not enrolled in the Children's Health Insurance Program even though they are eligible. Today, this Congress has an opportunity to change that by passing legislation that will expand the program to 4 million additional kids.

At a time of rising unemployment, passing this legislation is more important than ever. In this economic recession, more and more parents are having difficulty finding affordable health insurance for their children. The need for this legislation grows every day. And this legislation is fully paid for so it will not increase the Federal deficit.

It is especially important for my home State of New York which has 402,000 uninsured kids. Imagine that. Nearly 10 percent of the national total. And I therefore thank the sponsor, Congressman FRANK PALLONE, and the Chairmen WAXMAN and MILLER for their work on this bill.

Madam Speaker, this legislation has received strong bipartisan support in the past for a reason, and I urge my colleagues to vote for it today.

□ 1030

DATA AMENDMENT

(Mrs. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY. Madam Speaker, taxpayers want to know where the first $350 billion of the bailout TARP money has gone; so does Congress. The independent General Accounting Office concluded that Treasury has not set up any policies and procedures to ensure that TARP funds are being used as intended. I am therefore putting in legislation to require Treasury to collect, analyze and report to the TARP oversight entities data on what recipients of the TARP money are receiving, and to let them analyze exactly where this money is going. I am proposing this in the form of an amendment to H.R. 384, which may be on the floor this week.

This amendment subjects TARP recipients to additional, but appropriate, scrutiny of their activities. It provides the entities charged with overseeing the TARP, including Congress, the tools they need to analyze exactly where our taxpayer money is going. I urge my colleagues to support it.

SCHIP

(Mr. PETERS asked and was given permission to address the House for 1 minute.)

Mr. PETERS. Madam Speaker, today the House will consider legislation to expand the State Children's Health Insurance Program and provide health insurance coverage for more than 11 million children nationwide.

The current recession makes this legislation particularly important. Children living in low-income families in Michigan rose a staggering 40 percent between 2000 and 2007. Parents are losing their jobs and their health insurance. And kids who do not have health coverage forgo regular checkups and preventive t reatments. They miss more school days, and are less likely to finish high school. And untreated health problems can severely impact a young child's development. SCHIP provides a lifeline for children so that they can be healthy kids who have the opportunity to grow into healthy productive adults.

The SCHIP bill we will consider today is fiscally responsible. It is more cost-effective for taxpayers to provide proper care for our kids rather than footing the bill for unnecessary emergency room visits. Passing this legislation is the right thing to do for our Nation's kids.

INVESTING IN AMERICA'S COMPETITIVE ADVANTAGE

(Mr. PERRIELLO asked and was given permission to address the House for 1 minute.)

Mr. PERRIELLO. Madam Speaker, I rise today to support an economic recovery based on investing in America's competitive advantage.

Voters in Virginia's Fifth District sent me here because they recognize two things: First, we need fundamental change to revitalize this country's economy; and second, there are no shortcuts to getting there.

Somewhere along the way the world economy changed, but government responses stayed the same. The result in my district has been years of declining jobs, declining wages, and rising health care costs. These economic woes are now confronting the Nation as a whole, and we face an urgent moment as we lose half a million jobs every month.

We need a recovery strategy immediately, but this plan must be based on investment, not just throwing money at the problem. This crisis reflects a failure of confidence and will only be solved by its restoration. You restore confidence by fixing problems, not by pretending they aren't there.

The distinction between stimulus and recovery means more to economists than to our actual economy. I believe our Nation's economy will recover only through a visionary strategy for rebuilding America's competitive advantage. That means real commitment to investing in our workforce, our infrastructure, our innovation, and the new energy economy, and that must include investment in our small towns and rural communities.

This investment will be the guidance that our constituents need to create American jobs and turn this economy around.

PROVIDING FOR CONSIDERATION OF H.R. 2, CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009

Mr. HASTINGS of Florida. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 52 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 52

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance 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 bill shall be considered as read. All points of order against the bill are waived. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit.

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

Mr. HASTINGS of Florida. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas, my friend, Mr. SESSIONS. All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Mr. HASTINGS of Florida. I ask unanimous consent, Madam Speaker, that all Members have 5 legislative days within which to revise and extend their remarks and to insert extraneous materials into the RECORD.

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

There was no objection.

Mr. HASTINGS of Florida. I yield myself such time as I may consume.

Madam Speaker, H. Res. 52 provides a closed rule for consideration of H.R. 2, the Children's Health Insurance Program Reauthorization Act of 2009.

I really am honored and privileged to have the opportunity to present this rule to the body. The rule provides 1 hour of debate, equally divided among and controlled by the chairperson and ranking minority member of the Committee on Energy and Commerce and the chairperson and ranking minority member of the Committee on Ways and Means.

Madam Speaker, the SCHIP reauthorization bill of 2009 is a fiscally responsible way to revive our commitment to providing America's low-income children with the quality health care they need and deserve. The bill authorizes $32.3 billion over 4½ years to cover the seven million children who currently rely on SCHIP, and extends coverage to more than four million low-income children who are currently living without health care. The bill offers comprehensive and wide-ranging care that includes mental, dental, prenatal, and maternal health services.

The underlying bill also supports a multifaceted approach to increasing health insurance enrollment. It provides States with incentives to lower

the number of uninsured children and authorizes $100 million in grants for new outreach programs in schools and community-based organizations.

Additionally, the bill fights geographical health disparities by offering additional support to underfunded States that meet these enrollment goals, and improves reporting on State health conditions.

Lastly, this bill has provisions that ensure that SCHIP prioritizes children who legally reside in the United States. The bill prohibits new waivers that would cover parents, phases out SCHIP coverage for parents and childless adults, and includes measures that prevent payments to unlawful immigrants.

Madam Speaker, when all 50 States, the District of Columbia and five territories—and perhaps the sixth, the Northern Marianas, now that they're included—gave children health care under SCHIP, our government exemplified our Nation's commitment to equal opportunity. SCHIP has prevented millions of low-income children from suffering under our country's flawed health care system for over 10 years. And adequately supporting and expanding this valuable program is even more imperative during these hard economic times.

Madam Speaker, the '08 financial crisis exacerbated our longstanding health care crisis. Last year, skyrocketing gas and food prices and the plummeting job market made it difficult for lower and middle income—indeed, for all Americans—to finance their everyday needs, importantly, including health care.

In a country where a large portion of people receive health care insurance through their employer, it comes as no surprise that when the economy and job markets plunge, the number of uninsured Americans soars, and children frequently pay the highest price. Even prior to last year's economic crisis, the number of children who depended on SCHIP and Medicaid was increasing.

Madam Speaker, the facts are clear: One in nine American children are uninsured. And this issue hits close to home. Florida was ranked 45th in the Nation in terms of overall health. Like other low-ranking States, Florida has a large uninsured population and a high rate of child poverty. In fact, Florida has the second largest number of uninsured children in the country.

Although these statistics are inexcusable, our current President's failure to address the alarming number of uninsured children in this country was and is an outrage. The President committed an egregious action, in my opinion, against our children when he repeatedly vetoed the bipartisan SCHIP Reauthorization Act of 2007. For many States, the annual funds allotted to State SCHIP programs were on the verge of depletion, and the welfare of millions of children depended on whether Congress and the President would agree to adequately finance SCHIP. President Bush's action sent a devastating message. The leader of the free world was willing to put the lives and welfare of millions of American children at risk.

Now, in this new Congress, and with a new administration, we have the power, the political will, and the opportunity to make a different choice. Like-minded Democrats and Republicans and independents understand that fighting the epidemic of uninsured people in this country is a fundamental component of restoring our economy. We know that SCHIP and other health care programs decrease costly emergency room visits and invasive medical procedures. We know that extending health care insurance helps to combat the social, economic and health disparities that continue to divide our Nation and hinder our progress. And we know that healthy children are better equipped to compete in school and help America compete in the global market.

Simply put, we cannot have a healthy economy without healthy people. And this must begin with our children. I urge adoption of this rule and passage of the underlying legislation.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, I want to thank the gentleman from Florida as we begin a new year and a new Congress with an opportunity to work not only with the gentleman, but also my colleagues from the Rules Committee, and you, Madam Speaker, during this new Congress. And I thank the gentleman for yielding me the time that he has done.

Madam Speaker, I rise today in strong opposition to this rule and to the ill-conceived underlying legislation. I think the premise that I have heard my friends on the other side of the aisle talk about today of making sure that we just expand this program to meet every single need of every single child is not what this program was designed for, and a $35 billion expansion of the program will help bankrupt this country and the States that try and provide the services also.

I do not support this bill or the way it has been brought to the floor either. My Democrat colleagues on the other side of the aisle who promised to be the most open and honest ethical Congress have once again given Republicans absolutely no say in the process, and they are completely disregarding President-elect Obama's promises to work together to solve the problems of this country.

Today, House Democrats have once again chosen to force their own legislation through a biased rule that we are here debating on the floor of the House right now. This bill has been brought to the floor today without one committee hearing or markup. The current SCHIP program expires on March 31, and so I would ask my colleagues, why aren't we having hearings? Why aren't we having input from House Members? Why aren't we consulting Republicans in this process? In fact, Republicans only received the text yesterday morning. And today's rule once again limits the Republican opportunities for any chance of reform or ideas, confirming the Democrats' plans to govern this House without any input from Republicans.

□ 1045

Democrats over the past few years have demonized me and my Republican colleagues for not expanding the current State Children's Health Insurance Program to unprecedented levels, and they continue to cry out that Republicans are anti-children. I would like to remind them that it was a Republican Congress that initiated this program over a decade ago. It was begun to make sure that children that had no health coverage could gain that coverage.

However, my colleagues and I recognized the need for SCHIP, and we see that we need to help low-income, uninsured children whose families earn too much to qualify for Medicaid but not enough to buy private coverage. For that reason SCHIP was created and today covers about 6.7 million children in our country.

However, today we find that the Democrats' proposed $35 billion expansion of a program that has not yet accomplished its original intent is now being taken to unprecedented levels by my friends on the other side of the aisle. My Democrat friends want to continue to push their government-run health care agenda even though this legislation moves some 2.4 million children who are currently on private health insurance to an inferior public program with less access.

I'll repeat that. The numbers that my friends have been talking about of expanding this to children across this country, 2.4 million of them already have private insurance.

That's a mistake. It's a mistake. So now what we're looking at is that Medicaid programs facing extreme shortfalls and physicians who are scaling back on Medicaid and SCHIP patients due to extremely low reimbursement rates will now take on these additional children.

Why would we want to subject 4 to 6 million more children to this kind of care? Madam Speaker, it seems like my Democrat colleagues are putting their agenda first, not our American children.

This legislation turns an innovative idea on its head by increasing government spending exponentially, leaving taxpayers to foot the bill when their budget gimmicks fail to create the necessary ability to fund properly these programs. This bill has no income limits for eligibility. None. And it allows coverage for families making up to $83,000 a year and has no annual authorization limit and allows States to decide who qualifies, leaving adults and illegal immigrants to compete against low-income American children.

Madam Speaker, it should be important that we should meet the current goals of the program and expectations before we expand that program. For that reason some of my Republican colleagues and I sent a letter to our new President-elect, President Obama, and Speaker PELOSI outlining what we think Republicans would like our Democrat colleagues to understand and consider before expanding the current SCHIP program. I would like to include this as part of our deliberations today.

CONGRESS OF THE UNITED STATES,
Washington, DC, January 12, 2009.

President-elect BARACK OBAMA,
Presidential Transition Office,
Washington, DC.

Hon. NANCY PELOSI,
Speaker, U.S. Capitol,
Washington, DC.

DEAR PRESIDENT-ELECT OBAMA AND SPEAKER PELOSI: Thank you for expressing your desire to work with us to address the needs of the American people. We recognize that reauthorizing the State Children's Health Insurance Program (SCHIP) is an early legislative priority, and we hope that you will consider this legislation to be one of the first opportunities for bipartisan cooperation.

During the last Congress, significant efforts were made in an attempt to address concerns raised by House Republicans about how the underlying bills would impact uninsured children. Despite the progress that was made, there are still a few outstanding issues that we hope you agree should be addressed when we work to reauthorize the program this year:

SERVING ELIGIBLE LOW-INCOME CHILDREN FIRST

SCHIP is intended to serve those that are neediest first. As low-income families continue to face more economic insecurity, providing access to affordable health care coverage, regardless of any job change or displacement, should be our first priority. The legislation should demand success from the states in enrolling poor and low-income children below 200 percent of the federal poverty level, especially those who are currently eligible for Medicaid and/or SCHIP, but are not yet enrolled. Demanding success from the states could be as simple as requiring that states meet a threshold of enrollment before further expansions. Nearly all the states have demonstrated over the past year to the Centers for Medicare and Medicaid Services that meeting this standard is indeed possible.

Furthermore, in the current economic environment, several states have indicated that they will be experiencing shortfalls that could impact their ability to provide Medicaid benefits and services. Asking states to expand their SCHIP program before they are able to finance their existing Medicaid program would be a mistake. Expanding SCHIP to higher income families will only exacerbate the real access to care problem in the Medicaid program.

CITIZENSHIP STATUS

We believe that only U.S. citizens and certain legal residents should be permitted to benefit from a program like SCHIP. We also think it is fair to say that both parties believe that our immigration system is broken. That is why it is so important that the legislation include stronger provisions to prevent fraud by including citizenship verification standards to ensure that only eligible U.S. citizens and certain legal residents are enrolled in the program.

PROTECTING PRIVATE INSURANCE OPTIONS

We agree that those with private coverage should not be forced into a government-run plan. SCHIP legislation should focus expansion efforts on children who are currently uninsured instead of moving children who have private health insurance options into government-run health insurance. Moving a child from private health insurance to government-run health insurance should not be part of your stated goal of providing SCHIP for 10 million children, a number we assume to be targeted towards low-income uninsured children.

STABLE FUNDING SOURCE

In order to guarantee access to the program and long term stability, SCHIP should be funded through a stable funding source, not budget gimmicks. Further, the legislation should not include extraneous provisions unrelated to SCHIP that limit patient choice or prohibit access to quality medical care. Our nation's Governors need a stable SCHIP program so they may properly budget. Every American faces the crushing burden of a declining economy. This should not be a time Congress raises taxes, especially on the poorest Americans, to finance program expansions as part of the SCHIP reauthorization bill.

We believe these to be critical elements to improve this vital program that if fully incorporated would dramatically increase bipartisan support for the legislation. Thank you for the consideration of this request. We look forward hearing from you and working with you towards a bipartisan agreement.

Sincerely,

Robert Aderholt, Steve Austria, Michele Bachmann, Spencer Bachus, Gresham Barrett, Roscoe Bartlett, Joe Barton, Judy Biggert, Gus Bilirakis, Rob Bishop, Marsha Blackburn, Roy Blunt, John Boehner, Mary Bono Mack, John Boozman, Charles Boustany, Kevin Brady, Paul Broun, Henry Brown, Ginny Brown-Waite, Michael Burgess, Dan Burton, Steve Buyer, Ken Calvert, Dave Camp, Eric Cantor, John Carter, Bill Cassidy, Jason Chaffetz, Howard Coble, Mike Coffman, Tom Cole, Michael Conaway, Ander Crenshaw, John Culberson, Geoff Davis, Nathan Deal, David Dreier, Mary Fallin, Jeff Flake, John Fleming, Randy Forbes, Jeff Fortenberry, Virginia Foxx, Trent Franks, Rodney Frelinghuysen, Phil Gingrey, Louie Gohmert, Bob Goodlatte, Kay Granger, Sam Graves, Ralph Hall, Doc Hastings, Dean Heller, Jeb Hensarling, Wally Herger, Peter Hoekstra, Duncan Hunter, Bob Inglis, Darrell Issa, Lynn Jenkins, Sam Johnson, Walter Jones, Jim Jordan, Steve King, Jack Kingston, Mark Kirk, John Kline

Doug Lamborn, Christopher Lee, Jerry Lewis, Blaine Luetkemeyer, Cynthia Lummis, Daniel Lungren, Don Manzullo, Kevin McCarthy, Thaddeus McCotter, Patrick McHenry, John McHugh, Cathy McMorris Rodgers, Jeff Miller, Sue Myrick, Devin Nunes, Pete Olson, Erik Paulsen, Mike Pence, Joe Pitts, Todd Platts, Ted Poe, Bill Posey, Tom Price, Adam Putnam, George Radanovich, Hal Rogers, Mike Rogers, Thomas Rooney, Peter Roskam, Paul Ryan, Steve Scalise, Jean Schmidt, Aaron Schock, James Sensenbrenner, Pete Sessions, John Shadegg, John Shimkus, Bill Shuster, Michael Simpson, Adrian Smith, Lamar Smith, Cliff Stearns, John Sullivan, Lee Terry, Glenn Thompson, Patrick Tiberi, Fred Upton, Greg Walden, Zach Wamp, Lynn Westmoreland, Ed Whitfield, Joe Wilson, Robert Wittman

The first priority should be to make our Nation's poorest, uninsured children covered. This is the intent of the program, and we should fulfill that program and that goal. Currently, at least two-thirds of children who do not have health insurance are already eligible for Federal help through either SCHIP or Medicaid. We should enroll these children first before expanding to higher income brackets.

The second priority is to ensure that SCHIP does not replace or significantly impact those who already have private health insurance with a government-run program. Last year Hawaii created a new government-financed program to fill the gap between private and public insurance in an effort to provide universal coverage for children. But State officials soon found that families were dropping private coverage to enroll their children in the government plan. The Governor of Hawaii terminated the plan when she realized Hawaii could not and should not subsidize the cost for children already receiving private health insurance.

Madam Speaker, should this legislation pass, we know that 2.4 million more children will be ''crowded out'' from their private insurance plan and moved to SCHIP. In days where Congress is faced with a second $350 billion bailout plan and a possible $1.3 trillion stimulus package, is the Federal Government in any financial shape to be financing health care costs for children who are already receiving private health insurance?

Lastly, a citizenship verification standard is critical to ensuring that only U.S. citizens and certain legal immigrants are allowed to access the taxpayer-funded benefits, not illegal immigrants. The underlying legislation offers no safeguards to ensure American children come before illegal immigrants.

Republicans understand how important and personal health care decisions are for individuals and families. We believe in freedom of choice, and allowing patients and doctors to make health care decisions, not government bureaucrats, is the direction we should go. Allowing for a tax credit or tax deduction for the purchase of health care insurance would give an individual or a family the choice of an affordable health care plan that fits their needs.

Said another way, a family and their children should be able to choose their own doctor and go to that doctor day in and day out, not simply to have to shop to find what is then available through a government-run program. This would bring the ownership and control back to the individual and the family.

Madam Speaker, additionally, if we allow individuals to purchase health insurance across State lines and let businesses and associations band together to purchase insurance, we guarantee choice, portability, and flexibility for families and employees. Rather than limiting choice like my Democrat colleagues, Republicans strive for quality, affordable health care for every single American.

Madam Speaker, another fatal flaw with this huge government expansion is how our Democrat colleagues are going to pay for this plan. The proposed budget uses gimmicks to comply with PAYGO rules, masking the true cost of the expansion. Democrats will increase taxes on cigarette packs by 61 cents to $1 and included taxes on cigars of up to $3 to come up with the majority of the $35 billion expansion. The problem is that this tobacco tax disproportionately burdens low-income Americans because the majority of smokers are young adults and individuals and families making less than 300 percent of the Federal poverty level. To produce the revenues that Congress needs to fund the $35 billion SCHIP expansion would require a tax for 22.4 million new smokers by 2017 or 80 percent of the beneficiaries would lose coverage in 5 years. That means that we are going to tax these users and rely on that stream of revenue that will be diminishing very quickly. That is not a responsible way to fund the program.

Eliminating physician ownership and health care practices is another way that the Democrats plan to pay for expansion. The current state of our community hospitals is in disarray. Community hospitals are overcrowded and understaffed. Physician-owned hospitals run more efficiently, have higher patient satisfaction and higher quality outcomes than their community counterparts. Yet my friends on the other side of the aisle want to eliminate that option for individuals. So while dumping children in a government-run health care plan, they also want to limit health care choices for everyone by eliminating physician-owned facilities.

Rather than limiting choices, Congress should be in the business of creating more avenues and opportunities for individuals and families to find affordable insurance for their choices that provides them and leads them to quality care. This legislation does the opposite.

I encourage my colleagues to oppose this rule and the underlying legislation.

Madam Speaker, I reserve the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 3 minutes to the distinguished gentlewoman from California, my colleague and good friend on the Rules Committee, Ms. MATSUI.

Ms. MATSUI. I thank the gentleman from Florida for yielding me this time.

Madam Speaker, I want to commend Chairman WAXMAN, Chairman DINGELL, and Chairman PALLONE for their efforts in crafting this bill.

Madam Speaker, these are uncertain times. Families are struggling to make ends meet. Medical bankruptcy is on the rise.

While the future may be cloudy, our responsibility to our Nation's children is clear. We are charged with ensuring that every child in America has affordable health care. Democrats in Congress take this responsibility seriously, Madam Speaker. So does President-elect Obama. And so do I.

We take it seriously because of stories like the one told to me by a constituent of mine named Suzy. When Suzy's nephew was 1 year old, his mother no longer qualified for Medicaid. As a result, her little boy could not see a doctor for 6 months. Imagine 6 of anxiety and worry around high fevers, coughs, unexplained rashes, wondering if there was a serious illness involved. But once he was enrolled in SCHIP, Suzy's nephew got the care that he needed. Suzy put it best herself when she said, ''Children should never suffer because their parent or guardian cannot afford medical insurance.''

That is why today's legislation is so critical, Madam Speaker. During one of the most uncertain periods in our country's history, it says to 11 million of America's children that health care for you is guaranteed. It expands coverage for pregnant women and reverses arbitrary rules that keep needy children from health care they deserve. The Children's Health Insurance Program Reauthorization Act is a victory for millions of children and their families. It's also a victory for us as a Nation. For when more of our children grow up healthy, our country is strengthened and the American Dream is preserved.

I urge each of my colleagues to support this legislation.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 2 minutes to the ranking member of the Rules Committee, the gentleman from San Dimas, California (Mr. DREIER).

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

Mr. DREIER. I thank my friend for yielding.

Madam Speaker, I will say that I don't know of a Democrat or a Republican who has not been inspired by President-elect Barack Obama's statement that he wants to reach out and work in a bipartisan way. I am convinced that he is very sincere in his quest to bring us together to deal with very important challenges that our Nation faces.

What we're dealing with here today is a reversal, frankly, even before he takes the oath of office in 6 days, of exactly what he's trying to do. As my friend from Dallas has pointed out, this is a completely closed process, denying us, Democrat or Republican alike, an opportunity to participate. Let's look at the history of this program.

The State Children's Health Insurance Program was put into place as we proudly in a bipartisan way worked to reform the welfare system in the mid 1990s. And what happened? We wanted to ensure that those who were on Medicaid as they gone onto the first rung of the economic ladder that they would have an opportunity to keep their children with the kind of health care that was needed. Our goal has been to ensure that the children of the working poor have access to quality health care.

And yet this program, unfortunately, as Mr. SESSIONS has just said, takes 2.4 million children who are presently receiving private health care and it incentivizes them to go into a government program. It also takes the adults, people up to the age of 25, and allows them to be part of this program. It imposes a massive tax increase on hospitals, which I think is just plain wrong. And it's a program which creates the potential for people who are in this country illegally to benefit. Now, I know that there are statements that it won't, but many reports have indicated that that is a threat that is there. And it also creates an opportunity for the children of wealthy families, families earning in excess of $80,000 a year, to benefit from this program.

□ 1100

We need to have a good State Children's Health Insurance Program. This is not it.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 1 minute to the distinguished gentlewoman from Florida, my colleague on the Rules Committee, who is also going to be on the committee of jurisdiction real soon, and we are going to miss her on the Rules Committee, Ms. CASTOR.

Ms. CASTOR of Florida. I thank my good friend and colleague from Florida.

Madam Speaker, I rise in support of H.R. 2 and this rule that will provide millions of children across America with affordable health care at a time when families have been particularly hard hit by the economy. What good news for all Americans that one of the first bills President Obama will sign will be one that improves access to quality, affordable health care and reduces the cost of health care for families.

More affordable health care is central to our economic recovery and it is fundamental for families. A healthy child is more likely to succeed in life. A healthy child is a healthy student. Healthy students become productive adults. A healthy child means more productive parents who do not miss work.

Here we ensure that newborn babies receive the medical checkups and immunizations they need, ensure that toddlers and children are taken care of as they grow, ensure that we all save money through preventive care, particularly diabetes and asthma. Yet, despite all that we understand about the importance of healthy kids, millions of children and their families cannot afford——

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. HASTINGS of Florida. I yield the gentlelady an additional 15 seconds.

Ms. CASTOR of Florida. Families are working hard to make ends meet, but

they are coming up short when it comes to health care.

I would especially like to thank Speaker NANCY PELOSI, who never gave up and kept her promise that in the first few days of a new Congress with a new President the health of America's kids and the pocketbooks of hard-working American families would be paramount.

Suffering through President Bush's opposition over the past years has been very costly and we have lost ground. In Florida alone, over 800,000 children lack health insurance, and that's the second highest rate in the U.S. It's more than the population of some States and it is growing. The lack of affordable health care for these working families is making it more expensive for everyone.

Families are working hard to make ends meet, but they are coming up short when it comes to health care. This bill makes it easier for parents by eliminating costly bureaucratic red tape. When more kids visit a doctor's office for medical care, we also reduce the strain on crowded local emergency rooms and cost of health care for everyone.

Mr. SESSIONS. Madam Speaker, you know, it's pretty incredible. A number of speakers that we've had here today sat through the hearing yesterday and understood that this bill is not going to become law anytime soon. Yet we are down on the floor of the House of Representatives touting how this will be the first bill that our new President, President Barack Obama, will sign; and yet, testimony in the Rules Committee yesterday, a full admittance that we don't know whether this is all going to make it or not. It will be interesting to see.

Madam Speaker, at this time I would like to yield 2 minutes to the gentlewoman from Energy and Commerce, Mrs. BLACKBURN.

Mrs. BLACKBURN. Madam Speaker, I do rise to oppose the rule and also to oppose H.R. 2 that is covered in this rule.

One of the reasons is, indeed, the process. We have heard mention of it being a closed process and a closed rule, as indeed it is, and that doesn't speak to any type of bipartisanship. I had what I thought was a very germane amendment which was not allowed.

Madam Speaker, what this would have done was to phase out coverage, phase out coverage for nonpregnant adults. Now, this bill is SCHIP, the State Children's health insurance Program. It is to cover low-income children. But we have a majority in charge in this House that is not taking this bill to the health subcommittee. It is not taking it to Energy and Commerce Committee. It is bringing it straight to the floor.

In this bill that you will vote on is coverage, expanded coverage for adults. That, indeed, is unfortunate.

As we have heard, there also are tax increases. There is a $70.8 billion tax increase over the next 10 years in this bill. It is tobacco taxes. The Congressional Research Service, which is nonpartisan, calls tobacco taxes the most regressive of the Federal taxes. That is included as a pay-for in this bill for expanded coverage and changing of a block grant program that has worked successfully for low-income children, changing it to an entitlement program.

There are a list of reasons to oppose this bill. Weakening of eligibility requirements, weakening of section 211, weakening of your proof of citizenship, proof of who you are, weakening those requirements. All of that dilutes the purpose of the SCHIP program. It dilutes the coverage of health care for low-income children.

Oppose this rule. Let's do this right.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 2 minutes to my good friend from Ohio, the distinguished gentlewoman, Ms. SUTTON, a member of the Rules Committee, also soon to be a member of the Commerce Committee and will be sorely missed on our Rules Committee.

Ms. SUTTON. I thank the gentleman for the time and for his leadership on this critical issue.

Madam Speaker, I rise in strong support of the Children's Health Insurance Reauthorization Act. This legislation is long overdue for our Nation's children.

I want to share a story about a girl from my district that puts this issue all into perspective. I met Rose and her mother at an event one weekend back in my district in Ohio, and I will never forget the moment her mom introduced her to me. She looked up at me full of hope and she, in a moment, reached out and she hugged me.

After Rose walked away, her mom explained to me that her daughter had cancer and was preparing for a bone marrow transplant. Before I could even digest what her mom was saying that their family was going through, Dawn, her mother, said, when are you guys going to pass SCHIP, because Rose has insurance, but there are a lot of kids in this country who don't, and they deserve the same opportunity for a future.

Dawn was right, nearly 9 million children in this country do not have health insurance. Those kids need the same opportunity to have the health care that they need. In the midst of fighting cancer with her daughter, Dawn found the courage and compassion to look beyond her struggle to stand up for kids across this Nation without health insurance.

I share this story with my colleagues because today we have the opportunity to look beyond all differences to finally pass this legislation. This bill will allow an additional 4 million children across this country, which includes 200,000 children in Ohio, to obtain health insurance.

The urgency could not be more clear. With an ailing economy the population of uninsured is growing, and we know that a 1-percent increase in employment is projected to increase the number of uninsured by 1.1 million kids. In these difficult economic times, the least we can do is make sure that our children have access to the health care they need and deserve.

I am pleased to report that Rose has received her bone marrow transplant and her eyes and her future are bright. Let's do the same for the rest of America's kids.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 3 minutes to the gentleman from the Energy and Commerce Committee, Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding.

Madam Speaker, I rise in strong opposition to the closed rule, as well as the present form of the underlying legislation, H.R. 2, the Children's Health Insurance Reauthorization Act of 2009.

It goes without saying that I am a strong advocate of the original SCHIP. In my nearly 30 years of being an OB/GYN doctor, I delivered over 5,000 children, and I know how important it is that the Federal Government play a role in providing health care to low-income kids.

At the same time, we must pass legislation that first reaches those who are the most in need of assistance, those whose family incomes are between 100 and 200 percent of the Federal poverty level, the original intent of the bill.

But, unfortunately, Madam Speaker, despite the spirit of bipartisanship that both President-elect Obama and Speaker PELOSI have espoused, this bill merely represents business as usual for the Democratic majority. Due to this highly restrictive closed rule, my Republican colleagues and I will not have the opportunity to improve the bill that will affect millions of children across the country and in our districts.

I had such an amendment that was not made in order by the Rules Committee. My amendment would have addressed a very important problem with current law that H.R. 2 overlooks, the practice of States, 13 of them, using loopholes to allow people to disregard significant portions of their income to make them eligible for SCHIP and Medicaid as well. At the same time, some of these very States have been ignoring the children who demonstrate the most need for these programs, those between 100 and 200 percent of the Federal poverty level.

Madam Speaker, my commonsense amendment would do this, it would institute a gross-income cap of 250 percent of the Federal poverty level for SCHIP and Medicaid eligibility, and it would limit any income disregards to a maximum of $250 a month or $3,000 a year. This amendment would grandfather in those individuals already receiving SCHIP and Medicaid funds so that we do not deprive current beneficiaries of health care.

However, we are not going to get the chance, unfortunately, or any other thoughtful amendments that were offered by my Republican and Democratic colleagues, because the Democratic majority leaders wish to contradict the bipartisan spirit that they touted only a week ago.

Therefore, Madam Speaker, I urge all of my colleagues to oppose this closed rule and the underlying legislation. We could have made it better with amendments from both Republicans and Democrats.

Mr. HASTINGS of Florida. Madam Speaker, would you be so kind as to inform both sides as to the remaining amount of time.

The SPEAKER pro tempore. The gentleman from Florida has 18¼ minutes remaining and the gentleman from Texas has 11½ minutes remaining.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield for his first floor speech to a gentleman that is going to be on the Rules Committee real soon, the distinguished gentleman from Colorado (Mr. POLIS), for 1 minute.

Mr. POLIS of Colorado. Madam Speaker, I can think of no more important issue to make my first floor speech on.

I rise in support of the Children's Health Insurance Program Reauthorization Act, and I want to thank Speaker PELOSI, who has been an unrelenting champion of this issue. I also want to thank Chairman RANGEL and Chairman DINGELL for sponsoring the legislation in the 110th Congress, and Chairman WAXMAN for his leadership on this important issue.

I have already received numerous letters and contacts from constituents who are worried about loss of health care coverage. We have heard from those who have lost their health care coverage or fear they could lose it because they can't afford it. The lack of affordable health care in this country for families is a problem we cannot afford to ignore.

We must ensure that this legislation passes the House and Senate and reaches the new President's desk as soon as possible. This legislation would provide health care coverage for more than 11 million children. In Colorado, there are over 100,000 uninsured children who are eligible for SCHIP and Medicaid but are not yet enrolled. This is critical for our State and for our country.

Children can't help what family they are born into. To ensure that every American has the opportunity to succeed, we need to make sure that children have access to health care insurance regardless of their family background. This is an opportunity to protect millions of children who do not have a voice and safeguard their future, and that's why I urge you to support this legislation.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 1½ minutes to the gentlewoman from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. I thank the gentleman, Mr. SESSIONS, for yielding me this time, and I rise in opposition to the rule.

Madam Speaker, as many of my colleagues know, I am a strong supporter of SCHIP and worked for many months during the previous Congress to bring Republicans and Democrats, both House and Senate Members, together to work out a compromise, bipartisan bill that would expand the program of SCHIP responsibly while ensuring that poor American children remain a top priority in all States.

I know that I am not alone in supporting a renewal and expansion of this important program to serve more low-income children, and I know that Members on both sides of the aisle believe that SCHIP should cover our most vulnerable children first. These children are in families 200 percent or lower of the poverty level.

So last night I went to the Rules Committee with an amendment that would do just that, put poor children first, cosponsored by a number of my colleagues, and would do three things.

First, it would require States to collect data on their success in covering these low-income children.

Second, it requires that all States draft and implement a plan that works towards reducing the uninsured rate among low-income children. I would ask the Secretary of Health and Human Services to approve these plans if they are reasonable.

Finally, I would ask States to reduce to 10 percent or less the uninsured rate among children and families, 200 percent and below the poverty level.

Until States have met this 90 percent coverage goal, they would be prohibited from using SCHIP funds to provide benefits to newer populations at higher level incomes. This is a commonsense way that we can ensure that States are using taxpayer dollars wisely and getting health care to the kids that need it most.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 2 minutes to my good friend, the distinguished gentleman from Texas (Mr. EDWARDS) who, when this program had its inception in 1997, was an original cosponsor of this legislation.

Mr. EDWARDS of Texas. Madam Speaker, on Monday, 2 days ago, I was visiting in a rural newspaper office in Glen Rose, Texas, in my district. I was discussing the Children's Health Insurance Program when one of the employees there, Lindsey Brewer, heard of our conversation and asked if she could say something.

In deeply heartfelt words, Lindsey told me that her 9-year-old daughter, Amalie, has had leukemia for the past 2 years. You see, Lindsey and her husband both work, but like millions of hard working Americans, they don't have health insurance because their employers can't afford it.

□ 1115

Despite their modest combined annual income, with both parents working, their income of under $50,000, the Brewers were devastated to find out they were told they were ineligible for the CHIP program. The Brewers are two hardworking, loving parents, who through no fault of theirs or their daughter's are facing medical bills totaling $100,233 and growing every single day.

The Brewers don't want welfare. They want to work and be good role models for Amalie and her two brothers. That is why I consider CHIP to be pro-family and pro-work. I met Amalie this week after hearing her story. This is her photograph. She is a beautiful little third grader, making straight A's and working in karate class.

This bill isn't about all the various rules and procedures that have been discussed. This bill is about Amalie Brewer and her future. It is about her family and their future. It is about honoring the values, the pro-work values of Mr. and Mrs. Brewer and millions of other parents like them.

Madam Speaker, I would ask every Member one question before they vote on this bill today: If Amalie Brewer were your child or your granddaughter, how would you vote? I hope the answer is ''yes,'' because the Brewer family and millions of others like them are waiting to see how we vote.

Vote ''yes'' on expanding the Children's Health Insurance Program. These families deserve no less.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 1½ minutes to the distinguished gentleman from Miami, Florida (Mr. LINCOLN DIAZ-BALART).

Mr. LINCOLN DIAZ-BALART of Florida. I thank my friend.

It is unfortunate the rule is closed. It is such an important issue we are discussing. For example, a new member of the majority party came before us in the Rules Committee, Mr. KISSELL, with a very thoughtful amendment. It was rejected, not permitted for debate. That is unfortunate and unnecessary.

Now, I had said last year, Madam Speaker, that I wasn't going to support a major expansion of SCHIP until legal immigrant children were included, because we should not discriminate against legal immigrants. I represent South Florida. I represent hundreds of thousands of immigrants. So I made clear, I am not going to support an expansion of SCHIP until they are included.

Well, they are in the legislation that we are going to vote on today and so I am going to vote for it. I commend the leadership for having included it, and I think the Senate has to do the same. As I said before, it was a sine qua non for me. Until legal immigrant children were included, I wasn't going to support an expansion of SCHIP.

So, it is a good day. We are going to have a vote on this program that is going to include thousands of children and their moms who unfairly have been excluded. And, by the way, that affects kids in school and the other children in school. When the children who are sick have to go to the emergency room or when they are sick in the classroom, they affect all the kids in the classroom. It just doesn't make sense. And they are legal in this country.

Anyway, I am going to be supporting the legislation today.

Mr. HASTINGS of Florida. Madam Speaker, I am pleased to yield 2 minutes to my classmate and good friend,

the distinguished gentleman from Michigan (Mr. STUPAK), a member of the Energy and Commerce Committee.

Mr. STUPAK. Madam Speaker, I thank the gentleman for yielding me time.

I rise today in support of the rule on H.R. 2, the Children's Health Insurance Program Reauthorization Act, the CHIP program. The CHIP program was enacted under President Clinton with bipartisan support to help reduce the number of low-income uninsured children by expanding eligibility levels and simplifying the application process.

In 2006, CHIP provided insurance to 6.7 million children. In Michigan, roughly 31,000 children are enrolled in MIChild, making Michigan one of the States with the fewest number of uninsured children in the country. Eighty-six percent of the children enrolled in MIChild are from working families that are unable to afford private health insurance for their children.

Meanwhile, health care through the CHIP program is cost-effective. According to the Congressional Budget Office, it costs a mere $3.34 a day or $100 a month to cover a child under the CHIP program. Furthermore, CHIP is vitally important to children living in our country's rural regions. Of the 50 counties with the highest rates of uninsured children, 44 are rural counties, with many located in the most remote parts of our country.

Today's legislation would reauthorize and approve the CHIP program to protect and continue coverage for 6.7 million children, plus an additional 4 million children that are eligible but are currently uninsured.

During these difficult economic times, this legislation does not raise income levels for families whose children would be eligible for health care coverage. It is time to cover and support all of our Nation's children.

Again, I support this legislation and urge all my colleagues to support the rule and the underlying legislation.

Mr. SESSIONS. Madam Speaker, we believe we are in agreement with the gentleman from Florida (Mr. HASTINGS) that we will allow their side to catch up at this time.

Mr. HASTINGS of Florida. Madam Speaker, can you tell me again how much time each of us has?

The SPEAKER pro tempore. The gentleman from Florida has 13¼ minutes remaining and the gentleman from Texas has 8½ minutes remaining.

Mr. HASTINGS of Florida. Madam Speaker, I am pleased to yield 1 minute to a new Member, the distinguished gentlewoman from the State of Ohio (Ms. KILROY).

Ms. KILROY. Madam Speaker, I thank the gentleman from Florida for this opportunity to rise today in support of the rule and H.R. 2, the reauthorization and expansion of the Children's Health Insurance Program, a program which has brought health care coverage to over 6 million children.

But there are also millions of children today whose parents do not have the financial ability to purchase health insurance. The parents of 4 million children must worry each time a child is sick if they can afford to take that child to a doctor, if they can afford to treat that child's cancer or leukemia.

My colleagues, many of you have children and know the anguish a parent feels when her or his child is sick. Imagine if you were also unable to obtain health insurance coverage to cover that illness.

Our great country, which despite its economic problems is still a country of great wealth and resources, of compassion and community, can certainly come together in a bipartisan fashion to add 4 million more children to the Child Health Insurance Program.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 1½ minutes to yet another of our new Members on the Democratic side, the distinguished gentleman from North Carolina (Mr. KISSELL).

Mr. KISSELL. Madam Speaker, I rise today to offer my full support of SCHIP, but I also rise to question the funding of SCHIP as per the amendment I put forth to the Rules Committee last night.

Having spent the last several years as a high school teacher in a rural poor county, I don't need to be told or to be reminded about the need of taking care of our children in terms of their health care. I am not here today as a spokesman for big tobacco or advocate of the cigarette industry. Indeed, I am here because I was elected to be a spokesman for working families.

The funding that has been chosen to finance this bill with full implementation immediately will cost jobs and will cost revenues. At a time when our working families are struggling, at a time when we are going to be asked to consider measures how to create jobs and create funding, I would propose in my amendment instead of going to full implementation of this tax immediately, that we phase it in over 4 years at 16 cents the first year, then 15 cents each of the following years.

It is important to know that the children that are going to be affected by this bill positively is great, but there are also families that are going to be negatively impacted at a time when we should not be doing that.

I worked in an industry where government actions in textiles cost thousands of jobs. Let's look for a way to soften this blow to our people.

Mr. SESSIONS. We continue to reserve.

Mr. HASTINGS of Florida. Madam Speaker, at this time I am very pleased to yield 1 minute to my classmate and good friend, the distinguished gentleman from Texas (Mr. DOGGETT), a member of the Ways and Means Committee.

Mr. DOGGETT. What progress, when this Congress and our new President accord such a high priority to the health of our children. A healthy body, like an educated mind, is an opportunity that all children should share—an opportunity denied to over 1 million Texas children because of the failures of Governor Bush and culminating in the ignominious vetoes of President Bush.

Good health care also means prevention, preventing the scourge of tobacco-related diseases. By hiking tobacco taxes today, we will reduce childhood nicotine addiction tomorrow. And this bill takes modest steps to reduce tobacco smuggling, while adding a new provision that I authored directing the Treasury Department to move forward promptly on more effective ways to reduce this serious public health and law enforcement problem.

It is ironic that today, once again, the Republican leadership has one complaint: That we Democrats move too fast, to do too much, for too many young children across our country when it comes to health care. We plead guilty. And we will keep pushing to give these children the care they deserve.

Mr. HASTINGS of Florida. Madam Speaker, I yield 1 minute to the distinguished gentleman from Georgia (Mr. SCOTT), my good friend who along with his fellows in the area of Georgia have been champions for children's health insurance.

Mr. SCOTT of Georgia. Madam Speaker, what a great day this is, to be able to finally, finally, pass this much-needed bill.

Madam Speaker, we have over 300,000 Georgia young people and children who desperately need this legislation. We worked hard in the past sessions to be able to get this bill passed, but to no avail. But now we will be able to get this passed, and hopefully it just might be the very first bill that our new President, President Barack Obama, will sign.

But let me just tell you the improvements on this bill and what we have so the American people will know. It will eliminate the 5-year waiting period for low-income people insured to be part of the program. It will add 4 million new additional uninsured low-income children, to bring that total up to 11 million. There will be a 4½-year reauthorization period that extends all the way through 2013. It will add dental and mental health parity, which is so greatly needed, because so many of our health needs and diseases and challenges come when the teeth are not there.

Madam Speaker, it is a great day. I thank the gentleman from Florida (Mr. HASTINGS) for his leadership on this and urge passage.

Mr. SESSIONS. Madam Speaker, I yield 1 minute to the gentleman from Lewisville, Texas (Mr. BURGESS).

Mr. BURGESS. I thank the gentleman for yielding.

Let me say at the start, I support the reauthorization of the State Children's Health Insurance Program. I supported it when I was a physician in private practice in 1997. I supported it in December of 2007 when we provided the

current 18-month extension. But what I don't support is the approach we are taking today of a closed rule.

Ironically, the speaker prior to the previous speaker talked about how Republicans are concerned that the House is now moving too fast. I am not concerned that we are moving too fast. I am concerned that we didn't move when we had the opportunity, that is, the last 18 months, to try to improve the product and try to work through some of the problems that clearly some of us on this side have with the current bill.

I am opposed to a closed rule. I think there are good ideas that come from the Republican side. I think our new administration that is going to be sworn in in less than a week's time has already said he welcomes ideas from both sides of the aisle. What a shame it is that our Rules Committee then cannot see fit to allow good amendments to come from either side of the aisle.

I am also concerned about the stability of the funding in the underlying bill. I am concerned very much about looking to the physician-owned hospital as a source for the funding. Why do we impugn the motives of people who are inherently altruistic? What would we have done if Will and Charlie Mayo had come to us and said they wanted to start an enterprise, and we said no, you cannot do it; the Secretary will not authorize it because it is prohibited under the SCHIP bill?

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased at this time to yield 1 minute to the distinguished gentlewoman from the District of Columbia (Ms. NORTON) who knows this issue extremely well.

Ms. NORTON. Madam Speaker, I thank the gentleman for his kindness in yielding.

However Members voted before, there has been a light year of change since. The world has been turned on its axis by a worldwide recession, leaving virtually no one untouched. Most Americans supported this bill even in a good economy. Imagine today, mortgage delinquencies, job losses, wholesale economic misery. We simply can't say ''no'' today.

□ 1130

America will help any child if he becomes sick enough. The only question is when. Prevent illness and catch it early, or wait until a child needs high cost hospital care.

This bill covers only financially eligible children. Please vote for this rule.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 2 minutes to the gentleman from Lincoln, Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Madam Speaker, at the outset, let me say I believe that SCHIP is a very important program that provides quality health care coverage for millions of America's children. I support the program. I support its renewal, and I support its appropriate expansion. However, I do believe that this must be done responsibly, for instance, prioritizing America's most vulnerable children first.

We must also guard against expanding the program to those who may not need it, or risk creating a program that encourages some families to unnecessarily drop their existing insurance coverage for the government program, a move that could jeopardize the program's intent for our neediest children.

As we have learned, the State of Hawaii recently halted its universal child health care program, just 7 months after its inception, because high-income families were dropping private insurance so their children would be eligible for the government program.

The amendment that I offered to the Rules Committee would give vulnerable families the same opportunities as others to purchase health insurance. It would offer eligible families the choice of retaining SCHIP coverage for their children or using SCHIP funds to obtain a health insurance plan for the entire family through premium assistance for their child.

I believe families are in the best position to make health care choices for their children. They should be able to remain together under the same health care coverage if they so choose, and see the family doctor together.

I am disappointed that I am hindered from offering this plan as an amendment, as I believe it would strengthen the current program by empowering family choices, simplifying the process of accessing quality care, making family plans more affordable, and saving taxpayer dollars.

So, Madam Speaker, I will have to oppose this rule.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield 1 minute to one of the original sponsors of the original SCHIP legislation, the distinguished gentlewoman from Connecticut, my good friend, ROSA DELAURO.

Ms. DELAURO. I rise in strong support of the Children's Health Insurance Program. In this transformational moment, we stand poised to reauthorize this bipartisan program which provides critical health care coverage to more than 6 million children who would otherwise go without care, including more than 13,000 in my home State of Connecticut.

With an economy shedding jobs like never before, we have an economic and a moral responsibility to cover the most vulnerable among us. In this country, where 9 million children are uninsured, we cannot let another day go by without passing this legislation, a smart investment in children, in their health and in their success at school and in life. Dental, mental health care for children, coverage for pregnant women, more efficient administration, higher quality care for children, reducing childhood obesity, meeting our commitment to fiscal responsibility.

The choice before us today is a simple one. It is about fulfilling America's promise as a place of hope, possibility and opportunity for our Nation's children.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Madam Speaker, I rise in opposition to the rule that we're discussing right now which prevents any amendments from being brought forward on this legislation. The reason that I've got some real concerns is that, Number 1, there's a big change in current policy that allows for verification of identity and of citizenship that's in current SCHIP law.

What this bill does, H.R. 2 actually deviates very dramatically from that current law. It changes the legislation and takes away any ability for us to verify the citizenship of people that would be eligible for SCHIP.

What that means to the average American people out there is that the taxpayers who will be footing this bill will be having to pay for illegal aliens that will now be able to get benefits under this bill that, under current law, they're not able to get because there is a verification process. Why would the leadership want to take away that verification process, opening the door for fraud and abuse?

We know there will be fraud and abuse if this bill becomes law without the amendment that I brought forward last night that would change and revert back to current law. The current law allows for the verification and identification of citizenship. This bill takes that away.

The Congressional Budget Office actually estimates that this change, the change in H.R. 2 that we'll be voting on later on, will cost the taxpayers up to $5 billion in illegal aliens being able to get SCHIP benefits that, under current law, are not able to get it because there is a verification process. We need to put that verification process back in place to make sure that the hard-working taxpayers out there, especially during these tough economic times, as people are paying those taxes to fund this program, what kind of message does it send to them, many of whom have no insurance of their own, that they're going to have to pay $5 billion of their hard-earned money, so that illegal aliens can now be eligible; not eligible necessarily under the law, because the law at least acknowledges that illegals shouldn't be able to get the money. But the verification has been taken away in this bill.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased at this time to yield 1 minute to the distinguished majority leader of the Democratic Caucus, Mr. HOYER, my good friend.

Mr. HOYER. I must say, following the last speaker, I think the last speaker is absolutely wrong. I think he misrepresented very substantially the facts of this bill, which strengthens verification.

This administration, the Bush administration, will tell you that, and the governors will tell you that the current verification system is not working, and that, in fact, we strengthen, in this bill, the verification. And of course, although he made it clear that illegal immigrants are not included and are very specifically not included, this bill will make it easier and more facilitate ensuring that objective than the present law.

Mr. SCALISE. Would the gentleman yield?

Mr. HOYER. Very briefly.

Mr. SCALISE. The elimination of section 211 is what I was referring to, and that's the section that even the Congressional Budget Office estimates, by removing that verification process, would open the door to about $5 billion of people who are illegal aliens now being eligible because that verification is taken away.

Mr. HOYER. If, in fact, in other sections the verification process has not been strengthened, that may be accurate. I haven't seen the CBO report to which you refer. However, the strengthening will preclude that objective from happening, in my opinion.

Madam Speaker, I want you to hear the story of Deamonte Driver. This is from the Washington Post from February 28, 2007.

''12-year-old Deamonte Driver died today of a toothache.'' 12 years of age. ''A routine $80 tooth extraction might have saved him. But by the time Deamonte's own aching tooth got any attention, the bacteria from the abscess had spread to his brain, doctors said. After two operations and more than 6 weeks of hospital care, the Prince George's County 12-year-old died.''

If you want a picture of American health care, in all its excellence and in its failures, there it is: The best doctors, the latest technology, 6 weeks of hospital care for a sick boy, at the cost of $250,000, in a country that can't find $80 to fix a toothache.

To paraphrase Adlai Stevenson, American health care swallows tigers whole, but it can choke to death on a gnat. We couldn't find $80, and in the end it cost us a quarter of a million dollars. More importantly, it cost us the life of a young man. A system that makes such errors on a regular basis is both financially foolhardy and morally insupportable.

Yes, on a regular basis, Deamonte Driver's case may be extreme, but it was hardly unique. Every day, uninsured parents are foregoing much cheaper preventive care and using the emergency room as the first line of defense for their children's health. Ironically, the President of the United States, when he vetoed this bill, said that's exactly what they could do, intervene in the most expensive, last ditch intervention in health care. We're all paying for that. We are subsidizing those ER visits, we are dealing with the overburdened hospitals, and we are creating a sicker, less productive work force.

Fixing American health care will take much longer than an afternoon, but if I could pass just one bill today, if I could find the most efficient use of our health care dollars, I'd ensure more children. I think 80 percent of Americans agree with us on that.

One of the previous speakers, a physician on the other side of the aisle, was recognized to speak. I spent, Mr. DINGELL spent, Mr. BACHUS spent, Mr. ROCKEFELLER spent, Mr. GRASSLEY spent some 30 hours in meetings with that doctor trying to reach a compromise. There were a number of other people in that room. Ultimately, there was no, notwithstanding the changes we made in the bill, there was no willingness to compromise to ensure the children.

There's no more medically pivotal time in life than that of a child. Make it through childhood without checkups, without a doctor's care, and you're still facing a lifetime of endangered health. Every other developed nation in the world seems to get that. Every other developed nation in the world provides its children with health care. Every developed nation makes sure all of its children are covered, with the exception of the United States of America.

This bill brings into the State Children's Health Insurance Program 4 million children not covered today because the President vetoed the CHIP bill, and we could not get 15 additional people in this body to override the veto. We got 45 on the Republican side of the aisle, and all the Democrats, but we couldn't get those extra 15. This bill brings in those 4 million children. It does what President Bush promised to do when he ran for re-election in 2004.

Accepting the Republican nomination in 2004, President Bush said this: ''In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for government health insurance programs.'' That's what he promised.

That's what the House and Senate have been pushing to do, what we passed legislation to do, and what the overwhelming majority of Americans have wanted to do for years.

Madam Speaker, we've tried. President Bush vetoed similar bills twice. But we are confident that President-elect Obama sees the issue differently. The American people saw the issue differently. They wanted change. This bill is going to reflect their desire for and vote for change.

This bill gives States permission to waive an arbitrary waiting period of 5 years to enroll immigrant children who are here legally.

Is there anyone here who wants to check on a sick child and say, we know you're here legally, but you've got to wait 5 years? A 1-year-old or a 2-year-old, that's two or three times their lifetime. It doesn't make moral sense to deny those children health services when their parents already pay payroll taxes. It doesn't make public health sense to keep those kids from getting the basic care they need.

As a parent, as a grandfather, and as a great grandfather, very frankly, I want my child in school with healthy children, from wherever they come. And it doesn't make economic sense to subsidize unnecessary emergency room visits.

Madam Speaker, we all know that we're in a severe recession, and it makes this bill more vital than ever, because when we considered this bill last year, we hadn't lost millions of jobs. Millions of parents had not yet lost their health insurance. This legislation is more necessary than ever. More and more Americans are out of work.

More and more family budgets are strained to the breaking point. Today, health coverage for kids could make the difference between a family's economic ruin and economic stability.

As Yale University's Jacob S. Hacker writes, ''access to affordable health care could be an immediate lifeline for working families.''

It is in our power to throw that lifeline today. It's the right thing to do. It's the right thing to do for our children. It's the right thing to do for our families. It's the right thing to do for our economy, and it is the morally correct thing to do.

Pass this rule, pass this bill, let us send it to President Obama, and he will add the 4 million children, with our help, to health care in the richest land on the face of the Earth.

□ 1145

Mr. SESSIONS. Madam Speaker, the gentleman, the majority leader, indicated he had not had an opportunity to see the Congressional Budget Office report to the gentleman Mr. WAXMAN, dated January 13. I would like to insert this into the transcript of today's debate.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

H.R. 2—Children's Health Insurance Program Reauthorization Act of 2009

Summary: The legislation would authorize the Children's Health Insurance Program (CHIP) through fiscal year 2013 and increase federal funding for the program above current levels. The bill would provide performance bonus payments to states for enrollment costs resulting from specified enrollment and retention efforts. H.R. 2 would establish a child enrollment contingency fund to cover state CHIP expenditures beyond the amount allotted in statute for the 2009–2013 reauthorization period. The bill also would add an additional state option to use CHIP funding to provide a premium assistance subsidy for children enrolled in a qualified health insurance plan, provide additional funding for outreach grants, and improve access to dental benefits and mental health parity in CHIP plans.

H.R. 2 includes other provisions related to the Medicaid program and CHIP. These provisions include ones that would allow states the authority to waive the restriction on providing Medicaid and CHIP coverage to certain legal immigrants before five years of

residency, provide an alternative citizenship verification process for states when determining Medicaid eligibility, and provide grants for increased outreach and enrollment activities. Finally, the bill would increase the federal excise tax on tobacco products.

The effects on direct spending and revenues over the 2009–2013 and 2009–2018 periods are relevant for enforcing pay-as-you-go rules under the current budget resolution. CBO estimates that enacting H.R. 2 would increase direct spending by approximately $32.3 billion over the 2009–2013 period, and by $65.4 billion over the 2009–2018 period. In addition, the Joint Committee on Taxation (JCT) estimates that certain provisions of the bill would increase federal revenues by $31.3 billion over the 2009–2013 period and $64.7 billion over the 2009–2018 period. Accounting for those effects and other revenue effects stemming from provisions in H.R. 2, CBO estimates that enacting the legislation would reduce deficits by $1.1 billion over the 2009–2013 period and by $1.7 billion over the 2009–2018 period.

CBO has reviewed the nontax provisions of the bill (Title I through Title VI, excluding section 311(a)) and determined that they contain no intergovernmental mandates as defined in the Unfunded Mandates Reform Act (UMRA). CBO has determined that those provisions contain private-sector mandates on group health plans and issuers of group health insurance. In aggregate, the costs of the mandates on private entities in the nontax provisions of the bill would not exceed the annual threshold established by UMRA for private-sector mandates ($139 million in 2009, adjusted annually for inflation).

Estimated cost to the Federal Government: CBO's estimate of the impact of H.R. 2 on direct spending and revenues is shown in the following table. The costs of this legislation fall within budget function 550 (health).

	By fiscal year in billions of dollars—												
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2009–2014	2009–2019
CHANGES IN DIRECT SPENDING													
Estimated CHIP Allotments	5.6	7.5	8.5	10.0	12.4	1.0	1.0	1.0	1.0	1.0	1.0	44.9	49.9
Estimated Outlays	2.4	4.5	7.3	8.5	9.7	7.1	5.9	6.3	6.7	7.1	7.8	39.4	73.3
CHANGES IN REVENUES													
Estimated On-budget Revenues	3.7	7.2	7.0	7.0	7.6	6.3	6.8	6.7	6.7	6.6	6.4	38.8	72.0
Estimated Off-budget Revenues	*	0.1	0.2	0.3	0.3	0.3	0.1	0.1	0.1	0.1	0.1	1.3	1.6
Total Changes in Revenues	3.8	7.4	7.2	7.2	7.9	6.6	6.9	6.8	6.7	6.7	6.5	40.1	73.6
NET DEFICIT IMPACT[1]													
Net On-Budget Effects	−1.3	−2.8	0.3	1.6	2.1	0.7	−0.9	−0.4	*	0.5	1.4	0.6	1.2
Net On- and Off-Budget Effects	−1.4	−2.9	0.1	1.3	1.8	0.4	−1.0	−0.5	*	0.4	1.3	−0.7	−0.4

[1] Negative numbers denote a reduction in projected deficit; positive numbers denote an increase in projected deficits.

Notes: Components may not sum to totals because of rounding. * = between −$50 million and $50 million.

Basis of estimate: H.R. 2 contains provisions that would both increase and decrease direct spending, as well as increase federal revenues. CBO estimates the net budgetary impact of the legislation will be to reduce deficits by $1.1 billion over the 2009–2013 period, by $1.7 billion over the 2009–2018 period, and by $0.4 billion over the 2009–2019 period.

Direct Spending

Provisions Affecting CHIP Benefits and Administrative Costs. CBO estimates that H.R. 2 would increase CHIP outlays on benefits and administrative costs by about $31.7 billion over the 2009–2014 period and by $36.3 billion over the 2009–2019 period. The increase in CHIP outlays would be associated primarily with increased funding to maintain current program levels and allow states the option to expand their existing CHIP programs. Under CBO's current baseline, funding for CHIP allotments is assumed to continue at approximately $5 billion each year after the program's scheduled expiration on March 31, 2009. H.R. 2 would increase CHIP allotments above that level by a total of $43.9 billion over the 2009–2013 period. In fiscal year 2013, the bill would provide two semi-annual allotments of $3 billion, which are lower than the allotment levels in the four previous years. The first semi-annual allotment in 2013 would be accompanied by onetime funding for the program of approximately $11.4 billion. (The 2013 funding would total $17.4 billion, an increase of $12.4 billion over the current baseline projection.)

Because H.R. 2 would authorize CHIP through 2013, baseline rules established by the Balanced Budget and Emergency Deficit Control Act of 1985 call for extrapolating an annualized level of program funding at the end of authorization for the 2014–2019 period. Consequently, this estimate assumes that funding for CHIP would continue at the extrapolated annual amount of $6 billion ($1 billion per year more than the current baseline amount).

Performance Bonus Payments to States. H.R. 2 would provide funding for performance bonus payments using a two-tiered structure. Those bonus payments are designed to offset additional enrollment costs resulting from specified enrollment and retention efforts. To be eligible for those bonus payments, a state must meet at least four enrollment and retention criteria specified in the bill. The legislation would establish a benchmark level above which states can receive bonus payments for children enrolled in Medicaid. A threshold separating the two payment tiers is set at 10 percent above the benchmark level. States that enroll children who are in the first tier (above the benchmark level and below the 10 percent threshold) would receive bonus payments that are 15 percent of projected per capita state Medicaid expenditures. States that enroll children in the second tier (at or above the 10 percent threshold) would receive bonus payments totaling 62.5 percent of projected per capita state Medicaid expenditures. CBO estimates that performance bonus payments would increase direct spending by $4.4 billion over the 2009–2019 period.

Child Enrollment Contingency Fund. H.R. 2 would provide additional funding, to states to maintain their current program levels over the 2009–2013 period. Such funding would be available to states whose spending exceeds their allotments in any fiscal year of the reauthorization period. CBO estimates that the contingency fund would increase direct spending by $0.8 billion over the 2009–2013 period (with no impact after 2013).

Medicaid Spending Due to Interactions with CHIP. CBO expects an interaction between CHIP and the Medicaid program under H.R. 2. There are three key components to that interaction. CBO estimates that Medicaid spending would decrease as additional funding is provided to CHIP. When available CHIP funding is insufficient to maintain program coverage levels, states may continue to receive federal matching funds for some children at the lower Medicaid matching rate. Therefore, additional funding for CHIP would reduce the number of children shifted to Medicaid. Medicaid spending also would increase as adults move from CHIP to Medicaid coverage. Finally, the bill's bonus payments would lead to increased enrollment of children in Medicaid, further increasing Medicaid spending. CBO estimates that Medicaid spending associated with these interactions would increase by $22.1 billion over the 2009–2019 period.

Verification of Declaration of Citizenship or Nationality for Purposes of Eligibility for Medicaid and CHIP. The bill would provide an alternative citizenship verification process for states when determining Medicaid eligibility. Instead of presenting satisfactory documentary evidence as required under the Deficit Reduction Act of 2005, states could submit the name and Social Security number of the individual to the Commissioner of Social Security. The Commissioner would then determine whether the name and Social Security number provided by the state is consistent with information in the records maintained by the Commissioner. If the information is not consistent, the state would make a reasonable effort to address the causes of the inconsistency. If the inconsistency cannot be resolved, the individual would be disenrolled from the program. The bill also would apply the verification process to the Children's Health Insurance Program.

Because this provision would enable more people to prove eligibility for Medicaid, or enroll in Medicaid sooner, CBO estimates that federal spending for Medicaid would increase by $5.1 billion over the 2009–2019 period. CBO estimates no changes in direct spending for CHIP resulting from this provision. The bill also would provide an appropriation of $5 million to the Commissioner of Social Security to carry out the Commissioner's responsibilities under the bill.

Permitting States to Ensure Coverage without a Five-Year Delay of Certain Children and Pregnant Women under the Medicaid Program and CHIP. The bill would allow states to waive the restriction on providing Medicaid and CHIP coverage to legal immigrants before five years of lawful residency in the United States. The bill would apply only to pregnant women and children. CBO estimates that this provision would increase direct spending under Medicaid by $3.9 billion over the 2009–2019 period.

Medicaid Savings from Increasing the Tobacco Excise Tax. CBO estimates that the increase in the tobacco excise tax would reduce the number of smokers. A decline in smoking among pregnant women would result in fewer low-birth-weight deliveries. CBO estimates that as a result, federal spending for Medicaid would decrease by approximately $0.2 billion over the 2009–2019 period.

Revenues

Tobacco Excise Tax. The legislation contains provisions that would raise several

types of excise taxes on tobacco. Those provisions include language that would raise the federal excise tax on cigarettes from 39 cents a pack to $1.00 a pack, and would also increase taxes on other tobacco products. JCT estimates that those provisions would increase revenues by $31.3 billion over the 2009–2013 period, by $64.7 billion over the 2009–2018 period, and by $71.1 billion over the 2009–2019 period.

Estimated impact on State, local, and tribal governments: CBO has reviewed the nontax provisions (Title I through Title VI, excluding section 311(a)) of the bill and determined that they contain no intergovernmental mandates as defined in UMRA.

An existing provision in the Public Health Service Act would allow state, local, and tribal governments, as employers that provide health benefits to their employees, to opt out of provisions of the bill that amend that act. Consequently, the bill's requirements on employers to comply with provisions associated with premium assistance under the Medicaid and CHIP programs would not be intergovernmental mandates as defined in UMRA. The bill would affect the budgets of those governments only if they choose to comply with the requirements imposed on group health plans.

CBO estimates that enactment of this bill would result in additional net spending by states of about $9.7 billion over the 2009–2013 period for the SCHIP program. In general, state, local, and tribal governments would benefit from the continuation of existing SCHIP grants, the creation of new grants, and broader flexibility and options in the program.

Estimated impact on the private sector: CBO has reviewed the nontax provisions of the bill and determined that they would impose mandates on the private sector as defined in UMRA. CBO estimates that the direct cost of complying with those mandates would not exceed the threshold established by UMRA for private-sector mandates ($139 million in 2009, adjusted annually for inflation).

The bill would require group health plans and issuers of group health insurance in connection with a group health plan to permit employees to enroll in the group health plan if they lose Medicaid or CHIP eligibility or become eligible for premium assistance through Medicaid or CHIP. The bill would also require employers to inform employees of potential premium assistance opportunities, if available.

Estimate prepared by: Federal Costs: Sean Dunbar, Robert Stewart, Kirstin Nelson, Ellen Werble, and Grant Driessen. Impact on State, Local, and Tribal Governments: Lisa Ramirez-Branum. Impact on the Private Sector: Keisuke Nakagawa, Patrick Bernhardt, and Stuart Hagen.

Estimate approved by: Peter H. Fontaine, Assistant Director for Budget Analysis.

Also, I would like to just retort to the gentleman that probably every other industrialized nation in the world does have children's health care coverage. It's socialized medicine, and they rank near the bottom of health care coverage. That's why America is the top, because we have a health care system that works, that includes private insurance that today we are trying to raid which we should not raid. We don't want to be at the bottom. We want to be at the top.

Madam Speaker, at this time, I would like to yield 1½ minutes to the gentleman from Georgia (Mr. PRICE).

Mr. PRICE of Georgia. Madam Speaker, we all commend the President-elect for his vision of hope and of bipartisanship. It was with that same spirit of bipartisanship that the original SCHIP bill was adopted in the mid-1990s when Republicans and Democrats recognized together the need for assisting children in low-income families by providing access to health insurance. Remember? Probably not, because it was done quietly and proudly together. That's in stark contrast to now. With overbearing partisanship from the majority's cramming this highly charged bill through today and by ignoring vital problems, this bill will throw 2.4 million kids off private, personal health insurance into government-run bureaucratic medicine.

You talk about immoral. This bill requires over 20 million new smokers, Madam Speaker—new smokers—in order to pay for it. How very cynical. That's a problem, because there were so many positive alternatives.

I introduced with over 20 of my colleagues More Children, More Choices that would have provided up to $42,000 of coverage for the original children, premium assistance of up to $64,000 and then State flexibility beyond that.

Bipartisan rhetoric is hollow if it is not followed with bipartisan action. This bill does not do that. It betrays the spirit of the President-elect, and it betrays all Americans.

I call on the Speaker to begin an open and positive process, respecting all Members and respecting all Americans.

Mr. HASTINGS of Florida. Madam Speaker, may I indulge you again to give us the remaining amount of time.

The SPEAKER pro tempore. The gentleman from Florida has 5¾ minutes. The gentleman from Texas has 1½ minutes remaining.

Mr. HASTINGS of Florida. Madam Speaker, at this time, I am very pleased to yield 1 minute to the distinguished gentlewoman from Pennsylvania, yet another of our new Members, providing new dynamics and new direction, Mrs. DAHLKEMPER.

Mrs. DAHLKEMPER. Madam Speaker, I rise in support of the rule and of the underlying bill, the SCHIP reauthorization bill, before us today.

One of my priorities in running for Congress is to ensure that all eligible children have health care. I am pleased that this legislation will cover an additional 4 million children and will build on the current children's health program to provide care for expectant mothers, allowing our children to begin their lives with the best health outlook possible.

Myself, I gave birth to one of my children without health care. It was due to my having a preexisting condition at the change of a job and with a new health care policy, and that preexisting condition was pregnancy. Certainly, this needs to end in our country. We need to start our children off on the best possible health outlook.

This bill will also give incentive to States to increase enrollment so we can benefit more children and so we can provide them with the health care necessary for their growth and well-being.

Madam Speaker, I encourage my colleagues to support this rule. It is certainly necessary for our children of this country and for the health of this Nation.

Mr. SESSIONS. Madam Speaker, we reserve our time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased at this time to yield 1 minute to my good friend, the distinguished gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Allow me to thank the distinguished gentleman as well as the subcommittee Chair, Mr. STARK, and Mr. PALLONE and also the committees of jurisdiction—Ways and Means and, of course, the Energy and Commerce Committee—for their thoughtful way of approaching this calamity in this country.

Madam Speaker, let me quickly speak and suggest to you that the diversity of children that is uninsured is unbelievable: black, 1.7 million; white, 3.4 million; Hispanic, 1.6 million; American Indian, 132,000; Asian Pacific, 390,000. This is a crisis—a calamity—in America, and I support the underlying legislation.

However, I work with my good friend from Oklahoma, Mr. BOREN, to help us protect physician-owned hospitals. Here in my own community, St. Joseph's Hospital was on the verge of closing. I worked with them to keep them open. Interestingly enough, Harris County has 4.5 million people and only 16,000 beds. These hospitals are in the crux of serving the poor and the underserved.

I only hope that, as we move forward, we can work closely with our good friends who have done the right thing, who are going to move this bill to be signed by our President to ensure that those hospitals remain open.

Mr. BOREN and I have an amendment of extension to 2010. I hope we do that. I will submit a letter from the Governor of Texas into the RECORD on this issue.

OFFICE OF THE GOVERNOR,
STATE OF TEXAS,
Austin, TX, January 13, 2009.

Hon. JOE L. BARTON,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BARTON: In the next few days, the U.S. Congress will address the pressing issue of funding the State Children's Health Insurance Program (SCHIP). I urge you to fight to protect the vital funding that has been allocated to the state for its SCHIP program.

SCRIP was developed by Congress as a program administered by states to serve low-income and uninsured children. In 2000, Texas began enrolling children in a separate SCHIP program that is fiscally responsible and focuses on serving the targeted clients Congress originally authorized. Texas maintains reasonable eligibility requirements, such as only enrolling children whose families make less than 200 percent of the federal poverty level (FPL). Some states experiencing shortfalls cover families whose incomes are as

high as 350 percent of FPL and non-pregnant adults. As you consider impending SCHIP reauthorization legislation, it is imperative that Texas is not penalized for not taking these liberties with its program.

In addition, recent reports have indicated that restrictions on physician-owned hospitals may be used to offset SCHIP budget costs. Congress should not foreclose a health service delivery access point in order to pay for SCHIP state expansions. Texas has approximately 50 physician-owned hospitals, which provide critical services to thousands of patients each year, employ more than 22,000 Texans and have a reported net economic effect of nearly $2.3 billion on the Texas economy. These hospitals play a vital role in health care delivery in the state, a role that is rightfully determined by the needs of Texas communities, not governmental financing maneuvers.

I ask you to consider the consequences of limiting physician-owned hospitals in Texas as you seek to protect Texas' SCHIP current and future allocations. Texas should not be penalized for administering a fiscally responsible program that serves a vital need for the low-income children in our state.

Please let me know how I can be of assistance. I look forward to a positive outcome for the children of Texas.

Sincerely,

RICK PERRY,
Governor.

Madam Speaker, I rise today in strong support for the ''Children's Health Insurance Program Reauthorization Act of 2009.'' We stand today, closer to helping 4 million children without health insurance. No longer will these children be forced to live with fear of getting sick.

Today is a great day. Today we can bring 4 million children in to the fold. Today we can tell those 4 million children that are begging for help that ''Yes we can.''

NATIONALLY AND IN TEXAS

There are an estimated 8.9 million uninsured children in America. Overall, about 11.3 percent of children in the United States are uninsured, but the percentage of uninsured children in each State varies widely. Based on a 3-year average, there were an estimated 20.9 percent of uninsured children, under 19 years of age in Texas, representing 1,454,000 of the State's children.

According to the Institute of Medicine, uninsured people are less likely to use preventive services and receive regular care. They are also more likely to delay care resulting in poorer health and outcomes. Texas has the highest uninsured rates of all 50 States and the District of Columbia, 2005–2007. Almost one-quarter, 24.4 percent, of Texans are uninsured compared to 15.3 percent of the general U.S. population.

Data show that virtually all the net reduction in SCHIP enrollment has been among children in families with incomes below 150 percent FPL. The number of below-poverty children has dropped by more than 68 percent and the number of children between 101–150 percent FPL has dropped by more than one-third since September 2003. I want to share with you just some of the scary health statistics that are affecting children: 74 percent of uninsured children eligible for SCHIP or Medicaid but not enrolled; 11 percent of uninsured children in families not eligible for Medicaid or SCHIP with incomes below; 15 percent of uninsured children in families with incomes over 300 percent of the federal poverty-level who are ineligible for Medicaid and SCHIP; 90 percent of uninsured children that come from families where at least one parent works; 50 percent of two-parent families of uninsured children in which both parents work; 3.4 million uninsured children who are white, non-Hispanic; 1.6 million uninsured children who are African American; 3.3 million uninsured children who are Hispanic; and 670,000 uninsured children of other racial and ethnic backgrounds.

In the great State of Texas there is a young man named Jason who had SCHIP health insurance for years, and the coverage was life saving. When he was in a car accident over a year ago, SCHIP covered his treatment and all the medical bills. His family needs SCHIP because they cannot afford private health coverage. The parents work hard, but the father's employment in pest control is seasonal and provides only about $35,000 annually. Jason's mother is wheelchair-bound with multiple sclerosis and has significant health care expenses.

When Jason lost SCHIP a year ago, his mother suspected they had been denied because of the 2003 Ford truck the family purchased so that she could transport her wheelchair. Prior to last year, she had never had problems renewing coverage and the family's income had not changed. But the income guidelines had changes.

New SCHIP guidelines that took effect in December 2005 do not count children over 18 years of age as family members. Although their full-time student daughter lives at home, she is not counted as part of the family, and, as a result, they are about $50 a month above the income limit for a family of three. So now the entire family is uninsured. This lack of coverage means that when Jason gets sick or hurt, they have to delay paying other bills to pay for medical care.

Lack of coverage also has affected Jason's performance in school. He has been sick quite a bit in the past few years with allergies and has missed many days of school, because his eyes become swollen and he is unable to breathe. School officials had reprimanded the mother about his absences but now realize that Jason has some serious health issues.

Finally we will be able to help people like Jason and assuage his mothers concerns. We are able to insure those who need it most.

PHYSICIAN-OWNED HOSPITALS

Sadly, there is one portion of this bill I did have some trouble with, the restrictions on physician-owned hospitals. Yesterday, my dear friend from Oklahoma, Congressman BOREN and I were able to voice a very real concern that we had with the prohibition on physician-owned hospitals.

As the bill was originally written there was a provision in the bill that would have drastically affected the quality of care available to Houston residents and people in urban communities across the entire country.

The exceptions that exist to grandfather in certain physician-owned hospitals is inadequate and will affect more than 85 hospitals that are currently in development and under construction. It will also restrict sales and transfers of many responsible physician-owned hospitals.

In my district of Houston, Texas the population has grown close to 4.5 million people and there are only approximately 16,000 beds available in the city. Eliminating physician ownership in general acute care hospitals would only contribute to this ever growing problem.

While many specialty hospitals are accused of turning away uninsured and Medicaid patients and practicing only profitable healthcare, responsible physician-owned hospitals do just the opposite.

Physician-owned hospitals like St. Joseph Medical Center in my district provide essential emergency, maternity, and psychiatric care for their patients. They delivered over 6,000 babies in 2008, of which 3,700 were insured by Medicaid. Currently they provide $14 million in uninsured care in the Houston Market. A Houston Institution for 120 years, St. Joseph Medical Center is also a major provider of psychiatric beds as it currently operates 102 of the 800 licensed beds in Houston.

While Members of the Texas delegation have continued to support general acute-care hospitals and their future development; we still believe that general acute-care hospitals still need to be able to:

Maintain a minimum number of physicians available at all times to provide service;

Provide a significant amount of charity care;

Treat at least one-sixth of its outpatient visits for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment;

Maintain at least 10 full time interns or residents-in-training in a teaching program;

Advertise or present themselves to the public as a place which provides emergency care;

Serve as a disproportionate share provider, serving a low income community with a disproportionate share of low income patients; and

Have at least 90 hospital beds available to patients.

This issue is of the utmost importance to me because I, like others in the Democratic Caucus, have hospitals and hospital systems such as University Hospital Systems of Houston in my district that would have been greatly affected by this provision.

ST. JOSEPH MEDICAL CENTER

In 2006, St. Joseph Medical Center, downtown Houston's first and only teaching hospital was on the verge of closing its doors. When I learned that they were going to shut down this hospital and turn it into high-end condominiums, I personally worked with the hospital board, community leaders, and local government to ensure this did not take place. Eventually, after I was assured that it would be responsibly managed and its doors would remain open, I was able to help a hospital corporation, in partnership with physicians, purchase the hospital and it has made the hospital the premier hospital in the region. St. Joseph's doors remain open and its qualified emergency room is responsive to a heavily populated downtown Houston.

This formerly troubled medical center is now in the process of reopening Houston Heights Hospital, the fourth oldest acute care hospital in Houston. Without language that specifically addresses this distinction, this project too will come to an end.

Sadly, it remains unclear if CHIP provides for physician-owned hospitals to still be considered grandfathered if they have a sale or transfer at the same ownership rate or at a different physician-ownership rate.

Between December 2007 and December 2008, the U.S. economy shed about 2.6 million jobs, while Texas made significant gains. Texas' nonfarm employment registered a stable 2.1 percent growth rate over the year,

even as the Nation's job losses reached their worst level since 2003. CBO forecasts the following: a marked contraction in the U.S. economy in calendar year 2009, with real, inflation adjusted, gross domestic product, GDP, falling by 2.2 percent; a slow recovery in 2010, with real GDP growing by only 1.5 percent; an unemployment rate that will exceed 9 percent early in 2010.

The U.S. Bureau of Labor Statistics announced on November 21, 2009, that October's unemployment rate was 6.5 percent, a jump of 0.4 percent, which was double what most economists expected, and its highest level in 14 years. The economy has now lost 1.2 million jobs since the beginning of the year, with nearly half of those losses occurring in the last 3 months alone, pointing to acceleration in the pace of erosion in labor markets. It is more important than ever in this economy that children's healthcare is not sacrificed.

Madam Speaker, my faith is renewed in the process that is so often maligned in the media. Thoughtful and deliberate actions were taken to improve this legislation that would not only help the children of my district and many others across the Nation, but also it was able to address concerns that many of us, myself included have on these specialty hospitals.

I look forward to a day when every child is covered and can play on football fields and jungle gyms without their parents fearing a bankrupting injury to their child. This legislation is piece of mind to 4 million families and I will joyfully cast my vote for passage of this important legislation.

There are currently 85 hospitals under development. An estimated $1,830,909,350 has been expended with $574,358,090 in outstanding financing. The addition of 85 more hospitals would also equate to an estimated 23,000 more jobs. In addition, of the 199 existing physician-owned hospitals, 34 are undergoing major construction with an estimated $357,500,000 in outstanding expenditures that could be affected by legislation.

The following States reported hospitals under development:

Arkansas—4 hospitals, all in District 3.

Arizona—3 hospitals, District 3 (2 hospitals) and District 8.

California—8 hospitals, Districts 2, 16, 18, 19, 45, 48, with 2 Districts unknown.

Colorado—3 hospitals, Districts 1, 3, 7.

Florida—2 hospitals, District 20, with 1 District unknown.

Iowa—1 hospital, District 4.

Idaho—2 hospitals, District 1, with 1 District unknown.

Illinois—1 hospital, District 14.

Indiana—5 hospitals, District 2 (3 hospitals), District 9 (2 hospitals).

Kansas—4 hospitals, District 2, District 4 (2 hospitals), with 1 District unknown.

Louisiana—6 hospitals, Districts 1 (2 hospitals), District 5 (2 hospitals), District 7, with 1 District unknown.

Massachusetts—1 hospital, District 8.

Michigan—2 hospitals, Districts 9, 12.

North Dakota—1 hospital, District 1.

Nebraska—2 hospitals, Districts 1, 2.

Ohio—8 hospitals, Districts 1, 3, 7, District 9 (2 hospitals), 11, 12, 13.

Oklahoma—3 hospitals, Districts 1, 2, 5.

Pennsylvania—3 hospitals, District 15, 19 with 1 District unknown.

South Dakota—3 hospitals, all in District 1.

Texas—51 hospitals, Districts 2 (3 hospitals), 3, 4, 5 (3 hospitals), 6, 7, 8, 9, 10 (2 hospitals), 11, District 12 (4 hospitals), 14, 15, 19, 20 (2 hospitals), 21, 24 (4 hospitals), 25 (3 hospitals), 26 (3 hospitals), 27 (2 hospitals), 29, 30 (9 hospitals), 31, 32 (2 hospitals), with 2 Districts unknown.

Virginia—1 hospital, District 3.

Wisconsin—2 hospitals, both District 5.

Wyoming—1 hospital, District 1.

Mr. SESSIONS. Madam Speaker, we continue to reserve our time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased to yield at this time 1 minute to a distinguished new Member who represents those 10 miles from my home, Orlando, Florida (Mr. GRAYSON).

Mr. GRAYSON. Madam Speaker, there is a power that we have as legislators that we don't often discuss, but it's there nonetheless. It is the power of life and death. The power is most apparent when we vote on wars, but it is apparent here today as well.

Today, we vote on life versus death. There are 50,000 American children who died last year. More children in America die every month than the number of Americans who were lost on 9/11. Half of those children never reached their first birthdays. Thousands of them died from cancer. We need to do everything that we can to save them.

I was a very sick child. I had to go to the hospital four times a week for treatment. If it weren't for my parents' union health benefits, I would not be here today for this vote.

Study after study shows that, for life-threatening conditions, uninsured people are three times more likely to die than those who are insured. At this time, there are many, many parents in our country who cannot afford health care for their children, but we cannot let the problems of the parents descend on the children.

By voting ''yes'' today, we save thousands of innocent lives. We won't know who they are. In fact, they won't know who they are, but they will owe their lives to our conscience. Please vote for SCHIP today. Vote for life.

Mr. SESSIONS. Madam Speaker, we will continue to reserve our time.

Mr. HASTINGS of Florida. Madam Speaker, I am very pleased at this time to yield 1 minute to the distinguished gentleman, my friend from Oregon, a member of the Ways and Means Committee, Mr. BLUMENAUER.

Mr. BLUMENAUER. Madam Speaker, I am pleased to rise in support of the rule and of the underlying bill.

This is the first step in this Congress that sends a signal of hope to people around the country. It is not just going to make a difference for 70,000 children in my State of Oregon and for 11 million children across America who will get health insurance. It was important in the last Congress that we had passed this bipartisan legislation, but unfortunately, the roadblocks in the White House and Republican Congress made that impossible to be enacted into law. If it were important in the last session, it is critical in this session with the economy in a free-fall, with families in desperate conditions and with health care fraying at the edges.

This action today is showing the difference of the new leadership in the House, in the Senate and in the White House. Beyond the 70,000 children in Oregon and 11 million children across the country, this is a signal to America about where our Nation is going. This signal of hope can come none too soon.

Mr. SESSIONS. Madam Speaker, we will continue to reserve our time.

Mr. HASTINGS of Florida. Madam Speaker, at this time, I inquire of the gentleman whether or not he is their last speaker. I am prepared to close, and I will be our last speaker.

Mr. SESSIONS. I thank the gentleman. I have no further speakers and would yield myself the balance of my time to close.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1½ minutes.

Mr. SESSIONS. Madam Speaker, I will be asking for a recorded vote on this closed rule.

With the current program not expiring until March 31 of this year, we have seen enough Members question the underlying legislation, and I think we deserve an open and honest debate in the committees of jurisdiction before we take a vote on such a large expansion—$35 billion more of government programs.

This legislation spends billions of dollars to substitute private health insurance with government-run coverage. It enables illegal aliens to fraudulently enroll in Medicaid and in SCHIP. The bill creates the most regressive tax increase in American history, using funding gained from taxing the poor to pay for expanding SCHIP eligibility to higher income families. This legislation increases the number of adults on SCHIP, allowing even more resources to be taken away from the low-income, uninsured children who need it the most.

Madam Speaker, this legislation moves us closer and closer to a government-run program and further and further away to access for quality health care of our choice.

I encourage all of my colleagues to vote ''no'' on the rule and to vote ''no'' on the underlying legislation. We should ensure that SCHIP meets its original intent and that it covers the poorest children first.

We have been very clear about saying that the Republicans in this body have asked for the opportunity to have regular order to discuss this issue in committee and have asked for the opportunity to have Republicans and Democrats present their ideas and hear them accepted for amendments before the Rules Committee. We object to the way that this Rules Committee has handled this issue.

I yield back the balance of my time.

Mr. HASTINGS of Florida. Madam Speaker, when I hear my good friend from Texas speak of regular order on this particular measure, it would presume, among other things, I guess, that

no one in this body knows that there is a significant number of children who are uninsured and that this measure, once offered in 1997, did begin the process that today we wish to continue and that still does not complete the task that most of us feel is necessary in order to insure all of the children in this country.

Madam Speaker, this is a good rule for a critically important bill. Although this bill cannot repair all of the flaws that are intrinsic in America's health care system, it undoubtedly serves as a strong and honorable prelude to facilitating comprehensive health care reform.

Mahatma Gandhi, among many things, said that you can learn about a country's condition by looking at its most weak and vulnerable people. The alarming rate of uninsured and poverty-stricken children in this country tells us that the richest country on Earth is in poor condition.

I urge my colleagues to vote in favor of this rule so that we may support a bill that will give millions of children the basic right to health so that they can become leaders and productive citizens.

I urge a ''yes'' vote on the previous question and on the rule.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

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

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 244, noes 178, not voting 11, as follows:

[Roll No. 14]

AYES—244

Abercrombie
Ackerman
Adler (NJ)
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Giffords
Gillibrand
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sires
Skelton
Slaughter
Smith (WA)
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Walz
Wasserman Schultz
Watson
Watt
Waxman
Weiner
Welch
Wexler
Wilson (OH)
Woolsey
Wu
Yarmuth

NOES—178

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hill
Hoekstra
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)

NOT VOTING—11

Boehner
Boucher
Herseth Sandlin
Maloney
Sherman
Snyder
Solis (CA)
Sullivan
Visclosky
Waters
Young (FL)

□ 1225

Messrs. GINGREY of Georgia, BURTON of Indiana and REICHERT changed their vote from ''aye'' to ''no.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ELECTING A MINORITY MEMBER TO A STANDING COMMITTEE

Mr. SESSIONS. Madam Speaker, by the direction of the House Republican Conference, I send to the desk a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 59

Resolved, That the following Member is, and is hereby, elected to the following standing committee of the House of Representatives:

COMMITTEE ON RULES—Ms. FOXX.

The resolution was agreed to.

A motion to reconsider was laid on the table.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009

Mr. PALLONE. Madam Speaker, pursuant to House Resolution 52, I call up the bill (H.R. 2) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECURITY ACT; REFERENCES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Children's Health Insurance Program Reauthorization Act of 2009''.

(b) AMENDMENTS TO SOCIAL SECURITY ACT.—Except as otherwise specifically provided, whenever in this Act an amendment is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to that section or other provision of the Social Security Act.

(c) REFERENCES TO CHIP; MEDICAID; SECRETARY.—In this Act: