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House of Representatives

The House met at 9 a.m.

MORNING HOUR DEBATES

The SPEAKER. Pursuant to the order of the House of January 19, 1999, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 30 minutes, and each Member except the majority leader, the minority leader or the minority whip limited to not to exceed 5 minutes each, but in no event shall debate continue beyond 9:50 a.m.

The Chair recognizes the gentleman from New Jersey (Mr. PALLONE) for 5 minutes.

CHILD HEALTH INSURANCE LEGISLATION

Mr. PALLONE. Mr. Speaker, I am pleased to announce this morning that I will soon be introducing legislation to expand access to health insurance for children.

About 2½ years ago, Congress passed the State Child Health Insurance Program as part of the Balanced Budget Act. That program established a partnership between the States and the Federal Government, with the mission of making health insurance accessible to 5 million of the Nation's estimated 10 million uninsured children. The target population of that program was and remains parents who make too much to qualify for Medicaid but not enough to buy policies in the expensive individual market.

The program has been, by and large, a success. A significant number of children who would otherwise not have health insurance now have that insurance. As successful as that program has been, there is still, though, a considerable way to go. It was, after all, designed to provide insurance for only half of the Nation's uninsured children, and we must not forget the other half.

Mr. Speaker, last week Vice President GORE brought renewed attention to this issue, reminding everyone that the job is not done. In Los Angeles, he announced a plan he will be pursuing to make health insurance available to every child in the country by the year 2005.

I think it is important to note that the Vice President's observation that the State health insurance program needs to be expanded is a view shared by many, if not every State in the country. A number of States have already taken voluntary action to go beyond the terms of their partnership with the Federal Government to make their child health insurance programs accessible to as many children as possible.

In my home State of New Jersey, for example, the income eligibility threshold for participation in the program has been raised from 200 percent to 350 percent of the poverty level. That means in New Jersey a family of four with an income of about $57,500 would be eligible to participate in the program.

The State legislature in New Jersey has also passed a number of bills that would expand access and improve outreach, which has been a significant impediment for signing up eligible children in many of the States.

Mr. Speaker, the Vice President and the States have it right. We must pass a program to cover every child in the country, not just half the children. To that end, I will soon be introducing my own bill to further the momentum created by the States and the Vice President to address this vital national need.

Like the Vice President's plan, my bill will expand the CHIP program to children beyond those in families at 200 percent of the poverty level. It will, however, go a bit further than what the Vice President has proposed. Instead of expanding the program to include those at 250 percent of poverty, my bill will follow New Jersey's example and expand it to families at 350 percent of poverty. States that elect to increase the eligibility level to 350 percent would receive increased Federal funds to help meet the costs.

In addition, my bill will include two provisions to help boost enrollment in the program. The first will provide incentives for States to pass laws by a date certain to authorize hospitals to enroll on the spot eligible children who have been brought into the hospital for care.

The second measure would create an incentive for States to pass laws to facilitate the recruitment of eligible children who are not enrolled in the program. Like the measure in the New Jersey State Senate after which it is modeled, this provision will provide a financial incentive for schools, day care centers, and health clinics to recruit and enroll eligible children in State health insurance programs.

Mr. Speaker, these measures will go a long way towards helping more of the families who the program was intended to help who have so far been overlooked. Time has shown that while the kids program, the kids care program, has been successful, it will not be enough to insure all of America's uninsured children if the Federal Government fails to expand the program.

I look forward to collaborating with the Vice President to fashion a program that achieves our common goals. I hope all of my colleagues will join me in supporting a renewed effort to finish the job we started in 1997 so every family may live with the security of knowing that, at a bare minimum, their children will be taken care of.

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