

tax, we want to see deductibility of State sales tax extended. All of these are good things and, Madam Speaker, we are working for all of these. I hope that we also will keep in mind that actions speak louder than words. So this body should use this conversation about economic stimulus as an opportunity to prioritize and reduce what the Federal Government spends. Reduce the budget. Let's spend less. And remember, the best economic stimulus is a job.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore. The unfinished business is the further consideration of the veto message of the President on the bill (H.R. 3963) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is, Will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

(For veto message, see proceedings of the House of December 12, 2007, at page H15382)

The SPEAKER pro tempore. The gentleman from Michigan (Mr. DINGELL) is recognized for 1 hour.

Mr. DINGELL. Madam Speaker, for purposes of debate only, I yield 30 minutes to my good friend, the gentleman from Texas (Mr. BARTON).

Madam Speaker, I yield, also, 15 minutes of my time to the distinguished gentleman from New York, my good friend, Mr. RANGEL, and ask unanimous consent that he be allowed to control that time.

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

There was no objection.

GENERAL LEAVE

Mr. DINGELL. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the matter under consideration.

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

There was no objection.

Mr. DINGELL. Madam Speaker, at this time, I yield myself 3 minutes.

Madam Speaker, stock markets around the world are plummeting. Home foreclosures are ballooning. States, without exception, are facing budget crises. Employers are cutting jobs. Gas and heating oil prices are draining household budgets. The vote of my colleagues today can stop tomorrow's headline from saying American

children are losing health care. This vote to override the President's veto of the Children's Health Insurance Program Reauthorization Act of 2007 will not only bring health care to 10 million children, it will protect children and families who may lose their jobs and no longer have health insurance. This is not lip service. This is health coverage.

The bill includes mental health services on a par with medical services. It requires dental services be afforded our children. It protects school-based health services and rehabilitation and case management services for those with disabilities. It provides outreach and enrollment grants and new funding for obesity program.

We know from a recent 2005 study that investing \$1 million in State funds in Medicaid will generate 33 new jobs and \$1.23 million in new wages in a year. This bill strengthens that safety net by allocating the funds that States need to protect and cover more low-income children.

It should be noted that every complaint that the administration has set forth about this legislation has been met. The bill passed with the support of 265 Members, including 43 of our good Republican colleagues. It passed the Senate with 64 Members, including 17 of our Republican colleagues.

I urge my colleagues to vote to override the President's veto. Vote to secure health care for our children. It is right, it is decent, and it is necessary.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I would ask unanimous consent that the gentleman from Michigan (Mr. CAMP) have 15 minutes of the time I control to control as he sees fit.

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

There was no objection.

Mr. BARTON of Texas. Madam Speaker, I recognize myself for such time as I may consume.

Well, here we go again. Depending on how you count it, this is somewhere between the ninth and the 13th time that we have been on the floor of the House in this session of Congress debating the SCHIP program. That seems a little ironic since it's a program that both sides of the aisle support, and I would support enthusiastically.

I listened intently to what my good friend from Michigan, the dean of the House, Mr. DINGELL just said about the program, and I feel compelled to point out a few things that he failed to mention. Number 1, every American in this country, if they're below 100 percent of poverty, receives health care if they wish it through a program called Medicaid. If you are above 100 percent of poverty and are a child, right now a child is defined as an individual between the ages of birth and 19 years old, between 100 and 200 percent of poverty, you can receive health care through the SCHIP program, which is a State-Federal partnership.

The numbers are somewhat in dispute, but we believe that under the current program, in the neighborhood, I believe, of 6 million children and 600 to 700,000 adults are receiving health care through SCHIP. If you're above 200 percent of poverty, hopefully you have insurance through your own health insurance program or through a program provided by your employer.

There are some States that cover children up to 250 percent of poverty, and there are some States that cover them up to 300 percent of poverty. And there are a few States that have petitioned to cover them up to 350 percent of poverty.

So on the Republican side of the aisle, here are the principles that we adhere to in this debate. If you're a child between the ages, up to the age of 19 and your family income is over 100 percent of poverty or less than 200 percent of poverty, we believe you should have health care through SCHIP and we want to fund it, and we want to work with the States to get as many children in that category covered.

If you're an adult, we don't believe you should be covered under SCHIP, so we think that the 6 to 700,000 adults should be transitioned off of SCHIP and put back on Medicaid.

If you're above 200 percent of poverty, we want to work with the States. We want to work with the private sector to come up with innovative plans to cover those children that perhaps aren't covered and their family income is above 200 percent of poverty.

If you're not a citizen of the United States, we don't believe you should receive health care coverage under SCHIP.

So that's what the debate is about. The Democrats want to expand the coverage. There are some of them that want to use it as a surrogate for universal health care for every American in this country. I don't say that all of my friends on the Democratic side do, but some do.

So the Republicans' position is, continue the existing program, perhaps increase coverage somewhat above 200 percent of poverty; cover every child in America between 100 and 200 percent; don't cover illegal aliens; and transition adults off of SCHIP.

The law of the land, the Barton-Deal bill that we passed in December, extends the basic program that I just outlined, I believe, through March of 2009.

So, once again, we're going to have a vote on the President's veto. I predict we're going to sustain that veto. And then I'm still hopeful that Mr. DINGELL and Mr. RANGEL and Mr. STARK and Mr. PALLONE, who are the leaders on this issue in the House, will convene their various committees, and we'll do legislative hearings and then put together a bipartisan bill and mark it up in committee and then bring it to the floor, and we can have a permanent authorization of SCHIP sometime in this Congress.

Madam Speaker, I reserve the balance of my time.

Mr. RANGEL. Madam Speaker, I'd like to ask unanimous consent that I yield to myself 3 minutes and then be allowed to yield the balance of that time to Chairman STARK to control.

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

There was no objection.

Mr. RANGEL. Madam Speaker, I stand in support of overriding the President's veto, not for the reasons given by Chairman DINGELL, because it's the right and moral position, because that has existed all of the time, and yet we've been unsuccessful.

But I would say to the gentleman from Texas (Mr. BARTON) that since the last time this has come up, the President has admitted that we are going toward a recession and that the economy may be jeopardized unless the Congress supported a stimulus package.

It would just seem to me that if it's recognized that our States are going to go into deficit, our Governors are going to have serious problems, and that it is very possible, if not likely, that services for our kids would be further cut under Medicaid. It would seem to me that a legitimate argument could be made that, by providing care for these 11 million children, it allows their parents to know that they'll be able to be more productive knowing that their kids are covered by health insurance.

It's sad that the poor now have to be used merely as a vehicle to stimulate our economy. But had we taken care of these people during the robust great economic times, perhaps we would not be going through this struggle.

So it appears to me that this is another opportunity that the minority would have, not just to do the moral thing, but to do the economic thing, and to be of some assistance to the Governors who are screaming out for the continuation of this program, indeed, the expansion of it.

And we're not talking about just adults being restricted, but we talk about adults being in a better chance to be productive knowing that their kids are being taken care of. So we do have this new opportunity for the minority to rethink their position and to do it, again, because it's the economic thing to do and to know that being able to detect serious illnesses, sight problems, hearing problems for our children at an early age, that we really are strengthening the economy so we don't have to pay for these health setbacks and sometimes detection of chronic diseases at a later stage.

□ 1100

So instead of talking compassion, which obviously is not a compelling argument on the other side, let's talk economically and ask the question of economists, whether or not expanding preventative care for our children in health care is really strengthening the

economy and saving money in the future with all the restrictions, you know, kicking illegal aliens out and making certain that adults don't participate, all of those things that make you feel good, we would go along with as we have in the past.

But let's make certain that every child that can be treated would be treated, and so I support the override.

Mr. CAMP of Michigan. Madam Speaker, I yield myself such time as I may consume.

As Yogi Berra once said, this is like déjà vu all over again. I think it is important to highlight that this is simply a political exercise, that the Congress has already acted to extend the children's health program through 2009. So instead of debating real reform on this program, we have a political statement being made on the floor today.

I lost track at seven times we have debated this issue. As the gentleman from Texas said, it's somewhere between nine and 13. But it doesn't change the fact that expanding SCHIP beyond its original mission of covering low-income children is a nonstarter with the Congress. Yet the bill the President vetoed would do just that, and it would allow illegal immigrants to receive SCHIP, maintains coverage of adults in this children's health care program and continues to erode private coverage.

How is it that in my home State of Michigan 87,000 eligible children don't have health care while 39,000 adults are in the program. How is it that in Minnesota, 87 percent of the enrollees in this children's program are adults?

How is it that this low-income program is covering families in New York and families in New Jersey making more than \$70,000 a year? No wonder New York wanted to go to over \$80,000.

The answer to all of these questions is clear: The majority does not want a low-income children's plan. They want what HILLARY CLINTON called for in 1994, the first step toward nationalized, government-run, government-controlled health care.

We should not be diluting this children's program, and we should not be diverting money away from these low-income kids.

I am proud to have introduced the Kids First Act, a bill that would return this program to its root in insuring low-income children. It covers an additional 1.3 million American children, does not raise taxes and is fully funded. That is the kind of legislation we should be debating instead of continuing this stalemate time and time again that uses children's health as a political pawn.

I urge my colleagues to vote against this veto override. Now that we have extended the children's health program, I hope that we can truly reach a compromise on this important issue and ensure that low-income American children have health care coverage.

Madam Speaker, I reserve the balance of my time.

Mr. DINGELL. Madam Speaker, at this time I yield to the gentleman from Maryland (Mr. WYNN), who has been a great leader of health care on this, my distinguished friend, 2 minutes.

Mr. WYNN. Madam Speaker, I would like to take a moment to thank the chairman for his leadership on this issue.

I rise to urge in the strongest possible terms that this House of Representatives override the President's veto.

You know, it's really sad that in the greatest country in the world we don't provide health insurance for the children of working parents. We have 4 million additional children that this bill would cover, children whose parents work every day, who work very hard; the children of single moms who work every day; some, like my stepdaughter with a 3-year-old son, who go to work every day. But if there is an asthma attack or if there is a major accident, she has to either go to the emergency room and drive the cost up for all of the rest of us or decide not to pay the rent on time so she can pay for the care she needs or go without necessary care.

That shouldn't happen in America, and that is what we are trying to do with this very important bill.

There is another thing that shouldn't happen in America. In America, a young child shouldn't die because he can't get dental care. That happened in my district. A simple dental infection expanded, grew into the brain and resulted in the death of a young man.

We worked on language in this bill to make sure that children in America of working parents could have access to dental care. That is a very important improvement, one that seems lost on the President.

Every day we spend millions of dollars. We are up to \$600 billion on this war, this black hole of a war. Meanwhile, we tell Americans who go to work every day we can't provide you with health insurance. That doesn't make any sense, not in the country that we regard as the greatest country in the world.

So today, Madam Speaker, I urge all of my colleagues to really think about what this means. Don't think about the politics. Think about the parents, but more importantly, think about the children who need health insurance now.

Mr. BARTON of Texas. Madam Speaker, I yield 2 minutes to the gentleman from Denton, Texas (Mr. BURGESS), a member of the committee.

Mr. BURGESS. Madam Speaker, I thank the gentleman from Texas for yielding.

You've got to wonder why we're here today. It almost seems like another episode of that Bill Murray movie "Groundhog Day" where people went through the same thing over and over again.

When this last session of Congress ended in the middle of the night the

end of December, I think we all had seasonal affective disorders. We went home, but there was a new year and a new day was dawning and a genuine sense of bipartisanship that we were going to work together to have things done.

So what's the first thing we consider? A consideration of the veto override of the SCHIP bill which we voted on again and again and again. Is this the spirit of bipartisanship that we can expect out of the Democratic leadership, as we try to craft legislation to help stave off what seems to be a serious downturn in the economy?

Once again, here we are on the floor of the House being forced by the Democratic leadership to cast a vote that will serve the sole purpose of helping one side of the aisle score political points against the President. Do we need to reauthorize this program? No. We already did that. The CBO said we did it, and we funded it through March of 2009.

Then why are we here? The only reason I can think of is the fact that next week we are going to hear from the President on the State of the Union Address, and after that, the Democrats have decided that maybe a little more political theater is in order to influence the press coverage of the President's address.

So that's why we're here, not to do the people's work, to influence the press after the President's State of the Union Address.

This bill was a flawed bill when it came to our committee. My chairman referenced the 43 Republicans, but no Republican helped craft this legislation. We were not allowed to work on this bill in subcommittee. Our committee process was a sham. This bill was written in the dark of night in the Speaker's office, and no Republican participated. I dare say that no one on your side really understood what was in that bill, and we get it back again and again and again, and at the same time the American people are wondering when we are going to do the work that they sent us here to do.

Madam Speaker, one of my favorite movies is a delightful comedy called *Groundhog Day*. In this movie, Bill Murray plays a local television weatherman who gets trapped in a strange little town while covering a news story about a locally famous groundhog. But instead of being able to return to his home and get to the other business that he needs to attend to, Bill Murray's character is forced to repeat the same day over and over and over again. No matter what he says or what he does, every day he wakes up just to relive the same day over again.

And, Madam Speaker, after being involved in the SCHIP debate this Congress, I know that most of my colleagues on this side of the aisle are now able to relate to this movie in a very personal way. It doesn't matter what we seem to say or what seems to happen with this issue—for some reason the Democratic leadership will bring us down here to the floor of the House to have the same debate and to vote on the same bill time after time after time.

Once again, we are being forced by the Democratic leadership of the House to cast a vote that will serve the sole purpose of helping Democrats score political points against the President.

Do we need to reauthorize the SCHIP program? No, we already reauthorized through March of 2009.

Do we need to increase funding for the SCHIP program? No, the non-partisan Congressional Budget Office has already said that S. 2499 that was signed into law on December 29, 2007, has already fully funded the SCHIP program through March of 2009.

Then why are we here, Madam Speaker? Well, the only reason I can think of for this vote is the fact that the President is going to be delivering the State of the Union Address next Monday, and the Democrats have decided that they need a little more political theater in order to influence the press coverage of the President's address.

Well, Madam Speaker, we're going to sustain the President's veto today, and we're going to do it because the President did the right thing by vetoing this poorly written expansion of Washington-controlled, bureaucrat run healthcare that leaves the poorest kids behind. And anybody who cares about needy children can vote against this bad bill proudly.

I'm both proud and concerned that Republicans had no part in writing this legislation. Proud because this bill is an embarrassment. Concerned because we're all supposed to be legislating on behalf of children, and as everybody knows, no Republican member of this House was even asked for an opinion, much less invited to participate in writing the Democratic SCHIP bill.

I don't even think the Democrats who wrote it understand what they've done. I challenge the supporters of this bill to look people in the eye and say that they understand all of the provisions that are actually in this bill. Because I have some questions for you about some very troubling provisions in this bill.

Madam Speaker, it would be a compliment to say that the so-called process which produced this bill is an abuse of our democratic system of government. Yet, I'm sure that some will show up here with a handful of talking points from your Democratic staffers who actually constructed this legislation, and you will explain to us that it is not an abomination at all, but a wondrous triumph of bipartisanship.

Give me the name of one Republican in the entire House of Representatives who directly participated in these discussions. Name just one.

I know that the authors of this bill certainly did not consult with either Mr. BARTON or myself; I know that they have not included any members of the Republican leadership in the House; and I'm not aware of a single Republican member of the Energy and Commerce Committee or the Ways and Means Committee being invited to participate in this process.

And although we were excluded from the negotiations and the Democratic leadership has repeatedly refused to hold a legislative hearing on this bill, we have learned a few facts from the official projections produced by the Congressional Budget Office, and from what I've read, this bill isn't something that I could ever support.

For example, we know that the vast majority of the people added to the SCHIP program

under the Democrats' bill will either already have private health insurance or they live in families with incomes too high to be eligible for SCHIP coverage today.

In fact, the Congressional Budget Office projects that H.R. 3963 will lead to over 1.2 million new enrollees being added to SCHIP as a result of an "expansion of SCHIP and Medicaid eligibility to new populations." This means that these 1.2 million children live in families whose incomes are too high to qualify for the current SCHIP program. On the other hand, CBO projects that only 800,000 currently SCHIP eligible kids will be enrolled as a result of H.R. 3963. This means that 50 percent more higher-income kids will be enrolled than currently SCHIP eligible kids.

And who will be paying for this expansion of SCHIP eligibility to higher-income families? Well, according to the Congressional Research Service, the vast majority of the \$70 billion in additional tobacco tax revenues will come from low-income families. In fact, the Congressional Research Service said that tobacco taxes are "the most regressive of the federal taxes."

So, with H.R. 3963, the Democrats really are taxing the poor in order to give to the rich.

In their defense, I guess it is difficult for the Democratic leadership to know exactly what is in their own bill since it has neither been subject to a single legislative hearing nor conferred by the House and the Senate.

Unfortunately, we don't know when the Democrats are going to stop playing politics with the health of low-income children and begin the process of working with Republicans in a bipartisan manner to produce a long-term reauthorization of the SCHIP program. I hope that time comes soon, and when it does, I stand ready to work with them. As it stands now, I urge all Members to reject this cynical ploy and vote no.

Mr. STARK. Madam Speaker, I yield myself 2 minutes.

I'd like to take this time just to urge my colleagues to vote to override President Bush's veto on what is, in my way of looking at it, bipartisan SCHIP legislation.

We had 43 Republicans in the House who voted with us, and 17 Republicans in the other body voting with us, many of whom participated in the crafting of this compromise. It is not exactly what the distinguished ranking member from Texas asked. It takes people below 300 percent of poverty, below 50-odd thousand bucks for a family of three. The adults will be out in a year, not tomorrow. It makes an effort to reduce crowding out, and only citizens and legal residents are eligible, and there are some means by which States can enforce that.

Children don't choose to be born into families, unlike those of us in Congress, who lack health insurance, and we should be able to give the children the health care they need to become healthy, productive members of society.

It becomes more urgent now that we're in a recession, perhaps in free-fall, and we should provide this safety net for families. It probably is the most urgent concern of a parent.

We're going to soon address a bipartisan economic stimulus package, and

it seems to me that if we could come together on that and deal with tax credits or tax relief and additional food stamps or additional unemployment insurance that somehow I don't follow the logic that would say that we shouldn't deal with young children.

Furthermore, I'm advised today by my 6-year-old son, who I must admit started out at about a hundred, so I kept him out of school, this was not planned otherwise, and he said, Dad, if we don't pass this health insurance they may fire all the Republicans, and I'd hate to see that.

With that, I reserve the balance of my time.

Mr. CAMP of Michigan. Madam Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I thank the gentleman from Michigan for yielding, and I appreciate the privilege to address this House.

This is a cynical attempt here to bring up a veto override attempt on an issue that's been decided, an issue that's been decided and a bill that's been signed by the President, is now enacted into law, to get us past the silly season of Presidential politics and on beyond November of 2008 so we can then have a legitimate discussion about what, if any, better options might be available to the American people. This is a big deal. This is already a victory for the taxpayers, and it's a victory for the kids that we're trying to take care of.

I say it this way. I said I would come back and report to the American people on how much money was saved because some of us held the line, and that dollar figure is \$35.6 billion. That's billion with a B. How much money is that? The ranking member of Energy and Commerce might want to know. We could build 178 ethanol plants at 100 million gallons each and quadruple our ethanol production with that kind of capital investment money. You could put a new car in every driveway in my State for that kind of money, but no kid was even threatened to lose their health insurance premium, and we took care of the kids. We're taking care of the taxpayers.

\$35.6 billion is what's on the line here. And who's paying the bill? Not us, not those of us in my generation, not those of us who are serving here in the United States Congress. Maybe our kids, more certainly our grandchildren will have to pay this price if we don't step up and draw a bright line. \$35.6 billion, \$6.5 billion going to illegals getting access to Medicaid because of the language that's in this legislation that erodes the standards that are required.

This is a responsible thing to uphold the President's veto and turn down this veto override attempt.

Mr. DINGELL. Madam Speaker, at this time, I yield to the distinguished gentleman from New Jersey (Mr. PALLONE), the chairman of the Health Subcommittee, 2 minutes.

Mr. PALLONE. Madam Speaker, I thank the chairman.

I am just amazed at what's going on here on the Republican side of the aisle because I know how difficult it's going to be to get the votes to override the President's veto.

Last year at this time, we had all the State health officers coming here, many of them from Republican States, you know, where the Governor was Republican, demanding the fact that we needed to provide more money for SCHIP in order to expand coverage because they did haven't the funds. They were taking kids off the rolls, and so we responded.

We put together this bill to try to increase the number of kids to 10 million at a cost and paid for it with what I consider a very reasonable way to go about funding the program.

Now, a year later, we're still hearing Republicans on the other side saying, well, we don't need this; it's not necessary. And the situation is only getting worse. The economy's on a downturn. I'm hearing more and more every day from my Governors, my Governor and Governors on both sides of the aisle, about what the economic downturn is going to mean that more people are unemployed. They need Medicaid, they need SCHIP, because they're not going to have health insurance for their kids. So the demand is even greater.

Whatever problem existed last year that we were trying to address with this legislation, and it was dire, is going to be aggravated even more over the next few months and the next year.

□ 1115

So, I do not understand those who object to this legislation.

In addition to that, the administration issued this directive in August, August 17, that makes it even more difficult to enroll kids and for States to have flexibility. In that directive, the President actually says you have to be off health insurance for a year before you can apply and get on the SCHIP program. So, here we have the Republican administration making it more difficult for States to cover children as at the same time that the need becomes greater every day.

It is an absolute disgrace, in my opinion, that this bill was vetoed. It should pass today because of the need. And I call upon the administration to stop this negative effort to continue to make it more difficult for kids to get coverage.

Mr. BARTON of Texas. Madam Speaker, may I inquire as to the amount of time that remains on all sides, please.

The SPEAKER pro tempore. The gentleman from Texas has 9 minutes remaining. The gentleman from Michigan has 9 minutes remaining. The gentleman from California has 10 minutes remaining. And the gentleman from Michigan has 10½ minutes remaining.

Mr. BARTON of Texas. Madam Speaker, I want to yield 2 minutes to the distinguished member of the En-

ergy and Commerce Committee, Congresswoman BLACKBURN of Nashville, Tennessee.

Mrs. BLACKBURN. Madam Speaker, I am rising today to urge a "no" vote on the SCHIP veto override.

You know, it seems like we have done this over and over and over again. But to my colleagues across the aisle, the time to have started this discussion was this time last year. And if they were so concerned about children's access to health care, the timely manner would have been last year to start this debate, not the end of the year.

Now, as we have heard in the discussion here today, this issue is decided. This body passed S. 2499, that's Senate bill 2499, which very closely mirrors the Barton-Deal bill that the ranking member mentioned earlier today, and it came very close to extending the program with its original intent.

Now, how many times in this body do we hear programs have strayed from their original intent, they're not what they started out? And that is how we went about making certain that this program was put in place through March 2009, getting through the Presidential debate so we didn't have to come back to the floor and talk about this. But instead, the majority wants to keep their focus on H.R. 3963.

Now, in that bill what you would find is it will increase the number of adults on SCHIP, which is the State Children's Health Insurance Plan. Why do we need to be putting adults on SCHIP? It would also allow illegal immigrants to fraudulently enroll in SCHIP. Why should illegal immigrants be getting taxpayer-funded health care? And it would create a flawed tobacco tax scheme to the tune of \$70 billion.

Madam Speaker, let's vote to sustain the veto. Let's vote "no" on this veto override. It is disheartening that the Democrats cannot put aside their partisan agenda for children.

Mr. STARK. Madam Speaker, at this time, I would like to yield 2 minutes to the distinguished gentleman from Maryland (Mr. VAN HOLLEN), who understands that this bill would allow 65,000 Maryland children to gain coverage under SCHIP.

Mr. VAN HOLLEN. I thank my colleague.

Madam Speaker, it wasn't that long ago, in fact, it was September 2004, that President Bush told the Nation, and I quote, "We will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for the government's health insurance programs. We will not allow a lack of attention or information to stand between these children and the health care they need." That's what the President said just a little over 3 years ago. He has, with his veto, changed his mind. He has turned his back on what he said to America just 3 years ago.

But what hasn't changed since he's changed his mind are the needs of a

million American children; in fact, the needs have only grown greater over the last 3 years. We see rising gas prices; we see rising grocery prices; we see rising prices of going to college; and, yes, we see rising prices for health care. In fact, many more people are not going to be able to afford health care for their kids today than before as people fight a tightening economic squeeze in the months ahead.

We are trying to work together on an economic stimulus package. We worked together on a bipartisan basis when this legislation passed the House and the Senate. It is time for us to work together for the children of this country and make sure they get the health care they need at this very important time.

You know, the American people are hungry for a change in direction. They're hungry for politicians who follow through and do what they said they were going to do, and this is something the President told the Nation he wanted to do. Now that we need it more than ever and more families and more children are struggling than ever before, we need to come together and fulfill the commitment that was made.

Madam Speaker, it's time to say "no" to the President's veto. This bill is paid for by increase in tobacco taxes. Let's make sure we don't spend our time looking out for the tobacco companies. Let's look out for the children of America. Let's say "no" to the President's veto and "yes" to this bill.

Mr. CAMP of Michigan. Madam Speaker, I yield 2 minutes to the gentleman from Illinois (Mrs. BIGGERT).

Mrs. BIGGERT. I thank the gentleman for yielding.

Madam Speaker, this is starting to feel like Ground Hog Day, the same debate over and over. By my count, this is the eighth time that we have debated SCHIP legislation on the House floor in the 110th Congress. Considering that the most recent debate was on the legislation to extend the program through March of 2009, it is hard for me to understand why the majority finds it necessary to hold this vote. This is time and, more importantly, goodwill that could be better spent discussing legislation that both Republicans and Democrats could support.

House Republicans have stated repeatedly the principles that we believe necessary to secure our votes on the legislation to reauthorize SCHIP. Those basic principles include covering low-income children first, SCHIP for kids only, SCHIP should not force children out of private health insurance, SCHIP for U.S. citizens only, and the funding should be stable and equitable.

As many of my colleagues know, I have been part of a group of Members from both sides of the aisle and from both Chambers who met for months late last year to find common ground on SCHIP legislation. For my colleagues who took part in these meetings, you know very well that the dis-

cussions were productive at times and less productive at other times. But despite our disagreements and the bumps in the road, we persisted and continued to meet because we believe that this is one of the most important issues that this Congress will address. While I believe we were making progress, we ran out of time. However, the extension provided by Congress in December gives us another opportunity to do the right thing.

It's the majority prerogative to determine when bills come to the floor, but if Democrats are serious about reauthorizing SCHIP, let's sit down and finish what we started last fall and write a bill that both sides can agree to. Partisan posturing is not going to provide relief to the working families and health coverage for kids.

Mr. DINGELL. Madam Speaker, at this time, I yield 1 minute to the distinguished gentlewoman from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Madam Speaker, I listened to a colleague on the opposite side of the aisle say, "Why are we here?" and I realized they don't really know why we're here. We're here for the children.

And then they said, "You've been back eight or nine times." That's right. And we will be back always and forever until we provide health care for working families in America.

We want to protect 10 million children and provide health care insurance. They want to protect 6 million. It's as simple as that. What happens to the other 4 million? And in New Hampshire, we would have enrolled 8,000 more children. What happens to the children in New Hampshire and the children of America? Parents will not lie awake at night wondering do they now raid the rent budget or the food budget. Is the child sick enough now to go to the hospital because they don't have health care insurance?

Who wanted families in America to make this choice? Not the majority of the House, not the majority of the Senate, not the majority of the Governors, not even the health care industry. But the President vetoed this essential bill, and I'm asking my colleagues on both sides of the aisle to join us in an override so that the children of America get health care.

Mr. BARTON of Texas. Madam Speaker, I yield 3 minutes to the distinguished ranking member of the Health Subcommittee of the Energy and Commerce Committee, Congressman DEAL of Georgia.

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

I'm beginning to think the writers' strike in Hollywood has migrated to Washington, DC. It sounds like we're having reruns, and, in fact, we are; same speeches. But the truth of the matter is the facts themselves have not changed.

The bill that is being considered for an override of the President's veto, the fact remains that if we are talking

about 10 million children being covered by SCHIP, 2 million of those will be in a crowd-out, currently having private insurance but being then forced or given the enticement, because it is a government program, to move to a government-run health care program rather than the private insurance that they currently have.

The fact does not change that the bill does not have stable funding. While it dramatically increases the funding for the first 5 years, it then falls off a cliff, and the funding is cut by two-thirds.

The fact remains that this bill fails to prioritize poor children. It would repeal the current requirement from CMS that 95 percent of children below 200 percent of poverty be covered before you move up the poverty scale. It repeals that and gives no priority to poor children.

It does not cap the income eligibility. While some proponents say that it caps it at 300 percent of poverty, States could still enroll children and families above that, using what is known as "income disregards." And instead of focusing on children, which it is a children's program, childless adults could continue to remain in the SCHIP program under this bill through September 30 of 2009. And parents who are adults could also stay on until September 30 of 2012 in what is supposed to be a children's insurance program.

It provides excess, unnecessary funding. It does not give States the incentive to do as they currently are required to do to continue to maintain their participation.

You know, Democrats contend that we should put more money into SCHIP because of leaner times. It would seem to me that in leaner times we should give the priority to the children in the poor families, and this bill does not do that.

Ronald Reagan is quoted as saying, in talking about welfare, "We should measure welfare success by how many people leave welfare, not by how many are added." I would suggest the same criteria could be used in SCHIP legislation.

With that, I would urge a "no" vote on the veto override.

Mr. STARK. Madam Speaker, I am happy to recognize the distinguished gentleman from Wisconsin, Dr. KAGEN, for 1 minute, who recognizes that 37,800 children in Wisconsin could gain health insurance and not have 161,000 prohibited, as they would in Georgia, if we don't override this veto.

Mr. KAGEN. Madam Speaker, this is not a political exercise nor is it a Hollywood movie, but we can give this a happy ending with a "yes" vote today to override the President's veto of an essential bill to guarantee health care to those children who need it most in America.

Forty-seven million citizens have no health care coverage at all, zero. And the costs for care are simply out of reach for everyone. People cannot afford to pay their doctor bills, their prescription drugs. They can't afford their

hospital tests, and they can't even afford to pay for life-saving cancer therapies. And why? It's simple. They just don't have the money. And what kind of Nation are we when children who are most in need are not being seen in a doctor's office and instead have to go to the more expensive emergency room?

We need a uniquely American solution to this crisis, and we need it now because patients cannot hold their breath any longer. Everywhere in the country people are asking, "Whose side are you on, and why can't Congress work together?" Well, let's work together today, this day, and reverse President Bush's veto.

I urge my colleagues to vote "yes" on the override. Let's bring an end to this national disgrace. This is for our children on whose future we all depend.

Mr. CAMP of Michigan. I yield 2 minutes to the distinguished gentleman from Georgia, Dr. GINGREY.

□ 1130

Mr. GINGREY. I thank the gentleman for yielding.

Madam Speaker, we hear from the other side that we are here eight, 10, 12 times for the children. And certainly we are. On both sides of the aisle, we are here for the children. But we are here for the needy children. And that's what we did a month ago when enacting in almost unanimous fashion Senate bill 2499, which expands this SCHIP program for 18 months and not only expands it but increases the spending almost 20 percent, some 800 million additional dollars to cover, yes, these children that President Bush said he was determined to cover.

But what the Democratic majority wants to do is increase this program by 140 percent, cover an additional 4 million children on top of the 6 million that are already covered. And as my colleague Representative DEAL of Georgia pointed out, of those 4 million, 2 million would be children who are already covered by private health insurance.

One of my other colleagues on the other side of the aisle stood up and said shouldn't we provide health insurance for the children of hardworking Americans? Well, no, not if they're making \$75,000 a year.

We are going to come back to this floor in the next week or two with a \$150 billion economic stimulus package to get us out of a recession. We need the money for that. So we don't want to be squandering money to provide health insurance for those who could afford to do it for themselves. I think the program that we have enacted in a bipartisan way said it all, and if we wanted to have this override of the President's veto of this bloated program that the Democrats proffered, increasing the spending by \$35 billion just so you can cover 4 million additional children, half of whom do not need that government help, then we should have had that override vote a month ago.

The reason we are doing it today is for political reasons in anticipation of embarrassing the President prior to the State of the Union Address next week. It's pure and simple politics. Reject this vote.

Mr. DINGELL. Madam Speaker, at this time I have the privilege to yield 2 minutes to the distinguished majority whip, the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. I thank the gentleman for yielding me this time.

Madam Speaker, I rise today in support of H.R. 3963, the State Children's Health Insurance Program.

Madam Speaker, hardworking American families are struggling and in dire need of assistance. I can think of no better way to help them than by providing health insurance coverage for their precious young ones. I find it shameful and downright neglectful for President Bush and congressional Republicans to turn their backs on hardworking American families by refusing to support this reauthorization bill.

As we speak, the Governor of South Carolina is proposing to cut the Children's Health Insurance Program in spite of the fact that last year the legislature overrode his veto of similar legislation. He wants to deny health care coverage to an additional 70,000 low- and middle-income children in order to cut the State's income tax on a few of South Carolina's wealthiest families.

We all know, Madam Speaker, that when children are uninsured minor health problems can become serious and chronic health problems. Those children often end up in emergency rooms, and that means that State residents with insurance ultimately will pay in higher medical costs, higher deductibles, and higher co-pays for their own care. This contributes to a less efficient, more expensive health care system for all.

I implore my colleagues to do as my State's legislators have done in a bipartisan way and override this veto. In doing so, you are taking a stand for our children and the preservation of our public health systems.

Mr. BARTON of Texas. Madam Speaker, I want to yield 1 minute to the gentlewoman from Florida, Congresswoman GINNY BROWN-WAITE.

Ms. GINNY BROWN-WAITE of Florida. I thank the gentleman for yielding.

Madam Speaker, I rise today to speak as one of the original members of the group of Republican House Members who tried very hard to come up with a bipartisan compromise to extend health care insurance to more low- and moderate-income children. Our group met many times with Democrat leaders in both the House and the Senate with the basic goal to give health insurance to more low- and moderate-income children, without breaking the bank and also without giving coverage to illegal immigrants or childless adults.

I agree with many of the speakers today here that SCHIP should be extended for more low-income children who don't have health insurance. But the measure before us today does not target taxpayer funds to those low-income children. Instead, it sends billions to illegal immigrants, childless adults, and spends too much on middle- and upper-income families, not the low-income children originally intended.

When we stand here and we try to override the President's veto of bill when we all know that the SCHIP program has been continued, it's no wonder that the American public has such disregard for Congress.

Mr. STARK. Madam Speaker, I am delighted to yield 1 minute to the distinguished Speaker of the House.

Ms. PELOSI. I thank the gentleman for yielding and thank him for his leadership on behalf of insuring America's children and also commend the distinguished chairman of the Energy and Commerce Committee, Mr. DINGELL, for his leadership on this important subject.

Madam Speaker, I want to acknowledge your exceptional presiding over this debate. You have presided over most of the debate for SCHIP, if not all. I think you are approaching, depending on what happens in the course of this debate, 100 hours of presiding in a very dignified fashion, and I want to acknowledge that because of the importance of this issue. Thank you, Madam Speaker.

All year we have been talking about the subject of how we make America healthier, how we bring many more children who are eligible to be enrolled in the State Children's Health Insurance Program. We've had the debates. We've had the outside advocacy of the March of Dimes, of Easter Seals, of the AMA, of the AARP, of Families USA, the YWCA, of the Catholic Hospital Association. Almost any organization that you can name that has anything to do with the health of the American people has endorsed the legislation that we have before us. That is important to the children, to their families, to their communities, to the economic stability of their States which have to provide health insurance for these children.

In the last few days, we have all been working together in a bipartisan way to come up with a stimulus package. The recognition that we need a stimulus package points to the need further for this SCHIP legislation to become law. Let's make our working in a bipartisan way on the stimulus package a model for how we approach other issues as well.

This SCHIP package has had strong bipartisan support from the start, in the House and in the Senate. In fact, the Senate has a veto-proof majority. Senator HATCH and Senator GRASSLEY have been major architects of this legislation, two very distinguished Republican leaders in the United States Senate.

The issue comes down to what is happening in America's households today. Unemployment is up; housing starts are down. The price of gasoline and food and health care is up; the stock market is down. So the indicators, some that are felt very closely and intimately by America's families and some that are felt by our economy, all point to the need for us to take a new direction. And that new direction says what can we do that is fiscally sound, that meets the needs of the children, that has bipartisan support, and, again, strengthens our country by improving the health of our people?

One of the things that we can do is, again, take the lead, and many children who have come here to advocate on behalf of all children in our country, whether it was through the March of Dimes or Easter Seals or any other organizations, and that is to vote to override the President's veto. Let's remove all doubt in anyone's mind that this Congress of the United States understands our responsibility to children, understands our responsibility to the future. We've had the debate. We know the facts. We know the figures. It's just a decision that people have to make about what is inside of them about what their priorities are. And I hope the message that would lead this Congress is the message that we care about children and we care enough about them that we will vote to override this veto.

I thank the gentlemen again for their leadership.

Mr. CAMP of Michigan. Madam Speaker, I yield myself such time as I may consume.

I think it's important to note that this bill allows States to document citizenship, and the Social Security Administrator has said that changing the law will make it easier for illegal immigrants to get SCHIP funds as well as other taxpayer-funded benefits.

And despite this being a program for low-income children, under this bill three-quarters of a million adults will still be on the program in 2012. Under this bill more than 1.6 million children will lose their private coverage.

And let's talk about the funding. The majority has created a funding cliff that dramatically increases Federal funding to enroll new children for the next 5 years; then cuts funding for the bill by 80 percent. This will force future Congresses to make a very difficult choice: to dramatically increase funding or let American children lose their health coverage.

The other problem with this bill is that it is estimated that the bill, because it relies on tobacco taxes for funding, would require more than 22 million new smokers. Now, if there is any consistent policy the government has had administration to administration it's the discouragement of smoking. Yet this bill relies on a false funding mechanism that would require 22 million new smokers.

Madam Speaker, at this time I yield 2 minutes to the gentleman from Georgia, Dr. PRICE.

(Mr. PRICE of Georgia asked and was given permission to revise and extend his remarks.)

Mr. PRICE of Georgia. I appreciate the gentleman's leadership and his yielding time.

Regrettably, Madam Speaker, the New Year didn't bring any new ideas or new strategy on the part of our majority here. Less than 1 week into this new session, it remains all politics all the time. And you don't have to believe me. Just listen to their chairman, who was quoted in the New York Times on September 17 of last year: "If the President vetoes this bill, it's a political victory for us." So all politics all the time.

As has been stated by others, we solved this issue for the time being, the next 18 months, in a bipartisan manner last year, 411-3. And don't believe me if you don't want to. Believe the Atlanta Journal-Constitution, no great friend of our side of the aisle, which says, "Thanks to the infusion of Federal dollars, Georgia's embattled health insurance program for working class children is safe for another year and even has room to grow if the economy declines. The program called PeachCare, which was disrupted and debated last year by State officials, Congress, and the President, will have enough funding to cover the 254,820 children now enrolled and to grow by up to 40,000 children. 'I'm just relieved,' said the State Health Department Commissioner Dr. Rhonda Medows. 'This will ensure these children are taken care of.'"

"Relief echoed Monday through the Georgia health care advocacy community, which fought throughout the last year to save the program known as SCHIP. 'The advocacy community can do nothing but rejoice.'" And these comments have been voiced all around the Nation.

Last Thursday the Congressional Research Service issued a statement to Georgia officials that said that the State will receive \$325 million for the 2008 Federal budget, which runs through October of this year, and that funding level is expected to continue through March of 2009.

So this isn't about policy. This isn't about policy. It's all about politics, self-admitted on the other side.

Vote "no."

Mr. DINGELL. Madam Speaker, at this time I yield for the purpose of making a unanimous consent request to the distinguished gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Madam Speaker, I rise vigorously to oppose the President's veto because of the 1 million children in Texas and the City of Houston that will be left out in the cold without health care.

Madam Speaker, as the chair of the Congressional Children's Caucus, I rise to announce that I will proudly cast my vote in support of overriding the Presidential veto of H.R. 3963, the "Children's Health Insurance Program (CHIP) Reauthorization Act of 2007." I rise in strong support of this legislation because I am listening, and responding to the will of the American people. Last November 2006, Americans went to polls by the millions united in their resolve to vote for change. They voted for a new direction and a change in the Bush administration's disastrous neglect of the real needs of the American people, particularly children who lack health insurance through no fault of their own. The new Democratic majority heard them and responded by passing H.R. 976, "State Children's Health Insurance Program (SCHIP) Reauthorization Act of 2007." The President vetoed the bill, basing his decision on the absurd and laughable claim that the program was thinly disguised "socialized medicine" and that it was too costly to provide health insurance for America's needy children.

The President's senseless veto of the SCHIP bill suggests that this administration is operating under the misimpression that it is entitled to a continuation of the ancien régime under which the Republican-led Congress look askance and gave the President a blank check to mismanage the affairs of our Nation. Following the President's first veto, the bill was revised to meet a number of concerns raised by the President including ensuring lower-income children are enrolled first and ensuring benefits are denied to illegal immigrants. While the bill again passed the House by a bipartisan vote of 265 to 142, moving to the Senate where it passed by a veto-proof 64 to 30, the President again vetoed the bill and, in so doing, denied health care to millions of deserving American children.

No matter how many veto threats the President issues, this Congress is not going to give him a blank check to escalate and continue the war in Iraq or to ignore the pressing domestic needs of the American people. It is long past time for change in Iraq and in the direction of the United States. Just as the people and Government of Iraq must accept responsibility for their own country, the people's representatives in Congress must take the lead in addressing the real problems of real Americans living in the real world.

H.R. 3963 is a necessary step in the right direction because it provides dependable and stable funding for children's health insurance under Titles XXI and XIX of the Social Security Act in order to enroll all 6 million uninsured children who are eligible for coverage today, but not enrolled. That is why I strongly support this legislation.

Madam Speaker, next to the Iraq war, there is no more important issue facing the Congress, the President, and the American people than the availability of affordable health care for all Americans, especially children. This bipartisan SCHIP bill is supported by an astounding 81 percent of the American people and the majority of Congress.

By vetoing the bipartisan SCHIP Authorization Act, the President vetoed the will of the American people. By vetoing that legislation, the President turned a deaf ear and a blind eye to the loud message sent by the American people last November.

I voted to override the President's veto because I can think of few goals more important

than ensuring that our children have access to health coverage. I voted to override the President's veto because I put the needs of America's children first.

TEXAS CHILDREN

I am extremely pleased to know that the children in the State of Texas stand to benefit tremendously from the SCHIP Reauthorization Act. Texas has the highest rate of uninsured children in the Nation, and Harris County the highest in the State. The bill goes a long way to provide coverage for the 585,500 children enrolled in Texas's CHIP program; and to reach the 998,000 children in families with incomes under the 200 percent Federal Poverty Level, FPL, who remain uninsured.

Madam Speaker, this important legislation commits \$50 billion to reauthorize and improve the Children's Health Insurance Program, CHIP, and cover the 6 million children who meet its eligibility criteria.

Madam Speaker, SCHIP was created in 1997, with broad bipartisan support, to address the critical issue of the large numbers of children in our country without access to healthcare. It serves the children of working families who earn too much money to qualify for Medicaid, but who either are not able to afford health insurance or whose parents hold jobs without healthcare benefits.

Children without health insurance often forgo crucial preventative treatment. They cannot go to the doctor for annual checkups or to receive treatment for relatively minor illnesses, allowing easily treatable ailments to become serious medical emergencies. They must instead rely on costly emergency care. This has serious health implications for these children, and it creates additional financial burdens on their families, communities, and the entire Nation.

This year alone, 6 million children are receiving healthcare as a result of CHIP. However, stopgap funding for this visionary program expires November 16. Congress must act now to ensure that these millions of children can continue to receive quality, affordable health insurance.

As chair of the Congressional Children's Caucus, I can think of few goals more important than ensuring that our children have access to health coverage. It costs us less than \$3.50 a day to cover a child through CHIP. For this small sum, we can ensure that a child from a working family can receive crucial preventative care, allowing them to be more successful in school and in life. Without this program, millions of children will lose health coverage, further straining our already tenuous healthcare safety net.

Additionally, through this legislation, we have an opportunity to make health care even more available to America's children. The majority of uninsured children are currently eligible for coverage, either through CHIP or through Medicaid. We must demonstrate our commitment to identifying and enrolling these children, through both increased funding and a campaign of concerted outreach. This legislation provides States with the tools and incentives they need to reach these unenrolled children without expanding the program to make more children eligible.

In my home State of Texas, as of June 2006, SCHIP was benefiting 293,000 children. This is a decline of over 33,000 children from the previous year. We must continue to work to ensure that all eligible children can partici-

pate in this important program. To this end, Texas Governor Rick Perry signed legislation in June which, among other things, creates a community outreach campaign for SCHIP.

In addition to reauthorizing and improving the SCHIP program, this legislation also protects and improves Medicare. Due to a broken payment formula, access to medical services for senior citizens and people with disabilities is currently in jeopardy. Physicians who provide healthcare to Medicare beneficiaries face a 10 percent cut in their reimbursement rates next year, with the prospect of further reductions in years to come looming on the horizon. The budget proposed by the Bush administration does not help these doctors, or the patients that they serve.

This revised bipartisan legislation addresses the concerns raised by President Bush's first veto. These revisions include ensuring that only children in families with gross incomes below \$51,500 for a family of three will receive SCHIP coverage, consequently addressing the President's concern that upper-income children do not receive coverage. Furthermore, this revised legislation will require that lowest income children are served first by requiring States to enroll the lowest income first in order to receive bonus payments. This bill will also phase out the coverage of childless adults in SCHIP over 1 year, as opposed to the 2-year coverage phase out in the original bill. And finally, this bill ensures that only citizens and legal immigrants receive coverage by providing that if the Social Security Administration is unable to confirm the citizenship of the applicant, the applicant will be required to provide the State with additional documentation to confirm eligibility. If passing the Senate with a veto-proof margin was not enough to stop President Bush from once again vetoing SCHIP, then the alleviation of all his problems and issues with the previous version should ensure that this bipartisan revision of the legislation stands.

This is extremely important legislation providing for the health coverage of 6 million low-income children, as well as protecting the health services available to senior citizens and persons with disabilities. President Bush was wrong to veto this legislation. I stand strong with the children of America in voting to reauthorize this program. I urge all members to join so that we pass the bill with a veto-proof majority.

Mr. DINGELL. Madam Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. GENE GREEN), a member of the committee.

□ 1145

Mr. GENE GREEN of Texas. Madam Speaker, I thank our Chair of the committee for allowing me to speak. Sitting here, waiting in line and listening, I am amazed at the rhetoric I hear. We had Members from our minority side talk about we have to worry about saving for the stimulus next week, and we want to vote for that. But it is amazing they want to save money from the SCHIP program to pay for a stimulus, and at the same time they don't worry about paying for the billions of dollars a month that we are spending in Iraq. It is amazing how frugal they are when they want to be.

Madam Speaker, the President's veto of the children's health care bill once

again shows it is playing politics rather than embracing an opportunity to fix a system that is in need of repair. The reason we are here is over 10 years ago this House and Senate and the President at that time signed the bill. The issue was we need to cover the children first. Instead of signing this piece of legislation into law, President Bush twice vetoed a bill to provide insurance coverage to 10 million low-income American children of working parents.

The administration's reason for this veto just doesn't stand up. No Federal funding will be spent on undocumented immigrants in this bill. If they are, they are on the State's, the State of Texas or whoever else, to pay for it if they allow illegal immigrants on the CHIP plan. In 1 year, childless adults are taken off the SCHIP program, even though this administration issued waivers to allow them to be on it. Only lowest income children are covered, with a prohibition on coverage for over 300 percent of poverty, and still the President vetoed it.

We continue to spend billions of dollars a month in Iraq, and we can't even cover the lowest income children. Energy costs are up. Everything is up. Our economy is weakening, and the number of unemployed and uninsured in this country are rising. Let's at least cover the children with health care. Let's vote to override this misguided veto.

Mr. BARTON of Texas. Madam Speaker, I have no other speakers other than myself, so I am going to reserve the time until we are prepared to close.

The SPEAKER pro tempore. The Chair will recognize for closing speeches in reverse order of opening speeches, beginning with Mr. CAMP from Michigan, Mr. STARK from California, Mr. BARTON from Texas and Mr. DINGELL from Michigan.

Mr. STARK. Madam Speaker, at this time, I am delighted to yield 1 minute to the distinguished leader of the House, Mr. HOYER from Maryland.

Mr. HOYER. I thank the distinguished chairman of the subcommittee for yielding. I thank Mr. DINGELL for his indefatigable advocacy on behalf of children and on behalf of the health of all Americans. I thank my Republican colleagues, as well, for a large number of them supported this legislation when it passed the House.

In fact, over 60 percent of this House voted for this legislation. Over 66 percent of the Senate voted for this legislation. We are just a percentage point short of overriding the President's veto. We are not going to override that veto today. That is unfortunate. It is not unfortunate for me. It is not unfortunate for the 434 of us who have a health insurance program, and we have the most accessible health care perhaps of any American. But it is very unfortunate for those parents who woke up this morning and prayed that their children didn't get sick and prayed

that they didn't get sick because they don't have health insurance, and they are not sure that without health insurance they will have access. They will have access perhaps if their child gets very sick, gets very badly injured, because then they will take them to the emergency room and the emergency room will see them.

There is not one of us, not a person in this Chamber, who would want their children, their grandchildren, or in my case, my great-granddaughter, in that predicament. Not one of us. The gentleman from Georgia who previously spoke talked about politics, and Mr. BARTON I think has mentioned, I haven't heard all of the debate, but mentioned this was about politics. Well, I would agree; it is about politics. Everything we do on this floor is about politics, not necessarily partisan politics, but about public policy and the politics to achieve public policy and the philosophy underlying the achievement of that policy.

You've heard me quote it before. You are probably tired of hearing me quote it. But I am going to quote it again. The President of the United States was seeking reelection in 2004. In the summer, late summer of 2004, he stood on the floor of the Republican Convention and said to all America, "If I am reelected in a new term, we will lead an aggressive effort to enroll millions of children who are eligible but not signed up for government health insurance programs. We will not allow a lack of attention or information to stand between these children and the health care they need."

He was reelected. And in 2005, there was no aggressive effort to enroll millions of children who are eligible but not signed up for government health insurance. And the Republicans were in charge of this House and of this Senate. There was no aggressive effort here, either. And in 2006, when the same leadership maintained, there was no aggressive effort to add millions of children consistent with the President's promise of 2004.

But when we were elected and when we took over the leadership of this House and when Mr. DINGELL took over leadership of the Energy and Commerce Committee, Mr. RANGEL took over as chairman of the Ways and Means Committee, and Mr. STARK took over the chairmanship of the Health Subcommittee, lo and behold, we pursued the President's objective. Now, that may be political. But it was certainly the politics promoted by the President. It was the objective that the President said was an important one. It was a promise he made to America's children and America's families. And so we passed a bill through this House with 45 Republicans, 43 on this particular bill, and in the Senate, two-thirds of the Senate, 18 Republican United States Senators, almost half of the Senate delegation on the Republican side of the aisle voted for this bill.

And indeed, two of the senior Members, including the former chairman, Republican chairman of the Finance Committee, now the ranking member of the Finance Committee, and Senator HATCH, one of the senior Members of the United States Senate, both conservative Republicans, urged this President to sign this bill. Why? Because the facts that you are hearing on this side of the aisle are wrong, Mr. President. That's what Senator HATCH and Senator GRASSLEY said. Actually, they didn't say the facts on this side of the aisle that are being cited, but the facts that the President was saying was the reason for his veto, said they were wrong.

So, yes, we have another opportunity. And I want to tell my friends on the other side of the aisle, as the majority leader who schedules business for this floor, this won't be your last opportunity this year to address this issue. Is that politics? Maybe. And if it is bad politics, the people will not support it. But you and I both know that night onto 70 percent of the American public believes this bill ought to be passed, notwithstanding the veto of the President of the United States. Why did they think that? Because they know that their neighbors, maybe themselves, are challenged by their children not being covered. They are working. They are trying to make it. But as the economy tanks, hopefully we can stem that fall. They're worried.

Yes, this is about politics with a small "p," about making public policy that helps our Americans who are working hard to make America a great country and expect their government to hear their cries for help.

We spent some 24 meetings trying to address some of the questions that Ms. GINNY BROWN-WAITE raised. Mr. BARTON was in a couple of those meetings. We didn't get there. We regret that we didn't get there. Frankly, I want to tell you that I have talked to some of the people in that room who wanted to get there and were disappointed that we didn't get there. You've talked to them, too, Mr. BARTON, on your side of the aisle.

We have an opportunity to stand up for the 4 million additional children who will be helped by this legislation if we override the President's veto. Let's give those children the health care they need, they want, and a great Nation ought to ensure.

Mr. CAMP of Michigan. At this time, I reserve my time. I have no further speakers and will reserve my time for closing statements.

Mr. DINGELL. Madam Speaker, at this time, I yield 1 minute to the distinguished gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. Madam Speaker, we are increasingly concerned about the downturn in our economy. The declining stock market, weak dollar, high gas prices and home heating costs, and stagnant wages have caused financial insecurity for families across America.

Unemployment is now at a 2-year high, and personal debts are at an all-time high.

More and more families are being squeezed financially, making it harder for them to afford basic health coverage. The SCHIP bill we are considering today affects 10 million children living in families that work hard and play by the rules but can't afford health care for their kids.

We in Congress continue to work in a bipartisan manner to stimulate the economy and help American families threatened by this recession. I can think of no better way than to vote today to override the President's SCHIP veto. Failure to do this will lead to an increase in the number of children living in America without health care.

Mr. BARTON of Texas. Madam Speaker, I continue to reserve. I am the closing speaker.

Mr. STARK. Madam Speaker, I am delighted to yield 3 minutes to the gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Madam Speaker, I thank my colleague from California. Two weeks ago, President Bush came to my district to highlight Horace Greeley School. It is a Blue Ribbon School and is recognized for Leave No Child Behind for its accomplishment in teaching children and raising their standards.

I went to that event with the President, because as he said, making sure you had qualified teachers in that school was important. I would also like to say that you need qualified nurse technicians. While you want to test kids for math, we believe you also must test them for measles. While you must worry about the principal, we also want to worry about the pediatrician. And you must have a comprehensive approach to those children, from their pediatrician to the principal, from testing for measles to testing for math and from a teacher to a technician.

One-third of the children at Horace Greeley, slightly more, are children enrolled in SCHIP. Now, those children do well because we raised their standards. They also do well because they have good health care, and we did right by them. Their parents work. Predominately, 50 percent of the school are Hispanics. The rest is mixed. About a quarter are Caucasian.

The President of the United States picked a school in the inner city of Chicago, because of the about 200 schools across the country that are Blue Ribbon Schools, those kids met the standards. Their teachers met the standards. But we did it in a comprehensive fashion. We made sure that they had qualified teachers. We are making sure that they have qualified technicians. We made sure they have a qualified principal. They also must have a qualified pediatrician. And that is what made those kids and our future brighter.

I was proud that the President came to my district and recognized a school

in a tough area doing right by kids. And the question is, will this floor do right by those children? And I am not sure. No, we won't have the votes to override the President's veto. And I told him then, "You want to reauthorize No Child Left Behind because it raised the standard. We want to also reauthorize the SCHIP program."

Last November, the American people said they want a change in Washington to set the right priorities, and one of those things was to work together across party lines. We did that here. Unfortunately, one thing didn't change, and that is enough Republicans that want to rubber-stamp policies that I believe are misdirected. Investing in 10 million children for the cost of 41 days in the war in Iraq will give those children more than just a blue ribbon; it will give them a chance at the future.

□ 1200

Mr. CAMP of Michigan. Madam Speaker, I reserve the balance of my time.

Mr. DINGELL. Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I continue to be the last speaker, and will reserve until we are prepared to close.

Mr. STARK. Madam Speaker, I am delighted to yield 2 minutes to the distinguished gentlewoman from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. Madam Speaker, today we will again attempt an override of the President's veto of the CHIP reauthorization bill.

Over the last 6 months, while President Bush and his Republican allies on the other side of the aisle have doggedly refused to take action to extend the Children's Health Insurance Program, a public-private venture that helps middle and low-income families be able to buy private health insurance, to an additional eligible 4 million children in this country, during that time the demand by America's working families for accessible health coverage has only increased.

Amid this economic downturn, with skyrocketing energy costs, a record number of mortgage foreclosures, fewer new jobs, the rate of unemployment has jumped dramatically in the last year, adding an additional 900,000 Americans who are jobless. Two-thirds of unemployed individuals lose their health care coverage for their families when they lose their jobs. So it is times like these when CHIP is needed most for their children. According to the Joint Economic Committee, as many as 1 million additional children will likely become eligible for subsidized health coverage like CHIP as a direct result of this economic downturn and increased unemployment.

Now is not the time to turn our back on America's children. It is time for my colleagues on the other side of the aisle to join us in supporting America's working families when times get

tough, like they are now. So they should join us, and I hope they do, because together we could and should override this misguided veto by the President, and help America's working families and their children weather this economic downturn and get health care to the children of America.

Health care should not be optional. It should be something we are sure that every American child has access to. Now is the moment when Republicans on the other side of the aisle can stand up for working families, for children in this country, and make sure that 10 million, an additional 4 million children, get health care coverage under CHIP.

The SPEAKER pro tempore. The gentleman from Michigan has 3 minutes remaining.

Mr. CAMP of Michigan. I reserve my time and am prepared to close.

The SPEAKER pro tempore. The gentleman from Michigan has 3 minutes remaining.

Mr. DINGELL. Madam Speaker, at this time I have no further requests for time and I am prepared to close if my good friends and colleagues here on the other side have that wish.

The SPEAKER pro tempore. The gentleman from California has 30 seconds remaining.

Mr. STARK. Madam Speaker, I would be glad to yield the balance of my time to the gentleman from Michigan.

The SPEAKER pro tempore. Without objection, the gentleman from Michigan (Mr. DINGELL) will be recognized for an additional 30 seconds.

There was no objection.

Mr. CAMP of Michigan. Madam Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 3 minutes.

Mr. CAMP of Michigan. Thank you, Madam Speaker.

This Congress has already passed an 18-month extension of the Children's Health Insurance Program to March of 2009, and in that bipartisan extension an additional \$800 million was provided to States to make sure that they could continue to provide health insurance to those already enrolled.

We have debated this many, many times on the floor, this flawed proposal. This so-called compromise bill did not have one hearing. I have great respect for this House as an institution, and part of that respect is the regular order of bringing bills to subcommittee, having hearings and giving people an opportunity to be heard on them so the public is aware of what is happening. This bill didn't have one hearing. It was given to the minority the night before the vote.

I think that kind of partisanship and politics, combined with the overreaching included in this compromise, it doesn't address the problem of illegals receiving SCHIP funds, it doesn't address the issue of adults in the program and focusing the program on children, it causes almost 2 million

children to lose private coverage, and, not only that, has unstable funding by assuming that 22 million new smokers are going to be found over the next few years.

I would urge my colleagues to vote against this veto override, and let's get to work on going through the regular process of having a hearing, bringing forward witnesses and fashioning a compromise that not just has House and Senate support, but under our system of government, before a bill becomes law, it has House, Senate and presidential support. So let's work together in the coming year and start off this year differently than last year, which, unfortunately, this was supposed to be the easy issue we were all going to be able to come together on. But I think a lack of process and really a bill that is flawed in many ways, as the debate here has shown today, makes it impossible to support.

So I urge my colleagues to vote against the veto override.

Madam Speaker, I yield back the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 3 minutes.

Mr. BARTON of Texas. Madam Speaker, I want to thank you for the very dignified way in which you have overseen this debate, not just today but in all the previous SCHIP debates. You are truly a credit to the institution, and I appreciate your courtesy.

Madam Speaker, constitutionally, when the President vetoes a piece of legislation, to override that veto either the House or the Senate has to muster more than two-thirds of its Members that are present and voting.

Now, I am not sure that it is a requirement that you bring a veto vote up or whether it is just a courtesy, but in any event, the majority postponed the veto override vote from back before Christmas until today. If one wants to be cynical, you could say that veto postponement was done for political reasons, since the President is giving the State of the Union next week. In any event, here we are again, and I will predict, and the majority leader when he spoke acknowledged this, that the votes won't be there to override the President's veto.

So we will continue to operate under the extension, the Barton-Deal bill that two-thirds of the Republican Conference are cosponsors of, that this House and the Senate passed right back before Christmas, and that the President signed. That bill, as Mr. CAMP has pointed out, increases funding by almost \$1 billion, or approximately 20 percent, and extends the program through March of next year. So there is no child currently on SCHIP that is going to lose coverage, regardless of the vote today.

Now, I do want to compliment my good friend Mr. PALLONE, if he is on the floor, I don't see him, but have just

been told that, lo and behold, we are going to have a legislative hearing next week on SCHIP. In his subcommittee, the Health Subcommittee, there is going to be for the first time in this Congress a hearing on SCHIP. So that tells me that there is an outside chance, and maybe better than an outside chance, that sometime in the next 2 to 3 months, if Mr. DINGELL agrees and Mr. STARK agrees and Mr. RANGEL agrees, we may actually do what we should have done 13 months ago, which is begin to craft a bipartisan compromise on how to permanently reauthorize, or at least reauthorize SCHIP for more than 15 months, and perhaps modify the program, and then expand it to cover some children that are currently not covered. So there is always hope.

But while that is yet to materialize, the vote before us today is to sustain the President's veto. I hope we do that, and then we can begin to work next week, hopefully on a bipartisan basis, to craft a compromise that the President will sign, and then we will have a signing ceremony either in the Oval Office or the Rose Garden sometime this year. But, today, vote to sustain the President's veto.

Mr. DINGELL. Madam Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan is recognized for 3½ minutes.

Mr. DINGELL. Madam Speaker, I have great affection and respect for my good friend the ranking member of the committee, but some of the things he has just said would tend to indicate the lack of understanding that there is in this place about this legislation.

The committee has had three hearings on SCHIP. We have another hearing coming up next week. The subject will at that time be oversight, to find out how the matters are being conducted.

There have been a lot of misrepresentation, mostly by the administration. For example, the administration says in its veto message the bill covers illegal immigrants. Not so.

It says that children whose parents can afford private health insurance are included in the legislation. Not so. The ceiling on these kinds of children is \$51,510 a year.

It also says that families with incomes of \$75,000 a year are eligible. Not true.

It says that childless adults are covered. All of these will be removed by the end of this year under the legislation, and it should be noted that those who are now eligible under this provision are done so under waivers which have been granted by this administration.

Regrettably, we have here then either misunderstanding or just plain hard-heartedness and dishonesty on the part of the administration with regard to what this legislation does.

What we have taken care of in this legislation is children who are iden-

tical in terms of all of the conditions of eligibility of the 6 million who were covered under the original law and who have been covered up to this time. We have added to them 4 million children who are identical in every particular to those 6 million.

What is wrong with that? How is anyone here going to be able to justify to his or her conscience denying 4 million kids who are fully eligible but do not confront a situation where the Federal Government puts the money and the eligibility in place so that they can be covered? I ask my colleagues, how can you then accept this veto? How can you deny these kids, whose need is as great as the 6 million now covered, and deny that 4 million? It is impossible for me to understand that.

There are a plethora of other misrepresentations about this bill coming out of the administration, and they appear, unfortunately, in a veto message from the President of the United States. The bill prohibits States from receiving Federal funding if they exempt portions of income that go to families with incomes over \$51,510. That is the ceiling, and those are families who have real need.

Let us meet that need. The number of kids who are going to be eligible and have need for health care is growing as this recession which threatens gets nearer and becomes a worse and more threatening reality.

I urge my colleagues, vote to override the veto. Vote for the kids. Vote to override the veto.

Mr. LEVIN. Madam Speaker, the question of whether the Federal Government is finally going to do more to provide health coverage to children who need it is not going to go away. This is not an issue of partisan politics. It's not a complicated issue either. It's simply a matter of doing what's right.

I believe that no American child should be without access to decent health care. This is especially true given the worsening economic conditions that are battering Michigan and every other State. Rising unemployment results in more American families losing their health insurance. Not only do workers find that health coverage is increasingly beyond their reach, the problem extends to children.

A new study by the Joint Economic Committee underscores the fact that between 700,000 and 1.1 million additional children will enroll in Medicaid and State Children's Health Insurance Programs each year due to slowing employment growth. The projections show that more than 35,000 additional children in Michigan alone will need help. But State budgets have been hard hit by the economic downturn. They don't have the resources to provide health care coverage to millions of kids that already need it, let alone all the new children who will need help due to the economic downturn.

That's why it's vital that Congress vote to override the President's veto of the Children's Health Insurance Program bill. By doing so, we can extend health care coverage to nearly 4 million children who are currently uninsured. Let's not let America's children become casualties of the economic downturn. Vote to override the President's veto.

Ms. ESHOO. Madam Speaker, today is the second time we are voting to override the President's veto of legislation which provides health care to more low-income, uninsured children under the State Children's Health Insurance Program (SCHIP).

Last year, 64 percent of the House voted for this legislation—just a handful of votes short of the two-thirds majority needed to override. In the Senate, there is a sufficient "super majority" to pass this bill.

With the economy either in recession or on the threshold of one, the arguments for this bill are even greater than they were when we voted for it last year.

Unemployment is edging up. With more Americans out of work there will be an increase in the number of uninsured. For every point that unemployment rises, 1.2 million to 1.5 million Americans lose their health insurance.

This legislation increases to 10 million the number of children covered under SCHIP and it addresses almost every major concern that has been raised about the bill.

The bill covers only American citizens (not undocumented individuals).

The bill will cover only children, not adults.

The bill focuses on covering low-income kids and it caps eligibility to families earning less than \$51,500.

The bill makes certain that coverage under SCHIP will not substitute for coverage by employer-provided and private health insurance.

The bill is fully paid for with an increase in the tobacco tax. This step not only balances the books, it saves lives and improves the health of young people. Public health experts (including a panel of the Institute of Medicine) agree that raising tobacco taxes is an effective way to reduce smoking, especially among children, and it's unfortunate that this provision is strongly opposed by the tobacco industry and the President.

With economic uncertainty facing millions of Americans at this time, I hope we will finally provide families with more security by overriding the President's veto and enacting this bill.

Mr. BACA. Madam Speaker, I rise in support of overriding the President's veto of the SCHIP bill, H.R. 3963.

In the face of job loss and a foreclosure crisis I rise again to fight for SCHIP. There are more families going hungry in my district each day, and the number of uninsured children is skyrocketing out of control.

As a parent and grandparent, I understand the despair we all feel when a child falls asleep crying in your arms and all you can do is reassure them.

I ask President Bush, how will you answer the pleas of help from these parents?

Parents are struggling. Local newspapers in my District report a 6.2 percent unemployment rate, which is much higher than the national average of 5.0 percent.

This loss of jobs translates to fewer parents covered by employment-based health insurance, which means more uninsured children.

This week we celebrated the legacy of Martin Luther King, Jr. Let us remember him as we fight today to protect our nation's most vulnerable citizens, our children!

I urge my colleagues to join me in rescuing health care for our children, and support this veto override.

Mr. BARTON. Madam Speaker, here we are again. For the ninth time, we are here on the

floor of the House to vote on some form of consideration of the latest version of the Democratic leadership's SCHIP and Medicaid expansion bill. And if you count the votes on the Rules Committee resolutions for consideration of these bills, we will be debating this issue for the 13th time this morning.

And while the Democratic leadership has tried a dozen times to stuff their ideology down our throats on the floor of the House, the same Democratic leadership still hasn't held one single legislative hearing or completed one single legislative markup in the Energy and Commerce Committee, the committee with jurisdiction over the SCHIP program.

In December, the Democrats held their second debate on a motion to postpone consideration of the President's veto. Since that vote, Congress and the President have passed legislation that fully funds the SCHIP program through March of 2009.

It was my hope that once we passed the SCHIP extension legislation that we could come together and begin a true legislative process that could yield results. We've heard all this talk lately from the Democratic leaders about bipartisanship, but all we actually get is empty words and authoritarian process.

Then why are we here again today, Madam Speaker? Well, the only reason I can think of for this vote is the fact that the President is going to be delivering the State of the Union Address next Monday, and the Democrats have decided that they need more political theater in order to influence the press coverage of the President's address.

I thought that the reason we passed the extension legislation was to give us another 15 months to have a thoughtful bipartisan discussion on how to best craft a long-term reauthorization of the SCHIP program. I thought we were going to have legislative hearings where we could bring in policy experts to help us craft the best possible bill for the needy, low-income children in this country.

I listened to the debate on the floor. If we could write a bill based on what Members think the bill does, we may not be far off from compromise. One member said during the previous debate that this bill does not provide benefits for those above 200 percent of poverty, which is \$42,000 a year. If that is what Members support, then a compromise can be had. I have heard Members say that this bill takes adults off this Children's health insurance program. If that is what Member's believe the bill should do, then there is room for compromise.

I've heard Members say that they do not want people in the country illegally getting benefits. If there is agreement on that, there is room for compromise. I have also heard emphatic pleas that this bill is needed to ensure that poor children receive health care. I agree with that sentiment also, and we have proposals to ensure that States cover poor children first.

Unfortunately, the legislation does not match the rhetoric. It is my sincere hope that Democrats will eventually stop playing politics with the health of low-income children and begin to actually work in a bipartisan manner to help them. I hope that time comes soon, and when it does, I stand ready to work with the Democrats in a bipartisan manner. As it stands now, I urge all Members to reject this cynical ploy and vote to sustain a veto that is both wise

and brave, and which will force Democrats to value the health of poor children instead of using them as props.

Mr. CONYERS. Madam Speaker, I rise to voice my strong support for overriding the President's veto of the revised bipartisan SCHIP, State Children's Health Insurance Program, bill—H.R. 3963.

Overriding this veto will provide healthcare coverage for 10 million children of working families. This bill will preserve coverage for all 6.6 million children currently covered by SCHIP and extend coverage to 3.8 million children who are currently uninsured, including 80,900 in my home State of Michigan, according to the nonpartisan Congressional Budget Office.

In this weakening economy, more and more American parents are having difficulty finding affordable health insurance for their children. It is estimated that in Michigan, 35,600 additional children will need SCHIP or Medicaid in each year of this economic downturn. Funding the enrollment of children eligible for the SCHIP program is more critical than ever.

The bipartisan SCHIP bill is supported by 81 percent of the American people; 64 Senators, including 17 Republicans; 43 Governors, including 16 Republicans; and more than 270 organizations, including the AARP, AMA, Catholic Health Association, and Families USA.

House Democrats continue to stand strong to ensure health coverage for all of America's children, while those on the other side of the aisle persist in standing between millions of children and the health care they need. House Republicans should put our children first and override the President's misguided veto.

Mr. WILSON of Ohio. Madam Speaker, I fully support the reauthorization of the State Children's Health Insurance Program, SCHIP. This legislation will ensure that 10 million children receive the vital healthcare coverage they need and deserve.

Currently, more than 218,000 children in Ohio receive care through SCHIP, and the bipartisan plan vetoed by the President would have extended care to an additional 122,000 uninsured children throughout the State.

The President's veto on December 12th denied health care to children of hardworking families across Ohio just as the state's unemployment rate reached 6 percent. With our economy experiencing a downturn, families are struggling to put food on the table, heat their homes and pay for ever increasing healthcare costs, making reauthorization of SCHIP more important than ever.

I am saddened by this failed veto override, but will continue to fight for children's health care. I look forward to working with my colleagues in Congress to strengthen SCHIP and improve health care for children in Ohio and across the Nation.

Mr. DINGELL. Madam Speaker, I yield back the balance of my time, and I move the previous question.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Mr. BARTON of Texas. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 217, nays 195, not voting 18, as follows:

[Roll No. 21]

YEAS—217

Abercrombie	Grijalva	Neal (MA)
Ackerman	Gutierrez	Oberstar
Allen	Hall (NY)	Obey
Altmire	Hare	Olver
Andrews	Harman	Ortiz
Arcuri	Hastings (FL)	Pallone
Baca	Herseht Sandlin	Pascarell
Baldwin	Higgins	Pastor
Barrow	Hill	Payne
Bean	Hinchev	Perlmutter
Becerra	Hirono	Peterson (MN)
Berkley	Hodes	Pomeroy
Berry	Holden	Price (NC)
Bishop (GA)	Holt	Rangel
Bishop (NY)	Honda	Reyes
Blumenauer	Hooley	Richardson
Boren	Hoyer	Rodriguez
Boswell	Inslee	Ross
Boucher	Israel	Rothman
Boyd (FL)	Jackson (IL)	Royal-Allard
Boyda (KS)	Jackson-Lee	Ruppersberger
Brady (PA)	(TX)	Ryan (OH)
Braley (IA)	Jefferson	Salazar
Brown, Corrine	Johnson (GA)	Sánchez, Linda
Butterfield	Johnson, E. B.	T.
Capps	Jones (OH)	Sarbanes
Capuano	Kagen	Schakowsky
Cardoza	Kanjorski	Schiff
Carnahan	Kaptur	Schwartz
Carney	Kennedy	Scott (GA)
Castor	Kildee	Scott (VA)
Chandler	Kilpatrick	Serrano
Clarke	Kind	Sestak
Clay	Klein (FL)	Shea-Porter
Cleaver	Kucinich	Shuler
Clyburn	Lampson	Sires
Cohen	Langevin	Skelton
Conyers	Larsen (WA)	Slaughter
Cooper	Larson (CT)	Smith (WA)
Costa	Lee	Snyder
Courtney	Levin	Space
Cramer	Lewis (GA)	Spratt
Crowley	Lipinski	Stark
Cuellar	Loeback	Stupak
Cummings	Lofgren, Zoe	Sutton
Davis (AL)	Lowe	Tanner
Davis (CA)	Lynch	Tauscher
Davis, Lincoln	Mahoney (FL)	Taylor
DeFazio	Maloney (NY)	Thompson (CA)
DeGette	Markey	Thompson (MS)
Delahunt	Matheson	Tierney
DeLauro	Matsui	Towns
Dicks	McCarthy (NY)	Tsongas
Dingell	McCollum (MN)	Udall (CO)
Doggett	McDermott	Udall (NM)
Donnelly	McGovern	Van Hollen
Doyle	McIntyre	Velázquez
Edwards	McNerney	Vislosky
Ellison	McNulty	Walz (MN)
Ellsworth	Meek (FL)	Wasserman
Emanuel	Meeks (NY)	Schultz
Engel	Melancon	Waters
Eshoo	Michaud	Watson
Etheridge	Miller (NC)	Watt
Farr	Miller, George	Waxman
Fattah	Mitchell	Weiner
Filner	Mollohan	Welch (VT)
Frank (MA)	Moore (KS)	Wexler
Giffords	Moore (WI)	Woolsey
Gillibrand	Moran (VA)	Wu
Gonzalez	Murphy (CT)	Wynn
Gordon	Murphy, Patrick	Yarmuth
Green, Al	Murtha	
Green, Gene	Nadler	

NAYS—195

Aderholt	Bishop (UT)	Brown-Waite,
Akin	Blackburn	Ginny
Alexander	Blunt	Buchanan
Bachmann	Boehner	Burgess
Bachus	Bonner	Burton (IN)
Barrett (SC)	Bono Mack	Buyer
Bartlett (MD)	Boozman	Calvert
Barton (TX)	Boustany	Camp (MI)
Biggart	Brady (TX)	Campbell (CA)
Bilbray	Broun (GA)	Cannon
Bilirakis	Brown (SC)	Cantor

Capito Inglis (SC) Price (GA)
 Carter Issa Pryce (OH)
 Castle Johnson (IL) Putnam
 Chabot Johnson, Sam Radanovich
 Coble Jones (NC) Ramstad
 Cole (OK) Jordan Regula
 Conaway Keller Rehberg
 Crenshaw King (IA) Reichert
 Cubin King (NY) Renzi
 Culberson Kingston Reynolds
 Davis (KY) Kirk Rogers (AL)
 Davis, David Kline (MN) Rogers (KY)
 Davis, Tom Knollenberg Rogers (MI)
 Deal (GA) Kuhl (NY) Rohrabacher
 Dent Lamborn Roskam
 Diaz-Balart, L. Latham Roskam
 Diaz-Balart, M. LaTourette Royce
 Doolittle Latta Ryan (WI)
 Drake Lewis (CA) Sali
 Dreier Lewis (KY) Saxton
 Duncan Linder Schmidt
 Ehlers LoBiondo Sensenbrenner
 Emerson Lungren, Daniel Sessions
 English (PA) E. Shadegg
 Everett Mack Shays
 Fallon Manzullo Shimkus
 Feeney Marchant Shuster
 Ferguson Marshall Simpson
 Flake McCarthy (CA) Smith (NE)
 Forbes McCaul (TX) Smith (NJ)
 Fortenberry McCotter Smith (TX)
 Fossella McCrery Souder
 Foxx McHenry Stearns
 Franks (AZ) McHugh Sullivan
 Frelinghuysen McKeon Tancredo
 Gallegly McMorris Terry
 Garrett (NJ) Rodgers Thornberry
 Gerlach Mica Tiahrt
 Gilchrest Miller (FL) Tiberi
 Gingrey Miller (MI) Turner
 Gohmert Murphy, Tim Upton
 Goode Musgrave Walberg
 Goodlatte Myrick Walden (OR)
 Granger Neugebauer Walsh (NY)
 Graves Nunes Wamp
 Hall (TX) Paul Weldon (FL)
 Hastings (WA) Pearce Weller
 Hayes Pence Westmoreland
 Heller Peterson (PA) Whitfield (KY)
 Hensarling Petri Wilson (NM)
 Hergert Pickering Wilson (SC)
 Hobson Pitts Wittman (VA)
 Hoekstra Platts Wolf
 Hulshof Poe Young (AK)
 Hunter Porter Young (FL)

NOT VOTING—18

Baird LaHood Rahall
 Baker Lantos Rush
 Berman Lucas Sanchez, Loretta
 Costello Miller, Gary Sherman
 Davis (IL) Moran (KS) Solis
 Hinojosa Napolitano Wilson (OH)

1235

So the previous question was ordered.
 The result of the vote was announced as above recorded.

Stated for:

Mrs. NAPOLITANO. Madam Speaker, on Wednesday, January 23, 2008, I was absent during rollcall vote No. 21. Had I been present, I would have voted “yea” on ordering the previous question to H.R. 3963—to amend title XXI of the Social Security Act to extend and improve the Children’s Health Insurance Program.

Ms. SOLIS. Madam Speaker, during rollcall vote No. 21 on ordering the previous question on the veto override of the Children’s Health Insurance bill, I was unavoidably detained. Had I been present, I would have voted “yea”.

The SPEAKER pro tempore. The question is, will the House, on reconsideration, pass the bill, the objections of the President to the contrary notwithstanding?

Under the Constitution, the vote must be by the yeas and nays.

The vote was taken by electronic device, and there were—yeas 260, nays 152, not voting 19, as follows:

[Roll No. 22]

YEAS—260

Abercrombie Hall (NY)
 Ackerman Hare
 Allen Harman
 Altmire Hastings (FL)
 Andrews Hereth Sandlin
 Arcuri Higgins
 Baca Hill
 Baldwin Hinchey
 Barrow Hirono
 Bean Hobson
 Becerra Hodes
 Berkley Holden
 Berry Holt
 Bishop (GA) Honda
 Bishop (NY) Hooley
 Blumenauer Hoyer
 Bono Mack Inslee
 Boren Israel
 Boswell Jackson (IL)
 Boucher Jackson-Lee
 Boyd (FL) (TX)
 Boyda (KS) Jefferson
 Brady (PA) Johnson (GA)
 Braley (IA) Johnson, E. B.
 Brown, Corrine Jones (OH)
 Kagen Kanjorski
 Kaptur Kaptur
 Kennedy Kennedy
 Kildee Kildee
 Cardoza Kilpatrick
 Carnahan Kind
 Carney King (NY)
 Castle Kirk
 Castor Klein (FL)
 Chandler Kucinich
 Clarke Lampson
 Clay Langevin
 Cleaver Larsen (WA)
 Clyburn Larson (CT)
 Cohen Latham
 Conyers LaTourette
 Cooper Lee
 Costa Levin
 Courtney Lewis (GA)
 Cramer Lipinski
 Crowley LoBiondo
 Cuellar Loebsack
 Cummings Lofgren, Zoe
 Davis (AL) Lowey
 Davis (CA) Lynch
 Davis, Lincoln Mahoney (FL)
 Davis, Tom Maloney (NY)
 DeFazio Markey
 DeGette Matheson
 Delahunt Matsui
 DeLauro McCarthy (NY)
 Dent McCollum (MN)
 Dicks McDermott
 Dingell McGovern
 Doggett McHugh
 Donnelly McIntyre
 Doyle McMorris
 Edwards Rodgers
 Ellison McNeerney
 Ellsworth McNulty
 Emanuel Meek (FL)
 Emerson Meeks (NY)
 Engel Melancon
 English (PA) Michaud
 Eshoo Miller (MI)
 Etheridge Miller (NC)
 Farr Miller, George
 Fattah Mitchell
 Ferguson Mollohan
 Filner Moore (KS)
 Fossella Moore (WI)
 Frank (MA) Moran (VA)
 Gerlach Murphy (CT)
 Giffords Murphy, Patrick
 Gilchrest Murphy, Tim
 Gillibrand Murtha
 Gonzalez Nadler
 Gordon Neal (MA)
 Green, Al Oberstar
 Green, Gene Obey
 Grijalva Olver
 Gutierrez Ortiz

NAYS—152

Aderholt Alexander
 Akin Bachman

Bartlett (MD) Frelinghuysen Myrick
 Barton (TX) Gallegly Neugebauer
 Biggert Garrett (NJ) Nunes
 Bilbray Gingrey Paul
 Bilirakis Gohmert Pearce
 Bishop (UT) Goode Pence
 Blackburn Goodlatte Peterson (PA)
 Blunt Granger Pickering
 Boehner Graves Pitts
 Bonner Hall (TX) Poe
 Boozman Hastings (WA) Price (GA)
 Boustany Hayes
 Brady (TX) Heller Putnam
 Broun (GA) Hensarling Radanovich
 Brown (SC) Hergert Reynolds
 Brown-Waite, Hoekstra Rogers (AL)
 Ginny Hulshof Rogers (KY)
 Burgess Hunter Rogers (MI)
 Burton (IN) Inglis (SC) Rohrabacher
 Buyer Issa Ros-Lehtinen
 Calvert Johnson (IL) Roskam
 Camp (MI) Johnson, Sam Royce
 Campbell (CA) Jones (NC) Ryan (WI)
 Cannon Jordan Sali
 Cantor Keller Saxton
 Carter King (IA) Schmidt
 Chabot Kingston Sensenbrenner
 Coble Kline (MN) Sessions
 Cole (OK) Knollenberg Shadegg
 Conaway Kuhl (NY) Shimkus
 Crenshaw Lamborn
 Cubin Latta Shuster
 Culberson Lewis (CA) Smith (NE)
 Davis (KY) Lewis (KY) Smith (TX)
 Davis, David Linder Stearns
 Deal (GA) Lungren, Daniel Sullivan
 Diaz-Balart, L. E. Tancredo
 Diaz-Balart, M. Mack Terry
 Doolittle Manzullo Thornberry
 Drake Marchant Tiahrt
 Dreier Marshall Walberg
 Duncan McCarthy (CA) Walden (OR)
 Ehlers McCaul (TX) Wamp
 Fallon McCotter Weldon (FL)
 Feeney McCrery Weller
 Flake McHenry Westmoreland
 Forbes McKeon Whitfield (KY)
 Fortenberry Mica Wilson (SC)
 Foxx Miller (FL) Wittman (VA)
 Franks (AZ) Musgrave

NOT VOTING—19

Baird LaHood Rush
 Baker Lantos Sanchez, Loretta
 Berman Lucas Sherman
 Costello Miller, Gary Solis
 Davis (IL) Moran (KS) Wilson (OH)
 Everett Napolitano
 Hinojosa Rahall

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So (two thirds not being in the affirmative) the veto of the President was sustained and the bill was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mrs. NAPOLITANO. Madam Speaker, on Wednesday, January 23, 2008, I was absent during rollcall vote No. 22. Had I been present, I would have voted “yea” on passage, the objections of the President to the contrary notwithstanding, of H.R. 3963—to amend title XXI of the Social Security Act to extend and improve the Children’s Health Insurance Program.

Ms. SOLIS. Madam Speaker, during rollcall vote No. 22 on overriding the President’s veto of H.R. 3963, Children’s Health Insurance Program Reauthorization Act, I was unavoidably detained. Had I been present, I would have voted “yea.”

The SPEAKER pro tempore. The veto message and the bill will be referred to the Committees on Energy and Commerce and Ways and Means.

The Clerk will notify the Senate of the action of the House.

PERSONAL EXPLANATION

Mr. WILSON of Ohio. Madam Speaker, on Wednesday, January 23, 2008, I was unable to vote on rollcall 21 and 22 due to unavoidable circumstances. Had I been present, I would have voted "yea" for both votes.

APPOINTMENT OF HON. STENY H. HOYER AND HON. CHRIS VAN HOLLEN TO ACT AS SPEAKER PRO TEMPORE TO SIGN ENROLLED BILLS AND JOINT RESOLUTIONS THROUGH FEBRUARY 6, 2008

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,

January 23, 2008.

I hereby appoint the Honorable STENY H. HOYER and the Honorable CHRIS VAN HOLLEN to act as Speaker pro tempore to sign enrolled bills and joint resolutions through February 6, 2008.

NANCY PELOSI,

Speaker of the House of Representatives.

The SPEAKER pro tempore. Without objection, the appointment is approved.

There was no objection.

LEGISLATIVE PROGRAM

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

Mr. BLUNT. Mr. Speaker, I yield to my friend from Maryland, the majority leader, for the purpose of inquiring about next week's schedule.

Mr. HOYER. I thank the distinguished Republican whip.

On Monday the House will meet at 2 p.m. for legislative business. Votes will be postponed until 5 p.m., and that evening we will receive the State of the Union address from the President.

On Tuesday the House will meet at 10:30 a.m. for morning-hour debate and 12 noon for legislative business. We will consider several bills under suspension of the rules. A list of those bills will be announced by the close of business this week.

In addition, we will consider H.R. 1528, a bill to designate the New England National Scenic Trail.

The House will not be in session for the balance of the week in order to accommodate the Democratic Caucus Issues Conference.

I yield back.

Mr. BLUNT. I thank the gentleman for that information. As he and I discussed last week, the FISA legislation that passed with, obviously, a bipartisan majority in early August expires on February 1. I think the Senate intends to bring that up on Thursday, and Senator REID has suggested a commitment from the Speaker to bring a bill up next week. I wonder if we have any information on that.

I yield.

Mr. HOYER. I thank the gentleman for yielding.

I have not talked to Senator REID nor the Speaker about any commitment

about bringing that bill up on Thursday. First of all, of course, next Thursday we won't be here, if they bring it up Thursday.

Mr. BLUNT. I think he's going to bring it up this Thursday on the Senate side is what I meant.

Mr. HOYER. Well, as you know, he may do that. As you know, Leader REID asked for unanimous consent yesterday for a 30-day extension of the present act which expires on the 1st of the month. Mr. McCONNELL, the minority leader, objected to that extension.

Furthermore, obviously, the Senate has not completed its work so that we are unable to go to conference at this point in time on the bill that we passed now some months ago, or over a month ago.

When the present Protect America Act, which we passed in August, time frame comes to an end the 1st of the month, of course the intelligence community will not go dark. The authorizations issued under the Protect America Act are in effect for up to, as you well know, a full year, so that those matters that have been approved for interception will not terminate. Those authorizations do not terminate on the 1st of February; so that hopefully the administration has requested authorization for any and all targets that it believes are important for us to be intercepting at this point in time. And certainly, if they know of any, they ought to be requesting such authorization in contemplation of the possibility. If the Senate doesn't act, we won't have a bill to pass.

I want to tell my friend that, according to a New York Times story today, Kenneth Wainstein, who's the Assistant Attorney General for National Security, he said that if PAA, the Protect America Act, were allowed to expire, intelligence officials would still be able to continue intercepting, he said eavesdropping, on already approved targets for another 12 months. That is what I was asserting, and that's the basis on which I make that assertion.

The Protect America Act only requires that the AG adopt guidelines for surveillance, as you know, rather than the individualized warrants to get 1-year authorization. These authorizations do not require the NSA to specify the name, number or location of the people they want to listen to, so that the situation we will find ourselves in, should the Senate not act or be able to act on Thursday either passing legislation or sending it to us, would be simply that the NSA and the administration would be relying on the authorizations they already have.

I would hope that if the Senate cannot act and that we could not go to conference, that we could agree on this side to a 30-day extension and send that over to the Senate. They failed to do that on unanimous consent, so it would give us time to go to conference, because, as my friend knows, there is obviously substantial controversy in the other body with reference to how the immunity issue is addressed. There is substantial controversy in this

House about how that question should be addressed. And very frankly, I was hopeful that the Senate would act long before this, I know you've been in a similar situation, and that we would be in conference and try to resolve those differences. We haven't been able to do that.

Under no circumstances do we think, however, that the fact that February 1 comes and goes without the passing of either an extension or new legislation will undermine the ability of the NSA and the administration to continue to eavesdrop on those targets that it believes are important to focus on for the protection of our people and our country.

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Mr. BLUNT. I thank the gentleman for his views on that, and I would hope that the Protect America Act is not allowed to lapse. I'm not as comfortable as the article that my good friend referred to or this article may have created comfort for him and other information, particularly about any new targets that might fit some past definition that arose. We've debated this before; we will debate it again.

I would think that allowing this act to expire on the basis that somehow we have a 12-month window would not be something that either I would be comfortable with or the intelligence community would be comfortable with. And we would have another day to debate that.

I do hope we continue to work both to resolve this issue permanently. The issue of immunity is an issue that's been out there long enough now that we should be able to bring it to some resolution, and I hope we can find a way to do that; and I would hope we could find a way to do that before February 1, which would almost require action next week. I understand that if the Senate doesn't bring their debate that would be initiated this week to some conclusion, it's hard for us to get that permanent solution at that time frame.

But I do think a permanent solution is important here, and I don't have the confidence that my good friend does that we would have a lot of time beyond February 1 where there is no harm by not having the ability to look quickly in those areas involving foreign individuals in foreign countries who come to our attention that are not to our attention today, but I would yield.

Mr. HOYER. I thank the gentleman for yielding. I understand his concern.

Obviously what concerns me is the proposition, as the gentleman puts forward, that we make sure we have the authorization to intercept those communications which may pose a danger to the United States and to our people.

I would hope and urge this administration if they know of any such targets, that they immediately request authorization under that, and they have another week essentially to do so. We believe those could be approved within, as some previous Justice Department official said, hours of application.