

is not tolerated at any level. This legislation enjoys a broad range of support from numerous civil rights organizations to the National District Attorneys Association; rightfully so, since this affects all of us as Americans. I urge my colleague to vote for this important piece of civil rights and criminal law.

I hope we will get an overwhelming vote from both sides of the aisle, a condemnation of hatred, a condemnation of pointing to a particular group and saying: You don't belong. You can be subject to vicious and nasty crimes.

I yield the floor.

Ms. KLOBUCHAR. Mr. President, I ask to speak as in morning business for 10 minutes.

The PRESIDING OFFICER. The Senator has that right.

HATE CRIMES

Ms. KLOBUCHAR. Mr. President, first, I wanted to make some comments about the hate crimes bill. I am proud to be a cosponsor of that bill. Actually, this came out of my work as a prosecutor in Minnesota. We had a number of cases that involved crimes that were motivated by hate. Sometimes they were found to be hate crimes under our law; sometimes they were not. The ones I remember most—the little 14-year-old boy shot in the middle of the day by a guy who said he wanted to go out and kill a Black kid on Martin Luther King Day.

We had a Hispanic young man who could only speak Spanish, working in a factory, and his boss got mad at him because he didn't speak English and he was speaking Spanish and he took a 2 by 4 and hit him over the head.

We had a temple that was desecrated. We had a number of cases, but what I most remember about this was when the hate crimes bill was first introduced in Washington, I had the honor of introducing President Clinton when he announced his support for the hate crimes bill.

Before we went into the event, I got to meet the investigators in the Matthew Shepard case, two burly cops from Wyoming. They talked about the fact that until they had investigated that case, they had not dealt with ideas of what this victim's life was like. They did not want to think what his life was like. And then they got to know the family in that case, they got to know the mom, and they got to know the people surrounding Matthew Shepard, and their own lives were changed forever. I hope that by passing this bill, by doing the right thing, we can change the lives of other Matthew Shepards, and other victims of hate crimes.

SCHIP

I did come tonight, Mr. President, on the eve of what I hope will be a victory for the children and families in Minnesota and the Nation—passage of the children's health insurance reauthorization bill.

I come to remind my colleague of the weight of the situation presented to us. We have the opportunity to better the lives for millions of children, children and low-income families. We can do it by lifting the burden and lessening the struggle that confronts those who are uninsured.

Today, 45 million Americans are living without access to affordable health care. The worst part of it, the saddest part of it, is that 9 million of them are children and they are uninsured. Kids without access to affordable health care are at an enormous risk, an enormous disadvantage as they grow up and start to make their life in this world. Children without health coverage are less likely to get basic preventive care, less likely to see a doctor regularly, and less likely to perform well in school. Children without health coverage are often more likely to show up at the hospital sicker and more likely to develop costly chronic diseases.

I used to represent the biggest emergency health care center in our State, Hennepin County Medical Center, when I was Hennepin County Attorney. I can tell you this, when people do not have health care, when children do not have health care, they do have a doctor. The doctor is the emergency room, and we all pay for it. That is why making sure that people have health insurance, that these children have health insurance, is actually, in the end, better for all of us, better for taxpayers and certainly better for the kids.

The Children's Health Insurance Program was established to reverse the troubling problem of uninsured youth. It is a successful program that deserves to reach even more children. This is important because, first, it is the decent thing to do for American kids, who, through no fault of their own, are growing up in families who simply cannot afford health care. But it is also important because it is something that is good for all of us, and something that is important because it is a smart investment. It is a smart investment to make sure these kids get preventive care. It is a smart investment to help America's children grow up as healthy as they can be.

I was at a senior center the other day, and I told the seniors: The reason you should care about this is you need someone who is going to pay your Social Security in the end. We need kids who grow up who can participate in our economy and can work. It is a smart investment to have America's children in school, focused on learning, rather than distracted by sickness or injury. It is a smart investment to have America's children get medical care through a sensible system of health insurance rather than having them end up in a hospital emergency room at the taxpayers' expense.

When my daughter was born, she was very sick. She couldn't swallow. We did not know how long she was going to be in the hospital. She actually could not swallow for about a year and a half,

and she was fed through a tube. So I saw firsthand the struggle these families go through. She is doing so well today, and it was because she had good, excellent health care at Minneapolis Children's Hospital.

Well, not all families have access to that health care. When I think of what happened to her and how she was able to get stronger and stronger, even though she was this tiny little baby on an x-ray machine, I think all kids should have that right.

Unfortunately, President Bush and his administration continue to fight efforts to expand SCHIP, a popular and effective program. The administration recently put in place a restrictive rule that makes it nearly impossible for States such as Minnesota to expand their program.

I want to remind the President this issue is not about scoring political points or pushing an ideology. It is about bettering the lives of America's future generation. Today we are making a choice, either to support a proven, effective program that has helped children in all States or supporting the status quo which could lead to more kids losing health care coverage as States struggle to make ends meet.

If the Children's Health Insurance Program fails to pass the Senate or the President chooses to veto its reauthorization and deny children access to this vital program, the consequences could prove dire for Minnesota's children and families. It is estimated that an additional 35,000 Minnesotans who would otherwise be uninsured would be enrolled in this program should this bill be signed into law. If the President uses his veto power, he will deny health care to 86,000 uninsured Minnesotan children who may have been enrolled with the passage of this bill. From a fiscal standpoint, our State once again loses out if this bill fails to pass. With changes in the allotment program and the formula, Minnesota would receive an increase of over \$50 million in fiscal year 2008 to fund our children's health insurance and Medicaid Program. If the bill fails, Minnesota would be presented with a funding shortfall leaving low-income families in a frightening situation.

This program is very important to our State. Our Governor, a Republican Governor, supports it, as has the Governors Association. He has written letters asking us to approve this bill.

We are proud to have one of the lowest rates of uninsured in our State in the Nation, partially because of this program, and partly because we have been innovative in bolstering coverage for low-income kids and their parents. Since Minnesota was ahead of the curve in covering kids before this program was created, Minnesota uses a portion of these Federal dollars to provide coverage to their parents. This is because ample evidence proves that when parents get coverage, kids are more likely to have health coverage. I am glad to see that the compromise

bill we reached largely retains the parental coverage in these special cases.

Many of my colleagues have expressed concern about the CHIP program replacing private insurance. I am reminded, though, of the testimony of CBO Director Orszag who reported to the Finance Committee this summer that this program is about as efficient as a program can be.

That being said, this bipartisan legislation makes an effort to mitigate the replacement of private insurance by requiring GAO and the Institute of Medicine to report on best practices for enrolling low-income children who need assistance the most. It requires the Secretary to help States implement those methods. I believe this rational approach will prove to be effective in reducing crowdout and will protect the State's flexibility, contrary to the Bush administration's overly restrictive rule that essentially bars States from expanding their program. I do not know why you would want to bar States from expanding their program when we are living in a time when more and more children have less and less health coverage.

When I went around my State in the last 2 years, I would go to cafes and we would think maybe 10 people would show up, so we would set the table up with 10 chairs. Then 100 people would show up. These were middle-income people, lower income people. I finally realized when you have got less money in your pocket, when health care premiums go up 100 percent, as they have in our State in the last decade, you feel it first in your pocket. When it costs 100 percent more to go to college, as it does at the University of Minnesota in the last 10 years, and you are a middle-class person, a low-income person, you feel it first in your pocket.

That is what has been going on in this country. There has been an enormous shift of resources away from the great majority of people in this country who are just trying to get by, to the very top echelon of people in this country.

We are trying to reverse that with this Congress. We are trying to change that with this Congress. We need vital programs such as children's health insurance more than ever, especially as these rising health care costs force families to tighten their budget.

The President should reconsider his threat to veto, and my colleagues who say they are against this bipartisan compromise legislation should reconsider their opposition. I thank the Finance Committee for their efforts to bring this bill to the floor, and to expand this important, successful initiative. It is not only good for American kids, it is good for our families, it is good for all of us.

When I think about the health care my daughter got when she could not even swallow and all of the doctors who were there to help her and the nurses who were there to help her, all kids should have that kind of beginning. That is what this bill is about.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GRASSLEY. Mr. President, are we in morning business?

The PRESIDING OFFICER. The Senate is in morning business.

Mr. GRASSLEY. I ask unanimous consent to speak for what time I might consume.

The PRESIDING OFFICER. Without objection, it is so ordered.

SCHIP

Mr. GRASSLEY. Mr. President, soon the Senate will be debating the Children's Health Insurance Program. I might refer to that from time to time as CHIP, C-H-I-P, Children's Health Insurance Program.

This program is sunsetting in a week. The program was started 10 years ago, a product of a Republican-led Congress. It is a targeted program. It is a program designed to provide affordable health coverage for low-income children of working families. Those are families, working families, who make too much to qualify for Medicaid but struggle to afford private insurance and may not even have it.

Last July, because this program has to be reauthorized right now, the Senate Finance Committee reported bipartisan legislation to enhance and improve CHIP by a strong vote of 17 to 4.

In August, the Senate passed the Finance bill with the same bipartisan support by a vote of 68 to 31. On Tuesday, 265 Members of the House of Representatives voted for the bill that now will be before the Senate. That bill is a product of informal conferencing between the House and Senate. Clearly, we have a bill with strong bipartisan support. I want to emphasize that because this is the way the Senate Finance Committee has operated over a long period of time, both with Republicans in control and Democrats in control. Senator BAUCUS worked very closely with me when we were in the majority. Senator BAUCUS has continued that working relationship now that Democrats control the Congress and he is chairman of the committee. I welcome and appreciate that bipartisan leadership. It is obviously represented in this product that will soon be before the Senate.

This legislation maintains the fundamental provisions of the Senate. I want to emphasize that it maintains the fundamental provisions of the Senate bill not to denigrate the work of the House of Representatives but as a reflection of the fact that we had to work out something that would not be filibustered in the Senate. In the House of

Representatives they don't have such provisions for filibuster. The House had some deference to the Senate. I appreciate that. But I also appreciate the fact that a lot of my colleagues—and these are Republican colleagues to whom I refer, not Democratic colleagues—said so often during the months of consideration of this bill before we finally passed it the first time that this \$35 billion didn't mean much that we passed in the Senate because the House of Representatives passed a \$50 billion CHIP bill and it would come back much bigger. I tried to say to my colleagues at that particular time that there would have to be a realization that if we were going to avoid a filibuster in the Senate, we would have to have something closer to the Senate provisions than the House. So I emphasize that this is pretty much the legislation the Senate originally passed, albeit right now it is a compromise between the House and Senate. There was a cap on new spending of \$35 billion. There are no Medicare provisions in this bill as there were in the Senate bill. Spending is paid for by an increase in the cigarette tax. I commend the majority in the House and Senate for cooperating with Senate Republicans and for working with us on our priorities during the negotiations that led to this agreement. This compromise agreement is consistent with the principles we put forth in the Senate bill.

Mr. REID. Mr. President, would my friend yield?

Mr. GRASSLEY. Of course I will.

Mr. REID. I was in my office with the TV on listening to my friend from Iowa. I was compelled to come to the Chamber. I have been in Washington for a long time as a Member of Congress. I served in other offices before I came. All my adult life I have been involved in government one way or the other. They were all part-time jobs until I came back. The reason I came to the floor is that in my experience over all these many years I have rarely seen anyone with the leadership that this ranking member, former chairman of the Finance Committee, offered with this very difficult children's health issue. I say that without qualification. I have said it in closed meetings, and I have said it in public meetings, and I say it before the American people this afternoon. I wish we could have done more with this. I wish we could have done more. But, as I said, and as the distinguished senior Senator from Iowa heard me say in my office, in my years in government, I have spent more time on this issue than anything else I have ever worked on. We could not be at the point we are now but for the Senator from Iowa.

It has been very difficult. The House had to give up a tremendous amount of what they wanted. The Senator from Iowa and I both served in the House. They are two different institutions. It is difficult for the House, from my having served there, to understand and appreciate the difficulties we have here.