

Communication with each other and with our constituents is elemental to Senate business and Hazel's group is an essential communication hub here. They are our partners in governance and under Hazel's leadership have performed admirably. We thank Hazel for her leadership and wish her a healthy and happy retirement.

Mr. McCONNELL. Mr. President, I want to join the majority leader and associate myself with his remarks regarding the contributions of Hazel Getty to the operation of the U.S. Senate. Hazel has overseen a remarkable advance in the technological capabilities of the Sergeant at Arms' Printing, Graphics and Direct Mail branch. We will all miss Hazel's excellent leadership and gentle nature. We wish her all the best in this next chapter of her life.

#### APPLAUDING EDMONSON COUNTY, KENTUCKY

Mr. McCONNELL. Mr. President, I rise today to applaud the patriotism and service of the residents of Edmonson County in my home State of Kentucky. Earlier this week, the local Bowling Green, KY, newspaper, the Daily News, published an article entitled "Edmonson Leads U.S. in Army Recruitment." Edmonson County, located in the central part of the State, has the highest percentage of Army recruits in the country—quite an accomplishment, and a wonderful symbol of patriotism and sense of service that is evident not just in Edmonson County, but throughout the Commonwealth. According to the Army, Edmonson County "produced the most enlistments for the Regular Army, Non-Prior Service" as compared to the total national population of 15-24 year olds.

Kentucky has a proud military heritage. The Bluegrass State is home to widely recognized military installations such as Fort Knox and Fort Campbell. Our Guard and Reserve units continue to proudly serve on the front lines of the global war on terror. The people of Edmonson County are carrying on Kentucky's longstanding history of service and are proving their dedication and support as the United States continues to fight the terrorism. I am proud to represent such loyal and selfless citizens.

Mr. President, I ask that the entire Senate join me in expressing great admiration and gratitude to the people of Edmonson County, KY, for their patriotism and service. I ask unanimous consent that the full article from the Daily News be printed in the RECORD.

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

[From the Bowling Green Daily News, July 29, 2007]

#### EDMONSON LEADS U.S. IN ARMY RECRUITMENT (By Ameerah Cetawayo)

Edmonson County, the home of nationally known Mammoth Cave National Park, made headlines recently for another reason—having the highest percentage of Army recruits in the country.

For every 1,000 young people in the county, about 11 of them decided to join the military in 2006.

For a county of about 12,000 people, the statistics magnify patriotic values, as well as the notion that more people from Edmonson County are leaving for Bowling Green and surrounding areas, according to leaders in the educational and business community.

According to military data analyzed by the National Priorities Project, a nonprofit research organization, Kentucky ranked 27th in the nation for the percentage of Army recruits.

The Army recruited 990 people from the commonwealth last year, about a 3 percent increase from 2005, according to NPP.

Earlier this month, the U.S. Department of Defense said the Army failed to meet its goal of 8,400 recruits for June by about 16 percent, with only 7,031 nationwide joining.

Brian Alexander, principal of Edmonson County High School, said having options for college is one explanation for why Edmonson County ranked high. Alexander said the latest graduating class of a little over 100 earned \$250,000 in scholarships.

"Our kids are looking for opportunities. Right now, the military offers substantial financial opportunity to allow young men and women to pursue post-secondary careers," Alexander said, adding that joining the military also gives young people the opportunity to see different parts of the world.

Take a look at Edmonson County's courthouse in Brownsville and it's easy to see that military organizations are very active in the area, according to Edmonson County Schools Superintendent Patrick Waddell.

"One of the biggest reasons we probably have ranked high in that area is we're a very patriotic county," he said. "The different services of the military are very active in the county. They do a lot of programs that are extracurricular activities in the middle school and high school."

Waddell also said the percentage who go to college or a technical or trade school would be about the same as other districts.

"Being proud of your community and proud of your county and being proud of America, that's a very positive attribute of Edmonson County," Waddell said.

Sarah Childress, executive director of the Edmonson County Chamber of Commerce, said small-town values are alive and well in Edmonson County.

"I'm not saying things are different here, but it may have something to do with the way young people have been raised, to have that instilled in them at a young age, to want to serve their country," Childress said.

The appearance of a lesser amount of opportunities in Edmonson County may be a small factor also, she said.

"Anyone can go to Bowling Green, Louisville and Nashville and find a good job and commute. They can move if they want," Childress said. "We don't have a lot of industry here."

The biggest employer in Edmonson County is the board of education, followed by the county's highway department and local banks, Childress said.

"There is something out there for everybody, and Bowling Green is growing so much and moving even closer to southern Edmonson County," he said. "There is so much industry going on in Bowling Green there is plenty out there for everybody."

Other recruiting and retention statistics for the active and reserve components last month showed:

The Navy finished with 3,999 recruits. Its goal was 3,924. The Marine Corps exceeded its goal by recruiting 4,113 new Marines; its goal was 3,742. The Air Force met its goal of 2,233 recruits.

Army, Navy, Marine Corps, and Air Force met or exceeded overall active duty retention missions.

Five of the six reserve components met or exceeded their Reserve forces recruiting goals in June. The Air National Guard was the only reserve component to miss its goal, finishing at 75 percent with 779 of its goal of 1,036. The Army National Guard recruited 5,342 soldiers surpassing its goal of 5,338. The Army Reserve and Navy Reserve finished at 108 percent of their goals with 5,255 and 1,013 recruits, respectively.

The Marine Corps Reserve recruited 1,078 Marines, surpassing its goal of 986 at 109 percent. The Air Force Reserve met its goal of 597 recruits.

Reserve forces retention numbers show Army National Guard retention was 107 percent of the cumulative goal of 26,405, and Air National Guard retention was 98 percent of its cumulative goal of 8,430. Both the Army and Air Guard are currently at 101 percent and 99 percent of their end strength, respectively. Losses in all reserve components for May are well within acceptable limits, according to the DOD.—Source: U.S. Department of Defense

#### SMALL BUSINESS CHILDREN'S HEALTH EDUCATION ACT

Mr. REID. Mr. President, the 17th century English writer, Izaak Walton, said—

Look to your health; and if you have it, praise God, and value it next to a good conscience; for health is . . . a blessing that money can't buy.

Today in America, good health is not free. And for many working people, the cost and accessibility of quality health care has become prohibitive.

A decade ago, the Congress and President Clinton made a major downpayment on improving our health care delivery system.

Their new approach was aimed at a gap between children of very low-income families who were covered under Medicaid and children of middle- and upper-income families who could fortunately afford private insurance, usually through their employers.

But between the two, millions of children whose families neither qualify for Medicaid nor can afford private insurance are uninsured.

So in 1997, the Congress passed the Children's Health Insurance Program to fill that void.

When President Clinton signed that legislation into law, he said—

[The program] strengthens our families by extending health insurance coverage to up to 5 million children. By investing \$24 billion, we will be able to provide quality medical care for these children—everything from regular check-ups to major surgery.

I want every child in America to grow up healthy and strong, and this investment takes a major step toward that goal.

Today, 10 years later, the Children's Health Insurance Program has been a smashing success by any measure.

With this innovative program, the number of uninsured children of working families has dropped by almost 35 percent.

Today, 6.6 million children have insurance thanks to this outstanding program.

Many of these kids are now getting regular checkups. They are benefiting from preventive medicine. And their primary care comes from a family doctor, not from an expensive and inefficient emergency room.

Examples of this program's success can be found in every State.

Since 1998, Terry Rasner of Reno, NV, has helped children in Nevada enroll in Nevada Check Up, which is the Nevada Children's Health Insurance Program.

In a 2001 profile, Terry told of a father trying to care for his daughters, ages 2 and 3, both in need of medical attention.

With Terry's help, the father's application for coverage of his daughters was approved within 2 weeks. At the girls' first doctor's appointment, one was diagnosed with a severe heart condition and was immediately scheduled for surgery.

Terry recalled the father telling her staff that this program—funded federally and put into action locally—had literally saved this little girl's life.

And Terry remembered the joy they all shared—the father, the girls and the program staff.

But Terry was quick to point out in a recent email that this story is just one example.

She went on to write:

There are many stories of children as old as 11 and 12 who were finally able to visit a dentist for the first time in their lives.

Stories of families who finally felt whole because they could access affordable medical and dental care for their children.

School nurses who were acutely involved in supporting and promoting this program from the outset because they were on the frontlines of failed programs—or no programs at all—to address the medical and dental needs of children of low-income working families.

One child in particular was so bad off, he was unable to eat and chew food due to the dramatic decay and gum morbidity in his mouth. Imagine, children for the first time in their lives actually getting to see a doctor or dentist that their parents were able to afford.

Stories like this—examples of the Children's Health Program saving lives—are being told across America, and the statistics bear that out.

Study after study shows that: kids enrolled in the Children's Health Insurance Program are much more likely to have regular doctor and dental care; they report lower rates of unmet need for care; the quality of care they receive is far better than it was before; school performance improves; the plan is helping to close the disparity in care for minority children; and it has become a major source of care for rural children.

So, Mr. President, there is no doubt—no question at all—that the Children's Health Insurance Program is good for kids, good for families and good for America.

Today before us is legislation to reauthorize and improve the Children's Health Insurance Program.

This bill maintains coverage for the 6.6 million children currently enrolled

and adds an additional 3.3 million low-income, uninsured children.

It also improves the program by curbing coverage of adults in the program and targeting the lowest income-eligible families as new enrollees.

As good as this bill is, I would have preferred a more robust reauthorization.

I think we should provide coverage for even more low-income children, as we hoped to do in the Budget Resolution.

But we all know that legislating is the art of compromise.

I understand that some of my colleagues balked at a larger bill, and while I am disappointed, I am satisfied that this bipartisan compromise will be a positive step toward better health care for those who need it most.

There is a rival bill that is called the CHIP alternative bill. But this bill is no alternative.

It will leave many families without any options for coverage. It will turn back the clock on all the progress the program has made over the past 10 years. It is not worthy of our support.

Some of my colleagues share my feelings that we could have done more. Still others feel this bill is too generous in that it provides coverage for too many uninsured children.

But the bill before us now has broad support, and back in 2004, during his reelection campaign, President Bush shared the goals that this bill achieves. He said during the campaign—

In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for government health insurance programs. We will not allow a lack of attention, or information, to stand between these children and the health care they need.

Now, just 3 years later, President Bush seems to be singing a different tune. He is now threatening to veto this legislation for what he calls "philosophical reasons."

What is the impact of this legislation?

A "no" vote denies the most vulnerable children in our society the chance to live healthy lives.

A "yes" vote gives 10 million children the protection of health care and all the opportunities of a healthy, well-cared-for life.

I can't imagine any of my colleagues—or the President—telling a child: You can't have health coverage. You have to stop seeing your doctor. If you get sick, your parents will have to take you to the emergency room.

If that were to happen—if the Congress were to reject the program or President Bush were to veto it for so-called philosophical reasons—they would be putting the health of millions of children at risk.

But I am hopeful that will not happen. This bill was forged through bipartisanship and a genuine pursuit of common ground.

I so appreciate the work of Chairman BAUCUS and Ranking Member GRASS-

LEY of the Finance Committee, along with Senators ROCKEFELLER and HATCH.

Their efforts were rewarded in the Finance Committee with an overwhelming 17-to-4 vote in favor of the bill, and I am hopeful that we will mirror that here on the Senate floor.

All too often, we hear about what Government can't do. The Children's Health Insurance Program is a stellar example of what it can.

This program is Government at its best: lending a helping hand, providing a safety net to children who need a boost to reach their full potential.

I couldn't be prouder to support this outstanding program, and I urge all of my colleagues to do the same.

• Mr. KERRY. Mr. President, last night, the Senate voted to reauthorize the vitally important State Children's Health Insurance Program, SCHIP. The legislation, approved by a vote of 68 to 31, demonstrates the Democratic majority's commitment to expanding this successful health insurance program and made a loud and clear statement regarding the importance of children's health as a national priority. During debate on this bill, I offered an amendment to add \$15 billion in additional funding to cover over a million additional low-income children. Unfortunately this amendment was not adopted, however I am grateful to my colleagues for voting to include as part of H.R. 976 the Small Business Children's Health Education Act, which I introduced in June with Senators SNOWE and LEVIN. This amendment directs the Federal Government to make a concerted effort to reach out to small business owners and employees to enroll eligible children in SCHIP.

In February of 2007, the Urban Institute reported that among those eligible for the State Children's Health Insurance Program, children whose families are self-employed or who work for small business concerns are far less likely to be enrolled. Specifically, one out of every four eligible children with parents who work for a small business or who are self employed are not enrolled. This statistic compares with just one out of every 10 eligible children whose parents work for a large firm.

We need to do a better job of informing and educating America's small business owners and employees of the options that may be available for covering uninsured children. To that effect, the Small Business Children's Health Education Act creates an intergovernmental task force, consisting of the Administrator of the Small Business Administration, the Secretary of Health and Human Services, the Secretary of Labor and the Secretary of Treasury, to conduct a campaign to enroll kids of small business employees who are eligible for SCHIP and Medicaid but are not currently enrolled. To educate America's small businesses on the availability of SCHIP and Medicaid, the task force is authorized to

make use of the Small Business Administration's business partners, including the Service Corps of Retired Executives, the Small Business Development Centers, Certified Development Companies, and Women's Business Centers, and is authorized to enter into memoranda of understanding with chambers of commerce across the country.

Additionally, the Small Business Administration is directed to post SCHIP and Medicaid eligibility criteria and enrollment information on its website, and to report back to the Senate and House Committees on Small Business regarding the status and successes of the task force's efforts to enroll eligible kids.

I would like to thank Finance Committee Chairman BAUCUS and Ranking Member GRASSLEY for their work to include this amendment in the SCHIP Reauthorization Act. I look forward to working with our colleagues in the House of Representatives to send the President a bill that goes a long way toward what should be our unified goal: to cover every child in America.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

#### FISA

• Mr. KERRY. Mr. President, I was necessarily absent from the votes related to the reauthorization of FISA. I strongly support the critical efforts to protect our national security and, as I have repeatedly stated in the past, I want the Federal Government to do all that it can to aggressively pursue al-Qaida and other terrorist organizations. I believe the legislation developed by Senators ROCKEFELLER and LEVIN achieves these goals without targeting American citizens without court authorization. I believe the approach by Senators ROCKEFELLER and LEVIN will give the intelligence community all the tools it needs to protect our national security while maintaining the independence of the FISA Court. This legislation will give the intelligence community the tools they need to collect foreign-to-foreign intelligence communications. It will compel compliance from communications providers. It will allow the intelligence community to collect all foreign intelligence information. I hope my colleagues support this important legislation. •

Mr. FEINGOLD. Mr. President, last night, the Senate was able to successfully pass the reauthorization of a popular program that has reduced the number of uninsured children in our country by over 6 million. The Children's Health Insurance Program has helped lower the rate of uninsured low-income children by one-third since its enactment in 1997. That is a huge accomplishment, and has helped address a problem in our country that is unacceptable—the millions of families lacking insurance. Moreover, while the bill has a pricetag of roughly \$40 billion

over 10 years, it is fully offset and would cover over 3 million more children. This program, according to CBO and numerous economists, is the most efficient method of getting health care insurance to low-income kids and parents, and that means CHIP provides the best coverage available for low-income families.

In my home state of Wisconsin, CHIP is known as BadgerCare and it provides health insurance for over 67,000 families. My State has done an incredible job of covering uninsured families, and the positive effects of this program are felt at schools, in the workforce, and at home. This bill helps support Wisconsin's efforts and provides low-income children in my State with better access to preventive care, primary care, and affordable care. The end result is healthier families. BadgerCare is vital to the well-being of many families in Wisconsin and I am very pleased that this bill supports the program in my State, including Wisconsin's choice to cover parents of CHIP and Medicaid children.

The ability to cover adults in CHIP continues to be a priority for States like Wisconsin. Many States extend coverage to low-income adults and parents of children enrolled in SCHIP. This coverage has been given prior Federal approval—including in the Bush administration—and has significantly lowered the rate of uninsurance in our states. Wisconsin provides family-based coverage, which is an important determinant in children's coverage and use of services.

We know from numerous reports that when we cover parents, we bring more uninsured children into the program as well. States like Wisconsin have proven this time and again. No child is left off the rolls because a parent is covered. Covering parents means covering more kids—bottom line. Wisconsin chose to cover parents because research shows that it is the best way to bring low-income children into BadgerCare. This choice was wisely supported by this administration this May as CMS approved parent coverage in BadgerCare for another 3 years. Despite all the evidence and the widespread support for this policy, a number of Senators wanted to remove all adults from the CHIP program.

I worked with the Senate Finance Committee and a number of other Senators who represent States like Wisconsin on an agreement that will allow our States to keep families in the CHIP program. I am grateful to my colleagues Senator BAUCUS and Senator ROCKEFELLER for working with me to help Wisconsin keep parents on the rolls while also bringing additional tens of millions of dollars to the State. The agreement reflected in this bill ensures that Wisconsin will not have to drop a single person from the insurance rolls, and will even be able to expand coverage to more people in the State. I am happy to support this agreement regarding parents today.

We also have a moral obligation to provide assistance to the very poor, even if they do not have children. When we talk about childless adults in CHIP, we are talking about the very poorest of the poor. Most of the childless adults in the program live well below 100 percent of Federal poverty. An adult at 50 percent of the Federal poverty level must attempt to survive on less than \$500 per month. This is not enough to afford adequate food and shelter, let alone health insurance, in any State. We all know a single visit to the emergency room can cost more than someone in this situation makes in a year. Providing coverage to childless adults increases their ability to see a doctor when a problem is small, at a significantly lower cost than if care is delayed, the problem is exacerbated, and the result is an emergency room visit. Covering poor individuals helps to curb the cost of health care and health insurance for all of us, because we all bear emergency room costs through higher hospital and physician charges and then through increased health insurance premiums.

I strongly believe we should continue to cover current populations. CHIP has allowed states to mold the program to meet their specific needs, and while we may not all agree with what each State chooses to do, we should respect that decision. Additionally, we should never impose policies on States that would result in a higher number of uninsured for the State. It is bad policy, and it's the wrong thing to do.

Another issue critical to children's health is to ensure that unnecessary or burdensome barriers to enrollment are removed. The onerous citizenship documentation requirements established in the 2005 Deficit Reduction Act, DRA, are keeping hundreds of thousands of eligible beneficiaries from the health care they need. This provision has created a serious new roadblock to coverage. As a result of the provision, which requires U.S. citizens to document their citizenship and identity when they apply for Medicaid or renew their coverage, a growing number of States are reporting a drop in Medicaid enrollment, particularly among children, but also among pregnant women and low-income parents. Health care coverage is being delayed or denied for tens of thousands of children who are clearly citizens and eligible for Medicaid but who cannot produce the limited forms of documentation prescribed by the regulations. These children are having to go without necessary medical care, essential medicines and therapies. In addition, community health centers are reporting a decline in the number of Medicaid patients due to the documentation requirements and are faced with treating more uninsured patients as a result.

In Wisconsin, more than 26,000 individuals—half of whom were children under age 16—lost Medicaid or were denied coverage solely because they could not satisfy the federal documentation requirements. About two-