

what we are talking about is a restoration of something that was in place before. Prior to 1996, lawfully residing immigrants, those holding green cards and those defined as “permanently residing under the color of law,” those individuals, prior to 1996, were indeed eligible for Medicaid. And this amendment, the Rockefeller-Snowe-Bingaman-Kerry-Wyden, a lineup of names that is bipartisan, by the way—that amendment offers a restoration of eligibility for only some of these immigrants: children and pregnant women who are here lawfully—lawfully—who intend to remain in the United States and who meet all other Medicaid and CHIP eligibility requirements. That is what we are talking about. We are talking about children, legal immigrant children, and pregnant women.

Removing the 5-year bar could help States provide coverage to additional low-income children. What do we mean by that? You would think, listening to this debate, that removal of this is somehow brandnew, that it has never happened before, and no States are doing that. In fact, right now 23 States use their own funds to pay for health coverage for lawfully residing immigrants, immigrant children. Let me say that again: lawfully residing immigrant children or pregnant women, those 23 States, during the 5 years, who have become ineligible for Medicaid or CHIP. If this 5-year waiting period were removed, these States could secure Federal matching funds which would free up State funds to cover additional low-income children.

So this is something States are wrestling with now, and what this would do is provide an option for States to have some help in the coverage they are providing for those individuals. So it is nothing dramatically new, but I think it is humane, and it is prudent based upon what has happened with this program over time.

Let me make one other point about the issue of legal immigration and the so-called public charge: Nothing in the bill changes the agreement a person makes when sponsoring an immigrant, when an immigrant comes to this country. Citizenship and Immigrant Services, so-called CIS, does not consider participation in a public health program a failure to support the immigrant. Longstanding Citizenship and Immigration Service guidance makes it clear that immigrants will not be considered a public charge if they use health care benefits, including Medicaid and CHIP, prenatal or other low-cost care at clinics. So when we are talking about this issue, it is important to put that on the table, what Citizenship and Immigration Services would consider to be a public charge.

I want to get back to some of the provisions in the bill. I wanted to get that chart on rural children. One of the discussions we have had over many months now is, Who benefits from this program? Certainly, children across the board, children in urban and subur-

ban communities. But what is often not emphasized is—and I want to make this point because I have a significant part of our State that is rural, and most of our State, when you get outside of the major urban areas of Philadelphia and Pittsburgh, is indeed rural. Rural children are more likely to be poor. Nearly half of rural children live in low-income families at or below 200 percent of the poverty level.

In this economy, when you consider the confluence of bad circumstances for rural children and rural families, here is what you have: escalating costs for energy, which disproportionately affects rural Americans; significant job loss in rural communities; an inability to have access to health care—I should say a lack of access to health care in rural communities. All kinds of problems.

This bill, among the many other good things it does, would have a disproportionately positive impact, in my judgment, when you look at the data on rural children. Rural children increasingly rely on children’s health insurance. More than one-third of rural children rely upon the Children’s Health Insurance Program or Medicaid. One-third of rural children rely upon one of these two programs.

So in this debate it is important that we stress the broad reach of this bill as it pertains to children from across the board, across the demographic and even economic landscape.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. I will make this short because I know we have a swearing in.

I wanted to make a few points. When President Obama talks about being responsible, if you sign an affidavit that you will cover and be the sponsor for a legal immigrant in this country, you ought to do that. That is what he is talking about. He is not talking about: I will do it until I can get someone else to take care of my responsibility, talking about it, if you sign an affidavit that you will do it.

The idea that 22 States already do this is great. If States want to do it, that is what makes our Union so great, that 22 States can, except now they cannot afford to do it, and we are going to be bailing them out to the tune of about \$300 billion on Medicaid and SCHIP programs in the supplemental or the spending package or the stimulus package that is coming through.

What this bill is going to do is make permanent that people do not have to be responsible when they, in fact, sign an affidavit that they will sponsor a legal immigrant.

One final point I would make is, the Senator from Pennsylvania listed all of those premium assistance programs that Pennsylvania has because that is what they are, premium assistance rather than a regular SCHIP program. Well, in this bill you have extremely limited any new premium assistance programs without an absolute mandate

and an absolute mandate on what kind of program you have. You will be in an HMO. You will not have the doctor of choice, and you will not go where you want; you will go where you are sent.

So great points, great need in our country, great debate, but integrity first. Be honest with the numbers about what they really mean. Everybody in this Chamber knows they are not, but we are not going to change that. Even if we offer an amendment, it is not going to go anywhere because nobody knows what to get rid of to be able to afford to pay for that.

I yield the floor.

Mr. CASEY. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. I ask unanimous consent that the order for the quorum call be rescinded.

CERTIFICATE OF APPOINTMENT

The VICE PRESIDENT. The Chair lays before the Senate a certificate of appointment to fill the vacancy created by the resignation of former Senator Hillary Rodham Clinton of New York. The certificate, the Chair is advised, is in the form suggested by the Senate.

If there is no objection, the reading of the certificate will be waived, and it will be printed in full in the RECORD.

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

STATE OF NEW YORK
Executive Chamber

CERTIFICATE OF APPOINTMENT

To the President of the Senate of the United States:

This is to certify that, pursuant to the power vested in me by the Constitution of the United States and the laws of the State of New York, I, David A. Paterson, the Governor of said State, do hereby appoint Kirsten E. Gillibrand a Senator from said State to represent said State in the Senate of the United States until the vacancy therein caused by the resignation of Hillary Rodham Clinton, is filled by election as provided by law.

Witness: His excellency our Governor David A. Paterson, and our seal hereto affixed at 11:00 a.m. this twenty-third day of January, in the year of our Lord 2009.

By the Governor:

DAVID A. PATERSON,
Governor.
LORRAINE A. CORTÉZ-
VÁQUEZ,
Secretary of State.

[State Seal Affixed]

ADMINISTRATION OF OATH OF OFFICE

The VICE PRESIDENT. If the Senator-designate will now present herself at the desk, the Chair will administer the oath of office.

Mrs. GILLIBRAND, escorted by Mr. SCHUMER, advanced to the desk of the Vice President; the oath prescribed by

law was administered to her by the Vice President; and she subscribed to the oath in the Official Oath Book.

The VICE PRESIDENT. Congratulations.

(Applause, Senators rising.)

RECESS

The VICE PRESIDENT. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, at 12:34 p.m., the Senate recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER.)

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009—Continued

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, today with the advent of the 111th Congress, the Senate is considering legislation to renew and expand the Children's Health Insurance Program, sending a clear and definitive message that this country will no longer turn its back on our 9 million uninsured children.

When we pass this bill, we will make it clear that the health and well-being of our children—in bad economic times or, in the future, in good economic times—the well-being and health of our children comes first.

After 2 long years and repeated vetoes from former President Bush, this legislation finally has a chance of becoming law, thanks to the support of a new President who is committed to reforming our Nation's health care system.

It is my sincere hope that the passage of this legislation will be the beginning—the beginning—of a major overhaul of American health care, which ultimately will provide all Americans with the quality, affordable health care coverage we all deserve as Americans.

The Children's Health Insurance Program is a success story. It was created about 13 years ago, in 1996, to provide health coverage to children who would otherwise not be insured. The program provides health insurance to low-income families who do not qualify for Medicaid but who are unable to afford private coverage, to reduce the number of uninsured children in working families—underscore that, Mr. President: in working families—by about one-third.

Despite its huge successes, there is room for improvement. Sadly, millions

of American children remain without health insurance, even though the law states they are eligible for it.

Today, we have an opportunity to take decisive action to bridge that gap and to reach children who need this coverage desperately but who are not receiving it. The legislation before us today would provide coverage to an additional 4.1 million uninsured low-income children. It would improve access to dental coverage. It would improve the public health by enabling legal—legal—immigrant children to receive care in doctors' offices rather than taking them to more high-cost, less primary care, emergency rooms.

If signed into law, S. 275 would have a profound impact on children and families nationwide, including in my State of Ohio, including Toledo and Akron and Canton and Mansfield and Cincinnati and Bellaire. It would provide approximately \$294 million to Ohio in fiscal year 2009, helping my State cover approximately 245,000 uninsured children—children such as Emily Demko from Athens County.

Emily was born with Down Syndrome. When her mother Margaret made the decision to stay at home to care for Emily, their family found themselves without health insurance. The Demkos looked into many options, but no private insurer would cover Emily, at any cost, due to her genetic, preexisting condition. Luckily, the Demkos found they were eligible for Medicaid. However, during their 6-month reauthorization meeting, they were informed their income was—get this—\$135 per month too much to qualify any longer. Mr. President, \$135 too much to qualify for Medicaid any longer.

Since Emily's medical bills were in excess of \$3,500 a month, the Demkos had to make decisions no parent should ever have to make. They had to decide what therapies and treatment they could afford for their daughter.

Although they have done their best to manage Emily's medical care, being uninsured has left Emily without access to needed hearing tests, corrective treatment for an eye condition, and several blood tests to scan for conditions likely to occur with Down Syndrome.

It is for children such as Emily that we must support the reauthorization and the expansion of CHIP. Access to health coverage will provide Emily and so many others around our great Nation with the opportunity to live a healthier, happier, more productive life, regardless of their medical condition.

For the third time in my Senate career, I have come to this floor to advocate for the reauthorization and expansion of the Children's Health Insurance Program. I did it in the House 13 years ago, when this program was first conceived and when we first enacted it.

For the third time in my Senate career, I have come to the Senate floor to speak on behalf of the 9 million chil-

dren in this country who do not qualify for Medicaid but whose families cannot afford health insurance.

For the third time in my Senate career, I have come to this floor to cast a vote in favor of legislation which will enable parents to help their children when they are ill. In my opinion, there are few legislative or ethical priorities more important than that.

This is the third time I have advocated for CHIP on the Senate floor. I believe, I hope, the third time will be the charm.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. BROWN. Mr. President, there was an amendment offered earlier by Senator HATCH with whom I sit on the Health, Education, Labor and Pension Committee. Senator HATCH has played a major role in health issues in this country and I respect him for that. His amendment, however, to this bill is sort of the same old same old. We have seen this throughout the Children's Health Insurance Program debate. We saw it last year both times when the President vetoed the bill. We saw it raised by opponents in the House of Representatives. We saw it raised many years ago. When the amendment says States should have to enroll at least 90 or 95 percent of their kids under 200 percent of the Federal poverty level before they can enroll children at higher income levels, it pretty much says no more children in the Children's Health Insurance Program. I wish they would simply be more direct saying, We don't want more kids in here. Instead, they say if you can't find close to 100 percent of these children who are eligible—this is a big country, it is a complicated country; so many of the people we are trying to insure are living economically on the margins. There are two children with a single parent who has moved from one job to another. Those children often move across town or to another county as their mother or father get another job—a job that may pay \$20,000 a year and a job without health insurance—so the Children's Health Insurance Program is so important to them. So when they build in this "standard" that virtually everybody—95 percent of all children eligible have to be enrolled before you can enroll new children who are a little bit better off—a little bit better off isn't a family making \$100,000 a year; it is a family making much less than that without health insurance and simply can't afford it. Even mandatory programs we have found around the country don't have a 95-percent take-up rate. It is simply impossible for Government or for private businesses