

working together. They had little tolerance, quite frankly, for the political posturing by our President, making this a political issue. They are frustrated that he doesn't seem willing to budge in terms of cost when what we spend in Iraq in only 41 days would provide health care coverage for 10 million children each year. And they, like me, believe that providing health care to our children is not only an investment in our Nation's most precious of resources, but it is a moral issue and, quite simply, the right thing to do.

In Washington we sometimes get in the business of debating policy specifics and losing sight of what it is all about. During my recent trip to Arkansas, I was reminded of what this will mean for real people. It is about a wonderful, hard-working, home-based educator from Benton, Jennifer Brown, and her 6-year-old daughter Elizabeth. Because Elizabeth had a digestive problem that required treatment, her mother would have been forced into the position of choosing between care for her sick child or choosing to feed her family if CHIP were not available. Placing families in that position is completely unacceptable. They deserve so much more. I am proud that CHIP was there for Jennifer and Elizabeth. As Jennifer told me:

Without ARKids First, I don't know how we could have made it.

It is also about a young working mother and a grandmother, Amy Main and Jackie Deuerling, who spoke to me about their daughter and their granddaughter Emily, a 4-month-old blessing I was able to hold in my arms. What a treasured blessing to that family and to this country. Without ARKids First, Emily's family would be unable to provide her with the care she desperately needed. As Amy told me:

The health care coverage provided by ARKids First allows me to feed the kids, afford diapers, and pay for Emily's brother's school supplies. I can make sure the kids have everything they need. If I was paying the medical bills [and if it was me and me alone], we wouldn't be able to afford all of those necessities [or the proper medical treatment].

We cannot lose sight of that. We should all agree that providing health care for our children is certainly one area where partisan politics should be placed aside. These working mothers who were there, the working families who were represented in these town hall meetings were saying what an important thing it was to them, as a value, to be able to make sure their children were able to get the health care they needed. But they also felt it was a value of who we are as Arkansans and as Americans.

I am very proud the Senate has seen the case we have presented. The members of the Senate Finance Committee, of which I am a member, worked hard in a bipartisan spirit to find a common ground to improve this program. Chairman BAUCUS and Ranking Member GRASSLEY, Senators ROCKEFELLER and HATCH, took the challenge. All of us,

working together, and others, helped in multiple meetings to produce a bill of which everyone can be proud. Their leadership and vision should be commended by this entire body.

That is why it is so unfortunate the President and the Secretary of Health and Human Services feel so differently. In fact, their proposal to increase CHIP funding by only \$5 billion over the next 5 years falls well short of the funding needed to simply maintain coverage for those currently enrolled in the program. That is not right.

In fact, the message sent to me during my meetings in Arkansas was that moving backwards—moving backwards—when it concerns the health care of our children is absolutely unacceptable. Instead of forcing nearly 1.5 million children to be dropped from their current health care providers, shouldn't we all agree, at the very least, absolutely, no child should lose coverage as a result of reauthorization?

The President has been adamant about leaving no child behind when it comes to their education. But shouldn't that also apply to their health care? How you choose to spend your money for your families or for your government most definitely reflects your values and your priorities. I ask my colleagues today, what could be a bigger priority than the well-being of our children—all of our children, the Nation's children, our American family?

In a time when more and more Americans are struggling to find affordable health care, CHIP has been a success story that has allowed us to make coverage more accessible for millions of children in working families. I urge each and every one of my colleagues to explore your conscience, to set aside partisan influences, and to support this critical effort to invest in the health care of our children—not only for the future of our Nation but for the well-being of millions of children and working families. They are depending on us, and it is time to fulfill our commitment.

I urge my colleagues to join me in supporting this legislation to expand health care coverage for the children of our American family.

I yield the floor.

The PRESIDING OFFICER (Ms. KLOBUCHAR). The Senator from New Hampshire is recognized.

Mr. GREGG. Madam President, I wish to speak in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

CHILDREN'S HEALTH INSURANCE PROGRAM

Mr. GREGG. Madam President, we are today going to vote on what is euphemistically known as the SCHIP bill. It is clearly incorrectly identified because under that reading one would think it was for children, but it is actually a bill that also covers adults. I think there is a general consensus and no disagreement about the fact that

children who are at or near poverty—even considerably above poverty—families who have that type of fiscal constraint should be covered. There is agreement on that.

The issue is whether we should take a program which covers children in poverty, or near poverty, up to 200 percent of the poverty level—which, if we define poverty, it is twice as much as what poverty is—whether we should cover children who are in families who have incomes well above 200 percent of the poverty level and adults who have no children at all, and whether we should do that extra coverage through a nationalized system.

That is what is at issue. The issue is not whether children who come from families who are not that well off—not necessarily poor families but are not well off—those children are covered under the President's proposal, under proposals which I would support, children from families with incomes up to 200 percent of poverty.

The issue is whether we should have States, for example, such as New Jersey, where families who make \$71,000 a year—\$71,000 a year—should be able to be covered under a federally, totally subsidized, taxpayer-paid-for health care plan, and whether families that are not even families—because they are two adults with no kids—should also be able to be covered under that federally subsidized health care plan, where the taxpayers pick up all the costs, and whether those plans should be structured in a way that they are single-payer, Government-directed, nationalized health care plans.

What is the practical implication of taking a program, which is supposed to be directed at children who come from low-income families, and expanding it radically in the way that the bill we are going to get does?

Well, the first practical implication is it spends a heck of a lot of money: \$71 billion over 10 years in additional spending—\$71 billion—to cover children in families with up to \$71,000 in income. In fact, they go up to 400 percent of the poverty level, with families who make up to \$80,000 a year, and they cover adults who do not have children. Yet they claim it is a children-in-need health care program.

So you are going to increase the Federal Government and the size of the Federal Government and the spending of the Federal Government—which, remember, comes from taxpayers—by \$71 billion under this proposal.

The President has proposed increasing spending in this area over the baseline—which is about \$25 billion—by an additional \$5 billion over 5 years. Some of us have proposed we even go a little higher so we make sure every child in that category of 200 percent of poverty can be covered.

But to expand this program to a \$71 billion increase is a huge explosion in the Federal program, in the size of the program, and in the cost to the taxpayers. Remember this: Another effect

of this policy of covering families who make up to \$80,000 a year with this federally taxpayer-paid health care insurance is that families that presently have their children insured by the private sector are going to move their insurance from the private sector, which is paying for the cost—the business they work for—over to the public sector.

In fact, it is estimated, under the proposal before us, 4.4 million children will be covered who are not covered today by this new SCHIP program which covers families up to \$80,000 and spends an extra \$71 billion. However, what people do not tell you—at least folks from the other side do not tell you—is 2.4 million of those children who are going to be picked up by this plan are already covered—they are already covered—by private insurers.

So we are basically shifting the burden from the private insurance over to the public side, which means the taxpayers—average working Americans—are going to have to pay more to cover kids who are already covered by the private sector through their taxes.

Does that make sense? Of course it does not make sense. Why would you do something like that? Why would you set up a program like that? Why would you expand a program to families that make \$80,000; to adults who do not have children; to children who already are insured and draw them out of the private insurance into the public insurance? Why would you do something like that?

Well, the answer is pretty obvious. This is part of the effort of the other side of the aisle to move us toward a single-payer, nationalized system of health care. There is no hiding that fact. That has been stated as the purpose, even by the chairman of the Finance Committee. So the goal is not necessarily to bring more kids under insurance who need to be insured because they come from families of less means. That is going to be done under either program. The goal is to radically expand the size of a public insurance program to families that are really doing quite well, families making up to \$80,000 that may not have children or the children may already be insured by the private sector because you want to move more people onto the public insurance system because you want to have a nationalized system.

Now, I do not happen to support a nationalized system of health care. But I think if we are going to have a nationalized system of health care, we should not do it through the back door. We should not do it through this bait-and-switch approach that this bill represents. We should do it in a very open, honest statement, much as what Senator CLINTON proposed back in the early 1990s: We are going to nationalize the health care system of this country. There is going to be one payer. It is going to be the Federal Government. And all your health care will be provided for by the Federal Government,

with the cost being picked up by the American taxpayer.

I oppose that type of an approach for a variety of reasons: first and most honestly because in every other nation that has tried that, it has led to dramatic rationing of care. Depending on your age, you simply are not able to get certain types of care, treatment. You go to Canada, and you wait for months, sometimes years for certain types of procedures or you go to England and you wait for months, years, and you cannot even get certain types of procedures. So you get rationing.

Secondly, you undermine research. You do not get people investing in creating new products and new ways to make people healthy because the cost is not reimbursed.

Thirdly, if you take the private sector out of providing health care, you immediately create huge inefficiencies because you reduce competition, you reduce the forces for cost control that private insurance brings into play.

So I do not support a single-payer plan. But I especially find it inappropriate that the way the other side of the aisle is trying to get to a single-payer program is through this surreptitious back door of taking one chunk of the population—kids who are already insured by the private sector—and moving them over to the public sector in the name of protecting children who are from lower or moderate-income families.

All the proposals that are pending around here—the proposal by the President, the proposal I would support—protect children in families at 200 percent of poverty or less.

One of the ironies, of course, is that as they expand to higher income families, in States such as New Jersey, for example, where people making up to \$71,000 are covered under the single-payer plan, they actually leave out low-income kids. For example, in New Jersey, there are about 19,000 kids who are in families that are under 200 percent of poverty and are not covered under the New Jersey plan.

Wouldn't it make a lot more sense, if we were honestly trying to address low-income kids, to put in place a plan which actually covered kids who were in family situations where the income was less than 200 percent of poverty and make sure everybody was covered? That was the proposal from our side of the aisle, by the way, but it was rejected in this rush toward trying to get a big bite on the apple of nationalization, single-payer proposals.

So that is the policy problem with this bill. But there are a lot of other problems. Call them technical, if you want, but they are pretty big technical problems. For example, there is the problem that there is a scam going on, a scam in this bill as to how it is paid for.

You can see this chart I have in the Chamber. This reflects the increased costs of the bill as it goes forward. But in order to make their own budget

rules, which they claim so aggressively to be following, such as pay-go, they have to take the program, in the year 2013, from a \$16 billion annual spending level down to essentially zero. In other words, they are zeroing out this program in the year 2013. They are not spending any money on it at all so they can hit their budget numbers. That is called a scam. That is called a scam. It is a budget scam. And it is being played against a background of claiming they are going to do all these wonderful things with all of this extra money, such as nationalize the system for people making \$80,000 or less, but they are simply not going to claim how they are going to pay for it. This big, white area in here, they have no idea how they are going to pay for that. None. None. I will tell you how they are going to pay for it: by raising taxes on the rest of working Americans. That is how they are going to pay for it. Working Americans are going to pay for it so they can nationalize the system.

Then, on top of that, they have set up a verification system which uses Social Security numbers which the Social Security Administration says will lead to illegal immigrants being the people who get the benefit of this program, primarily—or not primarily but in part—because the Social Security Administration is incapable of accurately monitoring whether these numbers are correct. So you are going to have a lot of illegal immigrants getting coverage, claiming they are legal, because the system has been set up to accomplish that. Maybe this was the back-door approach toward some level of amnesty or something, but if it was going to be done, it should have been done more openly than the system that is being used in this bill. This is a fundamental flaw of this bill. It is a bill which, in its present form, is not paid for and has a huge cap.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. GREGG. Madam President, I ask unanimous consent for 1 additional minute.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. Madam President, it has a huge gap in the way it is paid for. Secondly, it sets up a system of verification which the Social Security system says it can't accomplish, and, therefore, presumes that a large number of people who are in this country illegally will end up in this program.

I ask unanimous consent to have printed in the RECORD the response of the Social Security Administration on this point and a letter to JIM MCCREY, who is a Congressman and the ranking member of the Ways and Means Committee.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington DC, September 21, 2007.
Commissioner MICHAEL J. ASTRUE,
Social Security Administration, Office of the
Commissioner, Baltimore, MD.

DEAR COMMISSIONER ASTRUE: As Congress prepares to debate the reauthorization of the State Children's Health Insurance Program (SCHIP), I am writing to request your assistance in clarifying an issue raised by a provision in the Senate passed bill. Specifically, I would request that the Social Security Administration provide technical assistance to explain the impact of Section 301 of H.R. 976, which was passed by the Senate on August 2, 2007.

Concerns have been raised that the implementation of this provision could make it easier for illegal aliens to qualify for government funded healthcare programs including SCHIP and Medicaid. In order to better assess the accuracy of these claims, I would request that you provide answers to the following questions by no later than the evening of Monday, September 24, 2007.

1. If implemented as written, would the name and Social Security number verification process in section 301 of the Senate SCHIP bill allow the Social Security Administration (SSA) to verify whether someone is a naturalized citizen?

2. Would Section 301 require SSA to perform any verification of a person's status as a naturalized citizen?

3. Would the implementation of this provision detect and/or prevent a legal alien who is not a naturalized citizen (and therefore generally ineligible for Medicaid), from receiving Medicaid?

4. Would the name and Social Security number verification system in Section 301 verify that the person submitting the name and Social Security number is who they say they are?

5. Would the name and Social Security number verification system in Section 301 prevent an illegal alien from fraudulently using another person's valid name and matching Social Security number to obtain Medicaid or SCHIP benefits?

6. Would the name and Social Security number verification system in Section 301 prevent an individual who has illegally overstayed a work visa permit from qualifying for Medicaid or SCHIP?

7. Based on the accuracy of your database, please comment as to the volume of false positives or false negatives that could occur under the Social Security number verification process in section 301 of the Senate SCHIP bill.

Thank you for your prompt attention to this matter. If you should have questions about any of the requests in this letter, please contact Chuck Clapton of the Ways and Means Committee Republican staff.

Sincerely,

JIM MCCRERY,
Ranking Member,
Committee on Ways and Means.

SOCIAL SECURITY ADMINISTRATION,
Baltimore, MD, September 24, 2007.
Congressman JIM MCCRERY,
Longworth House Office Building,
Washington, DC.

DEAR CONGRESSMAN MCCRERY: Thank you for your letter of September 21, 2007, concerning Section 301 of H.R. 976 passed by the Senate.

I have enclosed answers to your seven questions. Please feel free to contact me if you need any additional information. The Office of Management and Budget advises that there is no objection to the transmittal of

this letter from the standpoint of the President's program.

Sincerely,

MICHAEL J. ASTRUE,
Commissioner.

1. If implemented as written, would the name and Social Security number verification process in Section 301 of the Senate SCHIP bill allow SSA to verify whether someone is a naturalized citizen?

No, the name/SSN verification process only indicates whether this information matches SSA's records. Our understanding of Section 301 is that it would provide States with the option of using a match as a conclusive presumption that someone is a citizen, whether naturalized or not. Since we have no data specific to this particular population, we have no basis for estimating how many non-citizens would match if this language were passed by Congress.

2. Would Section 301 require SSA to perform any verification of a person's status as a naturalized citizen?

Section 301 would not provide for verification of citizenship but would create a conclusive presumption based on less reliable data that a person is a citizen. As we read Section 301, it would not require use of DHS data to make a verification of citizenship.

3. Would the implementation of this provision detect and/or prevent a legal alien who is not a naturalized citizen (and therefore generally ineligible for Medicaid), from receiving Medicaid?

No. Our current name/SSN verification procedures will not detect legal aliens who are not naturalized citizens.

4. Would the name and Social Security number verification system in Section 301 verify that the person submitting the name and Social Security number is who they say they are?

No.

5. Would the name and Social Security number verification system in Section 301 prevent an illegal alien from fraudulently using another person's valid name and matching SSN to obtain Medicaid or SCHIP benefits?

No.

6. Would the name and Social Security number verification system in Section 301 prevent an individual who has illegally overstayed a work visa permit from qualifying for Medicaid or SCHIP?

The name/SSN verification system in Section 301 would not identify individuals who have illegally overstayed a work visa permit.

7. Based on the accuracy of your database, please comment as to the volume of false positives or false negatives that could occur under the Social Security number verification process in section 301 of the Senate SCHIP bill.

Due to a lack of data specific to this particular population defined in section 301, we have no basis for projecting how many "false negatives" or "false positives" would be produced by enactment of Section 301, but they will occur.

Mr. GREGG. Madam President, to summarize, everybody around here is supportive of a plan which would fully fund what is necessary to take care of children whose families make 200 percent of poverty or less. But what we on our side don't want to see is an expansion of this program as a method of taking people out of private insurance and putting them on the public system, creating a single-payer plan and, as a result, moving down the road toward the nationalization of the entire health care industry. It would be at a cost of

\$71 billion to the American taxpayer, a cost which isn't accounted for in this bill and which is not paid for. The program has a fundamental flaw in it as to how they verify who is participating so we don't even know if we are going to have citizens participating in this program versus illegals. It is a bill which is flawed. It should be opposed, and it should be vetoed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas is recognized.

DEFENSE AUTHORIZATION

Mr. CORNYN. Madam President, I rise to express my grave concern about the misplaced agenda we appear to be pursuing in the Senate: Taking us off of a Defense authorization bill that we have spent 15 days on—more than 2 weeks—to take up special interest legislation that has nothing to do with providing the equipment and the pay raises and the dignified treatment to our wounded warriors that the Defense authorization bill is designed to provide.

Unfortunately, we see the distinguished majority leader has now introduced an amendment relating to hate crimes on a Defense authorization bill. We are told the majority whip now plans to introduce a bill with regard to immigration, the so-called DREAM Act.

I would submit there is a time and a place for everything. This is a deliberative body, where we are happy to talk about and debate and air our differences on any piece of legislation any Senator might want to propose that comes to the floor, but there is a time and a place for everything. This is not the time and not the place to divert our attention from the important provision of pay raises, the important provision of equipment, and the important public policy changes with regard to how we treat our wounded warriors.

One of the Hill newspapers has reported that today, a Government report is being released that concludes the wounded warriors from Iraq and Afghanistan are still getting the run-around from the Pentagon and Department of Veterans Affairs, despite big promises of change made after last February's revelations about the scandalous conditions at Walter Reed Army Medical Center. As a member of the Senate Armed Services Committee, I am proud of the work we have been able to do on a bipartisan basis to move legislation forward that would address the causes for concern first uncovered as a result of those sad and embarrassing revelations at Walter Reed Army Medical Center.

Today, it is reported the Government Accountability Office, the investigative arm of Congress, says that delays for disability payments for veterans still average 177 days—nearly 6 months—with no indication that any dramatic improvement is in the offing. The General Accounting Office also