Neugebauer
Nunes
Pearce
Pence
Peterson (MN)
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Stearns
Sullivan
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Weldon (FL)
Weller
Westmoreland
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOT VOTING—29

Barton (TX)
Bean
Blunt
Boehner
Clarke
Cubin
Culberson
Cummings
Davis, Jo Ann
Engel
Gordon
Honda
Jefferson
Johnson, Sam
Linder
McCarthy (CA)
McCrery
Murtha
Oberstar
Peterson (PA)
Poe
Pryce (OH)
Rogers (KY)
Rothman
Roybal-Allard
Ruppersberger
Tancredo
Udall (CO)
Waxman

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1111

Messrs. BRADY of Texas, SULLIVAN, GINGREY, WESTMORELAND, MILLER of Florida, GARRETT of New Jersey, McHENRY, LATHAM, TERRY and PITTS changed their vote from ''yea'' to ''nay.''

Messrs. BAIRD, GEORGE MILLER of California, MAHONEY of Florida and KLEIN of Florida changed their vote from ''nay'' to ''yea.''

So the Journal was approved.

The result of the vote was announced as above recorded.

MOTION TO ADJOURN

Mr. ABERCROMBIE. Madam Speaker, I move that the House do now adjourn.

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

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

RECORDED VOTE

Mr. ABERCROMBIE. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 154, noes 236, not voting 42, as follows:

[Roll No. 781]

AYES—154

Aderholt
Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blunt
Boehner
Bonner
Bono
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Capito
Chabot
Cole (OK)
Conaway
Crenshaw
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
English (PA)
Everett
Fallin
Flake
Forbes
Fortenberry
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Inglis (SC)
Issa
Johnson (IL)
Jordan
Keller
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
LaHood
Lamborn
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Lucas
Lungren, Daniel E.
Mack
Mahoney (FL)
Manzullo
Marchant
McCaul (TX)
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Murphy, Tim
Musgrave
Neugebauer
Nunes
Paul
Pearce
Pence
Petri
Pickering
Pitts
Poe
Price (GA)
Putnam
Regula
Rehberg
Reichert
Renzi
Rogers (AL)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Sali
Schmidt
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Smith (NE)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Westmoreland
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)

NOES—236

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baker
Baldwin
Barrow
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blackburn
Blumenauer
Boozman
Boren
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Burgess
Butterfield
Capps
Cardoza
Carnahan
Carson
Carter
Castle
Castor
Chandler
Clay
Cleaver
Clyburn
Coble
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ellison
Ellsworth
Emanuel
Emerson
Eshoo
Etheridge
Farr
Fattah
Ferguson
Filner
Fossella
Foxx
Frank (MA)
Gerlach
Giffords
Gilchrest
Gillmor
Gonzalez
Green, Al
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jindal
Johnson (GA)
Johnson, E. B.
Jones (NC)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
Klein (FL)
Kucinich
Kuhl (NY)
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lynch
Maloney (NY)
Markey
Marshall
Matheson
Matsui
McCarthy (NY)
McCotter
McGovern
McIntyre
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Perlmutter
Peterson (MN)
Peterson (PA)
Pomeroy
Porter
Rahall
Ramstad
Rangel
Reyes
Reynolds
Rodriguez
Ross
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Shays
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (NJ)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Thompson (CA)
Thompson (MS)
Towns
Udall (NM)
Van Hollen
Velázquez
Visclosky
Walberg
Walz (MN)
Wasserman Schultz
Waters
Watson
Watt
Weiner
Welch (VT)
Wexler
Wilson (OH)
Woolsey
Wu
Wynn
Young (FL)

NOT VOTING—42

Bean
Cantor
Capuano
Carney
Clarke
Cubin
Culberson
Davis, Jo Ann
Engel
Feeney
Gillibrand
Gordon
Green, Gene
Hastert
Honda
Hulshof
Hunter
Jefferson
Johnson, Sam
Linder
McCarthy (CA)
McCollum (MN)
McDermott
Moran (VA)
Myrick
Payne
Platts
Price (NC)
Pryce (OH)
Radanovich
Rogers (KY)
Rothman
Ryan (WI)
Sestak
Simpson
Smith (WA)
Tancredo
Tierney
Udall (CO)
Waxman
Weller
Yarmuth

□ 1129

Mr. BOREN changed his vote from ''aye'' to ''no.''

Messrs. FRANKS of Arizona, POE, WESTMORELAND, SESSIONS, and BROUN of Georgia changed their vote from ''no'' to ''aye.''

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mrs. MYRICK. Madam Speaker, I was unable to participate in the following vote. If I had been present, I would have voted as follows: Rollcall vote No. 781, on motion to adjourn, I would have voted "aye."

Stated against:

Mr. WELLER of Illinois. Mr. Speaker, on rollcall No. 781, I was stuck in an elevator with several other Members. Had I been present, I would have voted "no."

Mr. SESTAK. Madam Speaker, on rollcall No. 781, had I been present, I would have voted "no."

PROVIDING FOR CONSIDERATION OF H.R. 3162, CHILDREN'S HEALTH AND MEDICARE PROTECTION ACT OF 2007

Ms. CASTOR. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 594 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 594

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3162) to amend titles XVIII, XIX, and XXI of the Social Security Act to extend and improve the children's health insurance program, to improve beneficiary protections under the Medicare, Medicaid, and the CHIP program, and for other purposes. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment in the nature of a substitute recommended by the Committee on Ways and

Means now printed in the bill, modified by the amendment printed in the report of the Committee on Rules accompanying this resolution, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) two hours of debate, with one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and Means and one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

SEC. 2. During consideration of H.R. 3162 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to such time as may be designated by the Speaker.

□ 1130

UNFUNDED MANDATE POINT OF ORDER

Mr. SESSIONS. Madam Speaker, I make a point of order against consideration of H. Res. 594 because the first section of the rule waives all points of order against H.R. 3162 and its consideration, except clauses 9 and 10 of rule XXI. This waiver includes points of order under the Unfunded Mandates Reform Act.

The SPEAKER pro tempore. The gentleman from Texas (Mr. SESSIONS) makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974.

In accordance with section 426(b)(2) of the Act, the gentleman from Texas has met the threshold burden to identify the specific language in the resolution on which the point of order is predicated.

Under section 426(b)(4) of the Act, the gentleman from Texas and the gentlewoman from Florida each will control 10 minutes of debate on the question of consideration.

Pursuant to section 426(b)(3) of the Act, after the debate the Chair will put the question of consideration, to wit: ''Will the House now consider the resolution?''

The Chair recognizes the gentleman from Texas.

Mr. SESSIONS. Madam Speaker, while the CBO estimate in the report from the Committee on Ways and Means does not identify any unfunded mandates, it's important to note that there are and that there is no such estimate for the amendment self-executed by the closed rule reported in the dead of night by the majority's Rules Committee. We have no way of knowing whether these new provisions, which we did not see before midnight last night, will impose strict new intergovernmental mandates on our State and local governments.

Furthermore, this new language appears to be littered with earmarks for hospital-specific projects. We do not have a list of the Members requesting those projects, and we do not know if the proper certifications have been filed with the authorizing committees.

Therefore, Madam Speaker, it is essential that we stop, take a breather and put off consideration of this hastily drafted legislation, which was totally rewritten in the dead of night, behind closed doors.

I urge my colleagues to vote ''no'' on the question of consideration.

I yield to the gentleman from California.

Mr. DREIER. Madam Speaker, I wish to be heard on the gentleman's point of order.

I would just like to buttress the arguments that have been provided by my friend from Dallas. It was about 1 o'clock this morning that the Rules Committee convened, after having had this package for a half an hour. And I know my very dear friends on the Rules Committee, who probably haven't gotten a heck of a lot of sleep last night, remember very well that into the evening I had been handed by members of my staff a list of some of these hospitals that were specifically raised, that the concern that was raised by my friend from Dallas. And I've got to tell you that as I look at the hospitals in the Nashville, Davidson, Murfreesboro area in Cumberland County, Tennessee, and Marionette, Wisconsin and Michigan and Chicago and Massachusetts and New York, Clinton County, New York, we, Madam Speaker, don't understand what these are.

As my friend has just said, there are no names attached to this whatsoever. And we were promised this great new sense of openness and transparency and disclosure and accountability, and none of that has happened here.

And so I join my friend in saying that what we should probably do, if we are going to proceed here, is take a breather. I think that would be the right thing for us to do.

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

Ms. CASTOR. Madam Speaker, I yield myself such time as I may consume.

This point of order is about whether or not to consider this rule and, ultimately, the Children's Health and Medicare Protection Act. We will stand up for our children and the hard-working families in America and fight through these delaying tactics trying to put off having our parents be able to take their kids to the doctor's office. They deserve no less.

We're going to fight through all these procedural delays today, as we did yesterday, because these parents and children's health in America simply will not wait. We must consider this rule, and we will consider and vote and pass the CHAMP Act today.

I have the right to close, but, in the end, I will urge my colleagues to vote ''yes'' to consider the rule.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, the new Democrat majority promised the American people and those Republicans who are now in the minority that this would be an open and transparent new way of doing business by Democrats. We were told back in January and February, oh, the only reason we're doing closed rules is because we've got to do them to get our agenda through quickly, because we're not going to allow anybody to stop that. Six in '06 has to be done.

Well, Madam Speaker, there were no hearings even done on this with the text of the bill that the committee could look at. Last night, 30 minutes before we went into Rules Committee, we had an opportunity to see the language.

On top of the $200 billion Medicare cuts, the Democrats have now slipped in extra hospital funding for powerful Democrat districts. That means where Democrats are they've slipped in these brand new earmarks, right there for them.

We have not had an opportunity to look at the bill, we don't know whether the proper notification has been done, and so what we're saying now today is that what we should do is take a few minutes and sit back and look.

I yield to the gentleman from California.

Mr. LEWIS of California. Madam Speaker, I very much appreciate the gentleman from the Rules Committee raising these very, very important questions.

Our membership should know, and I think the American public will want to know, that one of the reasons to have a meeting in the dead of the night to make changes in this package is because this package, in the name of helping children, is designed to do much more than that. As a matter of fact, the SCHIP program, in its original form, was an excellent program, working very well to help children who are uninsured, on the margin of poverty.

The design of this bill is to expand that program into eventually all children and pushing them off of private health care, et cetera. The real plan here is to set the stage for a movement of the next gigantic step in the direction of what should be called ''Hillary Care,'' national socialized medicine. Literally, that's what they're about.

The program has been working very well. It does need some additional funding. These States do not need the opportunity to expand these programs not just to illegals but to children who presently, in high percentages, are already in private health care systems. Their design is obviously a design that goes way beyond the stated purpose for this bill.

I appreciate my colleague yielding.

Mr. SESSIONS. Madam Speaker, last night in the Rules Committee we had an opportunity to see firsthand what this new Democrat majority is all about. And not one time, not one time, was the word let's make health care better for America, not one time was it about trying to make things better for

doctors and hospitals and patients. It was a slam dunk, hit 'em out of bounds, the doctors, who they claim make all this money, who it's all about the doctors making money.

And I had an opportunity to engage those people who represented the Ways and Means Committee and the Commerce Committee, and I said, hey, during your hearings, that you talk about you having all these hearings, did anyone ever bring up that specialty hospitals are those many times joint ventures with hospitals where they're trying to take care of patients who come for elective surgeries to get them out of hospitals that are full, emergency rooms that are backed up, and then we've got a problem with health because of bacteria in the hospitals. And these hospitals are safer and offer elective surgery to get people in and out that is much cheaper and safer and better.

They acted like it was a foreign concept. They acted like they had never heard about the marketplace before.

I yield to the gentleman from California.

Mr. DREIER. I thank my friend for yielding and appreciate his very thoughtful remarks on this.

I was talking earlier about these earmarks that have been included in this measure that have no names attached to them whatsoever. They cover the States of Tennessee and Michigan and New York and other spots, and we don't have any comprehension of them, and I guess that's allowed.

Now, it wouldn't have been allowed in the last Congress, because when we passed earmark reform; Madam Speaker, let me just explain to my colleagues who may be a little confused on this, that when we passed earmark reform in September of last year we said that there should be full disclosure, a full listing, full transparency on all appropriations bills and on all tax bills and other authorizing legislation.

Now, Madam Speaker, unfortunately, when we came forward, and of course we were maligned for having passed that earmark reform in the last Congress, but when we finally came forward and rectified the structure that allowed people to only send a letter to the chairman of the Appropriations Committee if they wanted to raise concern, but they had no ability whatsoever to raise concern or raise a point of order on the House floor about an earmark, we saw that, finally agreed to it.

But guess what, Madam Speaker?

Unfortunately, the authorizing legislation including tax bills was completely omitted, completely omitted from this transparency plan that we had in the 109th Congress. And so that's, I guess, why it's allowed to include all of these hospitals in this measure without having any names attached to them, without any opportunity whatsoever to raise questions about them; and so I continue to support the effort of my friend here.

Mr. SESSIONS. Madam Speaker, we believe that the earmarks which have been presented, which the way this bill has come to the floor, is not properly done. It did not follow regular order. It is without the transparency that the new Democrat majority has touted and talks about every single day. It is without the smell test of ethics to know, straight up, what somebody is going to spend money on, the people's money. And because of that, we are opposing and asking that this bill go back and be properly done to where everyone can understand.

I reserve the balance of my time.

□ 1145

Ms. CASTOR. Madam Speaker, I understand that I have the right to close, so I will reserve the balance of my time until the gentleman from Texas has yield back his time.

Mr. SESSIONS. Madam Speaker, I would like to inquire how much time remains.

The SPEAKER pro tempore. The gentleman has 30 seconds remaining.

Mr. SESSIONS. Madam Speaker, I believe that the case that we are making here today is a smell test, and that is that if the new Democrat majority wants to have closed rules, not have openness with regular order, not present bills before they would be voted on to allow people enough time to see what is in them and to be transparent about what is in the bills and who is getting the money and who is spending the money, you have not passed the smell test. And thus we are asking that you not do what you are doing.

We oppose the Democrat majority.

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

Ms. CASTOR. Madam Speaker, I urge my colleagues to reject these dilatory tactics. Health care for America's children cannot be delayed or denied. I urge a ''yes'' vote on the question of consideration.

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

The SPEAKER pro tempore. The question is: Will the House now consider the resolution?

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 197, not voting 13, as follows:

[Roll No. 782]

YEAS—222

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

NAYS—197

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Cubin
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Ellsworth
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gillmor
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastert
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Jindal
Johnson (IL)
Jones (NC)
Jordan
Keller
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Latham

LaTourette
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Manzullo
Marchant
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mitchell
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOT VOTING—13

Bean
Boucher
Braley (IA)
Clarke
Culberson
Davis, Jo Ann
Johnson, Sam
Mack
Marshall
McCarthy (CA)
Rogers (KY)
Rothman
Tancredo

□ 1210

Mr. EHLERS changed his vote from ''yea'' to ''nay.''

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BRALEY of Iowa. Madam Speaker, on rollcall No. 782, I was questioning former Secretary of Defense Donald Rumsfeld during a hearing investigating the circumstances surrounding the death of Corporal Pat Tillman, in the Committee on Government Oversight and Reform, and was unavoidably detained. Had I been present, I would have voted "yea."

The SPEAKER pro tempore. The gentlewoman from Florida is recognized for 1 hour.

Ms. CASTOR. Madam 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.

I yield myself such time as I may consume.

GENERAL LEAVE

Ms. CASTOR. I also ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 594.

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

There was no objection.

Ms. CASTOR. Madam Speaker, House Resolution 594 provides for consideration of H.R. 3162, the Children's Health and Medicare Protection Act of 2007.

The rule provides 2 hours of general debate in the House, with 1 hour controlled by the Committee on Ways and Means and 1 hour controlled by the Committee on Energy and Commerce.

The rule waives all points of order against consideration of the bill, except for clauses 9 and 10 of rule XXI.

The rule makes in order the Ways and Means Committee substitute, modified by an amendment printed in the Rules Committee report. That amendment reflects a compromise between the committees of jurisdiction. The rule provides one motion to recommit, with or without instructions.

Madam Speaker, in our great country today, the wealthiest country in the world, parents still struggle to ensure that their children lead healthy lives.

Is there anything more important, after the birth of your child, than visits to the pediatrician and the care of devoted nurses? And as your baby grows, is there anything more fundamental than regular checkups and physicals?

Many dedicated doctors and nurses are on call at all hours when, God forbid, something goes wrong or your child is sick. Fortunately, in America today, many hardworking families have regular and affordable health care through the State Children's Health Insurance Program, what we called SCHIP; and today the Congress will vote to extend and improve children's health insurance for another 5 years.

Regular, accessible and affordable health care puts children on a path to success in life. A healthy child is a healthy student. A healthy child means more productive parents who do not miss work. Healthy students become productive adults. They succeed in life and eventually make America stronger.

Every parent and grandparent in America today understands the importance of our debate and our fight to ensure that children can see a doctor or a nurse and have access to affordable health care.

Despite all that we understand about the importance of healthy kids and early preventative care, health insurance and those all-important visits to the doctor are all too expensive and out of reach for over 11 million children in America.

□ 1215

Uninsured children are five times less likely than insured kids to have a primary care doctor or to have visited a doctor or a dentist in the past 2 years. This lack of access in medical attention harms that child, the family, the community back home and ultimately this great country.

Madam Speaker, I urge my colleagues today to stand up and fight for these families and America's children by passing this rule and supporting the House Children's Health Insurance Reauthorization bill, the Children's Health and Medicare Protection Act, or the CHAMP Act.

I am proud to say that the precursor to SCHIP originated in the 1990s as a novel plan by State leaders in my home State of Florida. These innovators understood the link between healthy kids and success in school. They helped parents with direct information on access to affordable health care for their kids.

President Clinton and the Congress were so impressed by what the State of Florida was doing for children's health care that they took the Florida KidCare blueprint and fashioned a national program. It has enjoyed national success and bipartisan support ever since. Indeed, the overwhelming majority of Governors in this country support the reauthorization of SCHIP.

Madam Speaker, I include for the RECORD a letter of support from Republican Governor of Florida, Charlie Crist.

STATE OF FLORIDA,
OFFICE OF THE GOVERNOR,
Tallahassee, FL, August 1, 2007.

Hon. KATHERINE CASTOR,
Washington, DC.

DEAR CONGRESSWOMAN CASTOR: Thank you for your continued leadership on the reauthorization of the State Children's Health Insurance Program (SCHIP). As you know, renewing this program is critical to the approximately two million children and families currently eligible for SCHIP in our State.

As Governor, I too want to ensure that low-income children have access to quality health insurance, and commend the Florida Delegation for working so hard over the past several months to ensure that this important program is reauthorized before it expires on September 30, 2007.

The proposals of the Senate Finance and House Energy & Commerce Committees have positive components that I believe will make this program stronger. However, as Congress progresses toward a final product, I wanted to bring your attention to the core principles that I believe are essential to ensuring SCHIP remains dedicated to its original intent.

Children Should Be the Cornerstone of SCHIP Funding; States Need the Flexibility to Dispense SCHIP Funding Over Multiple Years; Federal SCHIP Funding Should Be Based on Projected Spending and Allow for Population Growth; States Need the Flexibility and Funding to Conduct Additional Outreach Activities.

Thank you again for your commitment to the KidCare program and to Florida's children and families. I look forward to working together to ensure that the thousands of eligible children in our state receive the highest quality benefits through this important healthcare program.

Sincerely,

CHARLIE CRIST,
Governor.

Despite the great success across the country, 11 million children in the United States remain uninsured. Almost 7 million of them are eligible but not enrolled in the State-Federal children's health care program. Two-thirds come from working families in which one or both parents are working but were not offered employer-based health insurance or were unable to afford it. Most of these families are taking home under $40,000 per year. In my home State of Florida alone, over 700,000 children remain uninsured.

A few months ago, I ran into a high school friend of mine, Mia Dorton, and she explained how important the Children's Health Insurance Program had

become to her and her family. You see, Mia's husband lost his job and the family was uninsured for 2 months. Mia said, ''It's awful to have to choose between whether or not to put food on the table or take your child to a doctor.'' Mia said that she and her husband lived in constant fear that one of their children would get sick or injured.

When he got a new job, the health insurance for the family was over $700 a month, so Mia told me that they just couldn't swing it. But when her KidCare application was approved, she said that this revolutionized her life.

So for the many working families in my district that struggle for access to affordable health care and all of these great families across America, this low-cost insurance is the only way to make ends meet.

Access to health care for working families throughout America through this innovative partnership of Federal, State and local communities is a winning proposition. Indeed, for every 29 cents the State provides, Federal SCHIP provides 71 cents. It's the best matching rate in children's health care. This bill will make it easier for parents and kids to get to the doctor's office. It will eliminate that costly, bureaucratic red tape.

Madam Speaker, we will fight through these procedural delays today that have been brought by the other side of the aisle. We will stand on the side of America's children and hard-working parents. The new direction we chart today for healthier children fulfills the promise of America.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, I rise today in strong opposition to yet another closed rule and to the ill-conceived underlying legislation.

While I do not support this bill nor the way it has been brought to the floor without a single legislative mark-up, I would like to thank the Democratic leadership for one thing: By cramming this bill through the House, they are giving every single Member of this body the opportunity to go on record regarding which vision for the future our Nation's health care system should take.

Madam Speaker, for that, I truly appreciate and respect what the Democrat leadership has done.

The first vision for our future, for them, is to slowly shift as many Americans as possible into a one-size-fits-all government program. You know what it has been called in the past: Socialized medicine.

I congratulate the Democrat leadership, because that vision is ably embodied in the bill today, H.R. 3162. Rather than using this bill as an opportunity to cover children who cannot obtain coverage through Medicaid or the private market, this bill uses children as pawns in their cynical attempt to make millions of Americans completely reliant upon the government for their health care needs. And you know what they say, Madam Speaker: If you think health care is expensive now, wait until it's free.

Democrat advocates of bureaucrat-run, Washington-run health care fails to disclose how they would achieve this vision. Republicans who actually care about covering children created SCHIP so that children who had no insurance coverage through Medicaid or the insurance market could get it without bankrupting the Federal Government or dislocating a healthy marketplace.

H.R. 3162 turns this innovative vision on its head by increasing government spending exponentially, leaving taxpayers holding the bag for these increased costs. This bill has no income limits for eligibility, no annual authorization limit, and allows States to determine who qualifies, despite the fact that the Federal Government is on the hook 100 percent of the time. This is on top of a current system which we know that some States already abuse. Minnesota spends 61 percent of its children's health care insurance on adults, while Wisconsin spends 75 percent of its children's health care money on adults, taking scarce resources away from the intended target, children.

But the real losers under this big government vision are patients. For 100 children who are enrolled in the new SCHIP proposal, 25 to 50 children will leave private insurance, according to the Congressional Budget Office; 77 percent of children at between 200 and 300 percent of the Federal poverty level already had insurance in 2005.

As we all know, being a part of the government-run health care program does not mean better quality. Since most SCHIP programs reimburse at Medicaid rates, many of these new SCHIP enrollees will encounter significant difficulties accessing care. American Medicaid patients, for example, are currently waiting as long to see a specialist or to have surgery as patients in Canada.

If Democrats were serious about ensuring that every American has access to inexpensive and high-quality health care, we would be taking a different vision and a different direction for our health care; one that tackles the system's real underlying problems and revolutionizes and gives incentives to our health care system to provide better results.

All families should have access to tax exemptions up to $15,000 a year for health care, not just those who work for large employers. Congress should spend its time passing a law to give Americans the ability to purchase health insurance across State lines, because health insurance options should not be limited by your zip code.

Congress should be working to ensure that those who can't get insurance on the market have access to coverage through high-risk pools and low-income tax credits.

Madam Speaker, I am not here to oppose the idea of SCHIP. It was a Republican-controlled Congress that created SCHIP. I do support its true mission. But H.R. 3162 is a camouflaged attempt at slowly siphoning Americans away from insurance plans into a big, Washington, D.C. government-run system.

To pay for this flawed, big government vision, this legislation robs seniors by forcing many of them out of their existing Medicare coverage at a time when our Nation is looking for better ways to sustain Medicare's future. Medicare part C is an innovative plan that is working well by bringing choices into Medicare. After these seniors are harmed in the long run, it is the taxpayers who will be stuck with the rest of the bill for this incredible expansion of government and intrusion into our lives in taking away our choices.

Republicans have already proven this would be a positive, innovative vision that can work. Two years ago, Members from both sides of the aisle came together to pass the Dylan Lee James Family Opportunity Act, or FOA. We learned that many children with disabilities fell into a catch-22 circumstance in which their families made too much to qualify for Medicaid but could not afford or access private coverage, so these children often went without coverage. FOA was a commonsense solution which filled a void and provided coverage for these children up to 300 percent of the poverty level.

Madam Speaker, we have two serious issues facing our Nation that we are dealing with right now: Medicare's future, and making our Nation's health insurance system more affordable and accessible for all Americans. By focusing the wrong vision for our future, the bill does nothing to address either problem.

It ignores the fact that our Nation produced the greatest health care advocates in the world, many of which come as a result of a competitive insurance market. The American survival rate for leukemia is 50 percent. The European rate is just right at 35 percent. For prostate cancer, the American survival rate is 81.2 percent. In France, it is 61.7 percent, and in England, it is 44.3 percent.

Rather than trying to emulate the European socialized, outdated approach, we should be working on a vision to give every single American an opportunity to take part in our competitive insurance market.

Madam Speaker, I encourage my colleagues to oppose this closed rule and the underlying legislation to drag America into a one-size-fits-all model of defeatism. Returning the balance of power, once again, to Washington, D.C. to run our health care plan is what the new Democrat majority is all about.

Madam Speaker, I oppose that.

Madam Speaker, I reserve the balance of my time.

Ms. CASTOR. Madam Speaker, the record of the House reflects that the Energy and Commerce Subcommittee

on Health did have at least seven hearings, full-blown hearings, on the matter at hand today, and the Ways and Means Subcommittee on Health had over 15 hearings, including four to six seminars for all of the Members involved. So to hear from the other side that there was no hearing whatsoever is not, in fact, the case.

At this time, I would like to yield 6 minutes to the gentlewoman from New York (Ms. SLAUGHTER), the distinguished chairwoman of the Committee on Rules and a leading advocate for children and seniors in this country, from a State that is renowned for its progressive health care institutions.

Ms. SLAUGHTER. Madam Speaker, I thank the gentlelady for yielding me the time.

Madam Speaker, I want to say that I am enormously proud of the accomplishments that we can credit to the Democratic-led Congress. From education to health care, from national security to increasing the minimum wage, great strides have been taken to make our country stronger, healthier, and better prepared for the future. And there is more to come.

But it is with special pride that I rise today, because I feel 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 beloved country.

□ 1230

And that is exactly the chance that we have been given today, the chance to vote for a bill that will improve medical care in the country, improve the health of our citizens, and offer new hope for literally millions of children who would otherwise be left with neither.

Madam Speaker, I think that everyone listening today recognizes the reality of the situation we face. Addressing the state of health care in our country is one of the most important issues to the American people for one simple reason: Our health care system is failing far too many Americans. Tens of millions of our citizens have no insurance and tens of million more are underinsured. For them, all of the medical wonders in the world that our doctors produce might as well not exist. When they fall ill or, worse, when their children are hurt or have a fever or need care, where do they turn? Far too often the answer is: Nowhere.

We need a comprehensive solution to this problem, and the citizens of the country expect and deserve no less. That is a challenge that we must confront together, and it will take time. But today, here and now, we have the chance to make a real dent in one of the most galling and shameful inadequacies of our health care system, and that is the lack of health care for America's children.

Congress created SCHIP in 1997 with broad bipartisan support. As a result, 6 million children currently have health care coverage that they otherwise would not have. In my home State of New York, nearly 400,000 children are enrolled, which is the second-highest number in the Nation.

There is a reason why President Bush pledged that he would fully fund SCHIP while he was on the campaign trail in 2004: It was because this program is enormously effective and enormously popular with the public.

And, yet, there is so much more to be done. Nine million American children still remain without health insurance. It is a situation that remains quite unconscionable.

The bill allows us to take an enormous step forward. It will cover 5 million more children, which will make 11 in total. That would be a truly historic change. Such a vast improvement is reason enough to support the legislation, but the bill does even more to strengthen the health of Americans.

It strengthens Medicare by expanding preventive benefits, as well as mental health services, a matter of grave importance to many of our citizens.

It reduces the costs for seniors and people with disabilities, who also often have low incomes; and it extends the policies that protect access to health care in rural communities, of vital importance to all of us.

What is more, the bill would prevent a proposed 10 percent cut in the Medicare reimbursement to physicians, replacing it with an increase for 2 years. We cannot afford to have more physicians say they can no longer afford to have Medicare patients. This is especially important for districts throughout the country, districts like mine where we are having trouble holding on to good doctors because of financial concerns that until now have not been addressed.

Finally, this bill will raise the tax on the price of cigarettes by 45 cents a pack, a significant preventative health care initiative in its own right. This act alone is projected to save tens of thousands of lives and billions in future health care costs by preventing more than a million children from taking up smoking.

Madam Speaker, in spite of these undeniable benefits and in spite of the overwhelming popularity and accomplishments of this program, SCHIP is under attack.

Sadly, the President proposed to greatly underfund SCHIP, a decision which would severely limit its effectiveness; and Republicans on the other side of the aisle agree with this approach.

But not content to merely limit the reach of SCHIP, we will today witness an attempt on the Republican side to sink this bill entirely, as, indeed, we have seen already several times this morning. In the face of all of the positive results coming from this program and all that it is set to achieve, the harshest rhetoric is going to be cast against it.

Madam Speaker, we all know that my Republican colleagues cannot really believe what they are arguing. Instead, their objective is a different one: to deny the Democrats a chance to talk about yet another legislative accomplishment. They are willing to do it at the expense of the health of the Nation's children, but we will not allow it. And those who argue against passing this bill are arguing in favor of the status quo, the same situation we faced more than 10 years when bold attempts to fundamentally reform our Nation's health care system were subjected to withering attacks.

What was the result? Reforms were blocked, and the national situation grew worse and worse with every passing year of Republican control.

I urge a ''yes'' vote on this rule and a ''yes'' on this bill, not only just for America's children but for their parents as well.

Mr. SESSIONS. Madam Speaker, I yield 4 minutes to the distinguished gentleman from San Dimas, California (Mr. DREIER), the ranking member of the Rules Committee.

Mr. DREIER. ''Madam Speaker, this rule is an affront to the democratic process. The underlying bill will harm every single one of the 40 million Americans served by Medicare. At 1 a.m. this morning, with absolutely no meaningful opportunity to review the almost 700-page legislation, the Committee on Rules met to consider the resolution now before us. By now I should be used to it, but we cannot tolerate these continual attacks on democracy.

''When you refuse to allow half this House to speak and to give their amendments, you are cutting out half of the population of the United States from any participation in the legislation that goes on here. It defies reason and it defies common sense that political expediency and newspaper headlines could force this monumental legislation, probably the most monumental that any of us will do in our tenure in the Congress of the United States, to force it through the Chamber with little more than cursory consideration.''

Madam Speaker, as eloquent as that statement was, it wasn't mine. That statement that I just read was in fact the statement delivered right here on the floor on June 26, 2003, by the now distinguished Chair of the Committee on Rules, my very good friend from Rochester, New York (Ms. SLAUGHTER).

It was offered during the debate on the Medicare prescription drug bill and the modernization act which passed and has provided access to affordable prescription drugs for seniors for the past several years.

Madam Speaker, if these words that I just offered from the distinguished Chair of the Rules Committee from back in 2003 were true then, they certainly are true now.

As Mr. SESSIONS said, last night, the Rules Committee met for 2½ hours in

the dark of night to try to figure out the intricacies of this bill, just shortly after we as Republicans, the minority, received the final text. What became clear last night is even the authors aren't clear about the effects of this legislation.

We had an in-depth discussion about specialty hospitals and whether this bill would deprive 150,000 constituents, our friend from Pasco, Washington (Mr. HASTINGS), a hardworking member of the Rules Committee, 150,000 of his constituents, whether or not it would prevent them from having access to hospital care.

First, our witnesses said, no, it wouldn't. Then they said, yes, it would. Then they said the hospital deserved to be closed because the physicians who own the hospital and serve that community were trying to ''get away with something.''

Now that is the round-and-about discussion we had on what is taking place in eastern Washington. That is just one isolated issue. You can just imagine how many more there are in this monstrosity of a bill. And the majority's answer to that question: Deny all amendments. Prevent anyone from having an opportunity to improve the bill.

Yes, Madam Speaker, we have the latest manifestation of the new Democratic philosophy described so eloquently in the Rules Committee last week. It was declared by one of our Rules Committee colleagues: If you have a problem with a bill, then no amendments for you. It is a circular logic at its worst.

I feel compelled to point out that even on the much-maligned Medicare prescription drug legislation that we had, we gave the gentleman from New York (Mr. RANGEL) a substitute. What do we get on this bill, in a word, we got absolutely nothing. No substitute, nothing.

Madam Speaker, there was no need to bring this bill before the Rules Committee at 1 a.m. this morning. The chairwoman of the Rules Committee began the 110th Congress by stressing that we would end the committee's so-called ''California hours'' that I imposed on them and have our meetings in the daylight. Well, I have to say, Madam Speaker, at 2:30 this morning the sun was not out. I have to say that this measure is one that clearly we support, SCHIP, but not this very undemocratic process and this horrible measure.

Ms. CASTOR. Madam Speaker, I am pleased to yield 1¼ minutes to the gentleman from Wisconsin, a true health care reformer, Dr. KAGEN.

Mr. KAGEN. Madam Speaker, this is a great day for our Nation's children. This is a great day for our seniors and their doctors. For, today, we will begin the necessary process of guaranteeing access to affordable care for the people who need it most, our children and elders.

And this is a great day for the House of Representatives as well, for we are beginning to solve our Nation's most important domestic crisis, access to affordable health care for every citizen. The CHAMP Act begins to allow for the practice of medicine that really believes in prevention. We will finally provide dental and mental coverage for our kids. With this bill, we are being fiscally responsible and socially progressive, just like America; and I am proud to serve in a Congress that finally pays for its bills.

Today, we are shifting money away from overpaid insurance companies to benefit children and seniors. We are bringing down costs for the 80 percent of all Medicare patients who are now paying too much for their premiums. In my home State of Wisconsin, an additional 81,000 children will acquire coverage.

I was honored to work with the committee chairmen, Chairman RANGEL and Chairman DINGELL, to ensure that there will be an express lane to enroll kids who are already in similar programs and eliminate the late fee for those who signed up late who are in need.

People in America can see, the Democratic majority will leave ''No Patient Left Behind.''

Mr. SESSIONS. Madam Speaker, these debates are great. It gives everybody on both sides, including the Democrats who ran on an agenda of having socialized medicine, Washington, D.C.-run health care, they can come down to the floor of the House and talk about this is their model of a great bill.

We disagree.

Madam Speaker, I yield 5½ minutes to the gentleman from Pasco, Washington (Mr. HASTINGS).

Mr. HASTINGS of Washington. Madam Speaker, I thank the gentleman from Texas (Mr. SESSIONS) for yielding me this time to speak against this closed rule that bars every single Member of this House from offering an amendment to change this Democrat bill, a bill, Madam Speaker, which I am compelled to oppose.

This nearly 500-page bill is being rammed through the House with the Rules Committee meeting on this bill at 1 a.m. this morning and with no Members even being allowed to propose fixes or alternatives because we are told it is absolutely imperative that Congress act to provide government-run health care coverage to more Americans.

So I am compelled to ask: If the purpose of this bill is to provide more health care coverage for Americans, then why are the Medicare plans of over 8 million seniors in our country being put at risk by this legislation?

Why are over 150,000 Washingtonian State seniors going to have their Medicare Advantage health coverage put at risk by cuts in this bill?

Why are one in 12 seniors on Medicare in my congressional district facing a potential loss of their current coverage? How do you expand health care to more Americans if you are forcing the elimination of Medicare plans that seniors have chosen?

Madam Speaker, even more troubling to me is a provision in this bill that would force the closure of the Wenatchee Valley Medical Center in my district in Wenatchee, Washington. After reading the bill, this health center wrote a letter to me that states: ''Should section 651,'' of this bill, ''be enacted into law as written, we foresee the likely closure of the Wenatchee Valley Medical Center and our outlying facilities in the next few years.''

JULY 26, 2007.

Hon. MARIA CANTWELL,
U.S. Senate,
Washington, DC.
Hon. DOC HASTINGS,
House of Representatives,
Washington, DC.

DEAR SENATOR CANTWELL AND REPRESENTATIVE HASTINGS: Late yesterday, Representatives Dingell, Rangel, Stark and Pallone released legislation entitled the Children's Health and Medicare Protection Act of 2007 (CHAMP). Upon review of this bill, we discovered a provision, Section 651 that would be devastating to Wenatchee Valley Medical Center. It appears that this legislation is on a fast-track towards enactment by the House and possibly by the entire Congress.

We seek your immediate assistance in attempting: to either modify this provision or have it removed from the bill entirely.

Should Section 651 be enacted into law as written, we foresee the likely closure of WVMC and our outlying facilities in the next few years.

The Wenatchee Valley Medical Center was founded in 1940 in a rural and remote area of Washington State. The three founding physicians desired to establish something akin to the Mayo Clinic model in a medically underserved area. Through committed work, personal investment, risk taking, and collaboration over a geographic region that spans more than 12,000 square miles, the Medical Center has adhered to and largely achieved that model and vision.

The Wenatchee Valley Medical Center is organized as a hospital system. The system is located in eight different communities in the north-central area of Washington State. Those communities are Wenatchee, East Wenatchee, Moses Lake, Cashmere, Royal City, Omak, Tonasket, and Oroville. The Medical Center is one of the largest employers in its region with 1500 employees. Its physicians provide the majority of the admissions, medical support, and physician staffing for these community hospitals: Central Washington Hospital (Wenatchee); Wenatchee Valley Hospital (Wenatchee); Samaritan Hospital (Moses Lake); Mid-Valley Hospital (Omak); and North Valley Hospital (Tonasket).

The Wenatchee Valley Medical Center is a 100% physician-owned and directed hospital system. Each of the 150+ physicians who are ''owners'' of the WVMC own less than 1% of the Center. The proposed legislation would require us to stop being what we are and attempt to morph into something different. We have concluded that selling 60% of our hospital (to whom?) as required by Section 651, and preventing WVMC from growing beyond it's current bed size, as also required by Section 651 is non-sustainable, a death-knell.

We could attempt to cope initially by closing money-losing sites like Royal City, Tonasket, and Oroville. The closure of the latter two sites will have the corollary impact of depriving North Valley Hospital of seventy five percent of its medical staff, and

would likely result in its closure. We would have to drop money-losing services like the Medical Hospitalist program ($550,000 loss per year) and Trauma Surgeon on-call program ($850,000 loss per year) at Central Washington Hospital. We have supported those programs because they save lives, are cost-effective (for society at large), and are likely a pre-requisite to induce many physicians in the physician recruiting climate to any practice setting.

A broad and comprehensive delivery system in a rural region is an inter-connected and fragile organism. The proposed legislation fixes a problem that doesn't exist in either North Central Washington or the Wenatchee Valley Medical Center, and will unleash a series of decisions that will be deleterious in the short-run, and likely calamitous over the next five years. The proposal needs modification, and a significant increase in flexibility to reflect actual on the ground actualities in rural delivery systems.

The multi-specialty physician practice that is part of the Wenatchee Valley Medical Center includes more than 30 medical and surgical specialties in addition to a large number of primary care providers. The Medical Center provides the only services available in the region in the following specialties:

1. Medical Oncology
2. Radiation Oncology
3. Pulmonary Medicine
4. Medical Hospitalist
5. Surgical Hospitalist
6. Vascular Surgery
7. Neuro-Surgery
8. Cardiology
9. Rheumatology
10. Endocrinology
11. Nephrology
12. Gastroenterology
13. Neurology
14. Urology
15. Dermatology
16. Physiatry

This year, the Wenatchee Valley Medical Center will serve more than 150,000 unique patients. Ninety four percent of those people reside in the four rural counties (Chelan, Douglas, Grant, Okanogan) where the Medical Center is located. The majority of these patients have long-standing relationships with the Wenatchee Valley Medical Center, some of those continuous relationships reach all the way back to the organization's founding. The four counties in North Central Washington have a combined population of 240,000. A comparison of the patients served by the Medical Center to the region's population indicates that the Medical Center is a key, and likely indispensable, component of the region's healthcare infrastructure.

The Wenatchee Valley Medical Center is a collaborator. It offers training opportunities to medical students and residents of the University of Washington and other medical schools; and has many training affiliations with area community colleges in the allied health professions. Wenatchee Valley Medical Center specialists outreach more than 1200 times annually to hospitals and clinics in outlying communities. Medical Center staff provides 24/7 coverage for the Emergency Room at North Valley Hospital in Tonasket. Medical Center staff provide 24/7 medical and surgical hospitalist coverage for the Trauma Center at Central Washington Hospital. The Medical Center is making its Computerized Medical Record available to all practitioners in the region, and its Patient Profile is being advanced by the Community Choice PHCO as a potential continuity of care record for the region.

The Wenatchee Valley Medical Center has a long-standing tradition of serving all comers, regardless of their ability to pay. The Medical Center has a needs based Compassionate Care program that is well publicized and which will provide more than $3 million in charitable care this year.

The Wenatchee Valley Medical Center is a cost-effective health care delivery system and is conservative in its ordering and treatment patterns. The Medical Center has ongoing focus and initiatives in areas like prescriptions, medical imaging, hospital and nursing home lengths of stay, and cardiovascular interventions.

The Medical Center is a Medicaid safety net provider, and accepts referrals from throughout the state. The Medical Center ranks among the top 5 Medicaid providers in Washington State. The region has a high and growing Medicare aged demographic. The Medical Center provides a variety of services needed by Medicare patients. The combination of Medicaid and Medicare represents sixty percent of the Wenatchee Valley Medical Center's volumes. Most healthcare financial analysts would maintain that those percentages are uneconomic and non-sustainable; that the cost-shift is too great.

As stated earlier, the Wenatchee Valley Medical Center is a hospital system. It was organized in that fashion in order to survive as a vital, dynamic contributor to healthcare and its delivery in North Central Washington. Having the opportunity to bill as a hospital provides the economic life ring that enables the Medical Center to compete in national markets for the physician recruits that our undermanned and health shortage regional delivery system is desperate for. Any ''profits'' earned by the Medical Center are plowed back into the delivery system; either to subsidize new services (like the recent opening of the Royal City Clinic in a community that was without healthcare for the last 2 years) or to invest in new services such as Image Guided Radiation Therapy and a Chemo-therapy Infusion Center in Moses Lake. The Medical Center is currently in the process of recruiting 29 new and replacement physicians to place throughout our region. A number of these recruits have been requested by the hospitals we co-labor with. There is significant working capital investment required to establish these practices, and frequently a tremendous facility investment needed to house these practices. Both of these investments are currently ongoing; and will be a death-trap if the proposed hospital self-referral legislation is enacted as currently drafted.

If you or your staff have questions or need additional information, please do not hesitate to contact our Administrator, Shaun Koos, Jay Johnson, our Associate Administrator or Bill Finerfrock our Washington DC Representative.

Your immediate consideration of this matter is critical to the continued availability of healthcare in North-Central Washington State. We look forward to working with you.

Sincerely,

DAVID WEBER,
CEO/Chairman, Board of Directors,
Wenatchee Valley Medical Center.

Madam Speaker, the Wenatchee Valley Medical Center was founded in 1940 by three physicians. In the last 67 years, it has grown and now employs 1,500, serves a population of a quarter of a million people in an area the size of Maryland, and treats 150,000 patients a year.

This bill would force its closure because it prohibits any hospital from being more than 40 percent owned by doctors if they are to continue to receive Medicare payments for providing care for seniors. The Wenatchee Valley Medical Center is 100 percent opened by 150 doctors, and I fail to see why this should be made illegal in the United States of America.

At just after 2 a.m. this morning in the Rules Committee, I raised this concern with the two gentlemen representing the Ways and Means Committee and the Energy and Commerce Committee.

□ 1245

When I first asked why the medical center treating 150,000 patients should be forced to close, the initial reaction of Mr. PALLONE of New Jersey and Mr. MCDERMOTT from Seattle, Washington, was that the medical center and I must be mistaken; we were wrong. They then stated that other hospitals had called them asking about this section as well.

Madam Speaker, something is terribly wrong in the House of Representatives if hospitals across this country are calling committees in a panic to find out if health care legislation is forcing them to shut down.

Subsequently, after some lengthy discussion in the early morning hours, the two Democrat committee representatives eventually acknowledged that I just might be right about what's going to happen in Wenatchee, and they said that's just what they intend to happen under this bill. Let me restate this. This is not an unintended consequence. It is an intentional consequence. My colleague from Seattle said that some people might squeal about what this bill does, but he stated that's what was needed to be done to save money. This bill saves money by putting the medical center out of business?

I sought to fix this provision by offering an amendment to the Rules Committee with Mrs. MCMORRIS RODGERS from Washington whose constituents would also be affected by this bill. Our amendment simply would have removed one requirement of the bill that would force certain hospitals to close if more than 40 percent were owned by physicians. I'm dismayed, Madam Speaker, that on straight party-line vote that amendment was not allowed to be debated on the floor today.

Madam Speaker, I voted to create the SCHIP program, and I believe it must be renewed, but when we are faced with a bill that puts Medicare plans of over 150,000 seniors in Washington at risk and threatens the closure of the Wenatchee Valley Medical Center and all the patients it serves, I can't support this legislation.

I must ask, what else does this bill do that's not being explained? What other undiscovered ways will it reduce citizens' access to health care?

It doesn't have to be this way, Madam Speaker. This House can defeat this closed rule and we can have an opportunity to open the process. And with that, I urge my colleagues to vote against the rule and the underlying bill.

Ms. CASTOR. Madam Speaker, I'm pleased to yield 1 minute to the gentleman from Texas (Mr. EDWARDS), who

has been tireless in his efforts in standing up for healthier children in Texas and across America.

Mr. EDWARDS. Madam Speaker, the Children's Health Insurance Program is pro-family and pro-work.

It is pro-family because few things are more important to our families than the health of our children.

It is pro-work because it says to those on welfare, if you will get a job and go to work, you won't lose health care coverage for your children.

This bill is about helping those who are working hard to help themselves and their families, and that is a good thing to do. By passing this bill, we can ensure that 5 million American children will receive better health care. That is a cause worth fighting for, even if we have to step on the toes of some special interests to get it done.

All too often in years past under different leadership, Congress has fought hard for powerful special interests. Today is a new day. We have a chance to stand up for the interests of America's children, and we should do it for the sake of our children and for the future of our country.

Vote ''yes'' on this rule. Vote ''yes'' on this bill.

Mr. SESSIONS. Madam Speaker, I yield 2 minutes to the ranking member on Energy and Commerce, the gentleman from Ennis, Texas (Mr. BARTON).

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

Mr. BARTON of Texas. Well, progress is being made. Last night, if you mentioned the word ''SCHIP'' on the House floor, a point of order was made that you couldn't talk about it. At least today we can talk about it.

I rise in the strongest possible opposition to this self-executing, closed rule. I want to just recapitulate the history of the SCHIP bill as it's come through the House and the Energy and Commerce Committee.

Last Tuesday night at 11:36 p.m., after the House had had its last vote, the minority on the Energy and Commerce Committee staff got the 465 SCHIP bill that was scheduled to be marked up the next morning, the following Wednesday, at 10 a.m. So that happened at 11:36 p.m. last Tuesday.

As we all know, last night the Rules Committee got the Ways and Means version of the SCHIP bill, I'm told, at 12:30 a.m. this morning, met at 1 a.m. this morning, reported out a closed, self-executing rule, with no amendments. What does that mean? A self-executing rule means if you pass the rule, everything that's in it automatically happens. There's no debate; there's no policy argument or anything. It just happens.

Now, this is from my friends on the majority side that when they became the majority said there was going to be openness; there was going to be transparency; Rules Committee wasn't going to meet at midnight; we were going to include the minority in discussions. Such hypocrisy.

11:36 p.m. last Tuesday night we get a bill from over the transom that's 465 pages. Midnight last night, or this morning, Rules Committee meets at 1 o'clock, reports out a self-executing closed rule. That is a joke.

Vote ''no'' on this rule.

Ms. CASTOR. Madam Speaker, we will stay up day and night to bring better health care to America's children.

At this time, I'm pleased to yield 1 minute to the gentleman from Maryland (Mr. CUMMINGS).

Mr. CUMMINGS. Madam Speaker, I rise today in support of the rule and to express my strong support for the Children's Health and Medicare Protection Act of 2007, which makes great strides in improving our Nation's health care system.

It chills the conscience to think that approximately 9 million American children are currently without health insurance.

There can be no justice until all of our children, our most valuable resource, are granted access to the most technologically advanced medical system in the world.

The CHAMP Act commits $50 billion to reauthorize and improve SCHIP, our Nation's health care safety net for low-income, uninsured children.

The CHAMP Act would lift enrollment barriers and increase funding so that we can get our children the care that they need.

I'm also very pleased that Chairman DINGELL shares my commitment to improving children's access to dental care by including a guaranteed dental benefit and two other dental-related measures that I have requested in H.R. 3162. Chairman DINGELL also recognizes, as I do, that oral health is an important component for overall health.

With that, I urge the Members to vote for the rule and for the Act.

Mr. SESSIONS. Madam Speaker, if I could inquire upon the time remaining on both sides, please.

The SPEAKER pro tempore. The gentleman from Texas has 10¼ minutes. The gentlewoman from Florida has 13¼ minutes.

Mr. SESSIONS. Madam Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. COBLE).

Mr. COBLE. I thank the gentleman.

Madam Speaker, I am in opposition to the proposed tax increase as a source of funding for the SCHIP program.

Tobacco is lawfully grown, marketed and consumed, and tobacco manufacturers to growers, Madam Speaker, employ thousands of citizens in my State, hundreds in my district. These manufacturers and growers, small and large, provide well-paying jobs and make valuable contributions to their communities.

At one time, Madam Speaker, tobacco was king. Now it is a beleaguered industry; yet it remains a convenient whipping boy regarding the raising of revenue for this body.

When SCHIP was authorized and debated a decade ago, I did not support it because of its potential to become one more entitlement program that would, in time, cost more than what's projected. It has, Madam Speaker, surpassed my apprehensions in cost and scope.

Today, CBO projects that this expansion would cost nearly $87 billion over the next 5 years. This has led to the proposal that billions of dollars be cut from Medicare providers such as hospitals and health care services, coupled with the increase in the tobacco tax, to finance this expansion.

I cannot condone such an abuse of taxpayers for a program that would take from one group of vulnerable citizens to expand services to citizens, in many instances, who are less vulnerable.

Ms. CASTOR. Madam Speaker, I'm pleased to yield 3 minutes to the gentlewoman from Ohio (Ms. SUTTON), a voice of clarity and one of the most outspoken advocates for the children of Ohio and all of America's children.

Ms. SUTTON. Madam Speaker, I thank the gentlewoman for yielding me the time and for her leadership on this very, very important issue.

Madam Speaker, today we act to ensure that 11 million children in this Nation will have access to the health care that they need.

With this legislation, we add 5 million more of our most vulnerable citizens to the Children's Health Insurance Program. With this legislation, we will finally ensure coverage for 95 percent of all children in need in this great country.

Our bill, the Children's Health and Medicare Protection, or CHAMP, Act reauthorizes and improves CHIP, while also making important improvements to the Medicare program and changes that will help reduce tobacco use in this Nation.

Children in the State of Ohio stand to benefit tremendously under this bill. The coverage of 218,500 currently enrolled in CHIP will be secured, and funding for the CHAMP Act will allow Ohio to reach another 164,000 children who have remained uninsured until this time.

Expanding and improving health care for our children is one of the most important things we can do to ensure a brighter future for our families and our communities and this country.

If our children do not have access to the health care they need, it affects their schooling, their home life and can have a severe impact on their ability to grow into a strong, well-rounded adult.

Madam Speaker, we hear a lot of purported excuses and lamenting from across the aisle about why we should not act to ensure that the children get the insurance they need here today.

Well, I want those Members to go explain to the families and the children in Ohio's 13th Congressional District,

who will now have access to the health care they so vitally need, why they oppose this legislation. These Members need to explain why it's okay that we can provide tax breaks to millionaires but can't afford the less than $3.50 a day it takes to cover a child through CHIP.

If we do not pass this bill, children in my district will lose health coverage and families may have to face the consequences of medical debt, and we've seen it all too often lead to bankruptcy and foreclosure. That's unacceptable to me and my constituents.

On Medicare, Madam Speaker, the CHAMP Act also makes significant improvements toward improving benefits and limiting premium increases for beneficiaries. More than 202,000 Medicare beneficiaries in Ohio will be assured that their out-of-pocket costs for prescription drugs will not rise, and almost half a million beneficiaries in my home State with incomes under 150 percent of the poverty level will receive assistance with copayments and deductibles, as well as prescription drug costs.

Madam Speaker, I do have some concerns regarding changes in the Medicare policy on the purchase of power wheelchairs and the effect that this will have on Medicare beneficiaries with long-term debilitating conditions. But while I certainly support the overall bill, I hope that we can address this issue in conference or in some other matter in the near future to ensure people are not hurt.

I strongly support the rule and the underlying legislation.

Mr. SESSIONS. Madam Speaker, at this time, I ask unanimous consent that, as a result of the large number of Members who are coming down to speak, as a courtesy to these Members, that we would add 10 minutes to each side for debate.

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

Ms. CASTOR. I object.

The SPEAKER pro tempore. Objection is heard.

Mr. SESSIONS. Do not want to talk further on this bill from the new Democrat majority.

Madam Speaker, at this time I yield 1½ minutes to the gentleman from Brighton, Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. Madam Speaker, I think the thing that surprises me the most on this is the lack of honesty on this bill, and I think to the credit of many of my friends on the other side of the aisle, I don't think you've been told what's in this bill.

This isn't about poor, uninsured children. My dad used to say, if a salesman comes to you and talks about the needs of his kids before he talks about the quality of his product, beware; you're getting sold a bill of goods.

That's exactly what has happened today and in the previous days and why they don't want to talk about the bill, why they don't want amendments.

Why? It's the single largest cut in Medicare's program history. You are cutting Medicare to millions of seniors. I wouldn't want to talk about it either.

And what else are you doing? You're cutting stroke victims when they're in in-patient rehab. Stroke victims, our seniors, are going to cut that. Doctors, you're cutting doctors. You're cutting oxygen equipment and wheelchair services to seniors. You're cutting seniors' home health care. You're cutting hospital payments. You're cutting skilled nursing care for the sickest seniors in nursing homes. You're cutting dialysis services for kidney cancer patients. You're cutting imaging services for cancer and cardiac patients.

You're telling businesses we're going to make it more expensive for you to give health care to the working poor.

□ 1300

You are doing that in this bill. I bet many of you don't even know that. You are also telling seniors, by the way, once we slash the largest in history amount of money out of Medicare, your part B premiums are going up. We're going to make it more expensive for you. Less doctors taking Medicare patients, higher small business costs, higher Medicare premiums, not one dollar for the 700,000 under 200 percent of poverty who need our help.

Shame on you.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded, when their time is expired, they should cease.

Ms. CASTOR. Madam Speaker, I include for the RECORD the endorsement letter of our actions today by the AARP.

AARP,
Washington, DC, July 31, 2007.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: AARP strongly supports the Children's Health and Medicare Protection (CHAMP) Act (H.R. 3162). This well-balanced, fiscally responsible legislation addresses several priority issues for AARP's nearly 39 million members and their families. The legislation provides needed assistance to low-income Medicare beneficiaries; helps to ensure that beneficiaries maintain access to physicians; protects beneficiaries from significant additional increases in the Part B premium; covers millions of children in working families that cannot afford health insurance on their own; and includes additional changes that will improve the quality and efficiency of our nation's health care system.

HELPING LOW-INCOME MEDICARE BENEFICIARIES

The CHAMP Act will help more low-income Medicare beneficiaries with Part D drug costs and cost sharing in traditional Medicare by raising asset limits and streamlining requirements for the Part D Low Income Subsidy (LIS), and improving the Medicare Savings Programs (MSP) that assist lower income Medicare beneficiaries with premiums and cost-sharing in traditional Medicare.

Raising Part D asset limits to $17,000 for individuals and $34,000 for couples closes the coverage gap (''doughnut hole'') and helps pay premiums and copays for more low-income beneficiaries who did the right thing by saving a small nest egg for retirement. We should encourage people to save for retirement, not penalize those low-income savers with an asset test. Further raising the limits in subsequent years will ensure that more lower income beneficiaries have access to this needed subsidy.

Streamlining the LIS application by removing difficult and invasive questions—such as the cash value of life insurance and in-kind support—and aligning MSP rules with the LIS criteria, further reduces unnecessary barriers to valuable assistance for those who need it most.

HELPING TO MAINTAIN PHYSICIAN ACCESS AND KEEP MEDICARE AFFORDABLE FOR ALL BENEFICIARIES

The CHAMP Act helps ensure that beneficiaries maintain access to physicians. It also protects all Medicare beneficiaries from additional premium hikes associated with physician payment changes by reducing other Part B spending, including excess payments to private Medicare Advantage plans. Part B premiums have more than doubled since 2000, and this legislation strikes a balance between maintaining affordability for beneficiaries and ensuring that they are able to obtain physician services.

ENSURING MEDICARE TRUST FUND DOLLARS ARE SPENT WISELY

The CHAMP Act seeks to restore the balance between the traditional Medicare and Medicare Advantage program. AARP supports a genuine choice of Medicare coverage options for beneficiaries. But the Medicare Payment Advisory Commission has reported that Medicare Advantage plans are paid, on average, 12 percent more than traditional Medicare. This payment disparity is unfair to all taxpayers, as well as the vast majority of beneficiaries in traditional Medicare who pay higher premiums, who subsidize these excess payments. According to actuaries at the Centers for Medicare and Medicaid Services, these excess payments shorten the life of the Medicare Part A Trust Fund by two years.

AARP supports a level playing field between traditional Medicare and Medicare Advantage plans. Excess payments to MA plans should be phased out while protecting beneficiaries from disruptions during the transition period. Well-run managed care plans can continue to use provider networks, care coordination, and evidence-based practices to control costs while improving quality. The CHAMP Act helps to improve quality in Medicare Advantage by providing new beneficiary protections and requiring all types of plans—including private fee for service plans—to be subject to the same rules.

STRENGTHENING MEDICARE FOR THE FUTURE

The CHAMP Act helps to strengthen Medicare for both current and future beneficiaries by:

Expanding Medicare coverage and eliminating cost sharing for evidence-based prevention services to promote more cost-effective efforts to keep people healthy, rather than high-cost treatments once people suffer from preventable conditions.

Bringing parity to Medicare cost sharing requirements for mental health outpatient services.

Expanding demonstration projects to provide Medicare beneficiaries with a ''medical home'' in physician offices that can help coordinate their care to improve quality and efficiency while encouraging participation by reducing cost sharing responsibilities.

PROVIDING HEALTH COVERAGE TO MORE LOW-INCOME CHILDREN

The CHAMP Act strengthens the State Children's Health Insurance Program

(SCHIP). SCHIP is vitally important to many grandparents raising grandchildren. SCHIP also is a wise use of tax dollars, given the substantial long-term benefits that relatively low-cost children's coverage can provide. After all, productive working years and healthy aging both require an early start.

The legislation would allow states to cover more than 5 million uninsured low-income children who are currently eligible but not enrolled in the program, as well as make changes to help improve the quality of children's health care. Those benefiting most are children in families with working parents who do not earn enough to afford health care coverage without assistance, and who represent more than half of the estimated 9 million uninsured children in the country.

Increasing the federal tobacco tax to help offset SCHIP reauthorization is both fiscally responsible and smart health policy because it helps to reduce smoking rates, which yields health benefits of its own.

IMPROVING QUALITY AND EFFICIENCY

Finally, the CHAMP Act includes several additional provisions that will help to increase the quality and efficiency of our entire health care system. These include provisions to:

Fund a broadly representative non-profit organization, such as the National Quality Forum, to develop and promote use of consensus-based quality measures and advance the use of electronic health records.

Establish a Comparative Effectiveness commission to promote objective research comparing various drugs and other treatments for specific conditions to determine which are the most effective. This will help improve quality of care while reducing inappropriate, inefficient, and ineffective care.

Promote better understanding of racial and ethnic disparities in health care so the issues can be addressed.

In short, this package of health care changes will help both children and older Americans, as well as make positive improvements to our health care system. We appreciate your leadership and look forward to working with you to enact the bill into law this year.

Our members have expressed strong interest in knowing how their elected officials vote on key issues that affect older Americans and their families. As part of our ongoing effort to let our members know of action taken on key issues, we will be informing them how their Representatives vote when H.R. 3162, the Children's Health and Medicare Protection Act, comes to the House floor.

Sincerely,

WILLIAM D. NOVELLI,
Chief Executive Officer.

Madam Speaker, I yield 1¼ minutes to my colleague from Florida (Mr. KLEIN), who has been fighting in the trenches for Florida's children and Florida's seniors and all of them across America.

Mr. KLEIN of Florida. Madam Speaker, I rise in support of this rule for the Children's Health and Medicare Protection Act of 2007, CHAMP.

I have been a strong supporter of the State Children's Health Insurance Program for many years, as many of our Members have. In Florida, we call it Healthy Kids; and it provides much-needed health care to hundreds of thousands of children who would otherwise not receive it. Democrats, Republicans, business and community leaders support this program because it empowers families to provide health insurance for their children.

The CHAMP Act also addresses another important problem with our health care system by providing a critical payment update for the doctors. In south Florida, we are currently facing a severe shortage of qualified physicians, in part because of the way physician payments under Medicare are calculated.

I applaud Chairman DINGELL and the other drafters of the CHAMP Act for their immediate action to stave off the unreasonable cuts to physician payments.

I am concerned, however, with the way the CHAMP Act addresses the overpayments to Medicare Advantage plans. By scaling some payments back to traditional Medicare fee-for-service rates over the course of 4 years, seniors in my district may be at risk for losing some benefits. There may be some risk of losing some benefits, so I believe a more prudent proposal is to soften the impact of these changes to Medicare Advantage, and I look forward to working with the conferees to ensure that our elderly and vulnerable populations are supported by any changes to Medicare.

I ask my colleagues to support this rule and bill.

Mr. SESSIONS. Madam Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Madam Speaker, most of my colleagues are aware of the tragic fact that since 1973, approximately 49 million innocent unborn babies have been brutally dismembered or chemically poisoned to death in what is euphemistically called choice.

Abortion methods are extraordinarily cruel. They are painful and violent. Indeed, abortion is an act of violence against children. Unborn children in America today have less protection than most animals, including fighting dogs and eagles.

It is dismaying and disappointing to me that H.R. 3162, a bill that purports to assist sick and disabled children, explicitly fails to acknowledge an entire class of children, unborn children. The aggressive demands of the abortion culture distorts reality even here. The impulse to deny unborn children any value or worth or dignity is so extreme that the bill doesn't include and wouldn't even make in order Mr. PITTS' amendment to include acknowledgment that these young and vulnerable patients often need intervention, including microsurgery and blood transfusion, just like any other patient.

Why the bias against the innocent unborn? The Bush administration's policy promulgated in 2002 is put at risk. That was and is a progressive policy—a policy of inclusion.. I am very disappointed in my colleagues on the other side of the aisle for failing to include all kids under this administration.

By way of background the administration promulgated the Unborn Child Rule to give states the option to explicitly include unborn children as unique patients in their SCHIP programs. Eleven states, including California, Rhode Island, Massachusetts, Texas, Wisconsin, and Michigan now include explicit coverage for unborn babies in their programs. H.R. 3162 puts that enlightened and progressive policy at risk.

It's worth noting that the Bush 2002 Unborn Child Rule was savaged by the pro-abortion lobby. Planned Parenthood included it in their list of actions they regard as a war on women. Which of course is absurd. I guess when your organization kills 265,000 unborn children in Planned Parenthood clinics each year, you find it hard to think or say anything good about an unborn baby.

But, the underlying prejudice and bias that makes this vulnerable class of humans expendable and persona non grata should not be endorsed by this bill.

Vote "no" on the rule—give the Pitts amendment a chance to be voted on.

Ms. CASTOR. Madam Speaker, I ask unanimous consent to submit for the RECORD a letter received just yesterday from the Catholic Health Association, which states, in part, we believe the most important pro-life thing that Congress can do right now is to ensure that the State Children's Health Insurance Program is reauthorized. Children's lives and the lives of unborn babies depend on a strong SCHIP reauthorization. So we are standing up for these children and for pregnant women.

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

Mr. PRICE of Georgia. Madam Speaker, reserving the right to object, I wonder if my friend is aware of the fact that the letter she is submitting to the RECORD or asking the House to allow for submission into the RECORD has significant conflicts.

Madam Speaker, I am not certain that she recognizes that, in fact, AARP, which is the letter that she provided earlier for the record, in fact, AARP is in competition for health insurance policies with Medicare Advantage. That's the dirty little secret that nobody wants you to appreciate.

So when these letters are put in the RECORD, it may seem that there are wonderful endorsements out there for this program. However, in fact, that isn't the case. It isn't the case with the AARP letter that was provided, and it likely isn't the case with the letter that has been provided right here.

So I think it's incumbent upon all Members of this Chamber to appreciate where people stand, and where we stand is to make certain that Medicare recipients receive the Medicare policies that they currently have. Under Medicare Advantage, we believe that those individuals ought to be able to continue to receive those policies.

In fact, what the other side is trying to do is to cut Medicare. That's exactly what they are doing, is cutting Medicare. They are doing it under the guise of covering children. That's not we believe is appropriate. We believe that individuals ought to have the flexibility

and choices in their health care policies, in their Medicare policies.

Mr. STARK. Madam Speaker, I object to the letter being introduced.

The SPEAKER pro tempore. Objection is heard.

Ms. CASTOR. Madam Speaker, we are not going to divide this country over health care. We are going to bring them together and fight for better health care for our children and our seniors and everyone.

Madam Speaker, I yield 1½ minutes to the gentleman from Texas, the distinguished member of the Health Subcommittee on the Committee on Ways and Means, Mr. DOGGETT.

Mr. DOGGETT. Madam Speaker, of course, that letter is one of many endorsements of groups coming together because they know that today they are improving health care for our oldest Americans and our youngest Americans.

Unfortunately, my home State of Texas has the distinction of being number one in children with no health insurance, largely due to the indifference of then Governor George Bush who responded too late and too little. His indifference to the health crisis now is hardly surprising given his indifference then.

The Republican prescription drug plan, the largest entitlement increase in recent history, is a study in how to let Medicare ''wither on the vine'' at the time they inject waste, fraud and abuse into the system.

Now Republicans are using every available obstructionist tactic to block our reforms, to curb their own excesses, such as their lavishing billions on big insurance companies. Despite their professed interest in controlling entitlement spending, only two of their 21 committee amendments would have reduced spending and the vast majority would have increased spending on borrowed money.

Their sermons about Medicare insolvency are betrayed by their insistence on undermining it, and their silly claims of ''socialized medicine'' are belied by the bill's endorsement by the American Medical Association and the AARP.

Approve this rule and afford seniors and children the health care that Republican obstructionism would deny them.

Mr. SESSIONS. Madam Speaker, I yield 1¾ minutes to the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. Madam Speaker, I ask unanimous consent that 10 minutes be added to debate equally divided between both the majority and the minority.

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

Ms. CASTOR. I object.

The SPEAKER pro tempore. Objection is heard.

Mr. SESSIONS. Will the gentleman yield?

Mr. BUYER. I yield to the gentleman from Texas.

Mr. SESSIONS. Welcome to the new Democrat-run House of Representatives: No debate added time. No regular order hearings. Closed rules. Welcome.

Mr. BUYER. It is disappointing that the objection was so loud and clear.

I do remember coming here in the minority, and at the time it was referred to as the Imperial Congress. It has not taken you very long to get back to where you were. That is disappointing. When I look at what is happening, you have the votes, you have the majority.

When I think about what just happened to the Commerce Committee, I have such great respect for JOHN DINGELL.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair.

Mr. BUYER. Madam Speaker, I have great respect for JOHN DINGELL and how awkward he must feel that the leadership of this Congress took jurisdiction from his committee. Now, this is the same man that has respected the rules of process and procedure that has taught many of us in this House.

I think about the intolerance right now that the majority has of other people's views and opinions. That is very, very disheartening; and the American people should know and recognize what is happening here is wrong.

I just appeal to you once again, you have the votes. Do not turn Congress into an undemocratic institution. Think about when you were in the minority. There were times yet you didn't like what happened, but you had your opportunity to be heard. Yes, you may have lost an amendment or been voted down here or there. It is part of the democratic process.

Do not shut down the democratic process. That's what you have done on this bill. We should be reauthorizing the SCHIP program for children. Republicans created this bill. Let's do a clean bill. That's what we should be doing here on the floor.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Ms. CASTOR. Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, I yield 1½ minutes to the gentleman from New York (Mr. FOSSELLA).

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

Mr. FOSSELLA. Let me thank the gentleman for yielding as we continue the debate on ensuring children's health care.

Madam Speaker, let me bring up another point, and that is something that has been debated. Despite all the things we talk about here, there is nothing more important than protecting this country. Regrettably, I lost more people in Staten Island in Brooklyn than any other district in this country on 9/11. We should be doing everything possible to ensure that our intelligence community is preventing terrorist attacks. Right now, Congress, I believe, is abdicating its responsibility. That's why I urge my colleagues to defeat the rule and urge my colleagues to defeat the previous question on the rule.

If the previous question is defeated, we will immediately bring legislation to the floor to solve an intelligence gap. Very simply this, the American people need to know, if there is a foreigner on foreign soil, if there is an area in Afghanistan where the intelligence community knows for a fact that there are terrorists plotting attacks to kill Americans, right now, without a court order, we can't listen to those conversations. That's irresponsible.

If we want to help and protect the American people to the best of our ability, we will allow our intelligence community to listen to foreigners on foreign soils whose sole objective is to kill more Americans and our allies without a court order or obtaining a warrant.

If we have another attack, God forbid, I would like to see Members in this body rush to the floor and explain why they wouldn't allow our intelligence community to listen to foreigners on foreign soil who want to only do one thing, kill us.

Ms. CASTOR. Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, it's my understanding the gentlewoman from Florida is indicating she has no additional speakers and that she would choose to close?

Ms. CASTOR. That is correct, Madam Speaker. I will reserve until Mr. SESSION closes.

MOTION TO ADJOURN

Mr. SESSIONS. Madam Speaker, I move that the House do now adjourn.

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

The question was taken; and the Speaker pro tempore announced that the noes 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. The Chair advises the House that the Chair intends to adhere to strict timelines when closing the first vote in subsequent vote series. The cooperation of all Members is appreciated.

The vote was taken by electronic device, and there were—yeas 172, nays 246, not voting 14, as follows:

[Roll No. 783]

YEAS—172

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