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.