

were killed as a result of the bombings of United States Embassies in East Africa on August 7, 1998.

Mr. NELSON of Florida. I now object to any further proceedings at this time.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak therein for up to 10 minutes each and the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

Mr. NELSON of Florida. I ask unanimous consent that the time I have used not be charged against the majority's time.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Texas.

VETO OF SCHIP

Mr. CORNYN. Yesterday, the President vetoed the State Children's Health Insurance Program expansion that the Congress had sent to him, as he said he would. I would hope all of us would get down to work on the serious matter of trying to come up with a compromise which would achieve the original intent of Congress when we passed the legislation back in 1997 and when it was signed into law by President Clinton and which has served the Nation's children so well. Instead, it appears you can't take the politics out of politics and you can't take the politics out of Washington.

This matter has become a political football that is going to be used for partisan political gain. I think that is a shame. I say that not with a sense of anger but with a sense of disappointment that we would see something as important as providing health coverage to our Nation's children be used in political ads and that rather than have a veto-override vote in the House of Representatives forthwith, it has now been postponed by Speaker PELOSI to October 18 to give the Democratic Congressional Campaign Committee time to run ads against those who would likely uphold the veto in their congressional districts over the next week or so. That is a shame. I wish they would reconsider.

The problem, after all, with the bill Congress passed is that while the State Children's Health Insurance Program was designed to take up where Medicaid left off, this was fundamentally a welfare benefit, one which I believe the Congress wisely decided was necessary for our Nation's poor, low-income children, to make sure they got access to

health coverage. But what we see is this vehicle was then used, with a 140-percent increase in Federal spending, to take this program not just from children up to 200 percent of poverty but to then say this can be a wealth transfer from the pockets of the American taxpayers to the middle class because under the bill the President vetoed, up to 400 percent of poverty level could be covered by this welfare benefit. That translates to a family of four roughly making \$80,000 a year. It is simply unacceptable, from my perspective, to say that you can take money from the pockets of the American taxpayer not for a welfare benefit to help those in need but to help those who already have their own health insurance, simply to provide a free benefit to those who are already covered by their own health insurance. There is no sound basis upon which to take what is essentially a welfare benefit and transform that into a middle-class entitlement—unless, of course, there is something else going on here, which I suspect there is. I will talk about that in a moment.

In my own State, I wish we would redouble our efforts to focus our vision on the original intent of the SCHIP legislation because in my State, there are roughly 500,000 Medicaid-eligible children who are not covered by Medicaid. Why? Because their parents haven't signed them up for benefits they are entitled to under the law. There are an additional 200,000 SCHIP-eligible children, up to 200 percent of poverty level in Texas, who are not signed up for that benefit. So why in the world, when there are still children in the target population we are trying to help who remain uncovered, are we going to be diverted by a huge expansion of this program beyond its original intent to cover adults in 14 States? In the State of Wisconsin, more adults than children are covered by the State Children's Health Insurance Program—obviously, that was not part of Congress's original intent—up to 400 percent of poverty level, up to \$80,000-plus for a family of four. It is simply another example of a well-intended, perhaps as originally intended, program that has now been expanded beyond all recognition.

If possible, I would say this was the equivalent of mission creep for the U.S. military. It is clearly another example of trying to use a successful Government program, a welfare benefit for low-income kids, and to expand it beyond recognition—another example, I am afraid, of wasteful Washington spending run amok.

The question is not whether the State Children's Health Insurance Program will continue. Even after the President's veto, as my colleagues know, we passed a continuing resolution which would continue the current program through November 16. I know today that if we had an opportunity to vote on a continuation of the current program as targeted, it would pass

unanimously in the Senate. But rather than take care of business, rather than do our jobs, unfortunately this has degenerated into political gamesmanship, where the House leadership, Speaker PELOSI and others, have decided that rather than have the vote on the override of the President's veto, which they know will be sustained, immediately they have decided to put it off until October 18 in order for the political games to continue.

Obviously, this is another reason Congress's approval rating in most public opinion polls is well under 20 percent. The American people wonder why is it that Washington is not hearing what they are saying when it comes to being good stewards of the taxpayers' dollars, when it comes to making sure the money we do spend that they earn and which is transferred to the U.S. Treasury is spent efficiently and effectively on important programs we all support as opposed to these programs being used essentially as a Trojan horse for other objectives.

The final concern I have about this vast expansion of the SCHIP program—a 140-percent increase over the current program—is it clearly represents another step toward a Washington-controlled health care system, something I think would be a tragedy for our country. Eventually, it would crowd out the private sector and the choice and the individual decisionmaking Americans can make with their own health care provider to determine what is in their best interest, what kind of treatment they want to have for their health care needs, as opposed to turning that over to Government bureaucrats.

There are three things I can guarantee will happen when Washington makes all the health care decisions. No. 1 is, it will be expensive. It will not be free, or I should say you would be surprised at how expensive "free" health care turns out to be in terms of the tax payments that will be required to support it.

Secondly, I will tell you that a Washington-controlled health care system will be excessively bureaucratic. It is just in the nature of Washington. With central Government control for 300 million people, there will be more red tape than anybody can imagine. It will make it harder to get access to the health care that right now is readily available for virtually all Americans. The question is, how are we going to deliver it the most efficiently, not whether they can get access to it. Because we all agree they should have and do have access to health care today.

The third thing I will say is, I will guarantee once Washington makes all health care decisions, it will be controlled by rationing. The costs of health care delivery—when Washington makes all the decisions—will be controlled by rationing. What is the evidence of that? Well, if you look right now at the reimbursement rates Medicare, Medicaid, and SCHIP provide to

health care providers, who provide health care services under those programs, those reimbursement rates are much lower than private health insurance.

Where I live in Austin, TX, only 18 percent of physicians are accepting new Medicare patients. Why? It is because the reimbursement rates set by the Federal Government are so low that most doctors cannot treat new Medicare patients and keep their doors open for other business.

So if we continue down this road to a single-payer, Government-run health care system out of Washington, DC, it will be expensive, it will be bureaucratic, and it will result in rationing such as citizens of Canada and the United Kingdom currently have with their single-payer system, where the kinds of access to health care we take for granted in this country—and we can get in a matter of hours or a matter of days, at most—they have to wait months and years because of the rationing resulting from a single-payer, Government-run health care system.

That is the wrong prescription for the American people. I believe once they begin to realize this radical expansion of this program—which has a very important target audience of 200 percent of poverty, poor kids—has now been blown up into something that hardly anybody would recognize, covering middle-class Americans, resulting in a vast wealth transfer from the taxpayers to the middle class—and that it is not just a welfare benefit, but an incremental step toward a single-payer, Washington-controlled health care system—I think that would be the wrong prescription for America.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I want to spend a few minutes talking about this issue of health care and children's health care, the issue about all the politics that are involved, and the issue about the next election and how you can make somebody look bad because they do not agree that we ought to transfer a large segment of our health care to the Government.

I think it is most important that the American people ought to be asking some questions. Why is it we have a health care program that we are putting out that the President rightly vetoed that pays \$4,000 to buy \$2,300 worth of care? It is a simple question. We are going to pay \$1,700 more than we should to run it through the Government—to buy \$2,300 worth of care. That makes no sense. But whoever said Washington makes sense?

As a matter of fact, this bill is more nonsensical than any bill we have passed this year. It assumes that 22 million Americans now have to start smoking to pay the taxes that will pay for this bill. Twenty-two million? Right now we have a problem with the cost of tobacco use in this country and long-term care.

The other situation which has not been characterized is, if you look at the CBO scoring, for any one new child who goes on SCHIP under this bill, one comes off of private insurance. It is one for one. That is what the CBO says. So what we are doing is, we are asking the American taxpayers—but, actually, we are not. We are asking the very children whom we are supposedly going to give care to, to allow us to borrow money now to pay for their care so they can pay a higher tax rate 25 years from now.

This bill lacks integrity in terms of the way it pays for itself. Everybody knows that. It is another little wink and nod from Washington: Yes, we have a pay-go rule. Yes, we are going to pay for it. But, oh, by the way, it costs \$121 billion, but we are only going to tell you it costs \$35 billion. And, by the way, we don't have the tax revenues to pay for it, so we are going to lie about the tax revenues on it.

It is important that Washington start getting what America has already got; that is, how about some plain words that have to do with our health care situation? If we want to move to national health care, let's have a debate about national health care. Let's talk about the fact that in England the average length of time waiting for treatment for a cancer after it is diagnosed—they are trying to move from 10 months to 3 months. In this country it is 4 weeks. It is 4 weeks. The cure rates for cancers in this country are 50 percent to 100 percent better than anywhere else that has a nationalized health care system. Why is that? Why is it that 80 percent of all the innovation in health care in terms of new medical products, new techniques, new devices, new diagnostics come out of this country's private sector?

Let's have a real debate about national health care. But let's quit lying to the American people that in the name of children we are going to spend their future money to create a segue to national health care.

In the State of New Jersey, well over half the money for children's health care is spent on adults. In the State of Florida, 750,000 kids under 200 percent of the poverty level are not on SCHIP right now. In the State of Texas, 700,000 are not. Yet we are going to create a system to raise—it is important the American people know what 200 percent of the poverty level is. It is \$42,000 a year.

What we are saying under the present SCHIP bill—the one that has been extended with the CR—is if you as a family make less than that, we are going to help you out with your kids. But if you make more than that, you ought to be contributing.

This body does not care about kids because it voted against a premium support amendment to allow kids in these higher income families a way to buy health insurance. What we have said is no, we cannot do that. But we can certainly be dishonest about what

our intentions are in the rest of the bill.

So as the American public hears all the criticism of those who say: We don't want more Government; we want less; we want the Government we have to be more efficient, more transparent, and more accountable—as they criticize us for those positions, they are going to say we don't care about children.

Do you care about children if you are going to steal their future by undermining their ability to have a future by not paying for and growing the Government and borrowing more and more money? It cannot happen. We cannot give our children a future if we continue to be dishonest with ourselves and dishonest with the American public.

I think President Bush is right on this issue. No. I don't think so. I know he is. One of the reasons we are having difficulty at this time in our country with health care is because 52 percent of the health care now is run by the Government. Why is it a large percentage of people who are now coming on to Medicare—and in 3 years the baby boomers start coming on to Medicare—why is it the vast majority of them cannot find a Medicare physician? Why is that? Could it be that we have promised something we are not going to pay for, so we are going to reimburse at a lower level?

The next thing to come out of this body will be: If you are a physician in this country, you have to take Medicare, just as in Massachusetts you have to take Medicaid. Our health care system ought to be about freedom and choice and personal responsibility, and, yes, it ought to be about helping those who need our help. But, quite frankly, if you are making \$80,000 a year in this country, we ought to be about paying off debt rather than paying for your child's health insurance. That is what this bill does. That is what this bill allows.

So we are going to have a debate. We are going to see the political games played out. This bill will not be over-ridden in the House, and then we are going to have to come back and address it. My hope is when we address it, we will add premium support for those who are on the edge so we can help those who are in private insurance stay in private insurance, we will be honest on how we pay for it. The most disappointing thing about this bill is the lack of integrity and honesty and character in terms of the way it is paid for. It shows the depths of which we fool ourselves and play the game of politics rather than play the game of statesmanship. It is a disappointing aspect, and I would say our approval rating is well earned just on the basis of this bill.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

SCHIP VETO

Mr. WHITEHOUSE. Mr. President, as I have traveled around Rhode Island, I have met so many families who worry about health care. Will their child fall ill? Will the price of prescription drugs or a visit to the doctor go up again?

As health care costs skyrocket and the number of uninsured Americans approaches a staggering 50 million, we have a solemn obligation to make health care more accessible and affordable.

This obligation is not new. For decades, our Government has treated it as one of the most sacred promises we keep with the American people, and it has been one of our best opportunities to just plain do the right thing. Initiatives such as Medicare and Medicaid are among our greatest accomplishments. The Children's Health Insurance Program is a shining light in the American health care system, providing health coverage to millions of American children whose families could not otherwise afford insurance.

Since its creation in 1997, the Children's Health Insurance Program has given children in America's working families better access to medical care for common conditions such as asthma or ear infections, better school attendance rates, better academic achievement, better medical access, and more preventive care. It means that children stay out of expensive urgent care settings such as the emergency room. The Children's Health Insurance Program is among the singular health care success stories of our generation. That is why it has long enjoyed bipartisan support, including enthusiastic support from Republican Governors.

My State of Rhode Island has played a vital role in creating and sustaining the Children's Health Insurance Program. The distinguished Republican Senator John Chafee, whom so many of my colleagues will remember, was one of the early bipartisan architects of this bill. For years, my senior Senator, JACK REED, has been one of the most powerful advocates for this program in the Senate. I am proud to add my voice of support to his.

I am proud also to represent a State with one of the lowest rates of uninsured children and adults in the Nation. Rhode Island has worked for 15 years to achieve this success, beginning with Gov. Bruce Sundlun's establishment of the original RiteCare program in 1993. I was honored to have been part of Governor Sundlun's team.

Similar to many State programs, RiteCare relies on this funding that the President vetoed—relies on it to help families pay for regular checkups, immunizations, prescriptions, nutri-

tion and other services and to reduce the number of uninsured children in our State.

This year, leaders on both sides of the aisle came together in the Senate to make this strong, vital program even stronger. The \$35 billion agreement Congress passed last week would have brought health care to 10 million American children over the next 5 years, including adding up to 6,600 currently uninsured children in Rhode Island. We improved the program in other ways as well, adding quality dental and mental health care for children and new incentives for States to enroll more eligible children and to improve the quality of care.

But President Bush took all that away with the stroke of his veto pen. Why? Health insurance, he says, should be delivered in the private market. Well, guess what, Mr. President. The majority of children's health beneficiaries receive their coverage through private health plans. In fact, in 2005, all but two separate State children's health programs used a managed care company to provide CHIP benefits. The children's health plan does not threaten privatized health care; it is privatized health care for almost two-thirds of its enrollees. In Rhode Island, the Children's Health Insurance Program is delivered entirely through private insurers. As I have displayed here, the children's health program looks a lot like the health insurance the President has and the Senate has, and it doesn't look anything like the socialized medicine Republican opponents of this program have used as a red herring.

By the way, as a footnote on the public versus private health insurance question, maybe President Bush, who claims to be a fiscal conservative, would be pleased to learn that the small group of children's health beneficiaries who actually are in public insurance programs, cost the Government less than those who are on private insurance. In fact, publicly insured children cost taxpayers 10 percent less than privately insured children, and publicly insured adults cost 30 percent less than privately insured adults.

But the President is not persuaded by these facts. It does not matter to him that publicly insured children have a much better chance of having a well child care visit than uninsured children and a much better chance of having a dental care visit. It does not matter that practical Republican Governors across the country support this bill or that it is one of the most bipartisan achievements of this Congress. All that seems to matter to this President is ideology, and in this case, it is a bizarre ideology that doesn't think struggling, working-class families should have health care. In fact, he especially doesn't believe that struggling, working-class parents should have health care. He threatened to veto this bill based on that feature alone.

As recently as last summer at a Finance Committee hearing, his own CMS Administrator, Mark McClellan, stated—and this is a quote from the Bush administration:

Extending coverage to parents and caretaker relatives—

Parents and caretaker relatives—not only serves to cover additional insured individuals, but may also increase the likelihood that they will take the steps necessary to enroll their children. Extending coverage to parents and caretakers may also increase the likelihood that their children remain enrolled in CHIP.

Here is a copy of a letter that Administrator McClellan wrote to my home State of Rhode Island on January 13, 2006. It reads:

We are pleased to inform you that your amendment to the RiteCare section 1115 demonstration, as modified by the special terms and conditions accompanying this award, has been approved.

It also notes that Rhode Island's request to renew its demonstration project has also been approved.

And what exactly did Mark McClellan approve? Here is the next quote:

Expenditures for expanded SCHIP eligibility to individuals who, at the time of initial application, are custodial parents or relative caretakers of children eligible under the plan.

Signed Dr. Mark McClellan.

The Bush administration approved the program in Rhode Island for custodial parents and relative caretakers. Yet the President is shocked—shocked—that this program may cover some adults.

President Bush, you authorized the coverage for these adults over and over, State by State, through your Cabinet Secretary overseeing this problem. Your argument, sir, is with yourself.

All I can say is you were right the first time, before you took this shameful ideological U-turn.

Setting aside reason, setting aside the security and peace of mind of countless working-class families, driven by ideology, President Bush lifted his veto pen for only the fourth time in his Presidency and struck down the Children's Health Insurance Program. His reason this week: Because it costs too much.

In other words, the same administration that in 1 year, in 2008, will spend \$70 billion to pay for the Bush tax cuts for the top 1 percent of income earners, thinks it is too much to spend half that much over 5 years to provide billions of American children affordable health care. Said another way, the annual cost of Bush tax cuts for the superrich is 10 times the annual cost of this bill for children's health care, and he says he vetoes it over its cost.

The same administration is spending more than \$10 billion each month in Iraq, with no plan for ending the war and bringing our troops home, an administration that is now asking for 200 billion more dollars for the war this coming year, refuses to spend \$35 billion over the next 5 years to provide