

CHILDREN'S HEALTH AND MEDICAL CARE PROTECTION ACT OF 2007

SPEECH OF

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2007

Ms. LEE. Mr. Speaker, I rise today in strong support of the rule and underlying bill, the CHAMP Act. I want to thank our leadership for their vision and commitment in bringing this critical legislation before us today.

Mr. Speaker, as one of the primary authors of California's version of children's health insurance, the Healthy Families Act, I know this bill will help reverse the neglect and devastation to our health care system that has been inflicted over the last dozen years.

The CHAMP Act will finally provide much needed care for the 5 million uninsured children across this Nation.

The CHAMP Act will finally allow millions of seniors the access to affordable, quality health care that the Bush administration's Medicare cuts have denied.

Finally, while I remain opposed to scientifically unsound abstinence-only programs I support the CHAMP Act's acknowledgment that these programs in their current form are not serving the needs of our young people who deserve access to medically-accurate, life-saving comprehensive sex education.

Mr. Speaker, as important a step forward as this bill is, our goal must remain providing universal health care to all Americans. The future of our Nation depends on it.

THE CHILDREN'S HEALTHCARE AND MEDICARE PROTECTION ACT OF 2007

SPEECH OF

HON. DORIS O. MATSUI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2007

Ms. MATSUI. Mr. Speaker, I thank the gentleman/lady from [STATE] for yielding me this time. I request unanimous consent to revise and extend my remarks.

Mr. Speaker, today's debate is about promises and responsibility. It is about the promise of an American childhood. It is about our responsibility to protect the health and well-being of those who grow up in the world's most prosperous Nation.

It is about the promise of a better world for our children and grandchildren. We have a responsibility to create a healthcare system that is fair, equitable, and affordable for all Americans, regardless of their income.

Mr. Speaker, the Children's Health and Medicare Protection Act delivers on these promises and fulfills these responsibilities. It revitalizes and expands one of the most successful and cost-effective health initiatives we have: the State Children's Health Insurance Program.

SCHIP is a model for how government programs should work. It has saved money for taxpayers by helping children avoid costly hospital and emergency room trips. It has made states equal partners in the program's administration, giving them flexibility and a stake in

the outcome. Most critically, it has provided six million kids with health care that they would not otherwise have.

Because of SCHIP, six million American kids are healthier and more vibrant. Six million young lives are better because of this program. Isn't this what good government is supposed to accomplish?

There is still more for us to do, though. Millions of children in our country cannot go to a doctor when they feel sick. In my hometown of Sacramento, 17,000 kids cannot get the medicines they need until they go to an emergency room. This is unacceptable to me, Madam Speaker. It should be unacceptable to every single Member of Congress.

When I cast my vote for this bill today, it will be a vote for the future of our country. It will be an investment in the children who are the future.

Mr. Speaker, I stand before this House today as a colleague, but also as a proud grandmother. My two beautiful grandchildren are named Anna and Robby, and most of what I do here in Congress is colored by how it will affect them and their generation.

Anna and Robby are fortunate in that they have stable, reliable health insurance. Millions of their peers are not so lucky.

I am confident that if we all do so, we will see that voting "Yes" on the CHAMP Act is not only the right thing to do. It is the most thing to do. It will secure our country's future by providing healthcare for the millions of American kids who literally are our country's future.

INTRODUCTION OF THE EARLY TREATMENT FOR HIV ACT

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 2, 2007

Mr. ENGEL. Madam Speaker, today is an exciting day as I join with you and Representative ROS-LEHTINEN and over 50 bipartisan co-sponsors—27 Democrats and 27 Republicans to re-introduce the Early Treatment for HIV Act.

Today is just one day in a long journey to promoting common sense health care in the Medicaid program. Medicaid coverage for people living with HIV is contingent on two factors; qualifying as low income and meeting the Social Security definition of disability. What this means for uninsured HIV Positive people is that outside of the Ryan White CARE ACT, HIV positive people must wait for their health status to be compromised beyond repair, to deteriorate to full blown AIDS before they can get healthcare coverage under Medicaid. This defies logic as current Federal guidelines call for early access to medical care and treatment including the use of combination antiretroviral therapy.

The Early Treatment for HIV Act, ETHA, gives states the OPTION of amending their Medicaid eligibility requirements to include uninsured, pre-disabled low-income people living with HIV. ETHA is modeled after the successful Breast and Cervical Cancer Prevention and Treatment Act, BCCA, that allows States to provide early access to Medicaid to women with cancer. As with the BCCA, participating States would receive an enhanced Federal

matching rate, the same that is provided through the breast and cervical cancer Medicaid project and SCHIP.

Earlier access to health care for people with HIV/AIDS is cost effective. It improves both the health and quality of life of many people living with HIV. By keeping people healthy, the government saves money on expensive medical interventions, such as emergency care or hospitalizations. Furthermore, new medications now allow people with HIV to remain in the workforce longer, and reduces the need for support from government income subsidy programs like SSI and SSDI.

Will the cost-savings be immediate? No. But after a number of years, when early, effective treatment will limit the number of people whose health status progresses to full-blown AIDS, health care costs will be minimized, and best of all there will be a 50 percent decrease in lives lost to this terrible disease.

As all of you know, I have been advocating for improving access to quality healthcare for those with HIV/AIDS for my entire career in public service.

I was deeply troubled 2 years ago when the Energy and Commerce Committee "reformed" Medicaid during the Deficit Reduction Act. I offered ETHA as an amendment during that mark up and secured the first ever vote on that bill. As I said to then Chairman JOE BARTON "if our committee is sincere about Medicaid reform outside of this budget driven reconciliation process, than we should seriously consider the huge improvements in health outcomes and long term cost-savings that will be realized over time through the Early Treatment to HIV." Unfortunately, the amendment was not agreed to.

In the past Congress, I was deeply involved in the negotiations of the Ryan White Care Act. Those initially writing the Reauthorization shifted huge numbers in funding away from the epicenters of the AIDS epidemic to other emerging communities and added language that would make it harder for providers to serve those most in need. A common sense approach would have been to just fund the bill at higher levels to keep states from being pit against each other for scarce funding. We righted some of the wrongs in that bill though, and will continue to work to strengthen the Ryan White program.

Madam Speaker, today is a new day though and a new Congress. With an equal number of Democrats and Republicans pushing for Early Treatment for HIV in the Medicaid program today, we have a new opportunity to enact common sense, life-saving treatment.

WATER RESOURCES DEVELOPMENT ACT OF 2007

SPEECH OF

HON. JERRY WELLER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, August 1, 2007

Mr. WELLER of Illinois. Mr. Speaker, during the last set of votes last evening, I unintentionally voted against the conference report on H.R. 1495, the Water Resources Development Act of 2007.

I ask that it be put into the permanent record that I fully support the passage of the conference report and ask that my vote be