

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington DC, September 21, 2007.

Commissioner MICHAEL J. ASTRUE,
Social Security Administration, Office of the
Commissioner, Baltimore, MD.

DEAR COMMISSIONER ASTRUE: As Congress prepares to debate the reauthorization of the State Children's Health Insurance Program (SCHIP), I am writing to request your assistance in clarifying an issue raised by a provision in the Senate passed bill. Specifically, I would request that the Social Security Administration provide technical assistance to explain the impact of Section 301 of H.R. 976, which was passed by the Senate on August 2, 2007.

Concerns have been raised that the implementation of this provision could make it easier for illegal aliens to qualify for government funded healthcare programs including SCHIP and Medicaid. In order to better assess the accuracy of these claims, I would request that you provide answers to the following questions by no later than the evening of Monday, September 24, 2007.

1. If implemented as written, would the name and Social Security number verification process in section 301 of the Senate SCHIP bill allow the Social Security Administration (SSA) to verify whether someone is a naturalized citizen?

2. Would Section 301 require SSA to perform any verification of a person's status as a naturalized citizen?

3. Would the implementation of this provision detect and/or prevent a legal alien who is not a naturalized citizen (and therefore generally ineligible for Medicaid), from receiving Medicaid?

4. Would the name and Social Security number verification system in Section 301 verify that the person submitting the name and Social Security number is who they say they are?

5. Would the name and Social Security number verification system in Section 301 prevent an illegal alien from fraudulently using another person's valid name and matching Social Security number to obtain Medicaid or SCHIP benefits?

6. Would the name and Social Security number verification system in Section 301 prevent an individual who has illegally overstayed a work visa permit from qualifying for Medicaid or SCHIP?

7. Based on the accuracy of your database, please comment as to the volume of false positives or false negatives that could occur under the Social Security number verification process in section 301 of the Senate SCHIP bill.

Thank you for your prompt attention to this matter. If you should have questions about any of the requests in this letter, please contact Chuck Clapton of the Ways and Means Committee Republican staff.

Sincerely,

JIM McCRERY,
Ranking Member,
Committee on Ways and Means.

SOCIAL SECURITY ADMINISTRATION,
Baltimore, MD, September 24, 2007.
Congressman JIM McCRERY,
Longworth House Office Building,
Washington, DC.

DEAR CONGRESSMAN McCRERY: Thank you for your letter of September 21, 2007, concerning Section 301 of H.R. 976 passed by the Senate.

I have enclosed answers to your seven questions. Please feel free to contact me if you need any additional information. The Office of Management and Budget advises that there is no objection to the transmittal of

this letter from the standpoint of the President's program.

Sincerely,

MICHAEL J. ASTRUE,
Commissioner.

1. If implemented as written, would the name and Social Security number verification process in Section 301 of the Senate SCHIP bill allow SSA to verify whether someone is a naturalized citizen?

No, the name/SSN verification process only indicates whether this information matches SSA's records. Our understanding of Section 301 is that it would provide States with the option of using a match as a conclusive presumption that someone is a citizen, whether naturalized or not. Since we have no data specific to this particular population, we have no basis for estimating how many non-citizens would match if this language were passed by Congress.

2. Would Section 301 require SSA to perform any verification of a person's status as a naturalized citizen?

Section 301 would not provide for verification of citizenship but would create a conclusive presumption based on less reliable data that a person is a citizen. As we read Section 301, it would not require use of DHS data to make a verification of citizenship.

3. Would the implementation of this provision detect and/or prevent a legal alien who is not a naturalized citizen (and therefore generally ineligible for Medicaid), from receiving Medicaid?

No. Our current name/SSN verification procedures will not detect legal aliens who are not naturalized citizens.

4. Would the name and Social Security number verification system in Section 301 verify that the person submitting the name and Social Security number is who they say they are?

No.

5. Would the name and Social Security number verification system in Section 301 prevent an illegal alien from fraudulently using another person's valid name and matching SSN to obtain Medicaid or SCHIP benefits?

No.

6. Would the name and Social Security number verification system in Section 301 prevent an individual who has illegally overstayed a work visa permit from qualifying for Medicaid or SCHIP?

The name/SSN verification system in Section 301 would not identify individuals who have illegally overstayed a work visa permit.

7. Based on the accuracy of your database, please comment as to the volume of false positives or false negatives that could occur under the Social Security number verification process in section 301 of the Senate SCHIP bill.

Due to a lack of data specific to this particular population defined in section 301, we have no basis for projecting how many "false negatives" or "false positives" would be produced by enactment of Section 301, but they will occur.

Mr. GREGG. Madam President, to summarize, everybody around here is supportive of a plan which would fully fund what is necessary to take care of children whose families make 200 percent of poverty or less. But what we on our side don't want to see is an expansion of this program as a method of taking people out of private insurance and putting them on the public system, creating a single-payer plan and, as a result, moving down the road toward the nationalization of the entire health care industry. It would be at a cost of

\$71 billion to the American taxpayer, a cost which isn't accounted for in this bill and which is not paid for. The program has a fundamental flaw in it as to how they verify who is participating so we don't even know if we are going to have citizens participating in this program versus illegals. It is a bill which is flawed. It should be opposed, and it should be vetoed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

DEFENSE AUTHORIZATION

Mr. CORNYN. Madam President, I rise to express my grave concern about the misplaced agenda we appear to be pursuing in the Senate: Taking us off of a Defense authorization bill that we have spent 15 days on—more than 2 weeks—to take up special interest legislation that has nothing to do with providing the equipment and the pay raises and the dignified treatment to our wounded warriors that the Defense authorization bill is designed to provide.

Unfortunately, we see the distinguished majority leader has now introduced an amendment relating to hate crimes on a Defense authorization bill. We are told the majority whip now plans to introduce a bill with regard to immigration, the so-called DREAM Act.

I would submit there is a time and a place for everything. This is a deliberative body, where we are happy to talk about and debate and air our differences on any piece of legislation any Senator might want to propose that comes to the floor, but there is a time and a place for everything. This is not the time and not the place to divert our attention from the important provision of pay raises, the important provision of equipment, and the important public policy changes with regard to how we treat our wounded warriors.

One of the Hill newspapers has reported that today, a Government report is being released that concludes the wounded warriors from Iraq and Afghanistan are still getting the run-around from the Pentagon and Department of Veterans Affairs, despite big promises of change made after last February's revelations about the scandalous conditions at Walter Reed Army Medical Center. As a member of the Senate Armed Services Committee, I am proud of the work we have been able to do on a bipartisan basis to move legislation forward that would address the causes for concern first uncovered as a result of those sad and embarrassing revelations at Walter Reed Army Medical Center.

Today, it is reported the Government Accountability Office, the investigative arm of Congress, says that delays for disability payments for veterans still average 177 days—nearly 6 months—with no indication that any dramatic improvement is in the offing. The General Accounting Office also

found continuing frustrations and shortfalls in care for the increasing number of military returnees from Iraq. Delayed decisions, confusing policies, and the perception that the Department of Defense and Veterans' Administration disability ratings result in inequitable outcomes and have eroded the credibility of the system, according to the General Accounting Office. Thus, it is imperative, the GAO concludes, that the Department of Defense and Veterans Affairs take prompt steps to address fundamental system weaknesses.

Well, I agree. This is intolerable. That is the reason why we need to pass the Defense authorization bill, which has previously been pulled from the floor for consideration and has returned and now is being hijacked for special interest legislation that has nothing to do with providing help to our men and women in uniform during a time of war.

Let me talk briefly about what the Defense authorization bill would do if we ever get it passed. It would authorize increases in end strengths to the Army and U.S. Marine Corps. As my distinguished colleague from Arkansas knows, that has been one of the major concerns we have all had about the stress and strain on our military that is too small for the challenges we have today, resulting in lengthy deployments and absences away from family members. This bill would authorize an increase of 13,000 in end strength for the Army and 9,000 for the Marine Corps. But what do we do instead of passing the legislation that would provide that additional authorization? We hijack this Defense authorization bill to talk about hate crimes and perhaps immigration and other unrelated issues. This bill authorizes a pay increase of \$135 billion for our men and women in uniform, people who deserve everything we can do for them when it comes to providing for them or reducing some of their financial burdens. This bill authorizes \$135 billion in additional pay.

But what does the majority leader do? He says we are going to take another timeout after 15 days and we are going to talk about hate crimes, potentially immigration, and who knows what else, further burdening this bill with amendments which may jeopardize our ability to pass it in the end.

This bill also provides for a 3.5-percent increase in pay for all our troops. To the point of the GAO report, which I cited that has been reported in one of the Hill newspapers today, this bill would authorize \$24.6 billion for the Defense health program, including a \$1.9 billion adjustment to fund TRICARE benefits for fiscal year 2008.

That is exactly what we ought to be doing. I, similar to my other colleagues, have visited our wounded warriors at Walter Reed and Bethesda, places such as the Brooks Army Medical Center in San Antonio, and places such as Darnall Medical Center at Fort

Hood and Killeen. We need to make sure we do everything in our power to take care of our wounded warriors. But what are we doing? We are apparently taking a timeout from that important work that is urgently needed and diverting our attention to other matters that have nothing to do with taking care of our troops.

What else would this Defense authorization bill do? Well, it would authorize \$4 billion for Mine Resistant Ambush Protected vehicles. As my colleagues know, these are the V-shaped hull vehicles that have a way of dispersing improvised explosive device attacks in a way that will save lives and protect our troops from further injury as a result of improvised explosive devices. But what do we do? We dillydally around after 15 days of not taking care of our business and divert our attention to other unrelated matters that have nothing to do with protecting our troops. I think it is shameful.

Further evidence the agenda is misplaced in the Senate is the fact that we will, this week, have to consider a continuing resolution. That means passing legislation to keep the doors of Government open until November 16 because this Congress has not passed, nor has the President signed, appropriations bills to pay Congress's bills. Now, this is not a surprise. September 30 we know is the end of the fiscal year. What would happen if we were a small business—or a big business, for that matter—that didn't take care of its affairs and didn't pay its bills? Well, it would shut down. But not the Federal Government, because we have the power to wave a magic wand and pass a continuing resolution. But 13 appropriations bills affecting the lives of each and every one of 300 million Americans in this country has simply been neglected, pushed to the back burner, because we are diverting our attention to matters that we should leave for a later date.

So I implore the majority leader, I implore the new management of this Senate that was elected to the majority status after the last election, let's take care of business. Let's take care of our troops. Let's take care of our military families that, in an all-volunteer military, are absolutely essential to our ability to protect and defend the United States. I think it is shameful we are changing the subject to take care of special interest legislation at a time such as this, when it is so critical, at a time of war. I implore the majority leader to reconsider his misguided agenda for the Senate.

I yield the floor.

Mrs. LINCOLN. Madam President, how much time remains in morning business on each side?

The PRESIDING OFFICER. The Republican side has 6 minutes 41 seconds, and the Majority side has 5 minutes 57 seconds.

The Senator from Florida is recognized.

SCHIP

Mr. MARTINEZ. Madam President, I wish to shift the discussion, while I concur completely with the Senator from Texas and his assessment of floor management time, and I do believe we need to get about the business of a Defense authorization bill and not be sidetracked by other side issues.

I wish to talk about another important issue that is coming before the Senate, which is the SCHIP program, one that I support, one that I want to see reauthorized, and one that I want to see expanded. To my colleagues on the other side of this debate, let's talk about expanding SCHIP. I support a \$5 billion expansion. If that is not enough to cover the children this program is intended to cover, let's talk. Let's discuss what amount would cover these children: \$5 billion, \$10 billion; I am in favor of opening that discussion.

What I am against, what I oppose is expanding this program beyond the needs of the poor.

The bill before us today expands the program beyond its original intent. It expands it to the point where we are making Government-sponsored health care available beyond the intent and to include those in the middle class.

For those who claim otherwise, let me read a quote from the chairman of the Senate Finance Committee. The chairman recently noted:

Everyone realized that the goal of this legislation moves us a giant step further down the road to nationalizing health care.

Nationalizing health care. Let's call it what it is. This is not a debate over whether we are going to provide health insurance for our Nation's low-income children—because we all agree we should do that—this is a debate over whether we should nationalize health care.

This is a significant ideological debate. Do we in this body—in this Nation—want a system of government versus private health insurance? Is it right to dramatically expand this program to middle-class families for the sake of being able to say we are insuring more? I support SCHIP. I support the program with the original mission of covering low-income children who do not have health insurance. This bill we are debating today is not that program; it is not even close. It is bad policy. To take a program designed to help poor children and create a new entitlement for middle and upper income families, especially when this group already has access to private coverage, money set aside for low-income children should be used to cover low-income children.

Make no mistake. This bill takes us down a one-way path. The bill takes the money intended for SCHIP and uses it as money to begin a program of socialized health care. For this reason, I cannot support this bill.

Beyond the ideological shift of socializing health care, the funding portions of this bill will essentially eliminate health coverage for low-income children after 5 years.