

need to get back there. If you do not want a terrorist coming in from the West Bank, going through France and coming into this country, then we have to review everyone who comes into this country.

So, in reality, we should be reducing the visa waiver, because we are not talking about people who have come from those countries, born in those countries, and have long term loyalty to those countries. We are also talking about people who have moved to those countries and might have moved there just a few years ago with the intention of getting their citizenship or getting legal residency to use that residency for the next move. And I think the doctors that tried to kill so many in England this last few months is an example that we really do have to be careful how we get it. Who would have thought that doctors from England could be terrorists. History has proven that those assumptions are wrong. And how many other assumptions are we making today that could be proven wrong in a much more graphic way?

I appreciate the chance, Mr. Speaker, for your patience of allowing us to address you here tonight and the American people here tonight, and I thank the gentleman from Georgia for his leadership on this issue. And I do thank the Georgia delegation for standing so strong and so firm and defending our national sovereignty and defending our neighborhoods by standing strongly for immigration control and proper regulation.

Mr. GINGREY. I thank the gentleman from California. And it reminds me, Mr. Speaker, as we talk about my colleagues from Georgia, Dr. Norwood, Charlie Norwood. We will elect tomorrow someone to replace him, but you can't replace him. Dr. Norwood was so strong on all these immigration issues in regard to that CLEAR Act that would let State and local law enforcement departments participate in apprehending illegals who had committed a felony in this country, God rest the soul of a great Member, Dr. Charlie Norwood.

NATHAN DEAL, our longest serving member second to JOHN LEWIS, and everybody knows JOHN LEWIS; but NATHAN DEAL says we ought to end this nonsense of birthright citizenship, Mr. Speaker. You sneak into this country, the husband and wife both illegals, and have eight children and all of a sudden they are all United States citizens. A lot of countries, most countries have stopped allowing that. So, I am glad my colleague gave me an opportunity to pay tribute to some of my Georgia colleagues.

Mr. Speaker, when we started I didn't think it would take an hour, but when you are passionate about something the time goes by pretty quickly. And this is such an important issue.

Who supports, other than me and I hope the majority of my colleagues in the House of Representatives, suspending the visa waiver program? I will

tell you who: The 9/11 families for a Secure America, the Federation for American Immigration Reform, and last but not least because they represent thousands of people in this country, Numbers USA. They are all strongly supportive of this bill. And I hope that we can get it passed, Mr. Speaker, because here again I am not calling for eliminating the visa waiver program; I am saying let's suspend it, let's don't expand it, I agree with Senator FEINSTEIN, and let's get it right. We can get it right, and then people will be safe here.

Listen to what the European terrorist cells have said recently. A quote from Taliban military commander Mansoor Dadullah, as reported by Brian Ross of ABC News. This was just a couple of days ago. "These Americans, Canadians, British, and Germans come here to Afghanistan from far-away places. Why shouldn't we train them?" That is what I am talking about, Mr. Speaker, and that is why we are here tonight. We need to suspend this program until we can get it right so that we can protect the American people.

Mr. Speaker, I thank my colleagues for their attention, and I yield back the balance of my time.

CHILDREN'S HEALTH INSURANCE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentlewoman from Pennsylvania (Ms. SCHWARTZ) is recognized for 60 minutes.

Ms. SCHWARTZ. Mr. Speaker, I am very pleased this evening to introduce the subject of children's health insurance and what has really been a remarkably successful Federal-State, public-private initiative that has really helped to make sure that middle class working families across this country have been able to get health insurance for 6 million of their children. So it has really been helping families all across this country be able to do what they want to do as responsible parents, and that is to be able to help pay for health insurance. Every State does it a little bit differently. That is what we are going to talk about this evening; we are going to talk about how important it has been for 10 years in this country to help children in America get the health care they need and they deserve, and it helps them get off to the right kind of start. So I want to talk more about that and I will be joined by some of my colleagues. But because one of my colleagues is going to be taking over in the chair, I am going to give him a few minutes just to talk about the subject. He is a colleague of mine from Pennsylvania. And I will say in Pennsylvania we are very, very proud of having been one of the first States well before the Federal level to start a children's health insurance program. In fact, we called it CHIP, then the SCHIP program started. In 1992 is when we started it in

Pennsylvania, and I was instrumental in creating the Children's Health Insurance Program in Pennsylvania. It has been incredibly successful. 130,000 children have health insurance in Pennsylvania.

□ 2200

So a colleague of mine, who has also worked in health care for a good long time and knows about the experience of the Children's Health Insurance Program from the other part of Pennsylvania, in the western part of the State, my colleague, a freshman who's done a wonderful job already, JASON ALTMIRE, Congressman ALTMIRE is going to say a few words, and then we'll continue for the hour.

Mr. ALTMIRE. Mr. Speaker, she is correct. In the State of Pennsylvania, she did a fantastic job in the State legislature in crafting Pennsylvania's plan with regard to children's health insurance. And Pennsylvania, I think, has one of the best, if not the best plans, the model for the entire country on this issue.

And we're going to be joined tonight by some other people who know a lot about health care and especially know a lot about the children's health insurance programs.

We're going to be joined by Mr. PALLONE, who's the chairman of the Health Subcommittee right here in the House of Representatives for the Energy and Commerce Committee which has jurisdiction over this issue, and there's no one in this Congress who has worked harder on this issue over the years and has more experience with crafting this. He was involved in putting this together 10 years ago and now, as chairman, has certainly had a lot to say about it.

And we're going to be joined by our colleague from Connecticut, Mr. MURPHY, CHRIS MURPHY, who was instrumental in his State legislature on these issues. So we really do have some folks here tonight to talk about this issue who have experience, who have detailed knowledge on this issue.

And what could possibly be more important on the domestic front than health care?

And I'm sure my colleagues would agree, as I travel around my district, I'm sure they have the same experience in their district. That's the issue that comes up more often than any other issue because it affects everybody. It is an issue that, no matter whether you're rich or poor, live in an urban setting, rural setting, you have issues with your health care costs.

Small businesses can no longer afford to offer health insurance in many cases. Large employers are having the same issue.

We have 45 million uninsured in this country, people who lack any health insurance at all, tens of millions more that live in fear of losing their health coverage or are underinsured, don't have adequate coverage to cover their needs.

And 9 million of that 45, Mr. Speaker, are children. And, unfortunately, 6 million of those 9 million children are eligible to participate in the SCHIP program. And the SCHIP program has worked. We're at a 10-year point of reauthorization. And over the past 10 years the number of uninsured children in this country has decreased by 25 percent, while the number of uninsured Americans has increased. This is a program that has worked.

And we talk a lot in this House and a lot during these discussions about the differences between what the President wants to do on the budget level and what this Congress wants to do in a variety of issues. But there is no issue on which there is a starker contrast of opinion than this SCHIP program.

We, as Democrats, want to expand the program in a way that makes sense. It's fiscally responsible, but it's going to pick up many of those 6.2 million children who lack health insurance. We want to find a way to cover those kids.

What could possibly be more important in this country than finding a way to give health insurance to children who live in families that don't have health insurance? I can't think of any more important task.

The President, on the other hand, offered up a budget that actually decreased the number of children that are going to be covered under this program by 1 million. His 5-year budget would have knocked a million children who currently qualify for the program, would have knocked them off the rolls and they would no longer qualify.

And I know my colleagues are going to talk about some of the President's comments recently about what his views are on the program, and I will leave it to them to have that discussion, as I do appreciate the Speaker's indulgence as I have to take the chair following my remarks here.

But I did want to take a moment to just emphasize how important this issue is and to talk about the difference of opinion that exists, not just with Republicans and Democrats, but especially with the administration, Mr. Speaker, and this Congress. There is a stark contrast of opinion, and we're going to have that discussion tonight.

And I thank the gentlewoman from Pennsylvania for her time and all of our colleagues here for their leadership on this important issue.

Ms. SCHWARTZ. I thank the Congressman, and I appreciate that he has other duties to contend with, so he'll be a part of this conversation in a way. But thank you for taking the time to come to the floor and for your help on this.

And I think for many of us, and I know you've just come off the campaign trail this last year, and even those of us who were not campaigning every minute but certainly out and about talking to people, we do hear from everyday families about how hard

it is to be able to buy health insurance for kids.

I mean, I remember a story, and maybe my colleagues I'm hoping will share some as well. When I was actually out and about once, and it was actually a church group. And afterwards a woman came up to me and said, you know, I haven't always shared this, but my husband, it was actually a fairly well-to-do area. But she said, my husband was laid off last year and it was a really, really tough time for us as a family. And one of the things that affected us is that we didn't have health insurance. But because of the CHIP program in Pennsylvania, SCHIP as we know it federally, she said, I was able to make sure that my kids had health insurance and they got the health care that I know that they needed and deserved and that we wanted to help make sure they got.

And as someone who, and Congressman ALTMIRE referred to this, in Pennsylvania I'm known as the mother of CHIP. People do come up to me and say, well, we don't always get thanked as elected officials, but do thank me, whether it's stories where someone came up and said my granddaughter who had some health issues, daughter was working hard trying to get a degree and just didn't have health coverage. She said, my granddaughter would not have health coverage without CHIP.

So these are the stories we hear all the time. And I think probably my colleagues will share it. We're going to talk tonight about some of the numbers they already referred to, the 6 million children who have had access to health care, private health care in a lot of situations across the States, the money that we've been able to work with the States where they've put in their own dollars that have made a difference in helping a lot of American families who didn't think that we'd be there to help them who have been able to get health insurance for the kids. But this is a place where we are making a difference in people's lives.

One last story, and then I am going to turn it over to my colleagues. I was talking to a group of school counselors, and some of them, one of them said, stood up and said that she had a child come to her, a teacher came to her and said they had a child in the class who never raised his hand. He's in third grade. Never raised his hand. Never participated in discussions. And she finally broke through to found out what was going on. Turns out he had never had any dental care, and he literally was afraid to open his mouth. It hurt. He had some discomfort. He was embarrassed about the way his teeth looked. And when he got children's health insurance coverage, he got to a dentist, she said he was a different kid. And that would have been a child who would have been a dropout, would have been a troublemaker in school because he just wasn't going to be able to participate.

So she said, health care's important because of health care, but it's also important because of education. If kids are not well, if they don't get the preventative care they need, if they don't get the eyeglasses, if they don't get treated when they're sick, I know it makes a difference to the teachers in my school to be able to teach those kids.

So on every level, and again we're going to talk about big numbers here. The President wants to do \$5 billion which will barely be enough to sustain this program. It sounds like big numbers to families listening, but the fact is that we need to make that commitment. And I think we, as Democrats, have said we are going to make a commitment to make sure that the Children's Health Insurance Program continues, that it continues in the dynamic way that it has working with the States. But we're going to even do more. We're going to be a little bold, even in these tough budget times, and we're going to make sure that more children who are now on waiting lists in some States are able to get the health coverage that they deserve. And this is something we can do, we should do. It's about having the political will to make it happen. We're going to protect health care for seniors; we're going to do it for kids. And that's what our discussion is about tonight.

And I'm going to close, and I know you mentioned this as well, the previous speaker talked about the fact that the President, and I'm a little, I have to say, this is very disturbing to many of us because our Republican colleagues helped make this program happen. It was a bipartisan effort. This wasn't something that one side or the other sort of pushed without anyone else caring about it. But the fact is that 193 House Republicans, 10 years ago, voted to make this happen. It was a bipartisan effort; 153 House Democrats. This was a joint effort. We said we wanted to make this happen. We all stand up from time to time and we are really, really proud of this.

So when the President last week said, you know, he just doesn't think this is important, that, in fact, we ought to be doing something else. We ought to be helping families buy private health insurance by getting them some tax deductions. They can't afford it? Well, I don't know what he means.

He actually went on to say that kids can get health care in this country. They can go to the emergency room.

That's really just stunning, given what we know about the high cost of going to emergency rooms, the fact that that is not the best place for primary care. It certainly is not the best place for children who might just need a well-child checkup. So it's absolutely going in the wrong direction on the health care. It's why we wanted to stand up tonight and talk about this. That's why we will continue to until we actually get it done. And I think that the commitment that we have made is to make it happen.

And I'm joined tonight by two colleagues, one, Mr. PALLONE from New Jersey, who has not only been a leader on upgrading the Children's Health Insurance Program, but continues to work out all the details of how to make this happen. And I'm sure he's one of the people who thought we were going to have bipartisan cooperation, and we still hope we will, but is really working on some of the details of how we can and we should do this.

One of the reasons we reauthorize programs is that we want to see what worked best and what didn't; we want to see what changes have to be made given our experience. He is going to talk about some of that work.

And my colleague from Connecticut, who as a State legislator was involved in working on the State level to make this happen and to work in a special way to make Connecticut, make it work for children in Connecticut, and feels a special connection to the Children's Health Insurance Program there.

So gentlemen, I would ask you to share your stories and your help on this. Maybe we'll start with Mr. PALLONE, and if you would help us just sort of by giving us maybe some of the facts and figures or some of the stories that you hear from your colleagues as well.

Mr. PALLONE. I'd be very pleased to do that. And if I could, maybe I'll talk; first of all, let me thank you for doing this hour tonight and for everyone who's joining you, because it is really important. And maybe I'll talk about three things, and then I'll turn it back; and that is, one, how we came about with the SCHIP program because I think that relates to the whole bipartisan nature of it, which is what you stressed and is so important. And then maybe I can talk a little bit about the preventative nature of it because you talked about the emergency room and the President's comments about using the emergency room. And then I'll give you my one story.

I'm glad you're here, in part because last week we had some of my Republican colleagues, including some on the Health Subcommittee that I chair, who were talking about this program as if it was an entitlement, as if it was almost socialism, you know, sort of raising the specter that we wanted the government to run the health care system. And nothing could be further from the truth. I mean, first of all, you know they neglected to mention that this was bipartisan. And remember, when we're talking 10 years ago, this was the Gingrich Congress. This was the Republican majority that hadn't been the majority for very long. I mean, they were on the crest of this conservative right wing wave and in the midst of that were willing to adopt this bipartisan measure.

And the reason was because, in fact it wasn't an entitlement; it wasn't government control. It was just a practical solution to the problems that we faced

at the time and still face. I mean, we all know that if people are very poor and likely not working, then they're eligible for Medicaid. And we have a lot of kids, and we have a lot of adults and, you know, people who find themselves because they're not working and their income is very low, having to use the Medicaid program, which is a very legitimate program and covers a lot of people very successfully.

But what we found 10 years ago was that there were a lot of other people who, because they were working, for the most part, were above the Medicaid guidelines. Their income was too high. But what were they making? Maybe 20,000 a year, 30,000, in some cases maybe 40,000 a year and they still had kids. And because they were working in jobs where there wasn't a health insurance option available to them, the employer just didn't offer it, or when they went out in the private market, you know, the costs were so prohibitive for them to buy insurance on the private market, which, you know, in New Jersey you might be paying \$12,000 if you want to go out and buy insurance on the private market for a family of four, today that they simply couldn't get health insurance.

And so there wasn't any ideology involved here. In fact, it was a block grant. It was set up as a block grant which, I don't know if you guys remember because you haven't been here as long as me, but that was like the Republican mantra at the time; that everything should be block granted, all Federal Government programs should be block granted; this shouldn't be an entitlement. And that's what we did. We said, okay, fine. You want to make it a block grant. You know, President Clinton was the President, so we had a divided Congress, and we said, that's fine. Send the money to the States. We'll set up certain guidelines that, you know, you had to be up to 200 percent of poverty. And then if the States wanted to, they could go get waivers and go to 300 percent or higher.

□ 2215

And we will give the money to the States. They will match it, and we will cover these kids.

Now, the second point I wanted to make is this is a preventative measure, as you pointed out. For President Bush to say people can always use the emergency, that's not the point. The point is we want people to have health insurance so that they go to the doctor on a regular basis, so they take preventative measures, and they don't get so sick, particularly if they are kids, that they have to go to an emergency room to get care. As you said, that is not the way to operate. So we save money because through prevention, and everyone will tell you, any doctor or medical professional will tell you, that the most important thing for a person is to get health care in those first 4 or 5 years of their life. If they are properly cared for and they have the type of pre-

ventative care and regular doctor care and dental care that you mentioned in those formative years, then they are likely to be healthy for the rest of their life because that is the most important time. So it makes sense; right?

And then I will tell you my story. My story is that before this was enacted, about maybe 11 years ago, I don't go there as much anymore, but I used to go to a luncheon place that was like a diner, but not a New Jersey, but more of a luncheonette, we used to call it then. It is like an old-fashioned word, I guess. And there was a waitress there who I knew for a long time, and she had young children. And she would always say that her husband worked and she worked as a waitress but she was never able to afford health insurance for her kids. She wasn't eligible for Medicaid. She and her husband were both working. I don't know how much they made. But she had tried repeatedly and asked me about getting private insurance. I even gave her some ideas about how whom to contact. And they couldn't afford it.

The day that we passed SCHIP, I went back there. I forget how long it was going to be enacted, maybe a couple months from then, and the President signed it. And I said, We are going to have this program now. You can go sign up for it. I went back there whenever it went into effect, and she had signed up her children, and it was the nicest thing that could ever happen.

You know how we always say we want to do things for people but a lot of times we are not able to? For me to be able to go back there and have lunch and have her say, Well, now my kids are covered through this program, it was such a wonderful thing.

And I think the gentleman from Pennsylvania said that right now there are about 6.7 million kids that are covered by SCHIP. There are about 6 million that are eligible and not enrolled. And the reason they are not enrolled, in part, is because the States have run out of money. Some of them ran out of money in March of this year, and we had to do a supplemental appropriation. So we are not talking about all this extra money in a vacuum. We are talking about needing it in order to try to cover as many of these kids as possible. And our reauthorization will not only include more money but also ways of getting them enrolled. One stop so that they sign up for one Federal program. They can get this so that they don't get dropped. This is a streamlined application. These are all the things that we are doing in addition to the dollars in order to try to cover as many kids as possible.

I am staying but I will yield back to the gentlewoman.

Ms. SCHWARTZ. Mr. Speaker, I wanted to let my colleagues share their stories too so maybe we could have a little conversation about it. But I just want to say that certainly one of the points that have been criticized by the other side is that families that make as

much as \$40,000 for a family of four might be eligible or are eligible for the Children's Health Insurance Program. Now, in Pennsylvania it is a subsidy to buy private health insurance. So you either get a complete subsidy or you might just get half of it or you can buy it at cost. In fact, many parents are contributing.

But as you point out, for a family of four making \$40,000 a year and both parents might be working, by the time they pay their mortgage and pay the baby-sitter and pay their utility costs and maybe fill up their car with gasoline and pay the loan on the car and they pay their taxes, there is not a lot of money left over to find the \$12,000 that they might have to find to purchase private health insurance. So you can say, fine, go to the marketplace, but you need a little help to go to the marketplace. And that is what this is about. And it has made such an enormous difference, thinking you can put a smile on a parent's face for doing the right thing. And good for you to go back and actually say to a person we really did do something for you, and it made such a huge difference.

I think the other point, and this is a lead in to our colleague from Connecticut (Mr. MURPHY) that the States have always done these programs in different ways. They have written these programs in ways that they think work best.

In 1992, 5 years before the Federal level when we were running it in Pennsylvania, we knew that a lot of these working families wanted a private health insurance card. Some States got very creative and expanded Medicaid and called it cute names, and that made it friendlier, and it is an issue just to tell people it exists. But we actually worked very hard with the private sector to get the benefits package right, to make sure that the cost was right. There were a lot of rules and regulations about it. But the fact is at the end of the day, people could walk in, families could walk into their physicians' offices with a private health insurance card, and that made them feel really proud that they were able to get some help so they could get that private health insurance. But it has made an enormous difference in Pennsylvania. And we have, as I say, about 130,000 children covered on the number of uninsured. It just goes to show it can work. When we work together, we can really make it work.

Mr. MURPHY, if you want to add a bit about the experience in Connecticut. We have been joined by another colleague of ours, Mr. ALLEN from Maine, who also has a long history in being an advocate for children's health insurance and making it happen. So thank you for joining us.

I yield to Mr. MURPHY.

Mr. MURPHY of Connecticut. Thank you, Representative SCHWARTZ. I am thrilled to be here with Representative PALLONE and Representative ALLEN, who have been advocating for this issue and many other issues regarding health care equity for a very long time.

I come from the State of Connecticut, where I served, as you mentioned, Representative SCHWARTZ, in the State legislature for about 8 years, and I chaired the Health Committee there for the last 4 years. And what we figured out was what Pennsylvania figured out a little bit before us and what dozens of other State legislatures figured out over the past few years, which is that by expanding our SCHIP program, and we have got a cute name for that program in Connecticut, where we call it the Husky program after the mascot of our University of Connecticut sports teams, we figured out over time that not only was expanding children's health care, and we actually make some adults, some of their parents, eligible for that benefit as well, that not only was it the right thing to do because, as you said and you are exactly right, in the high cost of living in a State of Connecticut, \$40,000 doesn't go very far, and at a time we live in today where wages are remaining pretty much stagnant and flat, and when we celebrate a year in which the average health care premium increase stays at around 10 or 11 or 12 percent, you simply can't do much with an income hovering around \$40,000, \$45,000 or \$50,000. In Connecticut certainly that becomes a problem. So what we figured out was that not only was it the right and fair thing to do to go out and insure these thousands of children who didn't have health care insurance before, but it was cost-effective thing to do it. We have referenced that on the floor here today.

I give some credit to the President in his remarks that he at least recognizes that we do have one single place that very ill children and adults can go, the emergency room. But what he neglects to mention in those remarks is that not only is it the most inhumane place to dump the sick and the ill but it is also the most expensive place for those patients to end up. We know that the care that children, and we are talking about children today, end up getting in the emergency room is amongst the most expensive care that you can get. And for just a few cents on the dollar in that preventative care that in Connecticut the Husky program provides and in Pennsylvania the CHIP program provides, you cannot only get care that is the right to do and the moral thing to do for those kids, but it, frankly, saves the health care system money in the end. The cost of insuring kids is actually pretty low compared to the cost of insuring you or me or other people out in the community. Kids are generally pretty healthy. They are cheap when they are healthy, but they are very expensive when they are sick. So if you don't get them that care up front, and the reality is that a lot of illnesses that may not present themselves to be major that may not cause a parent, even without health care insurance, to drag that child down to the emergency room, it may end up being something very serious. And the barrier to getting that preventative care

is often that \$100 or \$200 doctor visit that stands in the way.

The last thing to say is to just reinforce the notion that both of you have brought up here, which I am sure we will talk about, which is that bipartisan spirit in which this bill was brought into being. I wasn't here when the bill was passed, but my predecessor was. I was preceded in this House by Representative Nancy Johnson, a Republican who served here for a very long time. And she was very proud to come back here as a Republican and talk about her role in the passage of that bill. The problem was over time there were fewer and fewer people like her in the Republican caucus who were proud to talk about insuring children, standing up for kids. And you stand here now on the Republican side of the aisle that looks and sounds very different, unfortunately, than the group that stood up in 1995.

And, lastly, it is not just bipartisan within that House, but you also have a wide range of ideological and advocacy groups that are standing up for the reauthorization of SCHIP, and I will mention just one and that is the United States Chamber of Commerce. Not a fan of big government, if you have ever seen any of the propaganda coming from the U.S. Chamber of Commerce. So when you listen to the President or Republicans talk about the Democrats and children's health care being yet another government program, listen to what their friends are saying. Their friends in the U.S. Chamber of Commerce and the Business Roundtable and all of the groups that are traditionally the main cheerleaders against any minute expansion of government are standing up for children's health care, are cheering on the Democratic effort to reauthorize the SCHIP program, because they know what we know; that not only is it the right thing to do but it is the cost-effective thing to do. We figured that out in New Jersey and Pennsylvania and Connecticut and Maine. And I hope that we will be able to return to that bipartisan spirit again.

Ms. SCHWARTZ. If I may, I was very well aware of the fact that so many different organizations were supportive and, again, outside some of their own realm a little bit. So I asked my staff to produce a list. And I have four pages of a closely typewritten list of all the groups. It is the U.S. Chamber of Commerce and the Business Roundtable and it is also the AFL-CIO, AFSCME, and SEIU. But it is groups that you would think who are advocates for children: the March of Dimes and Families USA and the Children's Defense Fund. But it also is all the senior organizations: the AARP and the Center for Medicare Advocacy and the Alliance for Retired Americans. And so many of the provider groups: AMA and the Academy of Family Physicians and the Academy of Pediatricians. But also America's Health Insurance Plans and the Pharmaceutical Research and Manufacturers Association, PhRMA, who are saying this is an important thing

to do as well, and the American Hospital Association. These are groups where you might say, well, why do they care? Now, hospitals, maybe they could get reimbursed for some of the uncompensated care that they provide, but the fact is that all these groups recognize how important it is. And we have the faith-based organizations: the National Council of the Churches of Christ and the Catholic Health Insurance Association. I mean all of them, all of them, have come together.

For the RECORD I will submit these four pages of the list of all of the different folks who have actually said this is so important. It works. It matters to people. It is helping Americans be healthier and stronger and more productive. And what more important thing can we do than that? I think that was said earlier.

But it is also doable. And we are taking a lot of fiscal responsibility in this new Congress among the Budget Committee. And the gentleman who is going to speak in just a minute is on the Budget Committee, and we have argued in the Budget Committee about how important it is to be smart about how we spend our money, to only spend money we can account for. So we are working very hard in this Congress to say we will not only maintain this program but we will expand it and we will find the money to do that because it is important. And when we are committed to doing something, we will find the money to do it, and that is what we are going to do in this.

I was going to ask my colleague, and I know you have some remarks you would like to make, but if you think about what happens if we don't continue the SCHIP program, I mean that is one of the things that people presume will, of course, continue. But, in fact, the President just said today said that he might veto a reauthorization continuation, just the maintenance of the Children's Health Insurance Program if it is not constructed the way he likes, which is really shocking that 6 million children on October 1 may be without health coverage because of his unwillingness to do this.

So knowing your history and your commitment to health care in general but particularly to children's health care and the good work that your State has done, if you would speak to that as well, I think it would be very helpful for Americans to understand that we are at risk here, that our children are at risk.

And I yield to my colleague Mr. ALLEN from Maine.

□ 2230

Mr. ALLEN. I thank the gentlewoman from Pennsylvania for organizing this event tonight and for yielding to me.

I was here in 1997 when the SCHIP program was passed, and it was passed with very strong bipartisan support. People on both sides of the aisle, and many of the same groups that you just

mentioned, people on both sides of the aisle believed, as virtually all Americans do, that our children should get health care. They ought to be able not just to go to an emergency room when they're seriously ill or have had an accident, but they should be able to get preventive care so they can grow up to be healthy children and healthy productive adults. That's really, I think, a fairly basic proposition. And that's what drove us back in 1997.

And now you were asking, what happens if this program doesn't continue? Well, if it's not reauthorized, then 6 million children in this country lose their health insurance. And if they lose their health insurance, maybe some of them, when they're seriously injured, will go to an emergency room, but most of them will lose the preventive care that they get today.

The President put in his budget \$5 billion over 5 years for an increase in SCHIP, which would fund about one-third of the amount that States are estimated to require over the next 5 years. In other words, the President's position is that this is a program that should be cut back. And that probably is why he made the veto threat, which he basically said, look, people, children and adults, have access to an emergency room; and one thing we want to be careful not to do is expand health insurance if it's through a government program, which is bizarre, because the SCHIP program is designed for people who cannot afford to buy health insurance in the private market today. That's why they don't have it.

What we're trying to do is continue this public/private partnership because most States provide coverage through private plans. It's a Federal/State partnership, with 70 percent of the money coming from the Federal Government and about 30 percent coming from States. So States are choosing to fund this program for the obvious reason that our kids deserve to have health care coverage. Outside of the White House, this, I think, is a broadly accepted proposition.

I just want to say a few things about my State of Maine. Maine has been very aggressive in using this particular program. We have one of the lowest rates of uninsured children in the country. Only 7 percent of our children do not have health insurance, and the national rate is about 12 percent. But that, for us, we're a small State, but that's about 19,000 children who do not have health insurance. And for those families, for those parents, they know it makes a difference whether or not their kids have health insurance. And they, I know because I've talked to them, worry about whether they're going to get the kind of coverage, the kind of vaccinations, the kind of preventive health care that everyone hopes for their children, because that's really a fundamental point here.

I don't think there is a parent in America that doesn't want their children to have good health coverage, to

get the health care they need when they need it. And that is what this program attempts to do. Because there are 6 million children in this country today who qualify for the SCHIP program but are not signed up, for whatever reason. Some States aren't being aggressive enough and the Federal Government contribution is falling short.

There are another 3 million who don't qualify for SCHIP and still don't have coverage. And all we're trying to do, as Democrats, is to expand that coverage. Now, we can argue about how fast we expand it, we can argue about how we pay for it, but the bottom line is this: children in America deserve to have health care. And we know if they have health insurance, whether the program is privately run or whether the program is publicly run, or some combination, they are much more likely to grow up into healthy, productive children and healthy, productive adults. That's what we're fighting here today for.

I want to thank you, my colleague, the gentlewoman from Pennsylvania, and all the rest of my friends here tonight for pushing this issue so hard and so long. We will not fail. And I yield back.

Ms. SCHWARTZ. And I think this is where we can get a chance to have a little bit of a conversation. There is a lot of feeling about it. I think all of us feel that we should be working as hard as we possible can to be getting this done, not be sort of saying, okay, I'm not interested, we'll do something else.

There are a lot of priorities here. We stand up on the floor frequently and say, okay, one of the most important things we can do is this, one of the most important things we can do is that. But the fact is if we aren't all parents, and many of us are, then we certainly have nieces or nephews we love, or neighborhood children. All of us know someone who has struggled through a moment when they couldn't provide the essentials. This is not a frill. And I think that's what you were saying, Mr. ALLEN, is this is not an, okay, if you can get to do it, go do it. This is something that's really essential for every child in America. And we're helping parents to be able to meet that essential requirement for their children.

Some of you may know, my husband is a physician. And I was joking with my staff that he cuts out articles from the New England Journal of Medicine all the time for me to read. And mostly they're not so readable for me, I have to admit, you know, they sort of need some interpretation. But just in the last week's journal there is a wonderful article talking about the imperative to continue the SCHIP program. And I'll share it with my colleagues, I'll send it around to everyone tomorrow, but really it made it very, very clear that this is something that we need to do because of the medical imperative, the health care imperative. And we know it is something that we can do.

So, it's something we're proud of and we should be and we want to do.

Mr. PALLONE, you look like you're ready to jump in here.

Mr. PALLONE. You know, when you relate your own experiences, I can relate so much to it myself.

I have to say, I was thinking back about 10 years ago when we first started the program. Of course, my wife and I were just starting to have kids. My oldest daughter now is 13, so she was three at the time. And I guess I had my son at the time, he was only one. And we were starting to realize at the time about the fact that, first of all, as parents, the idea of kids not having health insurance, you know, young kids at that age was really an awful thing. And that's why we got involved. I say "we" because my wife got involved in the whole issue as well. And to think about the fact that you have children and they can't have health insurance or you have to take them to an emergency room is just an awful thing.

I worry myself even now because a lot of times your health insurance doesn't cover everything. Like I was faced with the orthodontist bill a couple years ago. And I suddenly realized our insurance doesn't cover orthodontistry. And that was upsetting, but to think of parents that can't even take their kids to the doctor is just an awful thing.

One of the things that my wife would always say to me that she observed was that many times government officials, and I don't want to speak about ourselves because I don't want to be critical, but a lot of times politicians don't think about kids because of the fact that they don't vote. And I would almost kind of differ with the gentleman from Maine when he says that, you know, one of the things that we found and one of the reasons why States like Connecticut and New Jersey have covered some of the parents is because they have noticed that a lot of times the parents wouldn't enroll the kids unless they were eligible themselves to be enrolled in the program. And I again go back to, this is really a very practical thing. If some States have found that the parents won't enroll the kids unless they're enrolled, they actually allow the parents to enroll as an incentive to get the kids enrolled.

Because you can be cynical. I mean, you have to say that unfortunately sometimes parents don't care or sometimes politicians don't care. And the fact that we were able to do this and basically do a kids' health initiative program and get the political support for it in some ways was an amazing thing. You would say, well, gee, that's a basic thing, why wouldn't that happen? But it wasn't that easy. And we're going to have to continue to fight to expand it today.

I just wanted to answer your question, because I know that the gentleman from Maine did, but you said, what would happen if we don't reauthorize?

Well, I will just say, first of all, essentially this has happened in some fashion in the last few years. States have run out of money because there wasn't enough money as early as March in a given calendar year. Georgia ran out of money this March. And my own State started to run out of money by May. So we had to actually do a supplemental appropriation. The world knows it as the "Iraq supplemental," but actually it was the supplemental that included the funding for Iraq, and it included about \$750 million for SCHIP because States, in fact, were running out of money.

In my own State of New Jersey a couple of years had to cut back on the program and actually lower the eligibility and eliminate parents because of the fact that they started to run out of money. So we have experience of what actually happens if we don't provide the additional funds.

The other thing, too, is that until last year, every year for the first 9 years of the program, the number of uninsured kids in the country was going down. But last year, for the first time, the number of uninsured kids went up. So this is a crisis. I mean, if we're going to get to those extra kids, we really have to do something.

Ms. SCHWARTZ. And just on that note, if the gentleman would yield, we do know that the number of uninsured for the first time in a long time is going up again. So we're talking about 45 million Americans. And the fact that, of those, 9 million are children who, again, through no fault of their own, don't have access to health insurance.

And one of the reasons is that health insurance is expensive. And even for businesses that want to provide health insurance for their employees, sometimes they're faced, particularly small businesses, with how do I actually pay that whole amount for family coverage? And they just cover the employee. And so even here, where you're talking about employers trying to do the responsible thing, but just looking at their bottom line and saying I can't do anything about this, when the parent is covered and the child is not is one situation where certainly CHIP comes in and really can be very, very helpful.

There has been some discussion obviously about adults. And I think this is intended for children. Some States have brought along the parents because it does help with enrollment, and we think that's true in Pennsylvania as well. But we also know that when the parents don't have health insurance, and if they can't get timely health care, then they don't have an ongoing relationship with a physician or a medical group. And the children also learn from their parents. Their parents are their models. And so if the parents are going for regular checkups and their kids are going for regular checkups and it's part of what you learn to do as a responsible person, that's a good pack-

age. It's what we want adults do be doing as well.

So I know that there is some discussion about that, too, whether States, now they're not allowed anymore to be able to sign up adults alone, but they're usually signed up with their children as a family coverage. And that's the way most people who buy insurance do it, too. They buy insurance for their family. That's the way it's sold mostly. So I think it's making sure that we actually allow people to sort of use the marketplace the way it really works and not punish them for that.

Mr. PALLONE. If I could point out one thing, too, because I know there is some debate about this. The States don't get any more money because they cover kids at a higher percentage of poverty or because they cover the adults, and I think there has been some debate about that. Remember, as I said before, this is a block grant, and the money that goes to the States is dependent upon the number of children that they have. So the fact of the matter is that if a State decides, like Connecticut did, that they're going to cover the adults, they just have to stretch out the Federal funds and contribute more State dollars to pay for it. They don't get additional money. I know that this sounds like such a bureaucratic comment, but some Members are worried, well, is my State going to get more because they cover kids at a higher level of poverty or another State covers adults. They don't. It's just a question of usually they're providing more State dollars and having the flexibility to include the parents so that they can cover the kids.

Mr. ALLEN. If the gentlewoman would yield, there are differences among States and now aggressively they seek to use the money that comes from the Federal Government. So there certainly are differences among States in that respect.

But I just wanted to comment. It is absolutely true that most people who buy insurance through a private plan will try to cover their kids as well, except that today one of the trends in this country is that the wheels are coming off this employer-based health care system and increasingly, by about a million people a year over the last 4 or 5 years, the number of uninsured is going up. It's now about 46 million people. And one of the reasons, and this is why I've done a plan for small businesses, one of the reasons is the small business community is simply not able to afford the kind of insurance they had in the past. And what they're doing, they're tending not to cover family members, which includes the children, and to require the employee to pay a higher and higher percentage, which some employees simply can't do.

So what we're seeing here, at the same time as the President is saying we don't want to expand this successful children's health care program, we're watching the number of uninsured

steadily climb, both adults, and now children for the first time in a long period of time, having the number of uninsured climb because the private market, the employer-based market isn't working as well as it did in the past.

We have a national health care crisis on our hands, and this is a part of the solution. It ought to be the easiest part of the solution. But here is the President's spokesman the other day saying this will encourage many to drop private coverage purchased through their employer or with their own resources to go on a government-subsidized program. This is a program that is designed for people who don't have health insurance. We know these children don't have health insurance. We know how many there are. We know where they are. And we ought to be able to do a better job than simply to raise this kind of ideological objection. We ought to cover them first in the most practical, cost-efficient way.

I yield back.

Mr. MURPHY of Connecticut. Mr. ALLEN, if you would yield. I guess I come to the thinking, we wish we were in that position. I mean, wouldn't it be lovely, wouldn't it be wonderful if we were in the position in which the choice was between a government-sponsored program and an employer-sponsored program or a privately available sponsored program. It just isn't the reality. And anybody who spends time out in their communities, in their social halls, in their churches and synagogues listening to families will realize that, that there are just more and more families largely, as Mr. ALLEN noted, that work for small businesses and simply don't have the access to health care insurance that they once did.

And I want to hit one more point, and I mentioned it the other night when Mr. PALLONE and I were down here talking about this. We also have to disabuse people of this notion that we all aren't paying for those kids and those parents who don't have health care insurance. If the employer doesn't provide it, and then the HUSKY program in Connecticut, the SCHIP programs go away, somebody is going to pay for that health care. And we pay for it largely in two ways: one, all of the premiums that we pay, as insured people, are higher because they are basically subsidizing the care of people that don't have health care insurance, because a doctor is going to have to treat, by law, someone that shows up in an emergency room, and the hospital has to be compensated for that.

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So private insurance normally pays about 120 percent, 110 percent of what the average Medicare rate is. They are paying a 20 percent, 10 percent premium in order to subsidize the care of the uninsured. I don't know if this is the case in all States, but in Connecticut, we also have an uncompensated care pool, a taxpayer-funded

pool, where tax dollars go directly to hospitals and health care providers to help them pay for the kids that walk in, 70,000 of them without health care insurance in Connecticut that have no insurance.

So the idea that we are going to be spending any more money on this, when really what you are doing is you are shifting money that we are all spending in our private rates and through these taxpayer-subsidized pools of money that go to hospitals, it is just shifting it to preventive care. We have to sort of remind people that we are paying every day for the uninsured that we have now. It is simply about building a more cost effective and more humane way of paying for it.

Ms. SCHWARTZ. I think we should continue this discussion about what is the smartest and most efficient way to do this. Again, what is interesting about the way SCHIP, the children's health insurance initiative, was set up is it said to each State, one, you don't have to do it if you don't want to, if you don't have a problem, or you don't think this is an issue. We were not even sure how it would all work out. They also said, then you can create whatever initiative works for you, what really works for you. It turns out every State has chosen to do it.

Actually, we already had SCHIP in Pennsylvania for 5 years when the Federal Government came in. Our governor was very nervous about taking it. He wasn't sure he wanted to do this. He was concerned it would be a new entitlement program and that he would be stuck with the bill at the end of the day. I know States had legitimate worries about that, that we actually tell them to do things and then don't give them any help in doing it.

But this is one case where we said, no, you have to do it. You have to structure the program. Here are some guidelines. Here is how we think you should do it. Then we are going to pay a part of it, a good part of it, but we are not paying all of it. You have to buy into it. You have to want to do it, also. You have to structure this.

So every State did this. We learned from each other. That also was a good thing, to look around and see what worked for other States and what didn't. When our governor was saying, should we do it? He really was very torn about it. Actually, he didn't decide to do it until September 30, and that was the deadline that year. I was very anxious. I was on the floor of the State senate many nights saying we ought to do this. I was pushing him to do that.

Of course, we were able then to triple the number of children who were covered because of the partnership we had with the Federal Government. That is what this is about. It really is. This is a great example of a very innovative way to create a partnership between the Federal Government and the States, between insurers in some ways and the States as well, in many cases,

and between parents and families and health care providers, and say, we are all going to help make this happen.

Mr. MURPHY of Connecticut. Just to add to that partnership, it is also a partnership of health care professionals as well, because, to tell the truth, in a lot of States, Connecticut being one of them, the rate that we pay physicians for participating in the program is a little bit below the level of sufficiency. So there are a lot of physicians who want to do the right thing, who want to get compensated, but are okay not getting compensated at the same levels that they do by private HMOs.

It really becomes in the end, it really becomes a partnership of not only the Federal Government and the State Government, but also the provider community as well who has agreed to say, listen, because we really care and we really want to take care of this constituency, we are willing to do it for a little bit less than we would do otherwise. That has been a great benefit to the Government, to be able to get away with paying a little bit less, at least in Connecticut, than private payers do. But it is a wonderful partnership of all constituency groups.

Ms. SCHWARTZ. Again, the debate here is how much can we do? What can we afford to do? What is the best way to do it? Mr. PALLONE is working on all those details. I know we bug him and give our him suggestions about how to make this easier and streamline the bureaucracy and make it work for both providers and for children and for the States. So we are learning from that. I think that is pretty exciting.

But that is not the discussion that some are in. We were in that discussion since January, actually. This is certainly something that the President proposed. We wanted to push much further. But I just say that is unfortunate. I think that is why we are so deeply disturbed.

I will say that the President is consistent here. I will add just a note that when he was Governor, he was very reluctant to participate in the Children's Health Insurance Program and actually worked quite actively not to be engaged, not to have his State do it, and then tried to keep the level of the family to be as poor as possible.

He did not want to go to 200 percent of poverty. He wanted to keep it lower. He did not want to reach into the sort of the really working folks in Texas who were struggling. You may want to comment on that.

But I think for so many of my constituents, and again I think, Mr. PALLONE, you pointed this out earlier, for very poor people in this country, we do have health care coverage. But for the people who are above that level, who say I don't know that there is anyone there to help me, this is actually one way to say, that is right, we are going to help you be able to get health insurance for your kids. You are working. You are trying to do the right thing, and this is the way we can help you do it.

So for the very people who are playing by the rules, trying to do it right, struggling to make ends meet, to be able to help them get health insurance for their kids makes such a world of difference to their peace of mind and, of course, to the actual health of their kids.

Mr. PALLONE. I just think the President has been very inconsistent. You talk about his experience as governor of Texas. But keep in mind that for the last 6 or 7 years, he has actually been granting the waivers. For example, right now the law says 200 percent of poverty, is what the law says in terms of eligibility. But it allows for waivers, and he has given waivers for so many States, I think as many as around 15 States, to go to 300 percent of poverty, to allow adults in some cases. His administration had to approve all those.

So I was very surprised in the early part of this year when he said that he wanted to keep it at 200 percent, he didn't want to cover any of the adults, because he has allowed that flexibility during his administration.

One of the things that the National Governors Association said unanimously was that they wanted States to have the flexibility. Again, I point out, this is a block grant. The States don't get any more money because they cover adults or go to higher levels of poverty or lesser levels. There is also flexibility, and some States don't count assets in determining that 100 percent or the 300 percent.

I think it really makes sense, and the National Governors Association said it makes sense to leave it to the States to have that flexibility, and the President historically has been in favor of that kind of flexibility. So I really don't understand where he is coming from.

The other thing I wanted to mention is we were talking about alternatives. When I listened last week to our colleagues on the other side of the aisle, some of them were saying, well, people can go to community health centers. That was another thing that I heard. Well, the President talked about emergency rooms and some of our colleagues on the Republican said, well, they can go to community health centers.

Well, I am all in favor of expanding community health centers, but in my district I think we have maybe four Federally sponsored, maybe 5, community health centers. There is absolutely no way that the kids and the parents are going to line up. They don't have the ability to handle all the kids.

So what you said is true. They are going to end up being in an emergency room. They are part of charity care whose responsibility is on the rest of the taxpayers.

Then I heard another one of our Republican colleagues say, well, what we really need is, and I wrote it down, competition in the marketplace. And I was saying, what are we talking about here? Again, this is people who are

working, who can't afford health insurance. What competition? They can't go out and buy it on the individual market.

So we hear a lot of inconsistencies. I don't want to be so critical of our Republican colleagues, because I want them to join us on this. But some of the statements that have been made by the President in the last few days.

I would point out in the Senate, as you know, the Republicans and Democrats came together and they are about to pass a bipartisan SCHIP expansion. So the Republicans in the Senate hopefully can talk to the President and the Republicans in the House and say, what are you doing? We want to continue with this on a bipartisan basis.

Ms. SCHWARTZ. Again, our hour is concluding, but I think, in other words, we certainly are very interested, I certainly am, in making sure that the marketplace, the insurance marketplace, you are from Connecticut, so I am sure you have an interest in this, that it works; that in fact it is affordable, that we can figure out a way for businesses to work together, to be able to get a market share, to be able to maybe do some things on the individual marketplace so that in fact it can be more affordable.

Some of the ideas that the President has about tax deductions, not as substitutes, but for individual coverage, that's fine. We should be doing that. But not say, okay, which are going to make sure that 6 million children who have had access to health care, and another 6 million who could, who are now eligible but are not signed up, we are going to continue to deny them care, and we are going to do that by scaring you into thinking somehow we are creating some new expanded government program that is somehow just going to be evil.

That is sort of kind of what the President is saying, instead of saying wait a minute, this is an initiative that works. It works in every State. People are proud of it. Republicans and Democrats stand up and praise it, doctors are happy about it, hospitals are happy about it, parents are happy about it. I don't know how the kids feel when they get their immunizations, how happy they are about it.

But the fact is we are doing the right thing and we are meeting a priority that American families talk to us about all the time. And it is not instead of doing something else. It is really just because it is a high priority for us. It is always a question of priority, but we really I think, certainly what I want to say, we are determined to get this done, and we want to work in a bipartisan way to do it. We want to do it in a fiscally responsible way. We want to continue to build on the success of the Children's Health Insurance Program, and that is why we are going to keep talking about it until we get it done and hopefully be joined by not only our colleagues on the other side, but the President as well.

Mr. MURPHY of Connecticut. Let me just add some final thoughts to add to the theme of inconsistency here. This is a President who has presided over the largest expansion of a government paid for health care program in my generation at least with the addition of the prescription drug benefit to the Medicare program. But it was okay when it resulted in a massive giveaway to the pharmaceutical industry.

But when we are asking to expand health care for kids who don't have, as Mr. PALLONE said, not only do they not vote, but they also don't have political action committees and they also don't have lobbyists patrolling the hallways here and within the administration. When it comes to helping the most vulnerable, the most voiceless group of individuals out there, this administration results in a deafening, deafening silence.

So I am so glad we are down here talking about this tonight. I came to Congress, gave up my seat working on a health care policy in the Connecticut legislature because I figured out that this really had to be a Federal fix, to try to do something for the millions of uninsured.

I frankly hope in a lot of places I think I am am going to depart from the legacy of the person I replaced, but on this I hope to be able to work with all of you to join back across the aisle and build that bipartisan consensus to stand up for those voiceless, lobbyist-less PAC-less constituents of ours, uninsured kids.

Ms. SCHWARTZ. We have an enormous opportunity here. We want to meet that challenge and we want to do it right. So that is the challenge over the next few months. My guess is we are going to continue to talk about this for the weeks ahead, and certainly if we are lucky enough to take some vacation this summer and see those cute kids on the beach on the Jersey shore, and Connecticut has some nice beaches too, to look at them and think which ones of those, because there are, who don't have health insurance, whose parents may delay care that they should get, not get an immunization, should not get care, maybe not even treat some simple illness that ends up running through school or camp and everybody gets sick.

But this is about giving kids the right healthy start. It is about doing it in a cost-effective way, about being creative and innovative, and meeting that challenge that American families have every day.

So I thank my colleagues for joining me this evening, and I look forward to continuing to work with you. Thank you for your leadership, Mr. PALLONE, as well.

Mr. Speaker, I include for the RECORD the list of all groups who support the SCHIP package.

ALL GROUPS WHO SUPPORT SCHIP PACKAGE
SENIORS GROUPS

AARP
Alliance for Retired Americans

American Association for International Aging
 American Society on Aging
 Association of Jewish Aging Services of North America
 B'nai B'rith
 National Academy of Elder Law Attorneys
 National Association of Professional Geriatric Care Managers
 National Association of State Long-Term Care Ombudsman Programs (NASOP)
 National Association of RSVF Directors
 National Association of Social Workers
 National Committee to Preserve Social Security and Medicare
 National Council On Aging
 National Indian Council on Aging
 OWL, The Voice of Midlife and Older Women
 American Association for Geriatric Psychiatry
 Medicare Rights Center
 National Committee to Preserve Social Security and Medicare
 National Senior Citizens Law Center

PROVIDER GROUPS

American Dental Association
 American Hospital Association
 American Medical Association
 American Health Care Association
 Federation of American Hospitals
 National Association for Home Care & Hospice
 National Association of Community Health Centers
 PhRMA

LABOR UNIONS

AFL-CIO
 AFSCME Retiree Program
 American Federation of Teachers
 International Union, United Auto Workers
 National Active and Retired Federal Employees Association
 Service Employees International Union
 American Federation of State, County and Municipal Employees (AFSCME)
 International Association of Machinists and Aerospace Workers
 International Union, United Auto Workers
 United Steelworkers

CHILDREN'S GROUPS

Academy of Pediatricians
 Children's Defense Fund
 Families USA
 March of Dimes
 National Association of Children's Hospitals and Related Institutions

DISABILITY GROUPS

AIDS Treatment Activists Coalition
 AIDS Treatment Data Network
 American Academy of HIV Medicine
 American Association of People with Disabilities
 American Association on Intellectual and Developmental Disabilities
 American Network of Community Options and Resources
 Association of Assistive Technology Act Programs
 Association of University Centers on Disabilities (AUCD)
 Gay Men's Health Crisis
 HIV Medicine Association
 Council for Learning Disabilities
 Easter Seals
 NAADAC, the Association for Addiction Professionals
 National Association of Councils on Developmental Disabilities
 National Association of People with AIDS
 National Disability Rights Network
 National Down Syndrome Society
 The Arc of the United States

ADVOCACY GROUPS

Military Officers Association of America

Bazon Center for Mental Health Law
 Campaign for America's Future
 Center for Medicare Advocacy, Inc.
 Center on Budget and Policy Priorities
 Consumer's Union
 National Association of State Head Injury Administrators
 National Health Law Program
 National Organization of Social Security Claimants' Representatives
 National Respite Coalition
 National Spinal Cord Injury Association
 NETWORK: A National Catholic Social Justice Lobby
 Project Inform
 Protestants for the Common Good
 The American Federation of Teachers
 Title II Community AIDS National Network (TII CANN)
 United Cerebral Palsy
 United Spinal Association
 USAction

STATE AND LOCAL GROUPS

AIDS Action Baltimore, Inc.
 AIDS Drug Assistance Protocol Fund
 AIDS Education Global Information System
 AIDS Legal Council of Chicago
 AIDS Resource Alliance, Inc.
 AIDS/HIV Health Alternatives
 Alliance for Family Education Care & Treatment
 California Health Advocates
 Center for Independence of the Disabled in New York
 Champaign County Branch NAACP
 Chicago Women's AIDS Project
 Clinical Social Work Guild 49
 Coleman Global Telecommunications, LLC
 Community HIV/AIDS Mobilization Project (CHAMP)
 Community Information Center
 Desert AIDS Project
 Douglas County AIDS Project
 Family Service Association of Bucks County
 HIV/AIDS Program
 Florida Legal Services
 F.O.U.N.D., Inc.
 Friends of The Poor International
 Georgia Rural Urban Summit
 Health Equity Project
 Hemophilia Association of New York
 Hep C Advocate Network, Inc. (HepCAN)
 HIV/AIDS Law Project
 HIVictorious, Inc.
 IndependenceFirst
 International Foundation for Alternative Research in AIDS, Portland, OR
 Kleine Editorial Services
 La Fe Policy and Advocacy Center
 L.A. Gay & Lesbian Center
 Latinos for National Health Insurance
 Living Hope Organization
 Michigan Positive Action Coalition
 NAMES Project Central New Jersey
 NETWORK/Positive Action
 New Mexico Poz Coalition
 New York AIDS Coalition
 New York Legal Assistance Group
 New York State Consumer Coalition on Part D
 New Yorkers for Accessible Health Coverage
 Northwest Health Law Advocates
 Ohio AIDS Coalition
 Pennsylvanians United for Single Payer Healthcare (PUSH)
 Physicians for a National Health Program, NY Metro Chapter
 Positive Opportunities, Inc.
 Pueblo Family Physicians
 Redwood AIDS Information Network and Services
 Regional Addiction Prevention (RAP), Inc.
 Regional AIDS Interfaith Network Colorado
 Salt Lake Community Action Program

Search For A Cure
 Selfhelp Community Services, Inc.
 South Carolina Campaign to End AIDS (SC-C2EA)
 Teamsters Retiree Club of Santa Clara County
 Tennessee Justice Center
 The Evangelical Catholic Diocese of the Northwest
 The North American Old Catholic Church
 The Richmond/Ermet AIDS Foundation
 Topeka Independent Living Resource Center
 Tia's Foundation
 Triad Health Project
 Twin States Network
 Ursuline Sisters HIV/AIDS Ministry
 West House, Inc.
 West Oahu Hope For A Cure Foundation
 Western

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. BOUCHER (at the request of Mr. HOYER) for today.

Mr. TIAHRT (at the request of Mr. BOEHNER) for today on account of attending an event in his district.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. PALLONE) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. BISHOP of New York, for 5 minutes, today.

Ms. WASSERMAN SCHULTZ, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Mrs. MCCARTHY of New York, for 5 minutes, today.

Ms. LEE, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mrs. CHRISTENSEN, for 5 minutes, today.

Ms. CLARKE, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Mr. CUMMINGS, for 5 minutes, today.

(The following Members (at the request of Mr. POE) to revise and extend their remarks and include extraneous material:)

Mr. DAVIS of Kentucky, for 5 minutes, today.

Mr. POE, for 5 minutes, July 23.

Mr. BURTON of Indiana, for 5 minutes, today and July 17, 18, and 19.

Mr. BILIRAKIS, for 5 minutes, today and July 17 and 18.

Mr. JONES of North Carolina, for 5 minutes, July 23.

Ms. FOXX, for 5 minutes, today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows: