

Darfur but for the whole of Sudan, as well as the broader region.

If this U.N. resolution is passed as it currently stands, we can expect the Sudanese Government to try to evade its requirements and agreements without a single consequence. Should that happen, the toll of the genocide in Darfur will continue to mount—in lives lost, in persons displaced, and in fundamental human values that the international community has failed to uphold.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. DURBIN. How much time remains in morning business?

The ACTING PRESIDENT pro tempore. One minute on the Democratic side and 1 minute on the Republican side.

Mr. DURBIN. I yield back the remaining time on our side and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

SMALL BUSINESS TAX RELIEF ACT OF 2007

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to consideration of H.R. 976, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 976) to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes.

AMENDMENT NO. 2530

Mr. BAUCUS. I call up my amendment at the desk.

The ACTING PRESIDENT pro tempore. The clerk will report.

The legislative clerk read as follows:

The Senator from Montana [Mr. BAUCUS], for himself, Mr. GRASSLEY, Mr. ROCKEFELLER, and Mr. HATCH, proposes an amendment numbered 2530.

Mr. BAUCUS. I ask unanimous consent that reading of the amendment be dispensed with.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. BAUCUS. Mr. President, the Senate now has before it the reauthorization of the Children's Health Insurance Program, otherwise known as CHIP. Pending is a substitute amendment that reflects the bill reported by the

Finance Committee by a vote of 17 to 4, a strong bipartisan vote.

The bipartisan package Finance Committee colleagues and I crafted will give millions more American children the healthy start they need to lead a long, productive life.

Behind me is a photo of Abigale. Who is Abigale? Abigale is from Missoula, MT. At the time the photo was taken she was 4 years old. Abigale has two siblings, and they live with their mother and father. All three of the children participate in the Montana Children's Health Insurance Program. When Abigale was 2½ years old, she fell down, split her head open and had to have nine stitches. Her medical care was covered by the Children's Health Insurance Program. That same year her 6-year-old brother broke his arm twice and CHIP paid for the surgery, the hospital stay, and all of the medical care he received.

Fawn, Abigale's mother, is thankful to have CHIP not only for the emergency care it provides but also it helps immunize children against childhood diseases and allows them to get the checkups they need for school each year.

Not having health insurance clearly affects a child's life. Uninsured kids do not go to the doctor. They do not have checkups. They remain undiagnosed for serious childhood conditions such as asthma and diabetes. They do not have vaccinations, and they put themselves and their schoolmates at risk for serious illnesses. Kids without health insurance do not have eye exams and are less likely to get glasses, and often cannot see the chalkboard at school. They are not diagnosed with learning disabilities, and they struggle through their classes. Kids who do not have insurance do not see the dentist. They do not get their cavities filled. They do not get braces, and they risk serious illness due to poor dental health. Adequate health care creates a critical foundation for a healthy life.

No one wants innocent children to suffer. Investing in children's health is the compassionate choice, but it is more than that. Insuring our children is a smart economic investment in our Nation's future. Why? Because it is the only choice, if we wish to imbue future generations with strong minds and healthy bodies. It is quite simple. Health insurance has a direct effect on a child's performance at school. Healthy children are more likely to go to school, and they are more likely to do well in school. Then they are more likely to become productive members of the workforce.

Children with health insurance are less likely to receive expensive emergency room care. Parents of children with health insurance are less likely to miss days at work to care for their sick children. When America insures our children, we are all better off, we all benefit.

Health insurance is especially important to the success of minority popu-

lations. African-American, Hispanic, and Native American children are all less likely to have health insurance. They are more likely to be poor. Providing affordable coverage is one of the best ways to reduce the gap for these kids.

CHIP has already helped to narrow racial and ethnic disparities in access to care among low-income children. But we can do better. We can continue to narrow that gap.

Health insurance is also a key ingredient to alleviating child poverty. Low-income families without insurance often get stuck in a bitter cycle of medical debt. Parents struggling to make ends meet should not have to choose between buying asthma inhalers for their children and putting dinner on the table.

So I hope my fellow Senators will make the right choice, the only choice. I hope they will join me in making our children's future, and America's future, a brighter one.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Vermont.

Mr. SANDERS. Mr. President, this debate is not just about extending health care to our children. It is about our national priorities. It is about who we are as a nation. It is about which side we are on.

For the last 6 years, we have had a President who has insisted, as one of his major priorities, on more and more tax breaks for the very wealthiest people in our country. People who are worth millions of dollars and people who are worth billions of dollars have, collectively, received hundreds and hundreds of billions of dollars in tax breaks. But when it comes to those people most in need, those people who are most vulnerable, including the children of our country—the kids who are 2 or 3 years of age—who have health care needs, this President, tragically and embarrassingly, has not been there. If you are wealthy and powerful, he is there. If you are a child and vulnerable, AWOL—he is not listening. In fact, he has been in opposition.

It is no secret to the American people that our current health care system is disintegrating. Today, 46 million Americans, including over 9 million children, have no health insurance whatsoever, and tens of millions more are underinsured, with high premiums and copayments. Costs are soaring every single year, and small businesses in my State of Vermont and throughout this country are no longer, in many cases, able to offer any health insurance. Throughout the country today workers are being asked to pay a higher and higher percentage of the cost of their health insurance, and many of them cannot afford to do that because health insurance premiums have been rising four times faster than workers' earnings since the year 2000.

In the midst of all of that—more and more uninsured, costs soaring—we end up spending twice as much per capita

on health care as any other country and remain—we remain—the only Nation in the industrialized world that does not guarantee health care to all our people as a right of citizenship. Today, we are debating about whether we should expand the SCHIP program to 3 million more children. But all over the industrialized world, every child in those countries has health care as a right of citizenship.

Despite the over \$2 trillion—\$2 trillion—we now spend on health care—money which, to a significant degree, goes to enrich the insurance companies and the drug companies—our health status measures, including infant mortality and life expectancy, rank among the lowest of developed countries. We spend twice as much as other countries per person on health care—with over 9 million children who have no health insurance—and yet health status measures are lower than many of our allies around the world.

There is no question but that in the face of rising costs and a broken health care system, we need to make fundamental changes in the way we do health care in this country. We need to develop a cost-effective national health care program which guarantees health care to all our people, and study after study suggests we can do that without spending any more than we currently spend on our wasteful and bureaucratic nonsystem. That is what we have to do, and that is what I will fight for as long as I am in the Senate.

Today, we are discussing, despite what some may say, what is, in fact, a modest proposal—a modest proposal. We are discussing an expansion of the SCHIP program, which would expand health care to some 3 million more children. Over 9 million American children today are uninsured, and all we are doing today is saying: Let's expand health insurance to one-third of those children. If this bill were passed in 5 minutes, two-thirds of the uninsured children would remain uninsured, and in the United States of America we can do a lot better than that.

As Chairman BAUCUS has said, as Senator OLYMPIA SNOWE said last night, investing in the health insurance of our children is a good investment. It is cost effective. Today throughout this country there are children who are unseen by medical professionals. They are developing illnesses which are undetected. Those illnesses become worse as they get older. They end up in the hospital. It costs significant sums of money to treat these young people, as they age, in hospitals, when we could have eased their suffering and saved money by getting to their illnesses when they were young, if they had the opportunity to see a doctor.

As Chairman BAUCUS also mentioned, there is the issue of dental care in this country. In my own State of Vermont and throughout this country, there are millions and millions of young people who simply cannot gain access to a

dentist who have teeth rotting in their mouths in the United States of America, in the year 2007. That is not acceptable to me, and I hope it is not acceptable to my colleagues in the Senate.

Given this sorry state of affairs regarding health care in this country in general, and the needs of our kids in particular, I find it ironic we are having any debate about increasing health insurance coverage for children under the SCHIP program.

Let me be very clear, in terms of providing health insurance to our kids, I would go—and will go—a lot further than this legislation. I have, in fact, recently introduced S. 1564, the All Healthy Children Act of 2007, which would provide health insurance to every child in America. That is where I think we should be going.

Some people, including the President of the United States, are saying: My goodness, this bill will cost \$35 billion over a 5-year period; we can't afford that.

But I find it ironic that many of those same people, including the President of the United States, believe, among other things—among many other things—that we can afford to repeal entirely the estate tax, which would benefit only the top three-tenths of 1 percent of the American people. The very richest people in this country would, if the President had his way, receive \$1 trillion in tax breaks over 20 years. That is \$1 trillion in tax breaks over 20 years going to the wealthiest three-tenths of 1 percent of the American people. That we can afford. But when it comes to spending \$35 billion over a 5-year period for the children of our country, we do not have the money.

I find it ironic, if we repealed the inheritance tax, one family, the Walton family who owns Wal-Mart, would receive \$32 billion in tax breaks. Yet we are trying to insure 3 million children today for \$35 billion. So \$32 billion for one family; \$35 billion for 3 million children.

To my mind, what this debate is about is getting our priorities right as a nation. I am getting a little bit tired of hearing many of my colleagues, and hearing this President, talk about family values, when we have almost 10 million children in this country uninsured. If you are interested in family values, you are interested in the future of this country, you are interested in the children of this country.

This is a modest proposal. It is a first-step proposal, and it should be passed and passed immediately.

Thank you very much.

The ACTING PRESIDENT pro tempore. The Senator from Montana.

Mr. BAUCUS. Mr. President, I might ask how much time the Senator from New Jersey would like to consume. I very much appreciate and admire him and thank the Senator from New Jersey for speaking on this amendment. It would be helpful to know how long he

would be speaking. He can have whatever time he wishes.

Mr. MENENDEZ. Mr. President, I would say between 15 and 20 minutes.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Senator from New Jersey be recognized to speak for 20 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BAUCUS. I thank the Chair.

The ACTING PRESIDENT pro tempore. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I thank my colleague, the distinguished chairman of the Finance Committee, not only for making the time available but, more importantly, for his leadership on this critical issue of insuring the Nation's children. There is no stronger voice in the Senate on this issue. I am incredibly proud to have worked with Senator BAUCUS, someone who is keenly interested in this program. I appreciate what he has done in bringing a solid bill to the floor.

I rise today on behalf of our Nation's children and working families. I am reminded every day when I come to the Senate that it is my privilege—privilege—to represent these individuals in the Senate, and with every vote I cast in this great Chamber, I try to always ensure I am protecting and serving our hard-working families.

This week, we are considering a bill to reauthorize our children's health program—a program that affects millions of families across the country. This week, every vote—every vote—we cast will have a direct impact on the health and well-being of our Nation's children and their families.

I cannot overstate how important and how successful this program has been. It currently provides health care to 6.6 million children. Sometimes I think it is important to remember exactly what it means to provide health care for children. It is the immunization shot before school begins. It is a well-child doctor visit that catches early signs of cancer. It is the emergency care coverage after a car accident. It is the new eyeglass prescription to finally see the blackboard. It is an x ray for a broken ankle and a prescription medication for a strep throat. It is about ensuring the well-being of that child so they can fulfill their God-given potential.

Proper coverage can be the difference between life and death, between health and sickness, and between compassion and heartlessness.

In the next few days, we have choices to make, and I hope each of my colleagues ask themselves one question before they cast their vote: Is this good for our Nation's children? Because that should be the only question and the only goal.

I am proud of my home State of New Jersey for always keeping this goal in its mind. Our program, New Jersey FamilyCare, currently covers over 126,000 children and 80,000 parents. These are working families who don't qualify for Medicaid but can't afford

private coverage, and they don't get health care at their job. They work at some of the toughest jobs our State has to offer. They get up every day, 5 days a week—sometimes more—to try to make ends meet for their families, but they don't have health insurance. These are families who, without the children's health program, would yet be another American family cast into the ocean of the uninsured. This program saves them from that fate.

Let me take a moment to humanize what we are talking about, because we talk about these programs in the abstract. They are about lives; they are about people. Elizabeth Geronikos relied on the children's health program for her necessary allergy and asthma medication when her father suddenly lost his job. Jonathan Hale, who discovered a cyst in his brain, was able to get medical attention that his family would not otherwise have been able to afford because of the children's health insurance program. The Cannon family no longer has to worry about their son Jason, who now has a constant supply of asthma medication and has suffered no serious asthma attacks since being on the Children's Health Insurance Program. This is truly a life-changing, if not a lifesaving, program.

But there are also stories of children who were not so lucky. Devante Johnson, who depended on Medicaid for his cancer treatment, died, not for failed chemotherapy, but because his paperwork was never processed. He was 14 years old. Deamonte Driver died because he did not receive treatment for an abscessed tooth—something that, if treated early, would clearly not have been fatal. He was 12 years old. These stories are heartbreaking not only because a child's life was lost but also because it could have been prevented.

We must ensure that no more children go without treatment they need and that no more lives are lost. Our job as Senators is to protect these children. What greater honor and responsibility do we have but protecting our children? As a father, I can't imagine the anguish I would feel if I could not provide health care for my son and daughter. Thus, as a Senator, I feel it is our obligation to provide health care for every single child. I strongly believe we have a responsibility to ensure that no child in America goes to bed at night without proper health care and treatment, and that is why this reauthorization is so crucial.

Under this bill, over the next 5 years we would be able to continue covering the 6.6 million children currently enrolled, and we would be able to reach out and cover an additional 3.2 million children. So the answer to the question, Is this good for the Nation's children, is clearly yes, especially for those 3.2 million children waiting to receive care. That answer is a resounding "yes." There are even more whom we must work to cover.

I want to ask my colleagues who say they may not support this bill, Where

are the values we talk about in this institution? Where are the family values voices that so often are heard in this Chamber? Now is not the time to be silent. Now is when families need you most. Now is the time to stand by your values and stand up to protect our future generation.

To these colleagues, I wish to take a moment to answer some questions about New Jersey's effort to reach out and enroll more children. Over the past few weeks, New Jersey has received a lot of attention for covering children up to 350 percent of the Federal poverty level. In our regard, we think we are doing the right thing, and the statistics prove we are right. I can understand that some might think these families have enough money to afford private insurance, but for New Jersey families, that is simply not the case. New Jersey families face higher living costs, and they get less return on their Federal dollar, so we cannot set a policy that suggests that one size fits all.

I did some of the math which I want to share with my colleagues. At the top end, a working New Jersey family, their family budget, shows they have about \$4,428 in income. Housing in New Jersey is incredibly expensive, about \$1,500 a month. Food for that family is \$547; transportation to get to work, or if they happen to have a car to pay for their commutes back and forth, with the high gas prices, \$820; child care, if they are not in school, and health insurance. I looked up under the Bureau of Banking and Insurance what is the average health insurance coverage for a family a month—a month. The statistic on the Web site is \$2,065. So that puts this family, if they have to be forced to purchase health insurance, in the negative \$1,200 a month. That means they can't make ends meet. This doesn't take into account any unforeseen circumstance on the family budget. So it doesn't end up adding up. That is why this program is so important.

That is why, when New Jersey enrolls children up to 350 percent of the Federal poverty level, they do it because without this coverage, we would have thousands more children more without health insurance. Purchasing a private plan, no matter what tax incentives you give—I hear some of our colleagues talk about giving a \$5,000 maximum credit per family. Well, that is great. That buys us 2½ months of insurance. What do we do for the rest of the year for that family? Do we roll the dice on their health care? I don't think so—not when we as an institution have some of the best health care in the Nation.

I am grateful to the Finance Committee for recognizing what we already knew on a bipartisan basis: The one-size-fits-all approach doesn't work. Remember, our objective is to cover more children, not less. I can't believe I even need to mention what I am about to say, but in light of some of the comments I have heard over the past few weeks about the President saying: Well, let them go to the emergency

room, I think it might be necessary to look at what happens to children without health insurance and how they suffer serious consequences.

Research has shown that uninsured children not only miss regular check-ups and visits to the doctors for less serious conditions that ultimately become far more serious in their personal health and far more consequential and far more expensive, but they also receive less than lower quality care. In fact, uninsured children admitted to a hospital due to injuries were twice—twice—as likely to die while in the hospital as their insured counterparts, and that is simply unacceptable.

There is no morality if upon hearing this, every Member of this Chamber does not do everything in his or her power to cover more children. It is, I believe, a moral obligation. I often hear about the value of life and I cherish it as well. Now is the time to honor the value of the lives of these children.

Another way New Jersey has been successful in covering more children is because we also cover low-income and working parents. In New Jersey, we have found a strong correlation between enrollment of parents and enrollment of children. After the State implemented its parent expansion in 2000, not only did it experience rapid enrollment of parents, but it also saw a significant increase in the enrollment of children, which is our goal. In 2002, the State stopped enrolling parents, and what happened? As parent enrollment began to fall, children's enrollment began to level off. Once the State began reenrolling parents in 2005, children's coverage began to rise again. There is clear evidence that by allowing those States that choose to do so to cover parents, you increase the number of children who have health coverage, achieving our ultimate goal of covering more children and, by the way, we end up covering more Americans.

To further prove this point, former Congressional Budget Office Director Peter Orszag recently stated that:

Restricting eligibility to parents does have an effect on take up among children, in part because when you pick up the parent you are more likely to pick up the child.

Thus, if we stop covering parents under the Children's Health Insurance Program, as some in the Congress and the White House want to do, you end up covering fewer children.

In fact, Peter Orszag said:

For every three or four parents you lose, you lose 1 or 2 kids.

Based on this, in New Jersey, if we were forced to disenroll all of our parents, over 40,000 children would lose their coverage. This doesn't help us achieve our goal of covering more children.

So again, we have to ask: Is covering parents of eligible children good for our Nation's children? The answer is clearly yes.

As I said at the beginning of my statement, I fully support the legislation we are considering today. Senator

BAUCUS has done an excellent job. I appreciate the bipartisan vote of the committee. I am proud of the reauthorization bill because of what it prioritizes, but also because I know how hard it was to reach this compromise. This is a bipartisan bill that Members of both sides of the aisle support. I know it has taken long nights and serious conversation and many difficult decisions to reach where we are today. I appreciate again Senator BAUCUS's incredible efforts, the members of the committee, as well as Majority Leader REID, for their efforts on behalf of the program.

That being said, I simply want to say that if I had my druthers, I would have sought to achieve a greater height. I understand that so would many of the Members who actually created the compromise. I would have liked to have seen, as I did as a member of the Senate Budget Committee, \$50 billion provided. I worked hard to make sure we had that in the budget resolution. I know that is the funding that will be necessary to reach out to the 6 million eligible but uninsured children in America, and it is the funding these children deserve.

Another area of major concern is the lack of language to provide health care for legal immigrant children and pregnant women in the Children's Health Insurance Program. I am a proud co-sponsor of the bipartisan Legal Immigrant Children's Health Improvement Act, also known as ICHIA, which would have repealed the morally objectionable law that prohibits new legal immigrants from accessing Medicaid and CHIP until they have lived in the United States for 5 years. I think we should have the flexibility for States to make that decision.

I am proud that in my home State of New Jersey, they have taken it upon themselves to use 100 percent of State funds to cover over 8,000 legal immigrant pregnant women and children at a cost of over \$22 million. The State has temporarily fixed the problem, but I had hoped Congress would do the same. How can you tell a 7-year-old child with an ear infection he has to wait 5 years to see the doctor? How can you tell a child who may have the incipency of some incredibly terrible disease you have to wait 5 years to go see the doctor? It seems to me we can't bar these families from accessing our health care supply simply because they haven't lived here long enough. During the immigration debate, our colleagues emphasized the difference between those who are here legally and those who are not. So it is appalling to me that a legal immigrant child—one whose family waited their time to come to this country, came here legally, obeyed the law, are working, paying taxes—is still subject to the lash of those people who, even for a child who is here legally, seem to punish. It seems to me that is simply wrong.

Let me close by addressing the President's veto threat. He is basically op-

posed to this bill because he says it covers too many children and families. I don't know how more outrageous and unacceptable a statement can be. I find it embarrassing that some in Washington—those who have the best health care coverage in the world—would propose to cut America's neediest families—neediest families who work hard every day, because if you are poor, you are on Medicaid. These are families who get up and work hard, don't have enough to pay insurance, don't have coverage through work, and can't afford it. Yet the President of the United States, who has the best coverage in the world, and the Vice President of the United States, whom we saw recently in the hospital—happy that everything went well for him—have no worries. They have no worries every night—and for them to say these children are less worthy than them. If the President had his way, over 110,000 New Jerseyans would lose their coverage, and tens of thousands more across the Nation would lose their coverage. I find that morally reprehensible.

I find it ironic that the President doesn't want to cover parents with this program, considering the fact that since 2001, it was his administration that granted 24 waivers for adult coverage in 15 States, including my home State of New Jersey. In fact, when a waiver was issued in 2003 to New Jersey, the administrator of CMS, the Federal agency that supervises the program, said:

New Jersey is setting an example of how Federal waivers can help them cut into the numbers of citizens with no health coverage.

Tom Scully, Administrator of CMS, the Federal agency overseeing this program, said we are setting an example.

In 2004, President Bush made a promise to insure all of the Nation's children, but his latest proposal would only serve to cut children and increase the number of uninsured. Rather than adding to the ranks of the uninsured, we should be working together to expand access to even more children and families. Mr. President, it is time to make good on your word.

It is time to make good on your promise. It is time to cover all children. At the end of the day, this bill is about low-income and working families getting much needed care. This is about our Nation's children having access to a doctor for preventive care and receiving treatments for more serious conditions. This is about the health and safety of current and future generations.

There is only one question left to be asked: Is this good for our Nation's children? The answer is yes.

Let me close with a great Republican I admire, Abraham Lincoln. He said:

A child is a person who is going to carry on what you have started. He [and I add she] is going to sit where you are sitting, and when you are gone, attend to those things which you think are important. You may adopt all the policies you please, but how they are carried out depends on him. He will assume con-

trol of your cities, states, and nations. All your books are going to be judged, praised, or condemned by him. The fate of humanity is in his hands. So it might be well to pay him some attention.

I ask my colleagues to now pay attention to our children and support this important bill. It is important our children. It is for our families. It is in pursuit of our values, and it is for the well-being of our country.

I yield the floor and yield back the remainder of my time.

(Ms. KLOBUCHAR assumed the Chair.)

Mr. BAUCUS. Madam President, I highly compliment the Senator from New Jersey. He is a tireless advocate to make this legislation even better than it was, especially on behalf of parents. There are other groups in his State that are very deserving. I thank him publicly. He has talked to me many times very earnestly, with a real desire to make sure the people in his State are adequately taken care of. I thank the Senator for his tireless advocacy.

I inquire of the Senator from Arkansas, roughly how much time does she wish to consume?

Mrs. LINCOLN. I hope I can have somewhere between 15 and 20 minutes.

Mr. BAUCUS. I ask unanimous consent that the Senator from Arkansas be recognized to speak for 20 minutes.

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

The Senator from Arkansas is recognized.

Mrs. LINCOLN. Madam President, I thank Chairman BAUCUS for his tireless effort here in really portraying what I think is a tremendous priority for so many of us in the Senate and certainly in the Finance Committee.

As a mother of twin boys—and I know our Presiding Officer is a mother of a daughter who is a year older than my boys—I know all too well of the importance of reliable health insurance coverage for children. My husband and I have experienced the sleepless nights looking after a sick child. But we also have the comfort of knowing that when dawn comes, we have the opportunity, through health insurance, to seek out health care through a pediatrician or, if it should be worse, to be able to go to the emergency room and know we are covered, to know we can seek that health care for our children when they need it the most, with the confidence that with that health insurance we can continue to care for their needs.

In situations such as these, health insurance coverage is critical not only to the lifelong health of a child but also to a family's peace of mind. I think that is what we are about here today—our ability as Senators to be able to step outside the box of being a Senator and really think about what it means to be a hard-working American, to be a parent, and to not just think of what it means to us and our families as Federal employees and what we have access to in health care but translating that to the needs of all hard-working

Americans and to understand how important it is to them and to their children too.

We have to, in this debate, step outside and put ourselves in the shoes of the hard-working Americans who need health insurance for their children. That peace of mind should not only belong to those families who can afford private health insurance; it should also belong to working families who are struggling to make ends meet in today's world, who are the strength of the fabric of this Nation, those hard-working families who are going to jobs day in and day out—and sometimes more than one job—to keep the needs of their families, as was listed by the Senator from New Jersey, to make sure their families stay whole.

Coming to the bottom of that list and recognizing how expensive health care costs are for their children, we need to make sure the fabric of this Nation stays strong. We do so by not only supporting those working families and their children but by establishing priorities in this country. That is why I rise to speak on behalf of the State Children's Health Insurance Program, or SCHIP, a Federal-State partnership which today provides much needed health care coverage for more than 6 million children across this great country.

In conjunction with Medicaid, CHIP has been tremendously successful in reducing the number of uninsured children in my State and across our country. Since the program's inception 10 years ago, the number of children without health care coverage has dropped by one-third. That is something we can be proud of and that we can build on.

During that time, I am proud that Arkansas has become a national leader in reducing its number of uninsured children from over 20 percent in 1997 to 10 percent today. Now, nearly 65,000 of Arkansas' children currently receive coverage through CHIP or, as we know it in Arkansas, ARKids First.

Despite this success, an estimated 9 million children remain uninsured, nearly two-thirds of whom are already eligible for CHIP or for Medicaid nationwide—9 million children, Madam President. Those children belong to parents just like us. Their parents care for them just as we try to care for our children—yet not having the comfort of knowing their health care needs could be and should be covered.

I am certainly proud that the Senate Finance Committee has recently taken steps to reach more of these children, and I do wish to commend Chairman BAUCUS and Senators GRASSLEY, ROCKEFELLER, and HATCH, as well as their staffs, for their incredible dedication, the vision and leadership they have shown on this issue, their tireless energy in sticking with coming together to bring about a compromise—a much needed compromise—and the extraordinary effort they have put forth particularly over the past few months, which has made renewal of CHIP much

more of a reality for America's families.

The CHIP reauthorization package that was overwhelmingly approved in our Finance Committee—by a vote of 17 to 4—applies the lessons of the past 10 years and builds upon the success of the program by giving States more of the tools they need while preserving their flexibility to strengthen their program and ultimately cover more children. In doing so, it would provide an additional \$35 billion over 5 years that will allow States to preserve coverage for the children who are currently enrolled, while reaching an additional 3.2 million uninsured low-income children.

This proposal would also provide much needed funding to States for outreach and enrollment efforts to reach many of those who are currently uninsured and yet eligible. It also takes steps to ensure that they get a healthy start by providing care for pregnant women and establishing pediatric quality measures to improve the level and efficiency of the care they do receive. How important that is as we have begun in this country to look at the quality measures of health care, particularly for our elderly. Why is it not equally important to look at the quality measures for the pediatric care that goes to our children?

I have long supported improving access to health care coverage for pregnant women, not only because it is vital to the health of mothers and infants, but it also often reduces future health care costs. What an incredible return on our money—to see expectant mothers going full-term to deliver a child that has a much greater opportunity to perform, to be healthy, and to be less costly later in life due to health care needs. In fact, it was reported in 2005 that the socioeconomic costs—medical, educational, and lost productivity—associated with preterm birth in the United States was at least \$26.2 billion. Every year, more than 500,000 infants are born prematurely, an increasing number that now affects nearly one out of every eight babies.

This is of particular concern to me because, in recent reports, more than 13 percent of births in our State of Arkansas were premature, ranking it among the States with the highest incidence of preterm babies. So many of us have been faced with those choices. I know when I served in the House of Representatives and my husband and I were so excited to receive the news that we were expecting twins, I also received the news that at my age, and certainly the work environment I was in and all of the pressures, I was also at risk for a premature delivery. I had the wonderful opportunity to make a decision that I would not run for reelection and that I could minimize my job in order to do everything within my power to bring those children into this world in a safe manner.

I look across this great country, and not all working mothers have that op-

portunity. They don't have those choices to be able to step aside and do everything they possibly can with the health care they receive to bring their babies into this world in the healthiest fashion. One thing we can do is to provide them the prenatal care they need and the advice and consultation to be able to do what they can to ensure those babies are delivered after a full term.

By taking needed steps to improve access to care for pregnant women, I am confident we can make strides to improve health outcomes for them and for their children. If, in fact, we don't want to do it for the sake of bringing healthy babies into this world, who are going to be future leaders of this country, we should do it as an investment. The long-term investment of a healthier child being born makes so much more sense than the long-term cost of a premature delivery and the health care needs that child would have for the rest of his or her life.

The Finance Committee proposal would also provide the Federal authority and resources to invest in the development and testing of quality measures for children's health care. Of the 146 medical schools in this country, every one of them has a department in pediatrics. We can make an incredible investment in quality measures that would give us not only the outcome we want but also the cost savings in overall health care we so much desire.

This provision would help ensure that States and other payers, providers, and consumers have the clinical quality measures they need to assess and improve the quality and performance of children's health care services.

Additionally, the bill would allow some States to use income-eligibility information from other Federal programs, such as school lunch programs, to speed up the enrollment of eligible children into CHIP or Medicaid. The Senator from New Mexico has done so much hard work on making good common sense out of the mounds and mounds of paperwork people already have to fill out, using the knowledge we already have and those mounds of paperwork to get those children enrolled in the program for which they already qualify. It would simplify the administrative process for States and certainly reduce the paperwork burdens on our families.

The bill would also provide greater access to much needed dental care for lower income children and would ensure that children enrolled in CHIP would have access to mental health care that is on par with the level of medical and surgical care they are currently provided.

As we look at our children and their growth, understanding the unbelievable essentials in dental care, not only so our children can get the nutrition they need but they can pay attention in school, they can get the education they need, which allows them to grow and be a part of this incredible Nation

in a productive way, the success of CHIP over the past 10 years is itself a great example of the things we can accomplish when we reach out across the aisle, when we work in a bipartisan way, when we come together on our priorities and put aside the partisan differences.

This bipartisan proposal we are considering today is another. We should all agree that providing health care for our children is certainly one area where partisan politics should be placed aside. There is no room for partisan politics as we address our children. After all, it is a moral issue, an investment in our Nation's most precious resource—our children; an investment in a future of our country, its leadership, and its productivity. Who can disagree with that?

As we move forward together to reauthorize this successful program, I am hopeful we can do so in the same bipartisan spirit that was demonstrated in the creation of this program, the 10-year implementation of this program, and in the recent reauthorization of this program in the Finance Committee.

It is unfortunate the President and the Secretary of Health and Human Services feel differently. In fact, their proposal to increase the CHIP funding by only \$5 billion over the next 5 years falls so short of the funding needed to simply maintain coverage of those currently enrolled in the program. To justify their proposal, the administration actually claimed the number of uninsured children in our Nation was only 20 percent of the estimates calculated by the nonpartisan CBO.

Instead of forcing over a million children—a million children—to be dropped from their current health insurance provider, shouldn't we all agree that at the very least absolutely no child should lose coverage as a result of reauthorization?

The President has been adamant about leaving no child behind when it comes to their education, but shouldn't we apply this to their health care as well? Shouldn't we recognize the reason, or a part of the reason, our No Child Left Behind in education has been less productive is because we failed to provide the resources—the much needed resources—to implement good policies, basic policies? It is fine to talk about these things, but if we don't put our money where our mouth is, the health care doesn't get to the children who need it.

Moreover, shouldn't we all move forward in covering as many of the 9 million uninsured children we possibly can; finding the middle ground, as we have done in the Finance Committee? I wholeheartedly believe so, and that is why I rise in strong support of this legislation.

Some of my colleagues have raised concerns about our efforts to expand this successful program. They have argued the \$35 billion compromise that was reached in the Finance Committee

is too much money. You know what. It is going to cost us something to cover more children. Let us take a step back and get some perspective on how much money we are actually talking about.

Our current proposal to reauthorize CHIP provides a total of \$60 billion over 5 years—\$25 billion in the baseline, with an increase of \$35 billion. In contrast, our operations in Iraq are now estimated to cost taxpayers \$10 billion per month. So for the amount of money, nonbudgeted money, we now spend in Iraq every 6 months, we can cover an estimated 10 million lower-income children with much needed health care for 5 years—5 years. We are talking about money that is completely offset—a program that is completely paid for.

How you spend your money—and this goes for families and for Government—tends to reflect your values and your priorities. We all have to look at where our priorities are in our own family, and we as Senators and stewards of this land and this great country and its resources have to set priorities as well, and they should reflect our values—our values and our priorities. So I ask my colleagues today: What could be a bigger priority than the well-being of our Nation's most precious resource, our children?

Look at our families, the families who are the fabric of this country. One of the things they need the most is time—time to be a family, to sit down to dinner with their children, to be able to go to a PTA meeting or a parent-teacher conference, to take a small vacation, to care for an aging parent. They need time to do that. It is not easy to find that time. If you are a single parent, perhaps a single mom, but even if you are a working family, a lower income working family, working two or three jobs to be able to hit that budget the Senator from New Jersey talks about, to make sure you can hit all those issues you have to deal with, whether it is rent or groceries or certainly any type of health care you could access, it takes time—time away from our families, the time needed to build strong families, to keep their children whole and focused on the good values we want our children to have.

Minimum wage was a great example. Minimum wage was much needed, with over 10 years of not having seen that increase. What an important role it plays in providing our families greater time to be a family. At a time when more and more Americans are struggling to find affordable health care, CHIP has allowed us to make coverage more accessible for millions of children, coverage that is critical to the lifelong health of a child and to a family's peace of mind. I urge each and every one of my colleagues to explore your own conscience, not just thinking about your family but thinking about the millions of American families out there today who want nothing less for their children than what we want for ours.

Let's set aside partisan influences and support this critical effort to invest in the health care of our children, not only for the future of our Nation but for the well-being of millions of American children in working-class, lower income families. They are depending on us, the stewards of this body, the stewards of this country, and it is time we fulfill our commitment to them. I urge my colleagues to join me in supporting legislation to expand health care coverage for children.

I have been proud to work with Chairman BAUCUS and Senator GRASSLEY and others in this effort, and I certainly commend them for their leadership and good work. I look to this body to stand up and to show who it is we are and what it is we are made of on behalf of America's children.

I yield the floor.

Mr. WYDEN. Madam President, before she leaves the floor, let me thank my seatmate on the Senate Finance Committee for a passionate and eloquent address on behalf of this country's children. I commend her for it.

Madam President, I ask unanimous consent that the time between now and 12:30 be divided equally between the Senator from New Mexico, Mr. BINGAMAN, and the Senator from New Jersey, Mr. LAUTENBERG.

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

The Senator from New Mexico is recognized.

Mr. BINGAMAN. Madam President, would the Chair please advise me when half the time allotted to me has been used?

The PRESIDING OFFICER. Yes.

Mr. BINGAMAN. Madam President, I wish to congratulate the majority leader for taking this time to bring the reauthorization of the Children's Health Insurance Program to the Senate floor. Since this program was created, through a bipartisan effort in 1997, the number of uninsured Americans has grown by millions. At the same time, the percentage of low-income children in the United States without health care coverage has fallen by a third. So this is a remarkable achievement, and this program is a large share of the reason for that achievement.

The program is critically important to my home State of New Mexico. It currently permits the State to cover over 14,000 low-income New Mexicans and will play a critical role in ensuring that all low-income New Mexicans have access to meaningful health care coverage. I strongly support the reauthorization we have reported from the Finance Committee. Of the many issues before the Senate, I believe reauthorizing this legislation needs to be at the top of our list.

Unfortunately, there seems to be a huge gap between what the administration would like to see done on this subject and what in fact is needed. The President has proposed such a small sum of new funding over the next 5 years, \$1 billion per year of additional

funding, that if we were to accept that proposal, we would have a significant reduction in the size of the program and the number of children covered by the program.

Instead of reaching a larger percentage of the 9 million uninsured children in our Nation, the President's proposal would not add to the number of children covered. In fact, it would result in hundreds of thousands, if not millions, of low-income children losing their coverage.

I also wish to commend Senator BAUCUS, Senator GRASSLEY, Senator ROCKEFELLER, and Senator HATCH, all four of these individuals, who worked in a selfless and bipartisan way to come up with a proposal they could embrace and they could bring to the full Senate. The Congressional Budget Office estimates the \$35 billion over 5 years authorized in this legislation will fill in the shortfalls in funding that have plagued the program for many years. It will allow us to expand coverage to nearly 4 million additional low-income children.

Although I strongly support this bipartisan compromise, there are several aspects of the legislation I hope we can still strengthen as we move forward. First, of course, I would like to see greater funding than the \$35 billion over the next 5 years that is called for in this legislation. If we could go to the full \$50 billion we provided for in the budget resolution, and that I believe the House is trying to enact, we could expand coverage to an additional 5 million children who would remain uninsured at the bill's current funding levels. So there are ways we can improve this bill.

I am also disappointed in changes that were made to coverage for adult populations in this program. I will not oppose the compromises that were reached on the issue, but I firmly believe the reauthorization program should not result in the narrowing of the flexibility States have had through this program to cover uninsured populations, including adults. In particular, let me discuss a little of the rhetoric that has circulated around this subject.

Coverage of adults is very important to the efforts of my State and other States in our efforts to cover low-income parents and childless adults, but in fact, this program is overwhelmingly a program that is focused on providing coverage to children. Less than 10 percent of the coverage under the SCHIP program currently goes to adults. I believe that has been somewhat taken out of context by many who have discussed the issue.

We should also note States are relying on waivers in covering the adults who are covered under the program. States are relying on waivers, most of which were approved and authorized in this Bush administration, to cover these populations. These are not Democratic-proposed waivers, these are waivers a Republican administration has approved. Tommy Thompson, our

former Secretary of Health and Human Services under President Bush, in his first term stated in 2005, upon approving New Mexico's ability to cover adult populations:

This approval means health coverage for tens of thousands of uninsured New Mexico residents—including many uninsured parents whose children are already covered. By giving States like New Mexico greater flexibility in the way they provide health care to low-income citizens, we are helping millions of people across the country to gain access to quality health care.

Madam President, how much time remains for my half?

The PRESIDING OFFICER. The Senator has 5 minutes remaining.

Mr. BINGAMAN. Madam President, let me also go to one other issue which I think is important to deal with, another shortfall in this legislation, and that is the failure of the program to provide dental coverage.

According to the Children's Dental Health Project, of the 4 million children born each year in the United States, more than a quarter of them will have cavities by the time they are toddlers, and more than half will have cavities by the time they reach second grade. This is concentrated in low-income rural children who suffer disproportionately from these problems.

I believe strongly the Children's Health Insurance Program should be expanded to cover dental care for children across this country, low-income children. This is something we are not able to do as part of this legislation, but I hope we can revisit this issue before final action is taken.

A final issue I wanted to discuss relates to important improvements in legislation I hope we can make for legal immigrant children and legal pregnant women. Under current law, these individuals are prohibited from receiving most CHIP or Medicaid coverage for the first 5 years they are resident in the United States on a legal basis. Very often these children and these legal pregnant women, U.S. citizen children I point out, will become eligible for CHIP and Medicaid. It is counterproductive to prevent these legal immigrants from accessing services at the time they become legal residents of our country.

Today there is a 5-year bar in place to them receiving Medicaid and CHIP coverage. It exists even though the vast majority of these immigrants are working or are in families with working parents and are therefore paying Federal and State taxes. They contribute significantly to the system, but they are barred from receiving the services they are subsidizing. I highlight that legislation to remove this 5-year bar. I want to highlight that this proposal to remove the 5-year bar has bipartisan support. It has passed the Senate as part of the 2003 Medicare Modernization Act. I hope very much that before we complete action and send the bill to the President, we can deal with this issue here.

I urge each Member of the Senate to focus on what is the important work

that we can accomplish in the Senate, how we can help the lives of children growing up in this country, and how we can make them more productive citizens in the future. Expanding this health care coverage to cover more children is obviously the first and best thing we can do. I hope very much we can pass this bill, go to conference with the House, and come up with a bill the President can be persuaded to sign.

Again, I congratulate the Finance Committee for the good work they have done bringing the legislation to the full Senate.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. LAUTENBERG. Madam President, I also extend my commendations and thanks to Senators BAUCUS and GRASSLEY for producing this bill. This bill is a long step forward. Although I think it is quite apparent that we need even more than this generous attempt to meet our needs, the fact is, it is a very good bill. But it is surprising to me that we even have to debate this bill.

As we stand here, there are 9 million kids in the United States without health insurance; 250,000 of them live in my State of New Jersey. Every day that we wait to reauthorize and expand the Children's Health Insurance Program we risk more children's illnesses and even permit them to die because they have no health care.

In 2010 there are going to be more than 83 million children, from newborns to 19-year-olds, growing up in America. We have an obligation to make sure those boys and girls have health insurance so they can see their doctor, get a prescription, or visit the hospital if they need to. That is exactly what the CHIP, Children's Health Insurance Program, helps them do. It will ensure that kids have insurance to get regular checkups, to pay for emergencies, or to fight illnesses such as diabetes and other illnesses that afflict children terribly in their lives.

Children without insurance are twice as likely to die from injuries while they stay in the hospital than children who have insurance, and 12 percent of children either delay getting care or do not get any care at all because their families cannot pay for it. It is simply not right. It is those children who need this program the most, but this vital children's health program is set to expire on September 30, just 2 months from now.

The Children's Health Insurance Program is the only way that 6 million of America's children can afford health insurance. Their parents are typically hard-working people, but they simply cannot afford expensive private insurance, and they make too much money to qualify for Medicaid.

For example, in New Jersey, our State program helps to keep 126,000 low-income children in good health. Considering how many kids the program is keeping healthy in New Jersey

and across the Nation, we would expect that President Bush would keep this program healthy, but he has not, and the long-term health of this program hangs in the balance. The President's proposed budget for fiscal year 2008 is \$10 billion short of what we need to keep our children healthy. Without more money, we cannot cover the young people who currently get children's health insurance, and we cannot add any new children, no matter how much they need it, to the ranks of the insured.

By 2009, States will be facing more financial shortfalls. They will be forced to cut coverage for our kids. It is unacceptable, so the Senate is offering a better bipartisan plan. I am proud to support the Children's Health Insurance Program Reauthorization Act, which Senators BAUCUS and GRASSLEY introduced and the Finance Committee approved. This bipartisan bill will provide \$35 billion in new funding. Most of us would have preferred even higher levels of funding—\$50 billion—and I plan to support amendments to increase the funding amount. But there cannot be any doubt that this bipartisan compromise that we have before us is a crucial step forward in improving children's health. It would maintain insurance for the 67 million children who are currently covered, and it would insure more than 3 million new kids who do not have any health insurance at all now.

It would also continue giving States flexibility in covering these youngsters. We know the cost of living and the cost of health care varies from State to State, and that must be a consideration in coverage.

President Bush ran on a campaign pledge to get millions more kids on health insurance. Instead of pledging to sign the bipartisan Senate bill—it is incredible but true—President Bush is threatening to veto it. A veto means putting millions of children at risk for illness and disease. It means going back on the President's pledge, and it shows, by his action more than his words, that the President's priorities are not the same as America's.

President Bush's lopsided tax cuts are projected to cost \$252 billion in 2008 alone. We spend \$3 billion a week on this war, and we have supplementals in between there. We have already spent more than a half trillion dollars on this war. When you think about it, this bill asks for only \$35 billion over 5 years, \$7 billion a year, to provide for children's health. It is roughly 2 months of keeping this war going.

In those 5 years we could keep millions of kids healthy and help them become productive members of our American society.

Martin Luther King said:

Of all forms of injustice, inequality in health care is the most shocking and inhumane.

To let millions of children go without health insurance is an absolute injustice. To stand by while they get sick

and cannot afford care is both shocking and inhumane. We are the wealthiest country in the world. We also should be the healthiest country in the world. But we do not seem to be able to tie in these domestic needs with the opportunity that faces us, despite the shortage of revenues because we have become so generous with people who are billionaires, in terms of their taxes. Those who make \$1 million a year get tax cuts that are substantial, so it does cut into our revenues. So, as I mentioned before, does the war.

I hope all my colleagues will support this bipartisan Baucus-Grassley bill.

Last, we plead with the President to keep his promise, not to veto it but sign it, to do the best we can for our children and our country.

I yield the remainder of my time. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. LAUTENBERG. Madam President, I ask unanimous consent the quorum call be dispensed with.

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

Mr. LAUTENBERG. I ask unanimous consent now we recess for the caucuses.

RECESS

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

Thereupon, the Senate, at 12:27 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER).

SMALL BUSINESS TAX RELIEF ACT OF 2007—Continued

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I think we are awaiting the arrival of Senator GRASSLEY. While he is getting ready, I could not be more pleased to have a better partner than Senator GRASSLEY. He and I worked very closely together, and he and I and Senators HATCH and ROCKEFELLER worked very hard to put this current legislation together. I thank the Senator from Iowa for his dedication and public service. He does a good job.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. I appreciate those kind remarks. I obviously have commented many times on this floor in the last 6 years about the close working relationship I have had with him and his efforts, because most everything that came out of our committee in the last 6 or 7 years has been bipartisan.

As we all know, nothing gets through the Senate that is not bipartisan, and so you might as well start at the committee level if you are going to get anything done. I think we have gotten a lot done. I thank the Senator for his kind comments.

Obviously everybody knows we are just beginning, yesterday and today and probably this week, and hopefully completing work this week, on the State Children's Health Insurance Program. So we are going to continually refer to the acronym known as SCHIP.

This, as I said yesterday, is a product back from 1997, now sunseting 10 years later, by a Republican-led Congress. It is a very targeted program, because too often some people giving speeches on the floor of this body want to leave the impression, or maybe they think it actually is, an entitlement program. This is not an entitlement program. An entitlement program is when a program goes on forever, and if you qualify, there is automatic access to the program, and withdrawal from the Federal Treasury. This program is not an entitlement program because it is based upon a specific amount of money appropriated for the program. That money has got to be divided up among all of the States and among all of the participants. So it is not an entitlement.

I think you are going to hear a lot of debate this week that people want you to think this is an entitlement. This program, targeted as it is, is designed to provide affordable health coverage for low-income children in working families. These families make too much to qualify for Medicaid, which is one of those entitlement programs—and legitimately an entitlement program—but these are families who earn too much to qualify for Medicaid but struggle to afford private insurance.

It is important that we reauthorize this very important program targeted for children. The Finance Committee's bill proposes a reasonable approach for reauthorizing SCHIP that is the product of months of bipartisan work in the committee. I emphasize the word "bipartisan." As I have said so often, this Finance bill is a compromise. I think it is the best of what is possible. Clearly folks on the left wanted to do more, and if you did what they wanted to do, you would have a Democratic bill. My colleagues on the right wanted to do less, and if you did and even go in a different direction, if you did what they wanted to do, you would have a Republican-only bill. So one way or the other, you have got 51 to 49, and nothing is going to get done. You have got to have bipartisanship, because it takes 60 votes around here to shut off debate, to go to finality.

Neither side got what they wanted. I would suggest to you this is the essence of compromise. This compromise bill maintains the focus on low-income, uninsured children and adds coverage for an additional 3.2 million low-income children, children who could presently qualify but not enough money is available or States were not doing their job of outreach to bring these people in.

I have heard some harping from different quarters about the role Senator HATCH and I have played in developing