Baca
Bachus
Baird
Baker
Baldwin
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Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
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Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Bonner
Bono
Boozman
Boren
Boswell
Boucher
Boustany
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Carnahan
Carney
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Castle
Castor
Chabot
Chandler
Clarke
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Cleaver
Clyburn
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Cohen
Cole (OK)
Conaway
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gohmert
Gonzalez
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Hinchey
Hinojosa
Hirono
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Hodes
Hoekstra
Holden
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Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Keller
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Platts
Poe
Pomeroy
Porter
Price (GA)
Price (NC)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
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Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
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Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—11

Bachmann
Boehner
Broun (GA)
Culberson
Deal (GA)
Franks (AZ)
Gingrey
Marchant
Sessions
Shuster
Westmoreland

NOT VOTING—17

Barrett (SC)
Boyd (FL)
Cardoza
Carson
Cubin
Davis, Jo Ann
Delahunt
Dingell
Higgins
Jindal
Lee
Oberstar
Paul
Perlmutter
Pitts
Pryce (OH)
Tancredo

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are less than 2 minutes remaining on this vote.

□ 1432

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mrs. BACHMANN. Mr. Speaker, on rollcall vote 937, I was recorded as "nay." It was my intention to have voted "yea." I would like the RECORD to reflect my support of H.R. 928.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 928, IMPROVING GOVERNMENT ACCOUNTABILITY ACT

Mr. TOWNS. Madam Speaker, I ask unanimous consent that the Clerk be authorized to make technical corrections in the engrossment of H.R. 928, to include corrections in spelling, punctuation, section numbering and cross-referencing, and the insertion of appropriate headings.

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

There was no objection.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007—VETO MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 110–62)

The SPEAKER pro tempore laid before the House the following veto message from the President of the United States:

To the House of Representatives:

I am returning herewith without my approval H.R. 976, the ''Children's Health Insurance Program Reauthorization Act of 2007,'' because this legislation would move health care in this country in the wrong direction.

The original purpose of the State Children's Health Insurance Program (SCHIP) was to help children whose families cannot afford private health insurance, but do not qualify for Medicaid, to get the coverage they need. My Administration strongly supports reauthorization of SCHIP. That is why I proposed last February a 20 percent increase in funding for the program over 5 years.

This bill would shift SCHIP away from its original purpose and turn it into a program that would cover children from some families of four earning almost $83,000 a year. In addition, under this bill, government coverage would displace private health insurance for many children. If this bill were enacted, one out of every three children moving onto government coverage would be moving from private coverage. The bill also does not fully fund all its new spending, obscuring the true cost of the bill's expansion of SCHIP, and it raises taxes on working Americans.

Because the Congress has chosen to send me a bill that moves our health care system in the wrong direction, I must veto it. I hope we can now work together to produce a good bill that puts poorer children first, that moves adults out of a program meant for children, and that does not abandon the bipartisan tradition that marked the enactment of SCHIP. Our goal should be to move children who have no health insurance to private coverage, not to move children who already have private health insurance to government coverage.

GEORGE W. BUSH.

THE WHITE HOUSE, *October 3, 2007.*

The SPEAKER pro tempore. The objections of the President will be spread at large upon the Journal, and the veto message and the bill will be printed as a House document.

MOTION OFFERED BY MR. HOYER

Mr. HOYER. Madam Speaker, I have a privileged motion at the desk.

The SPEAKER pro tempore. The Clerk will report the motion.

The Clerk read as follows:

Mr. Hoyer moves that further consideration of the veto message and the bill, H.R. 976, be postponed until October 18, 2007.

The SPEAKER pro tempore. The gentleman from Maryland (Mr. HOYER) is recognized for 1 hour.

Mr. HOYER. Madam Speaker, for the purposes of debate only, I yield 30 minutes to the gentleman from Texas (Mr. BARTON), and pending that, I yield myself such time as I may consume.

Mr. BARTON of Texas. Madam Speaker, I ask unanimous consent that of the 30 minutes yielded me, 15 minutes of that be yielded to the ranking member of the Ways and Means Committee, Mr. MCCRERY.

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

There was no objection.

Mr. HOYER. Madam Speaker, earlier today, the President of the United States, in defiance of bipartisan majorities in the House and Senate, and in defiance of the will of a great majority of Americans, vetoed fiscally responsible legislation that would ensure that 10 million children in our Nation receive health insurance coverage. That's approximately 4 million more children than are covered under the highly successful Children's Health Insurance Program today.

I remind the Members of the House that that program was adopted in 1997 by a Republican-controlled Congress with strong Democratic support, a bipartisan program. Let us be clear, this is a defining moment for this Congress and for a President who has labeled himself a compassionate conservative.

The President's veto, my colleagues, must not stand. The President wrongly claims that this bipartisan legislation is fiscally irresponsible. But the truth is the Children's Health Insurance Program legislation, forged by Members on both sides of this aisle, is paid for. It does not add to the deficit or to the debt. Moreover, President Bush, whose policies over the last 6 years have instigated record budget deficits and spiraling debt, should not be lecturing anyone on the issue of fiscal discipline. This administration, I suggest to all of us, has pursued and enacted the most fiscally irresponsible policies perhaps in American history. In fact, even as the President vetoed this CHIP legislation, all of it paid for, he has asked Congress to approve another $190 billion to protect Baghdad and its environs. Mr. President, we need to protect the children of Bowie, of New York, of Peoria, of Miami, of California.

In fact, even as the President vetoed, as I said, this legislation, he sent to us a $190 billion request for more money for the war in Iraq, the civil war in Iraq, a place where, very frankly, it is far past time where the people of Iraq took the responsibility to defend and secure their country.

This legislation that the President has vetoed is about securing the health of America's children. With this veto, the President is playing politics, pure and simple.

After running up record deficits in debt, he is now trying to establish his fiscal bona fides with his conservative political base by denying health services to children.

Mr. President, it won't work. Mr. President, it shouldn't work. Mr. President, it is not compassionate, nor is it common sense.

Senator HATCH, no one's idea of a liberal or of a Democratic spinmeister, said on the Senate floor last week, and I quote, ''It is unfortunate that the President has chosen to be on what, to me, is clearly the wrong side of the issue.'' That was Senator HATCH.

I hope all of us in this body, Republican and Democrat, decide, when this vote comes up, to determine whether or not the Congress should make policy or whether we will be subservient to the President's veto in protecting children.

I hope all of us, Republican and Democrat, liberal, moderate and conservative, will join together to respond to the children of this country and their families who agonize about not having the health insurance they need so that their children can be kept healthy.

Senator ROBERTS of Kansas remarked, another leader in the Republican Party, ''I am not for excessive spending and strongly oppose the federalization of health care. And if the administration's concern with this bill were accurate, I would support a veto, but bluntly put,'' said Senator ROBERTS from Kansas, who served in this body, ''the assertions of the President,'' he said, ''are wrong.'' Technically, he said that the premises were inaccurate.

Madam Speaker, this legislation is not only supported by majorities in the House and Senate, it is supported by doctors, nurses, private insurers, children's advocates, 43 Governors. The list goes on and on and on. But most importantly, most importantly, it's supported by the parents of children who are working, working hard every day, playing by the rules. Perhaps both are working, if they're fortunate to have two parents in the home, or a single parent, mom or dad, working hard, but making too little to afford insurance and working for an employer who can't give them insurance. Most of all, that is the constituency, that is the voice we ought to hear, that is why we ought to override this veto.

According to an ABC News-Washington Post poll released just this week, 72 percent of Americans, including 61 percent of Republicans, support this legislation, 69 percent of independents. What is perhaps most stunning of all is that, with this veto, the President has violated his own pledge at the Republican National Convention in 2004. You've heard me say this before, but let me say it again: ''In a new term we will lead an aggressive effort to enroll millions of children who are eligible but not signed up for government programs.'' ''We will not allow,'' said the President, ''a lack of attention or information to stand between these children and the health care they need.'' Mr. President, that is what you have done by this veto, stood between those children and the insurance they need.

I urge my colleagues, override this veto, support this motion, and on October 18 let us vote for the children.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield myself 3 minutes.

Madam Speaker, there is politics being played in this body this afternoon, but it's not by the President of the United States.

When the SCHIP bill was up for reauthorization back in early September, people like myself asked that we have a regular process, have some time to review the bill, have some markups, learn what was in it, since we had gotten it the night before about midnight.

Mr. HOYER. Will my friend yield just for a technical matter?

Mr. BARTON of Texas. I yield to the gentleman from Maryland.

Mr. HOYER. Madam Speaker, I ask unanimous consent that the remainder of my time be equally divided and controlled by the gentleman from New Jersey (Mr. PALLONE) and the gentleman from California (Mr. STARK).

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

There was no objection.

□ 1445

Mr. BARTON of Texas. At that time, we were told that we didn't have time for that, that we had to move that bill before September 30 so that the children of America wouldn't lose their health insurance. Well, that bill, the CHAMP Act, passed this body. It never was brought up in the other body. Thankfully, it is gone. So you would think that with the continuing resolution that passed last week, we would now have some time to look at the SCHIP issue on a bipartisan basis here in the House and come up with a compromise that could be passed and signed by the President before the continuing resolution expires on, I think, November 16.

What we are being told today is that since the President vetoed the bill, we don't want to vote on the veto today, we want to postpone it, I believe, until October 18. Now, why is that? If it was such a rush last month, you would think that it would still be a rush now and they would want to get the veto out of the way and then work together to come up with a bill that the President would sign. So it would seem to me that the Democrats are saying, Well, let's have a 2-week period here to try to play politics with this.

I think that is wrong. I checked with the Parliamentarian about when was the last time a motion to postpone a veto was authorized by the House. It is not done very often. The last time was 1996. So I would hope we would defeat this motion to postpone and let me offer a substitute motion to refer the veto to the committee of jurisdiction. We then could have a process, have a bipartisan compromise, and bring it up within 2 weeks and vote for it, send it

to the other body and send it to the President, and I bet he would sign it. That is what we should be doing, not voting to postpone a veto vote which we know when that veto vote comes, we will sustain the President's veto.

With that, Madam Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from California has 12 minutes. The gentleman from New Jersey has 12 minutes. The gentleman from Texas has 12½ minutes. The gentleman from Louisiana has 15 minutes.

Mr. STARK. Madam Speaker, I yield myself such time as I may consume.

(Mr. STARK asked and was given permission to revise and extend his remarks.)

Mr. STARK. I just want to remind my colleagues that we are dealing with a President who has a very short memory. Just 2 days ago, he proclaimed October 1 as Child Health Day 2007. Today, he just trashed that. I don't know what he thought he was doing when he talked about improving the lives of children and preventing and reducing the cost of disease and promoting community health, because he is just following a position that denies 1 million kids the right to health care.

So I hope, Mr. President, that you certainly don't proclaim a Protect Congress Day, or we are all in deep trouble.

This veto of the Children's Health Insurance Program compromise legislation is finally showing the American people the President's true priorities. He is a war President. All he cares about is war and more war. The previous speaker on our side talked about $190 billion for the war in Iraq, and these funds aren't paid for. They add to the deficit. In addition to our children having to look around for health care, they are going to have to look around to pay for that illegal war.

Simultaneously voting to extend a State Children's Health Insurance Program would be a good program. We would extend health care to nearly 4 million children, and the President is cutting a million off that cost a fraction of his illegal war. It is fully paid for and doesn't increase the deficit one penny. It passed both the House and the Senate with strong bipartisan majorities.

What's wrong with our Republican minority? Why do they insist on denying 1 million children, kicking them off the rolls of SCHIP? Why do they scorn in the face of 43 of the Nation's Governors who have written to the President and argued against his vetoing this bill?

President Bush says he has his own plan. I don't know if he had that when he declared October 1 as Child Health Day. Whatever that plan is, it would cause millions of children to lose their health care. My own Republican Governor, Arnold Schwarzenegger, estimates that the President's plan would cause 1 million children to be denied health care in California by the year 2012.

This is a matter of life and death for our children's insurance. Children with health care do better in school, in life, and have their illnesses caught before it is too late. Ladies and gentlemen, the axis of evil is not just in the Middle East. It is right down here on Pennsylvania Avenue.

I urge my colleagues to reject the President's veto, have a compromise bill to assure the health of America's children and make sure that that is put ahead of some obscure, extreme, radical ideology.

Madam Speaker, I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to not address the President in the second person but, rather, to address their remarks to the Chair.

Mr. MCCRERY. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am only going to make one point during my brief remarks, and then I am going to ask unanimous consent to turn over the time for allocation of time to Mr. CAMP.

The point that I want to make is that the President's veto will be sustained, and that should allow the opportunity for Democrats and Republicans to sit down in this House and listen to each other as far as how we can reach a compromise on this important legislation.

I was a Member of the House back in 1996 when we passed welfare reform for the third time. We had a Republican majority and a Democratic President. The Democratic President vetoed welfare reform twice. Basically, he told us, the majority Republicans, Look, I want Democrats to be at the table to try to get a compromise on this important legislation. That is what ultimately occurred. The President signed welfare reform on the third try. Then, in 1997, we had the Balanced Budget Act. There were considerable Medicare reforms in that act. President Clinton said the same thing. He said, Look, I want Democrats at the table. We allowed them to the table. I was in the room when Democrats, Republicans and a member of the Clinton administration sat down together to hash out the details, very nitty-gritty details, of the Medicare portion of the BBA.

That is what should happen now with SCHIP. SCHIP was passed in 1997, as part of that 1997 effort, as a bipartisan effort. It should remain a bipartisan initiative. Unfortunately, the minority in this House and in the House of Representatives was excluded from the outset from discussions regarding the SCHIP legislation. The Senate, yes, had more of a bipartisan discussion. We were never included in that discussion, either. So we think we deserve, and I think the President thinks we deserve, a seat at the table to discuss this very important issue. I hope that is what finally emerges from this veto.

I don't know why the majority wants to postpone the override vote for over 2 weeks. It just doesn't make sense to me if you want to get this done in a rational, reasonable manner this calendar year. It seems to me you would want to have the override vote immediately so we could get right on with the business of trying to compromise and give the President something that he could sign. I don't know why they are not doing that. But, in any event, at the end of this road when we sustain the veto, I am very hopeful that the majority now will act as the majority back in 1996 and 1997 did and give us all a seat at the table so we can work this out.

With that, Madam Speaker, I would ask unanimous consent that Mr. CAMP be allowed to allocate the remainder of my time.

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

There was no objection.

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

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the Children's Health Insurance Program Reauthorization Act passed the House and the Senate with overwhelming bipartisan support. I would stress ''bipartisan'' because I listened to the gentleman from Louisiana. He neglects to mention that Republicans were at the table, Senator GRASSLEY, Senator HATCH, and certainly a large number of Republicans who voted for this as well in the House of Representatives. The bill also has overwhelming support with the American people.

Yet this is a bill that the President has been threatening to veto since this summer. I don't know what happened to the President's compassion or sense of social justice. I don't think he understands the negative impact his veto will have on the millions of children who would be denied regular visits to see the doctor because he refused to sign this bill into law.

Now, let's review who stands for what. Under the bipartisan bill that the President vetoed this morning, 4 million previously uninsured low-income children, many of whom are in working families, I know there was a reference to welfare from the gentleman from Louisiana. I don't think he was referencing these kids or their families because these are working families. But 4 million previously uninsured low-income children who are in working families would get health coverage under this bill. A total of 10 million children would have their health coverage secured.

Under the bipartisan bill, the vast majority of children covered are the lowest income children who are today uninsured. According to the CBO, under the bipartisan bill, about 84 percent of the uninsured children who would benefit live in families with incomes below $40,000 a year. In addition,

1.7 million uninsured children who are eligible for Medicaid but otherwise would be uninsured would gain coverage under the agreement. Most of these would likely be children living in families with incomes below $20,000 a year. Under the bipartisan bill, States would have new tools to conduct outreach and enrollments. States could use express-lane, one-stop-shopping at places like schools, community centers and hospitals to get children covered.

The President, while he recently put out a regulation that would actually block schools from helping to sign low-income, uninsured children up for coverage, he put out another regulation that would force children to go an entire year, that is one whole year, without insurance coverage before their parents could sign them up for CHIP. That is 1 year of earaches, strep throat, asthma, diabetes and toothaches that would be treated in emergency rooms rather than the doctor's office. The President talked about how kids can go to the emergency room. Well, has he been to an emergency room lately? I was at one in my district last weekend. It is not a great place for a kid to visit. It is a scene of trauma. People who have overdosed on alcohol and drugs. Most emergency rooms are overwhelmed with real emergencies and have few resources to treat people who need regular family care.

The President makes $400,000 a year. He is guaranteed health care for life. He has a government doctor that is at his immediate call. Yet today this President has denied millions of low-income children and working families the opportunity to get even basic health care. Working Americans understand the struggle families have to make ends meet and afford health care coverage for their children. But the President and very few, because I am not talking about all Republicans, but very few of my colleagues on the other side of the aisle appear to be the only people in America who do not understand the challenges these families face or the importance of securing affordable coverage for their children.

It is a sad day, Madam Speaker, for America that the President vetoed this bill. But there is an opportunity over the next 2 weeks, because I want everyone to support this motion, but in about a week or two, we are going to have a vote on the floor. I would urge all those on the other side of the aisle who did not vote for this bill to use that time to reconsider and think about these kids when they go and cast their vote and vote to override this veto by the President.

Madam Speaker, I reserve the balance of my time.

Mr. BARTON of Texas. Before I yield to Mr. DEAL, I want to ask the distinguished subcommittee chairman a question if I could, and I will do it on my time.

Why are we postponing for 2 weeks?

□ 1500

Mr. PALLONE. I would hope that the Members on the other side of the aisle, including the ranking member, who I have a great deal of respect for, would use the time to contemplate, perhaps go to an emergency room.

Mr. BARTON of Texas. Madam Speaker, reclaiming my time, we are not postponing for any substantive reason; we are just postponing for political reasons.

Mr. PALLONE. Madam Speaker, it is not a political reason if you use the time to think about what this is all about. That is what I would urge you to do.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the distinguished minority leader, the gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Madam Speaker, let me thank my colleague from Texas for yielding.

Madam Speaker, I remind my colleagues that we created the SCHIP program 10 years ago in a bipartisan way to help insure low-income children who did not have access to high quality health insurance. Republicans continue to believe that we ought to have this program and that we ought to find a way to ensure low-income children have access to the kind of quality health care that our children enjoy.

This move today to delay the override of this veto is the most partisan political activity I have seen in this Congress all year. If you're really serious about trying to help children get access to low-cost health care, make sure that they have the insurance they need, we would have the veto override today, we would have it right this minute, and then we would start to sit down in a bipartisan way and work out our differences and ensure that we get low-income kids the kind of health care that they need.

Madam Speaker, yes, there are differences over this program. Some believe that having adults, and in some States, almost half the people involved in the program are adults, let's make sure that low-income kids, the target of this program, is met. But, no, we are not going to do that, unfortunately. We are going to do what the American people have said they are sick and tired of; we are going to do political games. That is what this delay is intended to do, to allow more time for the political games to go on, exactly what the American people have said they are sick and tired of.

Madam Speaker, I think we should have the vote today. Let's just go ahead and have the vote. We are going to sustain the President's veto. Then let's sit down together and do what the American people expect of us, and that is to make sure that this program is continued and children's health care in America is taken care of.

Mr. STARK. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I intend to recognize in a moment Ms. SHEA-PORTER from New Hampshire, but pending that, a couple of comments.

Madam Speaker, I would like to suggest that the 45 Republicans who voted for our bill, if they are being disregarded by Republican leadership, we have a lot of room over here and would welcome them on our side. I also suggest to the distinguished ranking member of the Energy and Commerce Committee, while his 2-year-old may not be ready for it yet, as somebody who is raising two children who are now 6, the reason we are waiting is for what we call in our household a ''time-out.'' You go to your room and think about the mistake you made, and when you're ready to apologize and come back and set things straight, you can come out of your room. That is what the 2-week period is all about.

Mr. BARTON of Texas. Madam Speaker, if the gentleman will yield, my 2-year-old hasn't needed a time-out yet.

Mr. STARK. He will.

Madam Speaker, I yield 1 minute to the gentlewoman from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Madam Speaker, Americans are divided over many issues, but we are not divided over health care for our children. We are a good people, and we want our children to have health care. None of us want to see children in this country without health care; none, except for the President and his Republican supporters in Congress, that is.

Madam Speaker, the President and his supporters in Congress want to take hardworking American tax dollars and spend them, but not on the kids; no, in Iraq, in the middle of a civil war, with the $190 billion, which is the President's new request for Iraq, as he turns around to the children and the hardworking families of America and says, Just don't get sick, kids.

Mr. President, that is not acceptable.

Mr. CAMP of Michigan. Madam Speaker, I yield 4 minutes to the distinguished whip, the gentleman from Missouri (Mr. BLUNT).

Mr. BLUNT. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, like others, I am disappointed we are not going forward today to sustain the President's veto, an outcome that I think no matter how much time anybody has in the time-out chair will be the result. If we were moving forward today and sustaining the veto, then we could get together and try to have a bill that does what I think all of us want to do.

Madam Speaker, all of us don't want to do everything, but all of us do want to do some things. We all want a program that meets the needs of poor kids first. That is why when we put this in place in 1997, we said, look, kids, whose families are at the poverty level or below, they have access to Medicaid. But what about people who are kids whose parents are working, and working in jobs where they don't likely have access to insurance? Let's prioritize those kids.

Madam Speaker, as a minimum, whatever we do as we move forward, let's have a standard that the States

have to meet, the administration proposed 95 percent, Mr. BARTON proposed 90 percent, but some percentage of kids whose families are in those jobs that may not have access to insurance. Before we go on and just simply talk about insuring kids, this should be a program that is focused on poor kids, not a program that is on more kids.

Madam Speaker, some of our friends say, well, if a program that would give health care to poor kids is a good thing, a program that would give health care to all kids or more kids must be a great thing. It is just simply not accurate. Things that destroy the private insurance market, things that don't meet the needs of the program before you move on to do more are not the kinds of things we ought to be focused on.

We need to be sure that we are covering people who are uninsured, not people who are insured, and then moving from insurance to government-paid health care, Washington-based health care. There are going to be situations, I guarantee, if we start insuring all the kids in America, or all the kids that this bill says that we are going to insure, where moms are going to wind up in houses that have both a mom and dad as the only person not insured.

Madam Speaker, think with me for just a minute. Dad has a job; insurance comes with dad's job. The government comes in and says we are going to insure the kids. Who gets left out then? It's mom. Our mom has a job, and while she is struggling with the job, she has to figure out how to insure herself and the kids, because insurance didn't come with the job. Then the government decides to insure the kids, and mom says, well, maybe I don't need insurance anymore.

Some of our friends will say, well, that is why we are insuring adults. This should not be a program about insuring adults. One of the reasons this program hasn't worked as well as it should have is too many States move to insuring adults before they would insure poor kids.

Madam Speaker, let's get on with this debate. I regret the fact that we are not able to start tomorrow because we went ahead and did today what is going to happen in two weeks. But let's get on with this debate. Let's be sure we provide a stable funding source for a program for poor kids and we put poor kids first in a program that is supposed to be about helping kids whose families are working, but working in jobs that aren't likely to have insurance.

Mr. PALLONE. Madam Speaker, I yield 2 minutes to the majority whip, the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. Madam Speaker, I thank my colleague for yielding at this time.

Madam Speaker, I rise today on behalf of the 112,000 uninsured children in my home State of South Carolina and the millions of other uninsured children across the country. Many of the uninsured children in my home State come from lower-income and working families, most of whom devote nearly all of their earnings to providing their children the basic necessities, such as shelter, food and clothing. Without CHIP, most of these families would not be able to provide their children with the health care they deserve.

Madam Speaker, in vetoing this bill, President Bush has shown the American people that his priorities are not with our Nation's uninsured; his priorities are not with the millions of families struggling to make ends meet. This President will have you believe that it is more important to reach out to America's millionaires and billionaires because, according to the President, they are the ones who are being left behind, not our children, not our uninsured, and not our hardworking families.

Madam Speaker, by opposing this legislation, the President is rebuking an overwhelming majority of Americans. CHIP has broad bipartisan support in the Senate and House, and 43 Governors and 300 advocacy groups have endorsed this legislation.

Support for this bill is high because it seeks to do what is right. It is right to insure children from poor and low-income families. It is right to extend coverage to 2.4 million minority children.

So I encourage my colleagues to do what is right and support this legislation. In doing what is right, you will be standing up for the uninsured. In doing what is right, you will be standing up for millions of hardworking American families. In doing what is right, you will be putting the needs of our children first.

Mr. BARTON of Texas. Madam Speaker, I yield 2½ minutes to the distinguished subcommittee ranking member from Georgia (Mr. DEAL).

Mr. DEAL of Georgia. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, the State Children's Health Insurance Plan, there ought to be something that we can agree on. The first is that the program ought to be for children. And yet we are told that in the bill the President has rightfully vetoed, in 5 years there will be 780,000 adults still in a children's health program.

Secondly, this program ought to be, as its primary target was, for children below 200 percent of poverty. We know that in States that have gone above the 200 percent level, they have left behind up to a quarter of their children in their State that are below 200 percent of poverty, and there is nothing in this bill that requires them to go back and make sure that they enroll those children. In fact, this legislation repeals the outline that CMS had put out to require 95 percent saturation of children below 200 percent of poverty. So there is no effort to go back and do what the program was designed to do, and that is to help those between the 100 and 200 percent of poverty.

Madam Speaker, the third thing is that we all ought to agree that Medicaid and SCHIP ought to be for Americans, for American children. The change that this bill puts into place will allow people who are not qualified under our current law for Medicaid or SCHIP to become eligible. CBO says that the Federal cost of that alone is $3.7 billion.

I think the last thing we ought to agree on is that we should not take a major step toward socializing health care in this country. This bill does nothing to prevent States from having what is called ''income disregards.'' That is, if a State says, well, we just won't count what it costs for housing, we won't count what it costs for food, we won't count what is costs for transportation in computing your percent of poverty eligibility, then you can go up to 800 percent of poverty. And that certainly distorts the program.

Madam Speaker, lastly, we want to talk about time and the use of time. We knew 10 years ago that this bill was going to expire at the end of last month. This was a 10-year authorization bill. We knew in 1997 when it was put in place that it was going to expire at the end of September of this year. We knew 9 months ago when this Congress went into session that unless something was done, the legislation was going to expire the end of September. And yet only at the last minute was legislation presented in this House, with no legislative hearing, and then asked to be voted on, and not a single House Republican participated in the conference committee report that we are now being asked to sustain and to agree to at this point.

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

Mr. CAMP of Michigan. Madam Speaker, I yield myself 2 minutes.

Madam Speaker, House Republicans strongly support the SCHIP program, and, as many speakers have said, this program was created on a bipartisan basis 10 years ago. We are advocating that the program remain what it was intended to be, and that was a program that helps low-income children who cannot otherwise get health insurance.

Had we been able to sit down on a bipartisan basis anytime over the past 9 months, I am convinced that we could have come to an agreement that reauthorizes this important program without turning it into a massive expansion of government-controlled health care. Instead, the majority first produced a massive expansion of SCHIP, partially paid for by cuts to Medicare.

Madam Speaker, fundamentally, the majority chose to shortchange the most vulnerable members of our society, seniors and the disabled, in order to force middle and upper middle-class families out of private health insurance and into a government program.

□ 1515

Then the majority was confronted with the reality that Members of the

other body would not cut Medicare, so they passed the Senate's version of SCHIP. That bill, instead of cutting government funds for seniors and the disabled to expand SCHIP as a middle-class entitlement, raised taxes on the working poor to expand SCHIP.

Now the majority is again forced to face reality. In order for a bill to become law, it must be signed by the President of the United States, and this President's position is clear: SCHIP should help low-income kids first. Before you expand coverage to families earning $62,000 or $83,000 a year, 300 or 400 percent of the poverty level, you need to cover children in families earning less than 200 percent a year. That is about $42,000 a year. That is just common sense, and is true to the original bipartisan spirit of the SCHIP program.

I hope we will be able to come to an agreement and not have the majority just simply roll over our legitimate concerns about this legislation. We need to sit down together to help low-income children, to fix the loophole that makes it easier for illegal immigrants to get government benefits, and to ensure that the SCHIP program is funded on a sound and honest basis. I look forward to that discussion.

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

Mr. BARTON of Texas. Madam Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN), a member of the committee.

Mrs. BLACKBURN. I thank the gentleman from Texas.

Madam Speaker, this veto will be sustained, and I hope it will allow us to return to the core issue of discussing health care for children, needy, poor American children. That is what our focus should be. It should not be about a secret, giant step towards nationalized health care. It shouldn't be about health care for adults or for middle-class families. It should be about meeting the needs of poor American children. That's what the program was set up to do.

Unfortunately, as H.R. 976 is constructed, we are only talking about 800,000 additional children. For all of the hype, for all of the talk, that is what you are talking about. We have seen numerous gimmicks used to try to make this bill work. We have heard about income disregards today. Now, in this bill, there are provisions that would allow you to go to 800 percent of the Federal poverty level. So instead of addressing the needs of poor American children, what we are talking about is providing coverage for families making over $206,500 a year. Madam Speaker, that is not the original intent of this program.

Another budget gimmick, in mid-2012, all of a sudden the funding is going to be cut 80 percent.

Madam Speaker, what is going to happen to SCHIP in mid-2012? How are we going to meet the needs of those children? This is what we need to do; return to the core issue, strip away all of these attached issues, and get back to what we need to do to be certain that we meet the needs of poor American children, not provide health care to illegal immigrants, not provide health care for the middle class.

SCHIP is about those children that are of the working poor, 200 percent of the poverty level. It is a program that deserves to be reinstated under the same rules that it was put in place in 1997.

Mr. STARK. Madam Speaker, I always thought that 800 percent of poverty was a Republican, but I am happy to recognize the distinguished gentleman from Wisconsin (Mr. KAGEN) for 1 minute.

Mr. KAGEN. Madam Speaker, this morning President Bush said ''no'' to 95,000 children in Wisconsin and to millions more across the Nation. His veto of the SCHIP bill is morally unacceptable. It is unacceptable to me as a father, as a husband, and as a physician. And to everyone living in Wisconsin and across this Nation who has a human heart. What kind of Nation are we when a President turns away a child in need? And what kind of Nation will we become if we remain on this partisan path?

My friends, this administration no longer represents our traditional American values, for no one anywhere in these United States believes we should abandon children in need. We need a President who believes in children and taking care of ordinary people and the needs of our children, our senior citizens, and the needs of America first.

Madam Speaker, today, right here and right now, we must begin to work together and build a better future for all of us, especially our children on whose future we depend.

Mr. CAMP of Michigan. Madam Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BRADY), a distinguished member of the Ways and Means Committee.

Mr. BRADY of Texas. Madam Speaker, it is bad enough that Congress continues to play politics with the war, now they are playing politics with little kids.

Despite broad bipartisan support for children's health insurance, this new leadership has settled on a divisive scheme to score political points rather than sit down and work out a reasonable solution.

Make no mistake, earlier you heard somebody say this is just a time-out. It's not a time-out. It's a cop-out. It's a cop-out to all the political hacks in Washington who want to spend 2 weeks covering your television sets and our newspapers and radio airwaves with their misleading ads rather than sitting down with us.

Meanwhile, the working poor who are parents are wondering if they are going to have any insurance for their kids past Christmastime. It doesn't have to be this way. I was here in Congress when we started this program. We sat down together with President Clinton and worked out a good program. There are a lot of us Republicans willing to do the same today.

I am hopeful that President Bush's veto will finally move our Democrat friends to stop playing political games with our kids, to sit down and pay for this bill and make it a reasonable one, end the abuses we all know are there and move this bill in a way that the President can sign it because our kids need this bill and we need to stop. It is shameful these political games we are playing here today.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Madam Speaker, we have 46 million Americans that are uninsured, of which a large number are children. I have heard individuals come up and talk about the undocumented individuals. They are not covered by this particular piece of legislation.

If you live in rural America, if you live in rural Texas, you don't have access to insurance coverage. If you are not working for the government and if you are just working for a small company, you don't have access. If you make $20,000 or $40,000 a year, that is not sufficient to be able to cover your children. That is why we need a program that allows an opportunity for our young people to be able to get coverage.

These are Americans who are working hard. These are Americans who don't qualify for Medicaid because they are not poor enough and they are paying their taxes. These are Americans that don't qualify for Medicare because they're not old enough. Yet, they find themselves working hard every single day and are not able to cover their children.

We have to do the right thing. We have to make sure that we pay for those youngsters and allow an opportunity for them to have access. After all, they are the ones that are paying the taxes. They are the ones out there working hard, and yet they don't have their kids insured.

Mr. BARTON of Texas. Madam Speaker, I yield myself 15 seconds.

One of the speakers on the majority side several speakers ago from the great State of Wisconsin was talking about the children. In his home State, they cover 110,000 adults and only 56,000 children under SCHIP.

The SPEAKER pro tempore. The gentleman from Texas has 4¾ minutes remaining. The gentleman from Michigan has 6½ minutes. The gentleman from New Jersey has 5 minutes remaining. The gentleman from California has 6 minutes remaining.

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

Ms. PELOSI. Madam Speaker, I thank the gentleman for yielding and thank him for his tremendous work on

behalf of health care for all Americans in our country and in this case for our children. I commend Mr. PALLONE for his leadership as well, and the distinguished chairmen, Mr. RANGEL and Mr. DINGELL.

I salute the bipartisan vote that we had in the Congress to send the SCHIP legislation to the President of the United States. It was strong and bipartisan. It was about the children. And I also salute the strong vote in the United States Senate. I commend Senators HATCH and GRASSLEY for lending their weight and bipartisanship to this important legislation. They joined Senators ROCKEFELLER and BAUCUS on this important issue.

Madam Speaker, as we all know and has been spoken already, today the President of the United States missed an opportunity to say to the children of America your health and well-being are important to us, so important that we are making you a priority. Today, the President said ''no'' to bipartisan legislation that would have extended health care to 10 million American children for the next 5 years.

The President said ''no'' to giving assurances to America's working families that if they work hard and play by the rules, we are their partners in raising the next generation of Americans and investing in the future.

In his speech and his veto statement, the President indicated we were doing something in this bill that we were not, that we were expanding eligibility. No, we were just enrolling all of the children who are eligible. In fact, we didn't have enough money to enroll all of them, but as many as could be afforded by a bill that could receive bipartisan support.

The President said that we are moving toward socialized medicine and that he supports private medicine. Well, so do we, and this is about private medicine. It is about children being able to get insurance so they can have health care. The fact is that 72 percent of the children on SCHIP receive their health care through private insurance programs.

I think the strongest indication of the President's commitment to this initiative came when he was Governor of Texas. At that time the State of Texas ranked 49th in its participation in SCHIP in meeting the needs of the children of Texas.

SCHIP started as a bipartisan initiative with a Democratic President, President Clinton in the White House and a Republican Congress which came together in a bipartisan way in order to provide for the needs of our children. Once again with the reauthorization of the bill, we have come together in a bipartisan way to provide for the needs of our children.

Sadly, following true to form, this form in Texas, 49th in the country, and how could Texas be 49th in the country with all of the pride that Texas takes in its stature, its size, its commitment to the future, its large number of beautiful and diverse children, that it would allow 48 States to be ahead of them in meeting the health needs of America's children from poor working families.

What I know will happen today is that we will vote for a time certain in 2 weeks for us to bring up the override of the veto. At that time I hope that with the 43 Governors across the country, Democrats and Republicans alike, with bipartisan overwhelming support in the House and Senate, with every organization from AARP to YMCA and everything alphabetically in between, including the Catholic Hospital Association, Families USA, and the American Medical Association talking about private medicine, and the list goes on, that Members will listen, at least listen to those who care about children, who have standing in caring about children because I believe every person in this Congress cares about children, and I think it would be important for us to hear the voices of those who on a day-to-day basis try to help families who need some assistance in meeting the health needs of their children.

So, my colleagues, this is, as Mr. HOYER said, a defining moment for the Congress of the United States. The President has said ''no.'' This Congress must not take ''no'' for an answer, and I urge my colleagues to vote ''aye'' on a time certain when we can take up the override of the President's veto of the State Children's Health Insurance Program, an initiative to provide 10 million children health care, health insurance for 5 years. The difference between us and the President is 41 days in Iraq. For 41 days in Iraq, 10 million children can receive health care for 1 year.

□ 1530

Let's get our priorities in order. Let's recognize that the strength of our country, in addition to being defined by military might, is defined by the health and well-being of the American people, starting with our children.

Mr. CAMP of Michigan. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I thank the gentleman very much for the time.

Madam Speaker, we've heard a lot of comments from our friends on the other side of the aisle about what the President meant by his veto. Well, let's talk for a moment what we mean by the action we're going to take.

We're going to postpone action on the veto override. We're going to postpone for 2 weeks a significant decision which will allow us to begin, on a bipartisan basis, to answer this question. I'm not sure I have seen a more cynical move in the House in my 13 years here. Maybe there has been one, but none comes to mind here.

But we have such a priority to name post offices after eminent people this week, but we don't have the time to stay here to work on this issue. No, we're going to postpone our override of the President's veto because somehow we, in some silly way, say we need a time-out. We don't need a time-out. We need a time-in. We need to work.

There are many things the American people are concerned about. One is health care for those poor children. That's why this program was established some 10 years ago. But the American people are also concerned about budgets that are out of control, and one of the reasons you have a budget out of control is because we take worthy programs that were designed for a specific purpose and we expand them and distort them beyond all recognition and have a program that is sold as for the children, that in some States has more adults on it than children, has more adults before you've registered the children, has gone beyond focusing on the poor children, is a program that is going to bankrupt this country because you see that repeated again and again and again.

Cynicism, cynicism is postponing the action on this floor. Last time I checked, we're not going to be here tomorrow. Last time I checked, we're going to be out of here by 7 o'clock tonight, but we don't have time to deal with this veto override so we can get about the business of truly dealing with a bipartisan approach to dealing with children's health.

That's the message here, not defining what the President's veto is, but by our actions defining who and what we are.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania, who's been an outstanding proponent of the SCHIP bill, Mr. ALTMIRE.

Mr. ALTMIRE. Madam Speaker, I thank the gentleman.

Madam Speaker, today the President showed that he fails to understand the struggle before Pennsylvania's working families when he vetoed a bipartisan, fiscally responsible bill to provide health care to 10 million children, including 320,000 in Pennsylvania, and in justifying his veto, all he offers is the same tired rhetoric, too expensive.

Well, our bill pays for itself at no additional cost to the taxpayer and doesn't add one penny to the Federal deficit.

Socialized medicine? The SCHIP bill continues a State-administered block grant that's delivered in the private market, and the private insurers and the American Medical Association have endorsed this bill.

A subsidy for wealthy families? Well, most children covered live in families that earn less than $40,000 a year, and these are working families that we're talking about, working families that work hard and play by the rules but can't afford health care for their children.

I encourage my colleagues on both sides of the aisle to join the majorities in both the House and the Senate, the 43 Governors and 68 Senators, and join us in support of this bill.

Mr. BARTON of Texas. Madam Speaker, I yield myself 15 seconds.

Our speaker talked about Texas's rank in terms of SCHIP. In the first year that SCHIP was in law, Texas is a biennial State in terms of its legislature so we weren't able to get the program up and running. But in the second biennium, we did get it up and running under then-Governor Bush's leadership. Texas now ranks third in terms of the number of absolute children, and I would say in the top five in terms of percentage of eligible children, under SCHIP.

Mr. STARK. Madam Speaker, I am happy to yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Madam Speaker, there is absolutely nothing cynical about the delay. My Republican friends need some time to get their facts straight. I really get tired about hearing these phony arguments.

We're going to be covering some adults. Why are we covering some adults? Because the Republican administration granted State waivers for some States to be able to deal with some experiments to add to them, and this legislation stops the ability to grant those waivers that the Bush administration enacted.

We're talking about it should be just poor children, and somehow I heard somebody talk about $200,000 levels. Hogwash. There was one State that requested a waiver, New York, that would have taken it up to $83,000. That was denied. There are a number of States, with the approval of the Bush administration, that have raised the levels. New Jersey at $63,000 still doesn't hit their median income. Only one out of 10 of these children are in family incomes of over $40,000.

You need 2 weeks to get your facts straight.

Mr. CAMP of Michigan. Madam Speaker, I yield 1 minute to the gentleman from Georgia (Mr. PRICE).

Mr. PRICE of Georgia. Madam Speaker, I thank my colleague for his leadership and for yielding.

As a physician, I recognize clearly the imperative of all having health insurance, and I strongly support providing low-income kids with greater access to health care coverage, which is why I support a positive bipartisan reauthorization of SCHIP.

The problem is that's not what this bill is, and today, we're debating a 2-week delay. Now, there's no reason for a delay. It delays solving the problem, and it delays providing health care to some needy youngsters.

But I welcome this time because it gives Americans more time to realize this is all about politics. It gives Americans more time to realize that the bill is paid for with 22 million new smokers. It gives the American people more time to realize that the bill covers kids in higher-income families before lower-income families. It gives the American people the opportunity to understand the irresponsible and cynical nature of this bill.

We're sent here to solve challenges, Madam Speaker, and I call on my colleagues to work positively together now. Let's cover kids most in need now. Vote ''no'' on the postponement now.

Mr. PALLONE. Madam Speaker, I reserve my time.

Mr. BARTON of Texas. Madam Speaker, I'm the last speaker, so I reserve my time.

The SPEAKER pro tempore. The Chair will recognize Members to close in the following order: Mr. CAMP of Michigan, Mr. STARK of California, Mr. BARTON of Texas, and lastly, Mr. PALLONE of New Jersey.

Mr. CAMP of Michigan. Madam Speaker, we're not quite ready to close yet on my time. I yield 1 minute to the gentleman from Louisiana (Mr. BOUSTANY).

Mr. BOUSTANY. Madam Speaker, I thank the gentleman for yielding.

As a physician who's treated many uninsured patients, I have to say that there's a profound difference between coverage and access to care. Yes, you need coverage, but it doesn't necessarily equate to access.

Clearly, we've got a number of uninsured children in Louisiana. We have 107,000 on SCHIP but 91,000 who currently qualify who are not on SCHIP.

I asked the question why. I offered an amendment in this process to try to get the States to certify, to give reasons and to take steps to clear up this problem, to get those who currently qualify onto the rolls, to let this program work for those it's intended to; yet this amendment wasn't even allowed through the rules process. So this has not been an open and thorough debate on this problem.

We need to get away from our dug-in positions on different sides of this and really work hard on this health care access issue to solve it. It's got to be bipartisan. That's the only way it's going to work.

Mr. STARK. Madam Speaker, I'm happy to yield 1 minute to the distinguished gentleman from Illinois (Mr. EMANUEL).

Mr. EMANUEL. Madam Speaker, President Kennedy once said, To govern is to choose. $700 billion for the war in Iraq but no health care for America's children. $50 billion in subsidies for big oil companies, but no to health care for America's children. $8 billion in no-bid contracts and lost in waste, fraud and abuse in Iraq, but no to America's children. Billions of dollars for schools and roads and clinics in Iraq, but no to health care for America's children.

Today, the President told millions of children and their families that they're on the bottom of his priority list.

Now, I used to work in the White House. I know it can be quite isolating. I just never knew it was this isolating. When 45 Republican House Members, 18 Republican Senate Members, Governors who are Republicans, Democrats come together, build this type of consensus, it's time for the President to see what the American people see, that this is the right health care.

You have the same health care for you and your families that we are trying to provide for these 10 million children whose parents work full-time.

Delores Sweeney in my district works in an insurance company, has three children, and she's trying to get the health care for her children that she cannot get in the private insurance place.

This is right for Delores Sweeney. It's right for your kids. Let's make it right for America. Vote ''yes.''

Mr. CAMP of Michigan. I've no further time to yield, Madam Speaker. We're prepared to close. I would ask my colleagues on the other side, are we prepared to close as a group?

Mr. PALLONE. Madam Speaker, I do have some additional speakers, and I yield 1 minute to the gentlewoman from Arizona (Ms. GIFFORDS).

Ms. GIFFORDS. Madam Speaker, I rise today in strong opposition to the President's veto of the KidsCare bill, known as SCHIP here in Washington. His refusal to provide funding to over 82,400 uninsured children in the State of Arizona is simply unconscionable.

Today, in my State, one out of every five kids currently has no health insurance. We rank among the five highest States in the entire country.

By vetoing the KidsCare bill, this President proves that his priorities are not in line with the American people, are not in line with the people from my home State of Arizona.

I urge my colleagues on both sides of the aisle to continue to support this fiscally responsible legislation passed by Congress with bipartisan support. It is critically important that the President does not fail the kids of Arizona, the kids of our country and, hence, fail our future.

Mr. BARTON of Texas. Madam Speaker, I am prepared to close when it is time to close.

Mr. STARK. Madam Speaker, I am delighted to yield 1 minute to the gentleman from Connecticut (Mr. MURPHY).

Mr. MURPHY of Connecticut. Madam Speaker, I thank the gentleman for yielding.

Let me ask you this: If you were walking down the street and you saw a child injured on the side of the road, would you stop? Would you do everything necessary to help that child? I think everyone on this floor today has a simple answer to that question. Of course we would.

So why don't we also agree that for the millions of sick children around this country who have no access to health insurance or preventative health care, that we don't have a similar duty to do everything in our power to help them get healed?

That, to me, is the definition of compassionate government. And don't let

anybody tell you that these kids have access to health care and their parents are just negligent. The truth is that health care availability is shrinking, and the number of children who get sick because they can't get health care is growing.

And just like we have a moral obligation to help that injured child, we have a similar moral obligation to help heal a child who lies sick in their bed simply because their family cannot afford a doctor.

I don't understand why the President won't help that child, but I hope that together, by overriding his veto, we will.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Madam Speaker, I think the issue of providing health coverage to 10 million children is important enough to give our constituents adequate time to weigh in on it.

Let them consider whether they want to spend $7 billion a year to provide health care to 10 million uninsured children, an amount equivalent to 2½ weeks spent on the Iraq war.

Insure our children for $7 billion a year? President Bush runs for the veto pen. $10 billion a month for Iraq? The President asks for $190 billion more.

I urge my colleagues to take this time to listen to their constituents. Look into the eyes of an uninsured child. That child could be sitting next to yours or your grandchild in school.

And remember, unlike the war funding which is all on credit cards, this bill is actually paid for. This is an offer, as someone running for reelection, you can't afford to refuse.

□ 1545

Mr. STARK. Madam Speaker, I am delighted to yield 1 minute to the gentleman from California (Mr. MCNERNEY).

Mr. MCNERNEY. Madam Speaker, for 6½ years this President was not concerned about fiscal responsibility, but today he claims to get the picture. However, what he claims is clearly in conflict with the facts.

Our SCHIP is fiscally responsible, it's compassionate, and it makes sense. And it's what the American people want. We are determined to override the President's veto, because it is the responsibility of this body to take care of the children of this country. This isn't about ideology, as the President wants, but about practicality. It's about doing what it will take to fulfill the responsibility to the next generation of our country.

We will override this veto and give health care to our children. I can tell you something, anyone who votes against SCHIP will answer to his or her constituents in November.

Mr. BARTON of Texas. Madam Speaker, I have had an additional speaker show up, so if it would be appropriate, I would yield 1 minute to Mr. KINGSTON of Georgia.

Mr. KINGSTON. I thank the gentleman for yielding.

One thing you can always count on in Washington is whenever we pass any legislation, it's always going to be in the name of the children, or the seniors or Mama or puppies or clean air or all things small and beautiful. In fact, the Speaker of the House the other day used the word ''children'' in her speech 44 different times, because politicians are always altruistic with other people's money.

Now, the SCHIP program was designed to help the working poor, not to help people who make $82,000 a year, who might not be rich, but they are certainly not poor. It is designed for American children. It wasn't designed for illegal aliens and yet the Democrats have thrown out the citizenship test. That's the last thing we need is more benefits for illegal aliens.

And then there will be 780,000 adults on this program. This is the children's health care program. While the Democrats will tell you, well, that's only 30 percent, it should be 100 percent children.

The President is right in vetoing this sham.

Mr. PALLONE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. SOLIS).

Ms. SOLIS. I thank the gentleman for yielding time.

Madam Speaker, I rise today in support of postponing consideration of the vote to override President Bush's veto of the SCHIP Reauthorization Act.

We have a momentous opportunity here. Yet today the President chose to deny health care to millions of poor and uninsured children. In the State of California, 50 percent of those children that are enrolled happen to be of Hispanic descent.

What message is he giving to those children? While the bill may not be perfect, I think it's still a step forward in the right direction for our country and for the communities of color that it will serve and for our children, our very, very poorest children.

In the coming weeks, I urge our colleagues to stand up for the health and well-being of our children of working families and to reject the President's misguided, immoral and fundamentally flawed veto.

I join with my colleagues today in asking that we postpone, call a timeout, so that he can think about this and his party. We must do the right thing for our children, those who are the most vulnerable in our population.

Mr. CAMP of Michigan. Madam Speaker, I am prepared to close. I have no further speakers.

PARLIAMENTARY INQUIRY

Mr. LEWIS of California. Madam Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. LEWIS of California. Madam Speaker, I believe under the rules, in consultation with the minority, that the majority does control the calendar; is that correct?

The SPEAKER pro tempore. The gentleman is not stating a parliamentary inquiry.

Mr. LEWIS of California. Parliamentary inquiry. Who controls the calendar? That is a parliamentary inquiry. The legislative calendar.

The SPEAKER pro tempore. The gentleman should consult with the leadership.

Mr. LEWIS of California. By what?

The SPEAKER pro tempore. The gentleman should consult the majority leadership.

Mr. LEWIS of California. Right, by a majority decision, which means essentially the Speaker's office, but nonetheless, that's interpretation.

Presuming that what you said is correct, that majority decision can set this bill when they wish to, including the middle of October, if they wish to; is that correct?

The SPEAKER pro tempore. The gentleman has not stated a parliamentary inquiry.

Mr. LEWIS of California. I think it is. It is asking about process and the procedure of the House.

I beg your pardon. I don't do this very often.

The SPEAKER pro tempore. The gentleman is not stating a parliamentary inquiry. The gentleman is advised to consult with the leadership.

Mr. LEWIS of California. I think it is very important, Madam Speaker, that this parliamentary inquiry be, at the least, responded to partially.

The SPEAKER pro tempore. If the gentleman will state a parliamentary inquiry.

Mr. LEWIS of California. I am about to do that. It is very clear to you, Madam Speaker, I am sure, and anybody listening, that the leadership wants to delay this until October 15 for political purposes, and they are partisanizing this for no reason.

The SPEAKER pro tempore. The gentleman has not stated a parliamentary inquiry.

The Chair recognizes the gentleman from California.

Mr. STARK. Madam Speaker, are we closing?

The SPEAKER pro tempore. The gentleman from California has 1 minute remaining.

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

Mr. CAMP of Michigan. Madam Speaker, I am prepared to close.

I yield myself such time as I may consume.

The SPEAKER pro tempore. The gentleman is recognized for 2½ minutes.

Mr. CAMP of Michigan. Madam Speaker, this is a disappointing day. Instead of sending the President a bill he could sign, the majority chose to ignore calls for bipartisanship and chose to ignore the kids they proclaim to champion.

And what is their reaction to this forewarned veto? Did the majority immediately reach out to build consensus? No. Compromise? No.

Instead, the majority decided to stall, to put off dealing with the veto and put off finding a solution.

I ask one simple question: How does stalling a renewal of SCHIP for partisan gain meet the needs of low-income kids? SCHIP can be renewed without extending benefits to people making $82,000, without extending benefits to adults, without going down the path of government-controlled health care.

We can renew SCHIP without raising taxes, without cutting Medicare, without assuming there will be 22 million new smokers, and without cutting funds in year 6 by 80 percent and pushing the program off a budgetary cliff.

It's time for this Congress to get its priorities right to determine if we are results or rhetoric, if we are for kids or campaign tricks.

Let's pass a new SCHIP program, and let's send the President a bill he will sign.

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

Mr. STARK. Madam Speaker, I am happy to recognize the gentleman from Texas (Mr. DOGGETT) for the remaining time to close for our side.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 minute.

Mr. DOGGETT. The Republicans charge that we want to help so many children with no insurance and that we want to allow them so much time to reconsider their indifference. We plead guilty as charged.

This President? It's like the book title, Dead Certain but also Dead Wrong.

The only question is how many children will be dead or will suffer with disease and disability until enough Members of this Congress are willing to stand up to the President and stand up for children.

President Bush has ideological blinders. He is never around the children of the working poor, the child who sobs with an earache, the child who moans as a result of an abscessed tooth, who has no antibiotics for a strep throat, and the poor parent who lacks the ability to do something about it.

The President's veto today is neither sound fiscal policy nor good medicine, and his solution that these Republicans embrace of ''just go to the emergency room'' is neither compassionate nor conservative.

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

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

Mr. BARTON of Texas. Madam Speaker and distinguished Members of the House of Representatives, I have in my hand a letter dated September 27 from myself and the majority of the Republicans on the Energy and Commerce Committee asking Speaker PELOSI to refer the SCHIP bill to the Energy and Commerce Committee so that we truly could have a bipartisan compromise.

If we could defeat this motion to postpone the veto, we could then move to a motion to refer the bill to the committee and honor the letter that I have sent to our distinguished Speaker.

We are going to sustain the President's veto whenever that vote occurs. In the history of the Republic, there have been over 2,000 vetoes of bills. Only 106 of those vetoes have been overridden. This will not be 107.

We will sustain the veto when that vote occurs and then hopefully we will begin the bipartisan process that should have begun back in January when the new majority took over.

When that day comes, the debate is not going to be about whether there should be a SCHIP program. There should be. The debate is not going to be whether we should cover low-income children. We already do that under Medicaid. The debate is not going to be whether we should cover children between 100 and 200 percent of poverty. We already do that.

The debate is going to be, should we cover adults? Most Republicans say no, we should not cover adults. The debate is going to be about illegal residents of our country. Should we cover illegal residents? Most Republicans are going to say no. I am not sure what our friends on the majority side are going to say. They may say no, they may say yes, they may say both. We are going to have that debate.

There are 78 million children in America. As far as we can tell, when you compare the numbers between the majority side and the minority side and the President's numbers, we are really having the debate about between 1.2 million and 800,000 children in America today that for some reason are not covered, and they fall within the income eligibility levels that we all tend to agree on, which is at least up to 200 percent, maybe 250 percent of poverty.

So we will focus the debate at some point in time, and at that point in time, we will have a bipartisan compromise. The President wants to reauthorize SCHIP. The Republicans want to reauthorize SCHIP. We just don't want to cover high-income Americans, we don't want to cover illegal residents, and we, the Republicans, don't want to cover adults.

Let's vote not to postpone the veto. Let's have the veto today and then begin the process that should have begun back in January of this year.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, September 27, 2007.

Hon. NANCY PELOSI,
Speaker of the House, House of Representatives, The Capitol, Washington, DC.

DEAR MADAM SPEAKER: Circumstances have combined to present the House with an unusual opportunity to restore a part of the usual process by which legislation, major and minor, is produced by the House in normal times.

As you know, legislation reauthorizing the State Children's Health Insurance Program (SCHIP) was approved on Tuesday night by a margin that plainly implies our House will sustain the anticipated veto. As you also know, that legislation was the product of decisions which largely ignored the regular and established legislative process. In our committee, we had a single general hearing on children's health. There was no legislative hearing on the House SCHIP bill, and no markup by our Health Subcommittee. The full committee markup was restricted to reading the legislation because the 500-page bill had only been revealed to most of us at 20 minutes to midnight on July 24, just 10 hours before the markup was scheduled to open. Then on the House floor, amendments were barred.

Strategic errors by the majority generated House and Senate bills so distinctly different that a conference committee to work out the differences was deemed impossible. Thus the House was required to consider a take-it-or-leave-it patchwork of private agreements in lieu of a normal conference report. As you know, House Republicans were denied access to any part of the negotiations. That solution was said to be ''creative'' by a prominent member of your party.

We opposed the SCHIP bill that came to us on Tuesday, and not only because of the terrifically flawed process; you supported it, and we think largely because you are proud of the bill's content. Yet we gather from your remarks that you and many other Democrats also believe the makeshift bill we passed Tuesday night is hardly perfect, and could be improved dramatically.

It seems to us that until November 16, when the temporary extension of SCHIP under the continuing resolution expires, we have a second chance to get both the process and the policy right.

All Republicans have ever wanted was a fair opportunity to understand, debate and affect the legislation in a positive way. During the crafting and passage of both the CHAMP Act and the House-Senate package of amendments, none of these possibilities were available to Republicans or, for that matter, to most Democrats. That failing can be revisited and remedied if you are willing to respond to the inevitable requirement for an SCHIP extension by conducting a normal legislative hearing and a traditional markup.

Given a common-sense opportunity to actually read and comprehend a bill reauthorizing SCHIP—surely a handful of days could be permitted and please, this time without a midnight document delivery—our strong preference would be to stand and debate, then let the votes decide the outcome. All you need do is convene the relevant committees between now and November 16 to do the work they were designed to do.

Second chances on legislation always seem possible, but never seem practical. We're about to have a practical second chance to do it right. While Democrats control a majority of the votes, no Democrat we know claims to have a monopoly on good ideas.

Madam Speaker, SCHIP should never have become the intensely partisan issue that it did become. A time will come, however, when no more political advantage can be wrung from it. We think that time is nearly upon us, and we should use it to achieve a bipartisan bill through a cooperative effort. Still, Democrats and Republicans do have different views and if our principles cannot be reconciled through good-faith bipartisanship, an honest airing of facts accompanied by actual amendments and real votes cannot help but produce a better bill than the one we passed on Tuesday night. Whether intended to produce bipartisan agreement or a clash of values, a legislative hearing would lay the groundwork for a formal markup. Such a process can occur if the

chairmen of the Energy and Commerce and the Ways and Means committees can be prevailed on to take the requisite steps, and only you can accomplish that task.

We hope you can find a way to agree that good process will produce better legislation, and that you will instruct the committees to conduct public hearings followed by fair, open markups of the SCHIP extension that will be required.

Sincerely,

Joe Barton, Ranking Member, Committee on Energy and Commerce; Nathan Deal, Ranking Member, Subcommittee on Health; Ralph Hall, Committee on Energy and Commerce; Ed Whitfield, Committee on Energy and Commerce; John Shadegg, Committee on Energy and Commerce; Steve Buyer, Committee on Energy and Commerce; Joe Pitts, Committee on Energy and Commerce; Lee Terry, Committee on Energy and Commerce; J. Dennis Hastert, Committee on Energy and Commerce.

John Shimkus, Committee on Energy and Commerce; Chip Pickering, Committee on Energy and Commerce; George Radanovich, Committee on Energy and Commerce; Greg Walden, Committee on Energy and Commerce; Mike Rogers, Committee on Energy and Commerce; Sue Myrick, Committee on Energy and Commerce; Michael Burgess, Committee on Energy and Commerce; John Sullivan, Committee on Energy and Commerce; Marsha Blackburn, Committee on Energy and Commerce.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

The SPEAKER pro tempore. The gentleman from New Jersey is recognized for 1 minute.

Mr. PALLONE. Madam Speaker, I listened to my colleague from Texas, and he talks about process. The fact of the matter here, this is not a process issue. These are the kids that are not insured, are eligible, and we need to cover them.

The President of the United States and my colleague on the Republican side does not want to spend and provide the extra money to cover these kids that need insurance. If anything, the President's proposal and his directive would actually put more roadblocks and bureaucracy in the way with his directive that says that kids have to stay uninsured for a year, for example, before they can even get into the program.

Let there be no mistake about what the President and the Republicans on the House side are trying to do today. They don't want these kids to be covered. They don't want to provide the money for them to be covered. They want to put roadblocks in the way and say they have to be out of insurance for a year.

I remember back in the spring when some of my colleagues on the other side from Georgia came here with their representatives from the Georgia government, and they said that they didn't have enough money to cover the kids, that we needed more money for this program. I don't understand how any of you can come here today and say you are trying to help. You're not.

I would urge my colleagues to vote for this motion.

Ms. LORETTA SANCHEZ of California. Madam Speaker, I do not think I have to further remind this Congress about how far off base the President is over the State Children's Health Insurance Program.

The health care system is failing our Nation's children who are in need. Too many are without health insurance and do not receive the regular care they need.

For this President, the supposed evil of two million children possibly switching health coverage to state sponsored healthcare is enough to block coverage for six million additional poor children.

Seven hundred and fifty thousand children were added to the rolls of the uninsured last year and the number of employers that offer health benefits to the children of workers continues to shrink.

Yet the President stands firm to a proposal for SCHIP that would not even be able to maintain existing coverage and would impose unconscionable hurdles on families whose children need health care.

One must question the principles of this President. How, in good conscious, could he ask for an additional $190 billion for a war that two-thirds of the American people oppose while calling $5 billion for one of our nation's most successful programs reckless spending?

The American people deserve better and our Nation's children deserve the right to have health insurance.

Mr. DINGELL. Madam Speaker, the President's veto of a bipartisan plan to help 10 million children is incomprehensible. It willfully ignores the needs of low-income children and the recommendations of Congress, 43 State Governors, more than 300 coalition groups, and the vast majority of the American people.

Unlike America's children, the President has nothing to lose by vetoing this legislation. President Bush has government-run health insurance. But millions of American children do not have any coverage at all.

It saddens and baffles me to think that the President would not want to make health insurance for 10 million children a positive part of his legacy. I pledge to keep fighting for this bill and to protect America's most vulnerable children.

This matter is too important to the children of our Nation. I support the Leader's motion to postpone immediate consideration of the President's veto of H.R. 976 so that we may provide Members time to consider the magnitude of this vote.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to postpone.

There was no objection.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Maryland (Mr. HOYER).

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

RECORDED VOTE

Mr. BARTON of Texas. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 222, noes 197, not voting 13, as follows:

[Roll No. 938]

AYES—222

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

NOES—197

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett

Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastert
Hastings (WA)
Hayes
Heller
Hensarling
Herger
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Keller
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Poe
Porter
Price (GA)
Pryce (OH)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOT VOTING—13

Barrett (SC)
Cardoza
Carson
Cubin
Davis, Jo Ann
Delahunt
Dingell
Gordon
Jindal
Lee
Paul
Perlmutter
Waters

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised that there are 2 minutes remaining in this vote.

□ 1625

Messrs. HOEKSTRA, SHAYS, and BOOZMAN changed their vote from ''aye'' to ''no.''

Mr. RUPPERSBERGER changed his vote from ''no'' to ''aye.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. PERLMUTTER. Madam Speaker, due to a family emergency I missed the following votes on Wednesday, October 3, 2007. I would have voted as follows: Democratic Motion on Ordering the Previous Question on the Rule on the Improving Government Accountability Act (H. Res. 701)—''yea''; Democratic Motion on Ordering the Previous Question on the MEJA Expansion and Enforcement Act of 2007 (H. Res. 702)—''yea''; H. Res. 702—Rule providing for consideration of H.R. 2740—MEJA Expansion and Enforcement Act of 2007—''yea''; Conyers Amendment. Provides that the Department of Justice (DOJ) Inspector General is not required to refer to the Counsel of the Office of Professional Responsibility (OPR) of DOJ, allegations of misconduct involving DOJ attorneys and related personnel where the allegations relate to the exercise of the authority of an attorney to investigate, litigate, or provide legal advice—''aye''; Motion to Recommit H.R. 928—''yea''; Final Passage of H.R. 928—Improving Government Accountability Act—''yea''; Democratic Motion to postpone the Vote to Override the President's Veto of the Children's Health Care bill until October 18, 2007—''aye.''

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the motion just considered.

The SPEAKER pro tempore (Ms. CLARKE). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

GENERAL LEAVE

Mr. CONYERS. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on H.R. 2740.

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

There was no objection.

MEJA EXPANSION AND ENFORCEMENT ACT OF 2007

The SPEAKER pro tempore. Pursuant to House Resolution 702 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 2740.

□ 1626

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 2740) to require accountability for contractors and contract personnel under Federal contracts, and for other purposes, with Mrs. TAUSCHER in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Michigan (Mr. CONYERS) and the gentleman from Virginia (Mr. FORBES) each will control 30 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. CONYERS. Madam Chairman, I yield myself such time as I may consume.

Ladies and gentlemen of the House, we have never fought a war in which private contractors not only outnumber United States troops, as they do in Iraq, but perform many tasks that are very similar to those historically performed by our troops. A critical difference, however, is that these contractors, unlike our troops, are not subject to the requirements of military discipline and United States law governing the conduct of warfare. Further, they are also immune from Iraqi law.

As we know, last month contractors working for Blackwater allegedly opened fire in a Baghdad neighborhood, killing at least 11 Iraqi civilians. A witness told a CNN reporter, ''Each of their four vehicles opened heavy fire in all directions. They shot and killed everyone in cars facing them and people standing on the street.'' Another witness, whose youngest son was killed during the attack, likened the event to ''hell, like a scene from a movie.''

This latest incident unfortunately evidences the fact that some of these contractors are abusing their power with impunity, subject to no law whatsoever, domestic or foreign. H.R. 2740 corrects this serious gap in current law.

Specifically, it amends the Military Extraterritorial Jurisdiction Act, known as MEJA, in three critical respects: First, it closes the legal gap in current law by making all contractors accountable for their actions. MEJA currently only extends U.S. Federal criminal jurisdiction to felony crimes committed overseas by contractors working on behalf of the Defense Department.

□ 1630

This measure specifies that the act would apply to all contractors, regardless of the agency for which they provide services.

Second, this measure requires that the Inspector General of the Justice Department examine and report on the Department's efforts to investigate and prosecute allegations of misconduct committed by contractors overseas.

Since the Iraq war started, the Department has failed to commence a single prosecution against a contractor under the Military Extraterritorial Jurisdiction Act. Sadly, last month's Blackwater incident was not the first time contractors have acted abusively without any accountability.

On Monday, we learned that Blackwater was involved in at least 195 shooting incidents in Iraq since the year 2005. And Blackwater isn't the only culpable company. In 2005, armed contractors from the Zapata contracting firm allegedly fired indiscriminately not only at Iraqi civilians, but also at United States Marines. In 2006, employees of Aegis, another security firm, posted a trophy video on the Internet that showed them shooting civilians. And employees of Triple Canopy, yet another contractor, were fired after alleging that a supervisor engaged in a ''joyride shooting'' of Iraqi civilians. These cases, and all like them, should be appropriately investigated and prosecuted, if warranted.

Third, H.R. 2740 establishes ground units of the Federal Bureau of Investigation to investigate allegations of