

Award in 1967. Having walked alongside Dr. King, a fearless leader who challenged continued racial segregation and believed that "oppressed people cannot remain oppressed forever," I am committed to continuing the legacy of Dr. King and the SCLC.

Under the helm of President Joseph Lowery for much of its existence—from 1977 until 1997, the SCLC advanced Dr. King's dream for an America—a society united behind the banner of equality and freedom. Today, the SCLC remains strong under the leadership of Dr. Charles Steele, Jr., promoting a number of programs in the areas of economic empowerment, health advocacy, education, and criminal justice. The SCLC has also established the Martin Luther King, Jr., Conflict Resolution Center, an international initiative to promote Dr. King's principle of nonviolence as a means to resolving conflicts throughout the world.

We've come a long ways over the last 50 years, and the work of the SCLC continues to be of critical importance. It is to the credit of Dr. King and other leaders of the SCLC that today the torch of the civil rights movement is carried by many hands. One of those hands is Dr. King's son, Martin III, who headed the SCLC from 1997 until 2003 and remains committed to the organization's vision. So following the lead of Martin III, Joseph Lowery, Ralph Abernathy, and of course Dr. King, let us continue the work and legacy of the Southern Christian Leadership Conference on its 50th anniversary.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

(Mr. DAVIS of Illinois addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Ms. KILPATRICK) is recognized for 5 minutes.

(Ms. KILPATRICK addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. LEWIS) is recognized for 5 minutes.

(Mr. LEWIS of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. TOWNS) is recognized for 5 minutes.

(Mr. TOWNS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. BUTTERFIELD) is recognized for 5 minutes.

(Mr. BUTTERFIELD addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Texas (Mr. AL GREEN) is recognized for 5 minutes.

(Mr. AL GREEN of Texas addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. COHEN) is recognized for 5 minutes.

(Mr. COHEN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PAYNE) is recognized for 5 minutes.

(Mr. PAYNE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

(Ms. JACKSON-LEE of Texas addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Virginia (Mr. SCOTT) is recognized for 5 minutes.

(Mr. SCOTT of Virginia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. ROTHMAN) is recognized for 5 minutes.

(Mr. ROTHMAN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

(Mrs. MCCARTHY of New York addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from California (Ms. LEE) is recognized for 5 minutes.

(Ms. LEE addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mr. COURTNEY) is recognized for 5 minutes.

(Mr. COURTNEY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### SCHIP

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Texas (Mr. BURGESS) is recognized for half the time until midnight as the designee of the minority leader.

Mr. BURGESS. Madam Speaker, I come to the floor tonight for what was to be the leadership hour, but the hour has gotten so late that this will really only be a few minutes of discussion on the reauthorization of the State Children's Health Insurance Program, the program known as SCHIP.

This program was introduced 10 years ago by a Republican House of Representatives. It was a bipartisan plan to help low-income children to have health care coverage. This program was to be reauthorized in 10 years' time. That 10 years is up on September 30, 2 months from tonight.

We all agree, on both sides of the aisle, that we want to make sure children of low-income families have the health care coverage that they need. But, Madam Speaker, we are also anxious to be certain that we don't do so at the expense of senior citizens on Medicare. We would like to make sure we don't raise taxes to do this. And a lot of us are concerned about permanently expanding yet another entitlement program. Anyone who reads the newspaper today knows that we already have trouble with the entitlement programs that are already there.

The problems with the bill that has been introduced by the Democrats that we had read in our committee last week: the Democratic bill reauthorizes the SCHIP program as a permanent entitlement, \$159 billion over 10 years. One of the biggest problems is there is no income limit for SCHIP eligibility. Current SCHIP guidelines are for families at or below 200 percent of the Federal poverty limit. Some States go higher than that. But, Madam Speaker, look what happens when you go to these higher levels:

The current authorization, again, is for 200 percent of the Federal poverty

limit; 50 percent of those children actually already are covered under a private insurance or Medicaid. As you go to successively higher income limits, between 300 and 400 percent of poverty, nearly nine out of ten children are already covered on a private insurance plan or Medicaid. The SCHIP program, by expanding it to these levels, will crowd these individuals out of private insurance and drive them onto government-subsidized health care. I would ask you if that is the best expenditure of our Federal health care dollar.

The open-ended Federal funding in the program proposed by the Democrats allows States to go over their budget. It shifts children participating in private insurance to government insurance. A child is now defined as an individual up to 25 years of age, and, once again, adults are covered under this plan, which really has been one of the failings of the previous SCHIP authorization.

A big problem is cutting Medicare Advantage plans by \$157 billion, denying seniors access to plans that have enjoyed widespread popularity in areas where they have been introduced. It cuts Medicare provider payments, reduces inpatient hospital payments, cuts skilled nursing facilities and home health care, and reduces payments for imaging and oxygen or mobility devices.

It does increase taxes. It creates an entirely new tax, one that has yet to be scored by the Congressional Budget Office on all private health insurance plans, an assessment, if you will, on private health insurance plans. It increases taxpayer liability for immigrants and illegal aliens. It eliminates the 5-year waiting period for people who are in this country legally to participate in Medicaid and CHIP. Wisely, a moratorium for 5 years was placed on SCHIP and Medicaid so that people would not seek to come to this country simply to participate in the welfare state but would come because they wanted to be good citizens and be workers and produce in this country. More pernicious, in my opinion, is allowing illegal aliens to receive Medicaid and SCHIP by weakening citizen verification standards.

A net cost of \$76 billion over 10 years certainly flies in the face of fiscal responsibility. And, more importantly, it repeals the trigger that was put in the Medicare Modernization Act 3 years ago that would require the President and the Congress to reaffirm if Medicare expenditures went above a certain amendment.

Madam Speaker, there is a right way to do this, and I don't want to get too bogged down in process because the time available to me is very short, but recently we underwent an FDA reauthorization bill in my committee, the Committee on Energy and Commerce. It went through subcommittee. It went through full committee. And at the end of the day, we had a bill that was much better than the bill that was originally

delivered to us, the committee print of the bill.

We weren't allowed to do that on the SCHIP bill. The subcommittee legislative markup was completely eliminated. We just bypassed it. We didn't even do it. The committee print was dropped on the minority members of the committee some 24 hours before we had the legislative markup in full committee. There was no time to evaluate this nearly 500-page bill that had many, many new provisions in it. And as a consequence, many of those on my side of the aisle felt it was inappropriate to deal with such a large transformational piece of legislation in such a short time interval.

Now, it is important to note that there is a Republican alternative out there. It is called the Barton-Deal SCHIP reauthorization, and I think this is a balanced approach to actually getting back to the original intent of what the State Children's Health Insurance Program was, in fact, to be: a program for low-income children. The original intent was to cover those children whose parents made too much for them to be covered under Medicaid, but not enough to be on private health insurance. That gap between 150 percent of poverty and 200 percent of poverty was identified as the level at which SCHIP benefits really would have the maximum impact.

And in the Barton-Deal reauthorization legislation, it allows States to continue that program, but after a State covers at least 90 percent of the children that should be covered, they can then expand that coverage up to 250 percent of the Federal poverty level. The Federal poverty level for a family of four would be about \$41,000 per year at the 200 percent of poverty. At 250 percent of poverty, it is about \$51,000 or \$52,000 a year for a family of four.

The SPEAKER pro tempore. The time of the gentleman from Texas has expired.

Mr. BURGESS. Madam Speaker, I ask is there anyone to claim time?

The SPEAKER pro tempore. There being no Democrats here, the gentleman from Texas is recognized for the remaining time until midnight.

Mr. BURGESS. Madam Speaker, under the Barton-Deal plan, new enrollees would be strictly limited to services provided to children and pregnant women with household incomes under 200 percent of the Federal poverty level. And, again, when those States can demonstrate that they are covering the 90 percent of the kids in the bracket, then they could expand to the 250 percent of poverty level.

Under the Barton-Deal plan, it does require citizenship to be verified. Many people in my district, certainly many people across the country, feel very strongly about this position, and I have heard from constituents even just this morning in a community coffee in a small town in north Texas. This was something that people were very vocal about it.

Once again, we need to reaffirm that the SCHIP program was designed for children who were in need, not for children who had access to health care coverage by other means. The Barton-Deal plan does allow for some individual choice in health care and really, once again, reaffirms that the "C" in SCHIP stands for children. And, indeed, that is as it should be.

I also want to draw Members' attention to the fact that in the Democratic bill they do attempt to deal with the physician payment cuts that many doctors are going to see. The way they have gone about this, though, I believe is a flawed process. A much better process is one that has been put forth in H.R. 2585, which would actually be a repeal of what is called the SGR formula. That is the thing that has been bedeviling physicians for years and years, certainly since I first came to Congress. This is good legislation that should be looked at. If a Member is concerned about being able to provide or postpone or eliminate those provider cuts that are going to happen to physicians in future years, I don't think the SCHIP bill gets you there. I don't think it takes you far enough to where you want to be. Indeed, there are exclusions for 2008 and 2009, but what happens after 2010? You basically fall off a cliff again. And that is the problem we have had year in and year out with doing these 1- or 2-year fixes on physician reimbursement. H.R. 2585 is a much more sensible way to go about this because it actually puts you on a trajectory for repeal of the SGR and getting out from underneath the tyranny of that SGR formula once and for all.

And, again, one of the other final things I would mention is that there is nothing in this SCHIP bill that makes any impact on one of the fundamental problems we have in the practice of medicine today, and that is dealing with the liability crisis that we have had in this country and that we still have in this country. My home State of Texas has made significant strides towards sensible, commonsense liability reform. I was hoping we could see language incorporated via the amendment process in the SCHIP reauthorization, but apparently that is not to be, either.

Madam Speaker, I know it has been a long day on the floor of the House. I appreciate the indulgence of the Chair in allowing me the extra time.

OMISSION FROM THE CONGRESSIONAL RECORD OF THURSDAY, JULY 26, 2007 AT PAGE H8701

FARM, NUTRITION, AND BIOENERGY ACT OF 2007—Continued

The CHAIRMAN. Pursuant to the rule, the amendment in the nature of a substitute printed in the bill, modified by the amendments printed in part A of House Report 110-261, is adopted. The bill, as amended, shall be considered as