportunity to be here today.

But during that period of time, there was a young boy, Lance, 2½ years old, who was, as she began her chemotherapy, my daughter's roommate. And that first day he was there, we listened as the parents of that child sat with social workers for 6 hours who came and went to see if that young boy would be given the same opportunity, the same entitlement as an American citizen, my daughter, had. It is for Lance that I got in this race.

I owe you because my daughter is here today because of the medicine that you voted for as a military member. I would like to see every young child in America have that one opportunity my daughter did, to have the opportunity to be a productive, healthy child and contribute to this Nation.

So thank you for the opportunity to speak today and thank you, both sides, for giving me the chance for my daughter and, hopefully, Lance in the future to be all they can be. I appreciate it.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 1 minute to the gentleman from Florida (Mr. KELLER).

Mr. KELLER of Florida. I thank the gentleman for yielding.

I rise in opposition to this rule and this bill. Mr. Speaker, I believe that SCHIP should ensure that poor kids are covered first before providing massive tax increases and coverage for adults and illegal immigrants.

The Democrats' SCHIP bill before us today has a 5,900 percent tax increase. It provides coverage to 500,000 adults. And it costs Federal taxpayers \$3.7 billion because of illegal immigration.

Let me be specific. With respect to the 5,900 percent tax increase, it takes

the tax on cigars from a nickel to \$3. With respect to the adults, 500,000 adults whose children are in SCHIP will still be covered.

□ 1345

With respect to illegal immigration, \$3.7 billion was provided by CBO.

Since I'm against that, let me tell you what I'm for. I'm for H.R. 3888, which provides the coverage to kids first without having tax increases or coverage for adults and illegal immigrants. That's what we need. I urge my colleagues to support that legislation, and not the bill before us today.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 1 minute to the gentleman from Georgia, Dr. PRICE.

(Mr. PRICE of Georgia asked and was given permission to revise and extend his remarks.)

Mr. PRICE of Georgia. I thank my friend for yielding.

As a physician for over 25 years, we've got a diagnosis for what's going on here today. It's called "a crying shame." Crying shame.

You hear from our friends on the other side of the aisle that there are multiple improvements that are made in this bill. Well, they didn't improve the portion of the bill that said we ought to take care of poor kids first. What they did was weaken the requirements for making certain that you were providing benefits to legal residents in both SCHIP and in Medicaid, and they did all that with a massive tax increase. It doesn't sound like improvements to me, Mr. Speaker.

But there is an alternative. It's H.R. 3888. It provides insurance for the same number of kids that this bill does. It does so in a way that didn't move kids from personal private insurance to government-run bureaucratic health care; and it does all of that without a tax increase, all of it without a tax increase.

So why proceed today? Because, as the majority party knows, this is about all politics, all the time.

So the diagnosis, Mr. Speaker, "a crying shame."

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Minnesota (Mr. WALZ).

Mr. WALZ of Minnesota. Mr. Speaker, I rise today in strong support of the Children's Health Insurance Program Reauthorization Act. This bill will ensure that 10 million of America's children will finally get the health care

they deserve, preventive health care, not expensive emergency room health care or poor choices.

Recently, my son, Gus, celebrated his first birthday. My whole family joined in celebrating this occasion. Shortly after I returned to Washington, my wife noticed that Gus wasn't feeling well; he was fussing and not sleeping. She was able to take him to the family doctor, who diagnosed a double ear infection, prescribed antibiotics, and Gus is a healthy 1-year-old back on the mend. The thought that any child would suffer through something so preventable in this richest Nation the world has ever seen and a parent would have to make that decision is unacceptable.

Budgets are far more than fiscal documents. They are a moral document that reflects the values of this Nation. Every Member of this House of Representatives speaking against this bill receives taxpayer-funded health care, and their children don't have to make these choices that 10 million do.

I ask that my colleagues join me in doing the right thing, reauthorize with an overwhelming bipartisan majority.

Mr. SESSIONS. Mr. Speaker, I will be asking Members to oppose the previous question so that I may amend the rule to have Speaker PELOSI, in consultation, that's called bipartisanship, with Republican Leader BOEHNER immediately appoint conferees to H.R. 2642, the Military Construction and Veterans Affairs appropriations bill for 2008.

The American Legion and the VFW already have, along with multiple requests from Republican Members, including this Member of the House, urged both Speaker PELOSI and Democrat Senate Majority Leader REID to end their PR campaign and begin conference work on the Veterans appropriations bill. Unfortunately, it appears as though all these commonsense requests have fallen on deaf ears, and our Nation's veterans are being forced to pay the price for continued Democrat partisanship and lack of leadership on this issue.

I ask all of my colleagues to support this motion to defeat the previous question so that we can put the partisanship aside and move this very important legislation forward.

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

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

There was no objection.

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

Ms. SLAUGHTER. Mr. Speaker, I rise to defend this bill and the children of America.

It has been painful for me to hear the mischaracterizations again of this bill. In the first place, adults will have 1 more year on this bill. And let me re-

mind everybody listening that the only reason adults are on there is because the Bush administration gave States the right to do it. They will all be gone within 1 year. Nobody will be moved off of private insurance onto the Federal insurance. The bill even allows States to give money to private insurance companies to keep the children on those rolls.

I've never heard so much obfuscation, even praising tobacco for medical people to try to stop taking care of America's children. A healthy group of children growing up in this country will absolutely redound on every one of us by the benefits that we will get from it.

It is a tragedy to me, it is something that none of us should be able to even tolerate the thought of, that there are children in this country that don't have the vaccinations, that don't have the health care they need, that they are prevented from getting doctors appointments because they have no way to pay for them.

It is an obligation if ever there was one. We have an opportunity to do it. It is paid for. We're not asking to increase the debt or anything else. It is a bill that deserves the vote of every Member of the Congress, and the President's signature, if ever there was one.

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

AMENDMENT TO H. RES. 774 OFFERED BY MR. SESSIONS OF TEXAS

At the end of the resolution, add the following:

SEC. 3. The House disagrees to the Senate amendment to the bill, H.R. 2642, making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2008, and for other purposes, and agrees to the conference requested by the Senate thereon. The Speaker shall appoint conferees immediately, but may declare a recess under clause 12(a) of rule I for the purpose of consulting the Minority Leader prior to such appointment. The motion to instruct conferees otherwise in order pending the appointment of conferees instead shall be in order only at a time designated by the Speaker in the legislative schedule within two additional legislative days after adoption of this resolution.

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

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

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

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308-311) describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's

ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

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

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

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

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

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

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

Mr. SESSIONS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the previous question will be followed by 5-minute votes on adoption of House Resolution 774, if ordered; and approval of the Journal.

The vote was taken by electronic device, and there were—yeas 221, nays 188, not voting 23, as follows:

[Roll No. 1006]

YEAS—221

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

NAYS—188

Aderholt Boustany Conaway
 Akin Brady (TX) Crenshaw
 Alexander Broun (GA) Cubin
 Bachmann Brown (SC) Culberson
 Bachus Brown-Waite, Davis, David
 Baird Ginny Davis, Tom
 Baker Buchanan Deal (GA)
 Barrett (SC) Burgess Dent
 Bartlett (MD) Burton (IN) Diaz-Balart, L.
 Barton (TX) Camp (MI) Diaz-Balart, M.
 Biggert Campbell (CA) Donnelly
 Bilirakis Cannon Doolittle
 Bishop (UT) Cantor Drake
 Blackburn Capito Duncan
 Blunt Carter Ehlers
 Boehner Castle Emerson
 Bonner Chabot English (PA)
 Bono Coble Everett
 Boozman Cole (OK)

Fallin Lewis (KY) Renzi
 Ferguson Linder Reynolds
 Flake LoBiondo Rogers (AL)
 Forbes Lucas Rogers (KY)
 Fortenberry Lungren, Daniel Rogers (MI)
 Fossella E. Rohrabacher
 Foxx Mack Ros-Lehtinen
 Franks (AZ) Manzullo Roskam
 Frelinghuysen Marchant Royce
 Garrett (NJ) McCarthy (CA) Ryan (WI)
 Gerlach McCaul (TX) Sali
 Gilchrest McCotter Saxton
 Gingrey McCrery Schmidt
 Gohmert McHugh Sensenbrenner
 Goode McKeon Sessions
 Goodlatte McMorris Shadegg
 Granger Rodgers Shays
 Graves Mica Shimkus
 Hall (TX) Miller (FL) Shuster
 Hastings (WA) Miller (MI) Simpson
 Hayes Miller, Gary Smith (NE)
 Heller Moran (KS) Smith (NJ)
 Hensarling Murphy, Tim Smith (TX)
 Herger Hergrave Souder
 Hill Myrick Stearns
 Hobson Neugebauer Sullivan
 Hoekstra Nunes Terry
 Hulshof Paul Thornberry
 Inglis (SC) Pearce Tiahrt
 Johnson (IL) Pence Tiberi
 Johnson, Sam Peterson (PA) Turner
 Jones (NC) Petri Pickering
 Jordan Kellner Walberg
 Keller Pitts Walden (OR)
 King (IA) Platts Walsh (NY)
 King (NY) Poe Wamp
 Kingston Porter Weldon (FL)
 Kirk Price (GA) Weller
 Kline (MN) Pryce (OH) Westmoreland
 Knollenberg Putnam Whitfield
 Kuhl (NY) Radanovich Wicker
 LaHood Ramstad Wilson (NM)
 Lamborn Regula Wolf
 Latham Rehberg Young (FL)
 LaTourette Reichert

NOT VOTING—23

Bilbray Filner McHenry
 Boren Gallegly Moran (VA)
 Buyer Hastert Shea-Porter
 Calvert Hunter Tancredo
 Carson Issa Wilson (OH)
 Davis (CA) Jindal Wilson (SC)
 Dreier Johnson, E. B. Young (AK)
 Feeney Lewis (CA)

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

□ 1412

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

Stated for:
 Mr. FILNER. Mr. Speaker, on rollcall No. 1006, I was not present because I was helping my constituents cope with the fire crisis in San Diego, CA.

Had I been present, I would have voted "yea."

The SPEAKER pro tempore. The question is on the resolution.

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

Ms. SLAUGHTER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

The vote was taken by electronic device, and there were—yeas 215, nays 187, not voting 30, as follows:

[Roll No. 1007]

YEAS—215

Abercrombie Altmire Baca
 Ackerman Andrews Baldwin
 Allen Arcuri Barrow

Bean Higgins Pascarell
 Becerra Hinchey Pastor
 Berkley Hirono Payne
 Berman Hodes Perlmutter
 Berry Holden Peterson (MN)
 Bishop (GA) Holt Pomeroy
 Bishop (NY) Honda Price (NC)
 Blumenauer Hooley Rahall
 Boswell Hoyer Rangel
 Boucher Inslee Reyes
 Boyd (FL) Jackson (IL) Richardson
 Boyda (KS) Jackson-Lee Rodriguez
 Brady (PA) (TX) Ross
 Braley (IA) Johnson (GA) Rothman
 Butterfield Jones (OH) Roybal-Allard
 Capps Kagen Ruppelberger
 Capuano Kanjorski Rush
 Cardoza Kaptur Ryan (OH)
 Carnahan Kennedy Salazar
 Carney Kildee Sánchez, Linda
 Castor Kilpatrick T.
 Chandler Kind Sanchez, Loretta
 Clarke Klein (FL) Sarbanes
 Clay Kucinich Schakowsky
 Cleaver Lampson Schiff
 Clyburn Langevin Schwartz
 Cohen Lantos Scott (GA)
 Conyers Larsen (WA) Scott (VA)
 Cooper Larson (CT) Serrano
 Costa Lee Sestak
 Costello Levin Lewis (GA)
 Courtney Courtney Sires
 Cramer Cramer Skelton
 Crowley Crowley Slaughter
 Cuellar Lipinski Lofgren, Zoe Smith (WA)
 Cummings Mahoney (FL) Solis
 Davis (AL) Maloney (NY) Space
 Davis (IL) Markey Spratt
 Davis, Lincoln Meek (FL) Stark
 DeFazio Meeks (NY) Tsongas
 DeGette Melancon Udall (CO)
 Delahunt Michaud Udall (NM)
 DeLauro Velázquez Van Hollen
 Dicks McCarty (NY) Velázquez
 Dingell McCollum (MN) Vislosky
 Doggett McDermott Walz (MN)
 Doyle Donnelly Wasserman
 Edwards Doyle Schultz
 Ellison Edwards Waters
 Ellsworth Ellsworth Wexler
 Emanuel Emanuel Woolsey
 Engel Engel Wu
 Eshoo Eshoo Wynn
 Etheridge Etheridge Yarmuth
 Farr Farr
 Fattah Fattah
 Frank (MA) Frank (MA)
 Giffords Giffords
 Gillibrand Gillibrand
 Gonzalez Gonzalez
 Gordon Gordon
 Green, Al Green, Al
 Green, Gene Green, Gene
 Grijalva Grijalva
 Gutierrez Gutierrez

NAYS—187

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

Hobson	Miller (FL)	Sali
Hoekstra	Miller (MI)	Schmidt
Hulshof	Miller, Gary	Sensenbrenner
Inglis (SC)	Moran (KS)	Sessions
Johnson (IL)	Murphy, Tim	Shadegg
Johnson, Sam	Musgrave	Shays
Jones (NC)	Myrick	Shimkus
Jordan	Neugebauer	Shuler
Keller	Nunes	Shuster
King (IA)	Paul	Simpson
King (NY)	Pearce	Smith (NE)
Kingston	Pence	Smith (NJ)
Kirk	Peterson (PA)	Smith (TX)
Kline (MN)	Petri	Souder
Knollenberg	Pickering	Stearns
Kuhl (NY)	Pitts	Sullivan
LaHood	Platts	Terry
Lamborn	Poe	Thornberry
Latham	Porter	Tiahrt
LaTourette	Price (GA)	Tiberi
Lewis (KY)	Pryce (OH)	Turner
Linder	Putnam	Upton
LoBiondo	Radanovich	Ramstad
Lucas	Regula	Walberg
Lungren, Daniel	E. Rehberg	Walden (OR)
Mack	Reichert	Walsh (NY)
Manzullo	Renzi	Wamp
Marchant	Reynolds	Weldon (FL)
McCaul (TX)	Rogers (AL)	Weller
McCotter	Rogers (KY)	Westmoreland
McCrary	Rogers (MI)	Whitfield
McHugh	Rohrabacher	Wicker
McKeon	Ros-Lehtinen	Wilson (NM)
McMorris	Roskam	Wilson (SC)
Rodgers	Royce	Wolf
Mica	Ryan (WI)	Young (FL)

NOT VOTING—30

Bilbray	Galleghy	Lewis (CA)
Boren	Gohmert	McCarthy (CA)
Brown, Corrine	Hastert	McHenry
Buyer	Hinojosa	Miller, George
Calvert	Hunter	Moran (VA)
Carson	Israel	Saxton
Cuellar	Issa	Shea-Porter
Davis (CA)	Jefferson	Tancredo
Dreier	Jindal	Wilson (OH)
Filner	Johnson, E. B.	Young (AK)

□ 1420

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining on this vote.

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. FILNER. Madam Speaker, on rollcall No. 1007, I was not present because I was helping my constituents cope with the fire crisis in San Diego, CA. Had I been present, I would have voted "yea."

Stated against:

Mr. MCCARTHY of California. Madam Speaker, on rollcall No. 1007, I was unavoidably detained. Had I been present, I would have voted "nay."

THE JOURNAL

Ms. SLAUGHTER. Madam Speaker, I ask unanimous consent that the ordering of the yeas and nays on approval of the Journal be vacated to the end that the Journal stand approved by the earlier voice vote.

The SPEAKER pro tempore (Mrs. TAUSCHER). Without objection, the Journal stands approved.

There was no objection.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Mr. DINGELL. Madam Speaker, pursuant to House Resolution 774, I call up the bill (H.R. 3963) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3963

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECURITY ACT; REFERENCES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as "Children's Health Insurance Program Reauthorization Act of 2007".

(b) AMENDMENTS TO SOCIAL SECURITY ACT.—Except as otherwise specifically provided, whenever in this Act an amendment is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to that section or other provision of the Social Security Act.

(c) REFERENCES TO CHIP; MEDICAID; SECRETARY.—In this Act:

(1) CHIP.—The term "CHIP" means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(2) MEDICAID.—The term "Medicaid" means the program for medical assistance established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(d) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; amendments to Social Security Act; references; table of contents.

Sec. 2. Purpose.

Sec. 3. General effective date; exception for State legislation; contingent effective date; reliance on law.

TITLE I—FINANCING

Subtitle A—Funding

Sec. 101. Extension of CHIP.

Sec. 102. Allotments for States and territories for fiscal years 2008 through 2012.

Sec. 103. Child Enrollment Contingency Fund.

Sec. 104. CHIP performance bonus payment to offset additional enrollment costs resulting from enrollment and retention efforts.

Sec. 105. 2-year initial availability of CHIP allotments.

Sec. 106. Making permanent redistribution of unused fiscal year 2005 allotments to address State funding shortfalls; conforming extension of qualifying State authority; redistribution of unused allotments for subsequent fiscal years.

Sec. 107. Option for qualifying States to receive the enhanced portion of the CHIP matching rate for Medicaid coverage of certain children.

Sec. 108. One-time appropriation.

Sec. 109. Improving funding for the territories under CHIP and Medicaid.

Subtitle B—Focus on Low-Income Children and Pregnant Women

Sec. 111. State option to cover low-income pregnant women under CHIP through a State plan amendment.

Sec. 112. Phase-out of coverage for nonpregnant childless adults under CHIP; conditions for coverage of parents.

Sec. 113. Elimination of counting Medicaid child presumptive eligibility costs against title XXI allotment.

Sec. 114. Denial of payments for coverage of children with effective family income that exceeds 300 percent of the poverty line.

Sec. 115. State authority under Medicaid.

Sec. 116. Preventing substitution of CHIP coverage for private coverage.

TITLE II—OUTREACH AND ENROLLMENT

Subtitle A—Outreach and Enrollment Activities

Sec. 201. Grants and enhanced administrative funding for outreach and enrollment.

Sec. 202. Increased outreach and enrollment of Indians.

Sec. 203. State option to rely on findings from an Express Lane agency to conduct simplified eligibility determinations.

Subtitle B—Reducing Barriers to Enrollment

Sec. 211. Verification of declaration of citizenship or nationality for purposes of eligibility for Medicaid and CHIP.

Sec. 212. Reducing administrative barriers to enrollment.

Sec. 213. Model of Interstate coordinated enrollment and coverage process.

TITLE III—REDUCING BARRIERS TO PROVIDING PREMIUM ASSISTANCE

Subtitle A—Additional State Option for Providing Premium Assistance

Sec. 301. Additional State option for providing premium assistance.

Sec. 302. Outreach, education, and enrollment assistance.

Subtitle B—Coordinating Premium Assistance With Private Coverage

Sec. 311. Special enrollment period under group health plans in case of termination of Medicaid or CHIP coverage or eligibility for assistance in purchase of employment-based coverage; coordination of coverage.

TITLE IV—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES

Sec. 401. Child health quality improvement activities for children enrolled in Medicaid or CHIP.

Sec. 402. Improved availability of public information regarding enrollment of children in CHIP and Medicaid.

Sec. 403. Application of certain managed care quality safeguards to CHIP.

TITLE V—IMPROVING ACCESS TO BENEFITS

Sec. 501. Dental benefits.

Sec. 502. Mental health parity in CHIP plans.

Sec. 503. Application of prospective payment system for services provided by Federally-qualified health centers and rural health clinics.

Sec. 504. Premium grace period.

Sec. 505. Demonstration projects relating to diabetes prevention.

Sec. 506. Clarification of coverage of services provided through school-based health centers.