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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. WELCH of Vermont).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
September 25, 2007.

I hereby appoint the Honorable PETER WELCH to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 25 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes, but in no event shall debate continue beyond 9:50 a.m.

The Chair recognizes the gentleman from Oklahoma (Mr. BOREN) for 5 minutes.

HONORING STEVE MOORE

Mr. BOREN. Mr. Speaker, I rise today to remember the life of a fellow Oklahoman, Steve Moore, who unexpectedly passed away on Saturday, September 22, 2007.

Steve was a great person and a great Oklahoman. Many in the Oklahoma community and around the Nation knew Steve as the CEO of OG&E, but he was much, much more.

In fact, Steve's leadership paved the way for OG&E to be recognized by Forbes magazine on its list of the Nation's best managed companies. Additionally, as approximately 750,000 OG&E customers know, the company received numerous awards for customer satisfaction in emergency response under Steve's guidance.

However, during his 61 years, Steve managed not only to be the leader of Oklahoma's largest utility provider, but also a civic leader throughout the State. Few may know that Steve is the past chairman of the Oklahoma City Chamber of Commerce, and he served on the boards of the Oklahoma City Public Schools Foundation, Allied Arts, the State Fair, the United Way, the Edison Electric Institute, and the foundations of both the University of Oklahoma and Oklahoma City University.

I think his list of civic activities, along with the State and national recognition given to OG&E, showed that Steve Moore truly cared for his employees, for his customers, and, above all else, his fellow Oklahomans. It was this home-grown Okie compassion that will make the Sayre-born and Altus-raised son of Oklahoma missed by us all.

With these thoughts, Oklahomans around the State send their condolences to Steve's wife Nancy, his daughter, Lisa, his son, Scott, and his mother, Melda. Steve will be missed, but not forgotten.

HONORING BROOKGREEN GARDENS IN MURRELLS INLET, SOUTH CAROLINA

The SPEAKER pro tempore. Pursuant to the order of the House of January 4, 2007, the gentleman from South Carolina (Mr. BROWN) is recognized during morning-hour debate for 5 minutes.

Mr. BROWN of South Carolina. Mr. Speaker, yesterday this House unanimously approved H. Con. Res. 186, which honors the 75th anniversary of Brookgreen Gardens, which is located in my district in Murrells Inlet, South Carolina. I rise today to thank my colleagues for celebrating Brookgreen Gardens, which is one of the most beautiful places in coastal South Carolina.

In 1931, Archer and Anna Hyatt Huntington founded Brookgreen Gardens to preserve the native flora and fauna of coastal South Carolina and to display objects of art within that natural setting. Today, Brookgreen Gardens is a National Historic Landmark, and contains more than 550 works from American artists in what was the country's first public sculpture garden. Brookgreen Gardens also offers a natural exhibit center and a small zoo, which educates visitors on the unique species and issues of coastal South Carolina.

In conclusion, I would like to especially thank my colleagues from the South Carolina delegation that have shown bipartisan unity in cosponsoring this resolution, celebrating the 75th anniversary of the opening of Brookgreen Gardens.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 10 a.m. today.

Accordingly (at 9 o'clock and 7 minutes a.m.), the House stood in recess until 10 a.m.

□ 1000

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. ISRAEL) at 10 a.m.

PRAYER

Imam Yusuf Saleem, Masjid Muhammad, Washington, DC, offered the following prayer:

With God's name, the merciful benefactor, the merciful redeemer. We seek Your guidance, Your mercy, and Your forgiveness that this body of servants to God and this country will be blessed with hindsight, insight, and foresight as only You can provide. Supply this elected assembly, entrusted by our Nation's citizens, to ultimately trust the creator of us all. As defined by humans, these are delicate times, but still we know it is Your times. So let truth, excellence, justice, and service lead the intellects and souls of our House of Representatives.

Yes, God bless America. Yes, God has blessed America. Yes, God is still blessing America, a land of diversity in every imaginable way. For in the Holy Quran, a book of guidance to humanity, it states, ''God has honored all of the children of Adam.'' And in America's Declaration of Independence, ''all men are created equal.''

So, with resources, material, spiritual, and mental, we thank God. We thank You, God, for engineering the tradition of this land to witness that life and liberty must be secured by submitting our wills to Your plan. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Virginia (Mrs. DRAKE) come forward and lead the House in the Pledge of Allegiance.

Mrs. DRAKE led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING IMAM YUSUF SALEEM

(Mr. ELLISON asked and was given permission to address the House for 1 minute.)

Mr. ELLISON. Mr. Speaker, it is my privilege to introduce to the Members of this body Imam Yusuf Saleem, a devoted servant of the Muslim faith and a recognized leader of the Muslim community. Imam Saleem is a graduate of Howard University, where he earned both his bachelor's of arts degree as well as his master's degree in education. He is a devoted educator who has held the rank of professor, principal, and teacher.

In the wake of the brutal terrorist attacks of September 11, 2001, Imam Saleem, along with other prominent leaders of the Muslim community, met with President George Bush to condemn the attacks and to establish a unified front against terrorism. As spokesman for this historic meeting, Imam Saleem's remarks, along with those of President Bush, helped to clarify for the American people the peaceful nature of the religion of Islam.

Imam Saleem's tireless work has not gone unnoticed. In August 2002, the District of Columbia awarded Imam Saleem the first mayoral clergy award. In 2002, he was named Muslim man of the year by members of the Muslim community.

Mr. Speaker, please join me in welcoming to the floor a true citizen-servant who is committed to his faith, his family, and the United States of America.

SCHIP

(Mr. COURTNEY asked and was given permission to address the House for 1 minute.)

Mr. COURTNEY. Mr. Speaker, last week President Bush threatened to veto a bipartisan agreement that will provide health insurance to 10 million of America's children.

Before acting on this threat, the President should talk to our Nation's Governors, 43 of whom support a robust reauthorization of children's health insurance, known as SCHIP, set to expire this Sunday night. Governors such as Republican John Huntsman of Utah, Republican Tim Pawlenty of Wisconsin, Republican Arnold Schwarzenegger of California, and Republican Jodi Rell of my State of Connecticut have all endorsed protecting this program, which the bipartisan agreement will accomplish.

Make no mistake about it; the President's plan will disqualify millions of American children from SCHIP coverage in the future. We already know, in Connecticut, 5,000 children will be kicked off the existing SCHIP program if his plan goes through.

Mr. Speaker, Republican and Democratic Governors together recognize the importance of a strong SCHIP program. It is time for him to listen to these Governors and back off his veto threat.

APPRECIATION FOR TROOPS IN IRAQ AND AFGHANISTAN

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, this last weekend I was grateful to visit our troops in Iraq and Afghanistan.

I saw firsthand the growing success in Baghdad during a visit with Major General Joseph Fil, commander of forces in Baghdad, to a neighborhood joint security site. We saw shops open, normal traffic, and civilians unafraid. This evidence of success was repeated in a visit to Ramadi, where enthusiastic American and Iraqi troops have deposed the al Qaeda terrorists.

In Kabul, I was briefed on training of Afghan police by the 218th Brigade of the South Carolina Army National Guard led by General Bob Livingston. As a 28-year veteran of the 218th, I know the competence and resolve of our troops. Additionally, in Jalalabad, American and Afghani provincial reconstruction teams are promoting security, governance, and economic development.

With eight visits to Iraq and four to Afghanistan, I am more convinced than ever that to protect the American families we must stop the terrorists overseas. Our dedicated troops deserve our support of this vital mission.

In conclusion, God bless our troops, and we will never forget September the 11th.

SCHIP

(Mr. SESTAK asked and was given permission to address the House for 1 minute.)

Mr. SESTAK. Mr. Speaker, 2 years ago, entering my 31st year in the military, my single daughter, 4-year-old Alex, was struck with a malignant brain tumor. After two brain operations and given 3 to 9 months to live, we moved into a cancer ward and began a journey that has her here today and has me in the House.

The incident that brought me here was, her roommate that day as she began her chemotherapy was a young 2½-year-old boy from Washington, DC. He was diagnosed that morning with acute leukemia, and for 6 hours we could not help but overhear as social workers came and went to see if that 2½-year-old boy could stay because his parents did not have health insurance.

I have been in combat. I have seen the worst of human nature. I have also seen the best of human nature. This SCHIP bill would cover 10 million uninsured Americans, that 2½-year-old boy, so that social worker does not determine whether some child is taken care of, is the best of our nature. I ask everyone to support the SCHIP bill.

THE BATTLE AGAINST THE BRIDGE TO NOWHERE

(Mr. KIRK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIRK. Mr. Speaker, we have won the battle against the Bridge to Nowhere.

This $320 million federally subsidized structure would have been as long as the Golden Gate Bridge, standing 80 feet higher than the Brooklyn Bridge. It would have connected the mainland to an island, population 50, with no roads or stores.

Last year, the House adopted the Kirk amendment, blocking all funding for the Bridge to Nowhere. It was a

wise move to protect taxpayers. But the Senate said, no, and temporarily saved the bridge. House leaders of this Congress surprisingly backed the Bridge to Nowhere, but our arguments have finally won. Alaska has decided to block all funding for the Bridge to Nowhere. Following the collapse of the Minneapolis bridge, we now have additional funds to fix bridges in need of repair, and maybe return some of this money that was to be wasted to the American taxpayers that earned it.

SCHIP

(Mr. WELCH of Vermont asked and was given permission to address the House for 1 minute.)

Mr. WELCH of Vermont. Mr. Speaker, we have 47 million Americans without health insurance. Today, we are going to have an opportunity to vote on providing 10 million children with continued health care coverage that they are going to need. This is, as in the spirit of many of the good things we have done, bipartisan. The Governor of Vermont, Republican, supports it. Republican Senators HATCH and GRASSLEY support it, done a tremendous job. The response from the President, unfortunately, is to veto this legislation.

It is hard to understand how it is that, when the cost of this program is the equivalent of 2 weeks' spending on the war in Iraq, we can't find it in our capacity to spend that money to make certain that parents, when they go to bed at night, know their kids, when they need a doctor, will have access to the health care that they need. Our opportunity here in this House is to send the President a message, in the hopes that he will do the right thing and sign this bill, with an overwhelming bipartisan bill that reflects the bipartisan work and bicameral work that was done to bring it to the floor.

SCHIP

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, today the new majority sadly declares politics more important than health care for our Nation's poorest children. Democrats are moving forward with a massive expansion of Washington-run health care under the auspices of helping kids. Yet, any honest discussion about this bill reveals that it is clearly less about helping children and more about Washington control. You see, they think they can make better decisions than you.

Remarkably, this expansion of bureaucratic health care offers taxpayer-funded coverage to people who are neither poor nor children. Democrats have made it clear that this bill is just the next step in their desired march toward Washington control of health care. And as a physician, I have seen how dangerous government control of health care can be.

Rather than forcing bureaucratic-controlled health care upon the American people, I urge my colleagues to reject this proposal and reauthorize SCHIP in a way that is consistent with its original bipartisan intent: helping America's poorest children.

SCHIP

(Mr. MORAN of Virginia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MORAN of Virginia. Mr. Speaker, how many more thousands of lives and hundreds of billions of dollars need to be spent to enable this President to avoid accountability, to save face for the worst foreign policy fiasco in America's history?

And when all is said and done, when all the blood and the treasure has been spent and we look back at what we will have accomplished, we will have a Shia theocracy far more loyal to Iran than it is to the United States, and probably equally repressive of women's rights and human rights. How is that possibly worthy of the sacrifice of our soldiers? Mr. Speaker, it is not.

The fact is that, if the President's supplemental for Iraq that he is requesting now is granted, we will be spending almost as much in 1 week, $3.5 billion, as it would take to provide needed health insurance for 4 million poor children for an entire year. Isn't it time to put America's priorities in order?

U.S. HISTORY RESOLUTION

(Mr. MCHENRY asked and was given permission to address the House for 1 minute.)

Mr. MCHENRY. Mr. Speaker, 220 years ago, 55 delegates assembled in Philadelphia, ''to form a more perfect union, establish justice, ensure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty to ourselves and our posterity.''

The principles set forth by our Founding Fathers are still important today, and the Constitution and founding documents are essential to understand our history as a nation. They remain the bedrock of American society, and it is essential that we honor our Constitution as the embodiment of the freedoms we hold dear. That is why I introduced the U.S. History Resolution.

This resolution acknowledges the importance of promoting U.S. history in our schools and communities, with a particular focus on America's founding documents.

As the saying goes, those who forget history are doomed to repeat it. And to avoid this fate, we should repeat it often, but to repeat it in schools, to repeat it to our children so they understand where we came from so we can know where we are going. And that will promote a better America.

WAR IN IRAQ

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, the President recently boasted that we were ''kicking ass in Iraq.''

With brave Americans dying in record numbers, I have two questions for the President.

POINT OF ORDER

Mr. MCHENRY. Mr. Speaker, I have a point of order.

The SPEAKER pro tempore. The gentleman will suspend.

Mr. MCHENRY. The gentleman's words are out of order. The gentleman is using language that is unbecoming of the debate.

The SPEAKER pro tempore. The Chair will remind all Members to refrain from vulgarity.

The gentleman will proceed.

Mr. YARMUTH. With brave American soldiers dying in record numbers, I have just two questions for the President: Just whose posteriors are we kicking? And how do you know?

With Sunnis and Shiites killing themselves and each other, plus an incompetent Maliki government, we don't know who we are fighting much less where we are kicking them. And while we are tied up in Iraq, al Qaeda thrives in Pakistan and Afghanistan.

So the President's turn of phrase will go into the Blooper Hall of Fame with other Bush golden oldies, like ''last throes,'' ''links to al Qaeda,'' and ''mission accomplished.''

There was a time when American success meant defeating Nazis, tearing down communism's iron curtain, and walking on the Moon. Supporting our troops meant honest safeguards, not trash talk. How low have our standards fallen when the President points to the debacle he created and says, ''This is what I am proud of''?

Most Americans believe in a country that is capable of much higher standards. And if America were really kicking butt, the President wouldn't need to say anything. Everyone would know it.

□ 1015

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all Members to refrain from vulgarity.

CONDEMNING THE ATTACK ON GENERAL PETRAEUS

(Mrs. DRAKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DRAKE. Mr. Speaker, 2 weeks ago, General Petraeus presented Congress with the progress report that we requested. Rather than encountering a fair dialogue on the situation in Iraq,

he was confronted with an accusation of treason by one of the Nation's most prominent and well-funded liberal advocacy organizations.

Last week the Senate took the appropriate course of action to officially, and in a bipartisan fashion, condemn this atrocious act on a distinguished war hero. I call on the Democrat leadership to follow the Senate's lead and allow for consideration of House Resolution 644.

The men and women of our Armed Forces have committed themselves to the defense of this Nation. I ask my colleagues, who will come to their defense when their integrity and patriotism come under attack?

CHILDREN'S HEALTH CARE COVERAGE

(Mr. CUELLAR asked and was given permission to address the House for 1 minute.)

Mr. CUELLAR. Mr. Speaker, 10 years ago, in a bipartisan manner, Congress enacted the Children's Health Insurance Program to provide health coverage to those who need it the most. Since that time it's been a success story providing health care coverage to 6 million children.

When I was a member of the Texas State legislature, I had an opportunity to help implement the first CHIP program in the State of Texas there in Laredo. Again, it's a story that's worked very well.

In fact, as the program grew, the number of uninsured children in our Nation has dropped dramatically, even though child poverty was on the rise and many of the families were losing their employer-based health coverage.

Unfortunately, this trend has started to reverse itself. For 2 years in a row the number of uninsured children has increased. There are now 8.7 million children in our Nation who are uninsured. Those numbers are a clear sign that Congress needs to pass a bipartisan agreement that was reached last week and will be on the floor today that will provide access to quality health insurance to 10 million low-income children.

Mr. Speaker, this is a bipartisan agreement. Again, Democrats and Republicans need to come together for the Nation's children.

BURMA PROTESTS

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, over the last several days, the world has witnessed an incredible display of courage in the face of tyranny in Burma. Buddhist monks have been peacefully marching throughout the streets of Rangoon, as well as 25 other cities throughout the country. These pious men, revered by their countrymen, are peacefully calling for an end to the brutal military dictatorships that have held the country hostage for over four decades.

Citizens are beginning to stand in support of the peaceful demonstration, at times protecting the monks from possible violence from riot police by linking arms, acting as a human shield. The military junta has warned that it may take action against the protestors, action that has been terribly violent in the past.

Mr. Speaker, I stand today in solidarity with the people of Burma, who wish only for freedom and an end to the military dictatorship. And I call on the military regime to respect the will of the Burmese people to live in freedom.

NATIONAL DAY OF REMEMBRANCE FOR MURDER VICTIMS

(Mr. ELLSWORTH asked and was given permission to address the House for 1 minute.)

Mr. ELLSWORTH. Mr. Speaker, I rise today to recognize the National Day of Remembrance for Murder Victims. This day gives each of us the opportunity to remember the victims of violent crimes and offer our support to their families.

As a career law enforcement officer, I saw firsthand the devastation violent crimes bring to victims and their families and to the communities where they occur. And I understand the need to defend victims rights in the aftermath of their unspeakable loss.

In honor of those victims, I'm proud to join my colleague from Washington (Mr. REICHERT) in introducing legislation to prohibit America's most heinous criminals and murderers from profiting from their crimes. Our bill, the Stop the Sale of Murderabilia to Protect the Dignity of Crime Victims Act, would fight the exploitation of criminal activity by preventing criminals from selling their wares in public auction. I can think of no better way to honor the victims of murder than supporting this bill.

NATIONAL DAY OF REMEMBRANCE FOR MURDER VICTIMS

(Mr. CHABOT asked and was given permission to address the House for 1 minute.)

Mr. CHABOT. Mr. Speaker, I want to thank the gentleman from Indiana (Mr. ELLSWORTH) for his resolution, and I want to join him this morning. And I'm honored to stand here this morning as part of the first National Day of Remembrance for Murder Victims to pay tribute to the memory of those whose lives have been tragically cut short through senseless acts of violence in this country. Let us and their families know that they are not alone.

Of course we must continue to devote the resources necessary to the local, State, and Federal levels to protect our communities from falling victim to future criminal acts, but we cannot forget those who have already been victims, particularly the victims of murder and the families that struggle to rebuild their lives after such heinous acts.

This day also enables us to recognize and thank those victims assistance organizations, like Parents of Murdered Children, that happen to be headquartered in my district in Cincinnati, Ohio, and the National Center for Victims of Crime, that provide ongoing support to the surviving families. The strength, comfort, and compassion that these organizations provide to families and friends of murder victims is immeasurable and should not go unrecognized.

I urge my colleagues to take a moment today to remember these victims and their families and the organizations that provide assistance.

REPUBLICAN CONGRESS LOST ITS WAY

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, Congress will take up a continuing resolution to fund the Federal Government after September 30. While the House has passed all 12 of its appropriation bills, Senate Republicans continue to obstruct efforts to finish the process over in the other Chamber, making the continuing resolution necessary.

In our appropriations bills, we rejected the President's most harmful cuts and made targeted investments in veterans care, education, health care, homeland security, and law enforcement. And we did this all by remaining fiscally responsible.

This is something new around here. Past Republican Congresses refused to abide by the pay-as-you-go philosophy. As a result, they turned a $5.6 trillion 10-year surplus under the Clinton administration into a $3 trillion deficit today.

Former Federal Reserve Chairman Alan Greenspan summarizes the Republican stewardship of the Federal budget best when he states in his new book: ''The Republicans in Congress lost their way.''

Mr. Speaker, House Democrats will continue to be fiscally responsible.

FUNDING FOR VETERANS HEALTH CARE

(Mr. PEARCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PEARCE. Mr. Speaker, I rise today to address the continued politics being played with this year's veterans funding by the majority party. Last week, 44 Members of Congress sent a letter to the Speaker urging her to immediately bring a conference report on veterans funding before the House. Our goal was to pass this funding and avoid the political gamesmanship of the appropriation process. Earlier this year,

the House and Senate both passed veterans funding with overwhelming support. The fiscal year ends on Saturday.

Unfortunately, it has become clear that the top Democratic aides intend to hold our veterans hostage. A spokeswoman for the House Appropriations Committee called our letter and efforts to pass veterans funding immediately just ''a cute diversion.''

Mr. Speaker, there is nothing cute about withholding funding for veterans benefits. There is nothing cute about withholding funding for veterans health care. There is nothing cute about Democrats using veterans as political pawns in their appropriations strategy.

I urge my colleagues not to let veterans funding be held hostage any longer. Our veterans are saying, don't betray us. Pass the fiscal year 2008 appropriations.

VETERANS OF FOREIGN WARS

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute.)

Ms. SHEA-PORTER. Mr. Speaker, today we will vote for legislation supporting the goals and ideals of Veterans of Foreign Wars Day.

For nearly 100 years, the Veterans of Foreign Wars has served a straightforward and noble mission, honoring the dead by helping the living and by providing friendship.

In my home State of New Hampshire, we have nearly 10,000 VFW members, another 4,500 members of the Ladies Auxiliary. I'm honored to be their representative in this House and to work with them to ensure that all of our veterans and their families receive the full support and benefits they have earned.

The VFW has been an outspoken advocate for veterans rights. It has called for expanded health care for veterans, increased funding for research into traumatic brain injury and post-traumatic stress disorder. It has also asked for improved access to health care and for veterans support for mental illnesses and treatment.

When I met with my veterans advisory committee last fall, one prominent member of the VFW asked me to support a sufficient budget for the Department of Veterans Affairs. I am happy to report that the 110th Congress passed the largest budget in the 77-year history of the Veterans Affairs.

The House of Representatives has heard the call of the VFW and other veterans organizations and has passed bills to support and fund these critical issues.

STOP THE SALE OF MURDERABILIA TO PROTECT THE DIGNITY OF CRIME VICTIMS ACT

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Mr. Speaker, later today I will introduce legislation, the Stop the Sale of Murderabilia to Protect the Dignity of Crime Victims Act. And I will introduce that legislation with my good friend and former sheriff from Indiana, Congressman ELLSWORTH.

Before coming to Congress, I served 33 years in the King County Sheriff's Office. I have seen the pain on the faces of victims and victims families, unexplainable, unimaginable pain that covers their faces and their families for the rest of their life.

And, unfortunately, criminals today who are in our State and Federal prisons are using their fame and notoriety to make a buck. The Internet has become a gateway to an industry coined as ''murderabilia,'' where tangible goods owned and/or created by convicted murderers are sold for their profit.

Today, on the National Day of Remembrance for Murder Victims, I'm privileged and honored to honor the memory of all victims. And my bill aims to shut down this business.

STRENGTHENING THE CHILDREN'S HEALTH INSURANCE PROGRAM

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute.)

Mr. JOHNSON of Georgia. Mr. Speaker, when President Bush was running for re-election in 2004, one of the major promises he made during his acceptance speech at the Republican Convention was to strengthen the Children's Health Insurance Program.

Back then, the compassionately conservative President vowed to, and I'm quoting now, ''lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for the government's health insurance program.''

That's exactly what this Congress has done. A bipartisan agreement that comes to the floor today would enroll more than 4 million more children in the Children's Health Insurance Program who are already eligible. And based on his past statement, you would think that President Bush would be praising this agreement. He is not. In fact, he's threatening to veto the bill because he says that we are trying to expand the program beyond its original intent. That's just wrong. Our bipartisan agreement does nothing more than what he vowed to do back in 2004.

Mr. Speaker, actions speak louder than words. The President should follow through with his promise and support our efforts to ensure 10 million children have access to health care.

ALAN GREENSPAN AND FISCAL RESPONSIBILITY

(Mrs. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY of New York. Mr. Speaker, in Alan Greenspan's new memoir, ''The Age of Turbulence,'' the former Fed Chair criticizes Republicans for abandoning fiscal discipline.

It's no wonder: the current Bush administration has racked up over one-third, about $3.2 trillion, of our nearly $9 trillion total national debt. In fact, Ronald Reagan, George H.W. Bush, and George W. Bush are responsible for incurring almost three-quarters of our total national debt, according to a new analysis from the Joint Economic Committee.

Republican administrations over the last 30 years have made us a Nation of debtors, vulnerable to the economic and political decisions made half a world away. We need a new direction.

Democrats in Congress are committed to getting our fiscal house back in order.

APPOINTMENT OF MEMBERS TO MIGRATORY BIRD CONSERVATION COMMISSION

The SPEAKER pro tempore. Pursuant to section 2 of the Migratory Bird Conservation Act (16 U.S.C. 715a) and the order of the House of January 4, 2007, the Chair announces the Speaker's appointment of the following Members of the House to the Migratory Bird Conservation Commission:

Mr. DINGELL, Michigan
Mr. GILCHREST, Maryland

APPOINTMENT OF MEMBER TO CONGRESSIONAL AWARD BOARD

The SPEAKER pro tempore. Pursuant to section 803(a) of the Congressional Recognition for Excellence in Arts Education Act (2 U.S.C. 803(a)), and the order of the House of January 4, 2007, the Chair announces the Speaker's appointment of the following Member of the House to the Congressional Award Board:

Ms. SHEILA JACKSON-LEE, Texas

and, in addition,

Mr. Paxton Baker, Maryland
Mr. Vic Fazio, Virginia
Mrs. Annette Lantos, California
Ms. Mary Rodgers, Pennsylvania

COMMUNICATION FROM THE HONORABLE JOHN A. BOEHNER, REPUBLICAN LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable JOHN A. BOEHNER, Republican Leader:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
June 28, 2007.

Hon. NANCY PELOSI,
Speaker, U.S. Capitol,
Washington, DC.

DEAR SPEAKER PELOSI: Pursuant to section 803(a) of the Congressional Recognition for Excellence in Arts Education Act (2 U.S.C. 803(a)) I am pleased to appoint the Honorable Gus M. Bilirakis of Florida to the Congressional Award Board.

Mr. Bilirakis has expressed interest in serving in this capacity and I am pleased to fulfill his request.

Sincerely,

JOHN A. BOEHNER,
Republican Leader.

□ 1030

COMMUNICATION FROM THE HONORABLE JOHN A. BOEHNER, REPUBLICAN LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable JOHN A. BOEHNER, Republican Leader:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
September 5, 2007.

Hon. NANCY PELOSI,
Speaker, U.S. Capitol,
Washington, DC.

DEAR SPEAKER PELOSI: Pursuant to section 803(a) of the Congressional Recognition for Excellence in Arts Education Act (2 U.S.C. 803(a)) I am pleased to appoint Mr. Cliff Akiyama M.A. of California as a Congressional Award Board Member. As a former Gold Medalist, his work on Asian youth gang violence is to be commended.

Mr. Akiyama has expressed interest in serving in this capacity and I am pleased to fulfill his request.

Sincerely,

JOHN A. BOEHNER,
Republican Leader.

IRAN COUNTER-PROLIFERATION ACT OF 2007

Mr. LANTOS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1400) to enhance United States diplomatic efforts with respect to Iran by imposing additional economic sanctions against Iran, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1400

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Iran Counter-Proliferation Act of 2007''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title and table of contents.
Sec. 2. United States policy toward Iran.

TITLE I—SUPPORT FOR DIPLOMATIC EFFORTS RELATING TO PREVENTING IRAN FROM ACQUIRING NUCLEAR WEAPONS

Sec. 101. Support for international diplomatic efforts.
Sec. 102. Peaceful efforts by the United States.

TITLE II—ADDITIONAL BILATERAL SANCTIONS AGAINST IRAN

Sec. 201. Application to subsidiaries.
Sec. 202. Additional import sanctions against Iran.
Sec. 203. Additional export sanctions against Iran.
Sec. 204. Temporary increase in fee for certain consular services.

TITLE III—AMENDMENTS TO THE IRAN SANCTIONS ACT OF 1996

Sec. 301. Multilateral regime.
Sec. 302. Mandatory sanctions.
Sec. 303. Authority to impose sanctions on principal executive officers.
Sec. 304. United States efforts to prevent investment.
Sec. 305. Clarification and expansion of definitions.
Sec. 306. Removal of waiver authority.
Sec. 307. Clarification of authority.
Sec. 308. Applicability of certain amendments.

TITLE IV—ADDITIONAL MEASURES

Sec. 401. Additions to terrorism and other lists.
Sec. 402. Increased capacity for efforts to combat unlawful or terrorist financing.
Sec. 403. Exchange programs with the people of Iran.
Sec. 404. Reducing contributions to the World Bank.
Sec. 405. Restrictions on nuclear cooperation with countries assisting the nuclear program of Iran.

TITLE V—MISCELLANEOUS PROVISIONS

Sec. 501. Termination.

SEC. 2. UNITED STATES POLICY TOWARD IRAN.

(a) FINDINGS.—Congress finds the following:

(1) The prospect of the Islamic Republic of Iran achieving nuclear arms represents a grave threat to the United States and its allies in the Middle East, Europe, and globally.

(2) The nature of this threat is manifold, ranging from the vastly enhanced political influence extremist Iran would wield in its region, including the ability to intimidate its neighbors, to, at its most nightmarish, the prospect that Iran would attack its neighbors and others with nuclear arms. This concern is illustrated by the statement of Hashemi Rafsanjani, former president of Iran and currently a prominent member of two of Iran's most important decision-making bodies, of December 14, 2001, when he said that it ''is not irrational to contemplate'' the use of nuclear weapons.

(3) The theological nature of the Iranian regime creates a special urgency in addressing Iran's efforts to acquire nuclear weapons.

(4) Iranian regime leaders have persistently denied Israel's right to exist. Current President Mahmoud Ahmadinejad has called for Israel to be ''wiped off the map'' and the Government of Iran has displayed inflammatory symbols that express similar intent.

(5) The nature of the Iranian threat makes it critical that the United States and its allies do everything possible—diplomatically, politically, and economically—to prevent Iran from acquiring nuclear-arms capability and persuade the Iranian regime to halt its quest for nuclear arms.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that—

(1) Iranian President Ahmadinejad's persistent denials of the Holocaust and his repeated assertions that Israel should be ''wiped off the map'' may constitute a violation of the Convention on the Prevention and Punishment of the Crime of Genocide and should be brought before an appropriate international tribunal for the purpose of declaring Iran in breach of the Genocide Convention;

(2) the United States should increase use of its important role in the international financial sector to isolate Iran;

(3) Iran should be barred from entering the World Trade Organization (WTO) until all issues related to its nuclear program are resolved;

(4) all future free trade agreements entered into by the United States should be conditioned on the requirement that the parties to such agreements pledge not to invest and not to allow companies based in its territory or controlled by its citizens to invest in Iran's energy sector or otherwise to make significant investment in Iran;

(5) United Nations Security Council Resolutions 1737 (December 23, 2006) and 1747 (March 24, 2007), which were passed unanimously and mandate an immediate and unconditional suspension of Iran's nuclear enrichment program, represent a critical gain in the worldwide campaign to prevent Iran's acquisition of nuclear arms and should be fully respected by all nations;

(6) the United Nations Security Council should take further measures beyond Resolutions 1737 and 1747 to tighten sanctions on Iran, including preventing new investment in Iran's energy sector, as long as Iran fails to comply with the international community's demand to halt its nuclear enrichment campaign;

(7) the United States should encourage foreign governments to direct state-owned entities to cease all investment in Iran's energy sector and all exports of refined petroleum products to Iran and to persuade, and, where possible, require private entities based in their territories to cease all investment in Iran's energy sector and all exports of refined petroleum products to Iran;

(8) moderate Arab states have a vital and perhaps existential interest in preventing Iran from acquiring nuclear arms, and therefore such states, particularly those with large oil deposits, should use their economic leverage to dissuade other nations, including the Russian Federation and the People's Republic of China, from assisting Iran's nuclear program directly or indirectly and to persuade other nations, including Russia and China, to be more forthcoming in supporting United Nations Security Council efforts to halt Iran's nuclear program;

(9) the United States should take all possible measures to discourage and, if possible, prevent foreign banks from providing export credits to foreign entities seeking to invest in the Iranian energy sector;

(10) the United States should oppose any further activity by the International Bank for Reconstruction and Development with respect to Iran, or the adoption of a new Country Assistance Strategy for Iran, including by seeking the cooperation of other countries;

(11) the United States should extend its program of discouraging foreign banks from accepting Iranian state banks as clients;

(12) the United States should prohibit all Iranian state banks from using the United States banking system;

(13) State and local government pension plans should divest themselves of all non-United States companies investing more than $20,000,000 in Iran's energy sector;

(14) the United States should designate the Iranian Islamic Revolutionary Guards Corps, which purveys terrorism throughout the Middle East and plays an important role in the Iranian economy, as a foreign terrorist organization under section 219 of the Immigration and Nationality Act, place the Iranian Islamic Revolutionary Guards Corps on the list of specially designated global terrorists, and place the Iranian Islamic Revolutionary Guards Corps on the list of weapons of mass destruction proliferators and their supporters;

(15) United States concerns regarding Iran are strictly the result of actions of the Government of Iran; and

(16) the American people have feelings of friendship for the Iranian people, regret that developments of recent decades have created impediments to that friendship, and hold the Iranian people, their culture, and their ancient and rich history in the highest esteem.

TITLE I—SUPPORT FOR DIPLOMATIC EFFORTS RELATING TO PREVENTING IRAN FROM ACQUIRING NUCLEAR WEAPONS

SEC. 101. SUPPORT FOR INTERNATIONAL DIPLOMATIC EFFORTS.

It is the sense of the Congress that—

(1) the United States should use diplomatic and economic means to resolve the Iranian nuclear problem;

(2) the United States should continue to support efforts in the International Atomic Energy Agency and the United Nations Security Council to bring about an end to Iran's uranium enrichment program and its nuclear weapons program; and

(3)(A) United Nations Security Council Resolution 1737 was a useful first step toward pressing Iran to end its nuclear weapons program; and

(B) in light of Iran's continued defiance of the international community, the United Nations Security Council should adopt additional measures against Iran, including measures to prohibit investments in Iran's energy sector.

SEC. 102. PEACEFUL EFFORTS BY THE UNITED STATES.

Nothing in this Act shall be construed as authorizing the use of force or the use of the United States Armed Forces against Iran.

TITLE II—ADDITIONAL BILATERAL SANCTIONS AGAINST IRAN

SEC. 201. APPLICATION TO SUBSIDIARIES.

(a) IN GENERAL.—Except as provided in subsection (b), in any case in which an entity engages in an act outside the United States which, if committed in the United States or by a United States person, would violate Executive Order No. 12959 of May 6, 1995, Executive Order No. 13059 of August 19, 1997, or any other prohibition on transactions with respect to Iran that is imposed under the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.) and if that entity was created or availed of for the purpose of engaging in such an act, the parent company of that entity shall be subject to the penalties for such violation to the same extent as if the parent company had engaged in that act.

(b) EXCEPTION.—Subsection (a) shall not apply to any act carried out under a contract or other obligation of any entity if—

(1) the contract or obligation existed on May 22, 2007, unless such contract or obligation is extended in time in any manner or expanded to cover additional activities beyond the terms of the contract or other obligation as it existed on May 22, 2007; or

(2) the parent company acquired that entity not knowing, and not having reason to know, that such contract or other obligation existed, unless such contract or other obligation is extended in time in any manner or expanded to cover additional activities beyond the terms of such contract or other obligation as it existed at the time of such acquisition.

(c) CONSTRUCTION.—Nothing in this section shall be construed as prohibiting the issuance of regulations, orders, directives, or licenses under the Executive orders described in subsection (a) or as being inconsistent with the authorities under the International Emergency Economic Powers Act.

(d) DEFINITIONS.—In this section—

(1) the term ''entity'' means a partnership, association, trust, joint venture, corporation, or other organization;

(2) an entity is a ''parent company'' of another entity if it controls, directly or indirectly, that other entity and is a United States person; and

(3) the term ''United States person'' means any United States citizen, any alien lawfully admitted for permanent residence to the United States, any entity organized under the laws of the United States, or any person in the United States.

SEC. 202. ADDITIONAL IMPORT SANCTIONS AGAINST IRAN.

Effective 120 days after the date of the enactment of this Act—

(1) goods of Iranian origin that are otherwise authorized to be imported under section 560.534 of title 31, Code of Federal Regulations, as in effect on March 5, 2007, may not be imported into the United States under such section; and

(2) activities otherwise authorized by section 560.535 of title 31, Code of Federal Regulations, as in effect on March 5, 2007, are no longer authorized under such section.

SEC. 203. ADDITIONAL EXPORT SANCTIONS AGAINST IRAN.

Effective on the date of the enactment of this Act—

(1) licenses to export or reexport goods, services, or technology relating to civil aviation that are otherwise authorized by section 560.528 of title 31, Code of Federal Regulations, as in effect on March 5, 2007, may not be issued, and any such license issued before such date of enactment is no longer valid; and

(2) goods, services, or technology described in paragraph (1) may not be exported or reexported.

SEC. 204. TEMPORARY INCREASE IN FEE FOR CERTAIN CONSULAR SERVICES.

(a) INCREASE IN FEE.—Notwithstanding any other provision of law, not later than 120 days after the date of the enactment of this Act, the Secretary of State shall increase by $1.00 the fee or surcharge assessed under section 140(a) of the Foreign Relations Authorization Act, Fiscal Years 1994 and 1995 (Public Law 103–236; 8 U.S.C. 1351 note) for processing machine readable nonimmigrant visas and machine readable combined border crossing identification cards and nonimmigrant visas.

(b) DEPOSIT OF AMOUNTS.—Fees collected under the authority of subsection (a) shall be deposited in the Treasury.

(c) DURATION OF INCREASE.—The fee increase authorized under subsection (a) shall terminate on the date that is one year after the date on which such fee is first collected.

TITLE III—AMENDMENTS TO THE IRAN SANCTIONS ACT OF 1996

SEC. 301. MULTILATERAL REGIME.

Section 4(b) of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended to read as follows:

''(b) REPORTS TO CONGRESS.—Not later than 6 months after the date of the enactment of the Iran Counter-Proliferation Act of 2007 and every six months thereafter, the President shall transmit to the appropriate congressional committees a report regarding specific diplomatic efforts undertaken pursuant to subsection (a), the results of those efforts, and a description of proposed diplomatic efforts pursuant to such subsection. Each report shall include—

''(1) a list of the countries that have agreed to undertake measures to further the objectives of section 3 with respect to Iran;

''(2) a description of those measures, including—

''(A) government actions with respect to public or private entities (or their subsidiaries) located in their territories, that are engaged in Iran;

''(B) any decisions by the governments of these countries to rescind or continue the provision of credits, guarantees, or other governmental assistance to these entities; and

''(C) actions taken in international fora to further the objectives of section 3;

''(3) a list of the countries that have not agreed to undertake measures to further the objectives of section 3 with respect to Iran, and the reasons therefor; and

''(4) a description of any memorandums of understanding, political understandings, or international agreements to which the United States has acceded which affect implementation of this section or section 5(a).''.

SEC. 302. MANDATORY SANCTIONS.

Section 5(a) of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended by striking ''2 or more of the sanctions described in paragraphs (1) through (6) of section 6'' and inserting ''the sanction described in paragraph (5) of section 6 and, in addition, one or more of the sanctions described in paragraphs (1), (2), (3), (4), and (6) of such section''.

SEC. 303. AUTHORITY TO IMPOSE SANCTIONS ON PRINCIPAL EXECUTIVE OFFICERS.

Section 5 of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended by adding at the end the following:

''(g) AUTHORITY TO IMPOSE SANCTIONS ON PRINCIPAL EXECUTIVE OFFICERS.—

''(1) SANCTIONS UNDER SECTION 6.—In addition to the sanctions imposed under subsection (a), the President may impose any of the sanctions under section 6 on the principal executive officer or officers of any sanctioned person, or on persons performing similar functions as such officer or officers. The President shall include on the list published under subsection (d) the name of any person on whom sanctions are imposed under this paragraph.

''(2) ADDITIONAL SANCTIONS.—In addition to the sanctions imposed under paragraph (1), the President may block the property of any person described in paragraph (1), and prohibit transactions in such property, to the same extent as the property of a foreign person determined to have committed acts of terrorism for purposes of Executive Order 13224 of September 23, 2001 (50 U.S.C. 1701 note).''.

SEC. 304. UNITED STATES EFFORTS TO PREVENT INVESTMENT.

Section 5 of the Iran Sanctions Act of 1996 is amended by adding the following new subsection at the end:

''(h) UNITED STATES EFFORTS TO ADDRESS PLANNED INVESTMENT.—

''(1) REPORTS ON INVESTMENT ACTIVITY.—Not later than January 30, 2008, and every 6 months thereafter, the President shall transmit to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate a report on investment and pre-investment activity, by any person or entity, that could contribute to the enhancement of Iran's ability to develop petroleum resources in Iran. For each such activity, the President shall provide a description of the activity, any information regarding when actual investment may commence, and what steps the United States has taken to respond to such activity.

''(2) DEFINITION.—In this subsection—

''(A) the term 'investment' includes the extension by a financial institution of credit or other financing to a person for that person's investment; and

''(B) the term 'pre-investment activity' means any activity indicating an intent to make an investment, including a memorandum of understanding among parties indicating such an intent.''

SEC. 305. CLARIFICATION AND EXPANSION OF DEFINITIONS.

(a) PERSON.—Section 14(13)(B) of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended to read as follows:

''(B)(i) a corporation, business association, partnership, society, trust, financial institution, insurer, underwriter, guarantor, and any other business organization;

''(ii) any foreign subsidiary of any entity described in clause (i); and

''(iii) any government entity operating as a business enterprise, such as an export credit agency; and''.

(b) DEVELOPMENT AND INVESTMENT.—Section 14 of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended—

(1) in paragraph (4), by inserting ''tanker or'' after ''transportation by''; and

(2) in paragraph (9)—

(A) by inserting after subparagraph (C) the following:

''(D) The sale of an oil tanker or liquefied natural gas tanker.''; and

(B) in the second sentence, by inserting '', other than a sale described in subparagraph (D)'' after ''goods, service, or technology''.

SEC. 306. REMOVAL OF WAIVER AUTHORITY.

(a) SIX-MONTH WAIVER AUTHORITY.—Section 4 of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended—

(1) in subsection (d)(1), by striking ''except those with respect to which the President has exercised the waiver authority of subsection (c)'';

(2) by striking subsection (c); and

(3) by redesignating subsections (d), (e), and (f) as subsections (c), (d), and (e), respectively.

(b) GENERAL WAIVER AUTHORITY.—Section 9 of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended by striking subsection (c).

SEC. 307. CLARIFICATION OF AUTHORITY.

Section 6(6) of the Iran Sanctions Act of 1996 (50 U.S.C. 1701 note) is amended by inserting ''the authorities under'' after ''in accordance with''.

SEC. 308. APPLICABILITY OF CERTAIN AMENDMENTS.

The amendments made by sections 302, 305, and 306 shall apply with respect to acts done on or after August 3, 2007.

TITLE IV—ADDITIONAL MEASURES

SEC. 401. ADDITIONS TO TERRORISM AND OTHER LISTS.

(a) DETERMINATIONS AND REPORT.—Not later than 120 days after the date of the enactment of this Act, the President shall—

(1) determine whether the Iranian Islamic Revolutionary Guards Corps (in this section referred to as ''IRGC'') should be—

(A) designated as a foreign terrorist organization under section 219 of the Immigration and Nationality Act (8 U.S.C. 1189);

(B) placed on the list of specially designated global terrorists; and

(C) placed on the list of weapons of mass destruction proliferators and their supporters; and

(2) report the determinations under paragraph (1) to the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate, including, if the President determines that such Corps should not be so designated or placed on either such list, the justification for the President's determination.

(b) EXTENSION OF AUTHORITY.—The President may block all property and interests in property of the following persons, to the same extent as property and interests in property of a foreign person determined to have committed acts of terrorism for purposes of Executive Order 13224 of September 21, 2001 (50 U.S.C. 1701 note) may be blocked:

(1) Persons who assist or provide financial, material, or technological support for, or financial or other services to or in support of, the IRGC or entities owned or effectively controlled by the IRGC.

(2) Persons otherwise associated with the IRGC or entities referred to in paragraph (1).

(c) DEFINITIONS.—In this section—

(1) the term ''specially designated global terrorist'' means any person included on the Annex to Executive Order 13224, of September 23, 2001, and any other person identified under section 1 of that Executive order whose property and interests in property are blocked by that section; and

(2) the term ''weapons of mass destruction proliferators and their supporters'' means any person included on the Annex to Executive Order 13382, of June 28, 2005, and any other person identified under section 1 of that Executive order whose property and interests in property are blocked by that section.

SEC. 402. INCREASED CAPACITY FOR EFFORTS TO COMBAT UNLAWFUL OR TERRORIST FINANCING.

(a) FINDINGS.—The work of the Office of Terrorism and Financial Intelligence of the Department of Treasury, which includes the Office of Foreign Assets Control and the Financial Crimes Enforcement Center, is critical to ensuring that the international financial system is not used for purposes of supporting terrorism and developing weapons of mass destruction.

(b) AUTHORIZATION.—There is authorized for the Secretary of the Treasury $59,466,000 for fiscal year 2008 and such sums as may be necessary for each of the fiscal years 2009 and 2010 for the Office of Terrorism and Financial Intelligence.

(c) AUTHORIZATION AMENDMENT.—Section 310(d)(1) of title 31, United States Code, is amended by striking ''such sums as may be necessary for fiscal years 2002, 2003, 2004, and 2005'' and inserting ''$85,844,000 for fiscal year 2008 and such sums as may be necessary for each of the fiscal years 2009 and 2010''.

SEC. 403. EXCHANGE PROGRAMS WITH THE PEOPLE OF IRAN.

(a) SENSE OF CONGRESS.—It is the sense of the Congress that the United States should seek to enhance its friendship with the people of Iran, particularly by identifying young people of Iran to come to the United States under United States exchange programs.

(b) EXCHANGE PROGRAMS AUTHORIZED.—The President is authorized to carry out exchange programs with the people of Iran, particularly the young people of Iran. Such programs shall be carried out to the extent practicable in a manner consistent with the eligibility for assistance requirements specified in section 302(b) of the Iran Freedom Support Act (Public Law 109–293).

(c) AUTHORIZATION.—Of the amounts available to the Department of State for ''Educational and Cultural Exchanges'' to carry out the Mutual Educational and Cultural Exchange Act of 1961, there is authorized to be appropriated to the President to carry out this section the sum of $10,000,000 for fiscal year 2008.

SEC. 404. REDUCING CONTRIBUTIONS TO THE WORLD BANK.

The President of the United States shall reduce the total amount otherwise payable on behalf of the United States to the International Bank for Reconstruction and Development for each fiscal year by the percentage represented by—

(1) the total of the amounts provided by the Bank to entities in Iran, or for projects and activities in Iran, in the then-preceding fiscal year; divided by

(2) the total of the amounts provided by the Bank to all entities, or for all projects and activities, in the then-preceding fiscal year.

SEC. 405. RESTRICTIONS ON NUCLEAR COOPERATION WITH COUNTRIES ASSISTING THE NUCLEAR PROGRAM OF IRAN.

(a) IN GENERAL.—

(1) RESTRICTION.—Notwithstanding any other provision of law or any international agreement—

(A) no agreement for cooperation between the United States and the government of any country that is assisting the nuclear program of Iran or transferring advanced conventional weapons or missiles to Iran may be submitted to the President or to Congress pursuant to section 123 of the Atomic Energy Act of 1954 (42 U.S.C. 2153),

(B) no such agreement may enter into force with such country,

(C) no license may be issued for export directly or indirectly to such country of any nuclear material, facilities, components, or other goods, services, or technology that would be subject to such agreement, and

(D) no approval may be given for the transfer or retransfer directly or indirectly to such country of any nuclear material, facilities, components, or other goods, services, or technology that would be subject to such agreement,

until the President makes the determination and report under paragraph (2).

(2) DETERMINATION AND REPORT.—The determination and report referred to in paragraph (1) are a determination and report by the President, submitted to the Committee on Foreign Relations of the Senate and the Committee on Foreign Affairs of the House of Representatives, that—

(A) Iran has ceased its efforts to design, develop, or acquire a nuclear explosive device or related materials or technology; or

(B) the government of the country that is assisting the nuclear program of Iran or transferring advanced conventional weapons or missiles to Iran—

(i) has suspended all nuclear assistance to Iran and all transfers of advanced conventional weapons and missiles to Iran; and

(ii) is committed to maintaining that suspension until Iran has implemented measures that would permit the President to make the determination described in subparagraph (A).

(b) CONSTRUCTION.—The restrictions in subsection (a)—

(1) shall apply in addition to all other applicable procedures, requirements, and restrictions contained in the Atomic Energy Act of 1954 and other laws; and

(2) shall not be construed as affecting the validity of agreements for cooperation that are in effect on the date of the enactment of this Act.

(c) DEFINITIONS.—In this section:

(1) AGREEMENT FOR COOPERATION.—The term ''agreement for cooperation'' has the meaning given that term in section 11 b. of the Atomic Energy Act of 1954 (42 U.S.C. 2014(b)).

(2) ASSISTING THE NUCLEAR PROGRAM OF IRAN.—The term ''assisting the nuclear program of Iran'' means the intentional transfer to Iran by a government, or by a person subject to the jurisdiction of a government with the knowledge and acquiescence of that government, of goods, services, or technology listed on the Nuclear Suppliers Group Guidelines for the Export of Nuclear Material, Equipment and Technology (published by the International Atomic Energy Agency as Information Circular INFCIRC/254/Rev. 3/Part 1, and subsequent revisions), or the Nuclear Suppliers Group Guidelines for Transfers of Nuclear-Related Dual-Use Equipment, Material, and Related Technology (published by the International Atomic Energy Agency as Information Circular INFCIR/254/Rev. 3/Part 2, and subsequent revisions).

(3) COUNTRY THAT IS ASSISTING THE NUCLEAR PROGRAM OF IRAN OR TRANSFERRING ADVANCED CONVENTIONAL WEAPONS OR MISSILES TO IRAN.—The term ''country that is assisting the nuclear program of Iran or transferring advanced conventional weapons or missiles to Iran'' means—

(A) the Russian Federation; and

(B) any other country determined by the President to be assisting the nuclear program of Iran or transferring advanced conventional weapons or missiles to Iran.

(4) TRANSFERRING ADVANCED CONVENTIONAL WEAPONS OR MISSILES TO IRAN.—The term ''transferring advanced conventional weapons or missiles to Iran'' means the intentional transfer to Iran by a government, or

by a person subject to the jurisdiction of a government with the knowledge and acquiescence of that government, of goods, services, or technology listed on—

(A) the Wassenaar Arrangement list of Dual Use Goods and Technologies and Munitions list of July 12, 1996, and subsequent revisions; or

(B) the Missile Technology Control Regime Equipment and Technology Annex of June 11, 1996, and subsequent revisions.

(d) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to expense paid or incurred on or after January 1, 2007.

TITLE V—MISCELLANEOUS PROVISIONS

SEC. 501. TERMINATION.

(a) TERMINATION.—The restrictions provided in sections 203, 404, and 405 shall cease to be effective with respect to Iran on the date on which the President determines and certifies to the appropriate congressional committees that Iran—

(1) has ceased its efforts to design, develop, manufacture, or acquire—

(A) a nuclear explosive device or related materials and technology;

(B) chemical and biological weapons; and

(C) ballistic missiles and ballistic missile launch technology;

(2) has been removed from the list of countries the governments of which have been determined, for purposes of section 6(j) of the Export Administration Act of 1979 (50 U.S.C. 2405(j)), section 620A of the Foreign Assistance Act of 1961, section 40 of the Arms Export Control Act, or any other provision of law, to have repeatedly provided support for acts of international terrorism; and

(3) poses no significant threat to United States national security, interests, or allies.

(b) DEFINITION.—In subsection (a), the term ''appropriate congressional committees'' means the Committee on Foreign Affairs of the House of Representatives and the Committee on Foreign Relations of the Senate.

The SPEAKER pro tempore (Mr. ISRAEL). Pursuant to the rule, the gentleman from California (Mr. LANTOS) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. LANTOS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of this resolution. Mr. Speaker, Iranian President Mahmoud Ahmadinejad will address the United Nations General Assembly in just a couple of hours, the latest step in his campaign to remove all obstacles to Tehran's headlong pursuit of nuclear weapons. We, in turn, must resolve to use every available peaceful means, economic, political, and diplomatic, to put a stop to that deadly, dangerous pursuit.

Peaceful persuasion in this instance will require a lot of leverage. Strong international sanctions must be imposed against the regime in Tehran, biting sanctions that will bring about a change in policy.

Ideally, Mr. Speaker, such measures would be undertaken through the United Nations. But if China and Russia continue to block effective U.N. sanctions against Iran, the United States must move ahead in the company of as many other like-minded nations as possible. And if multilateral sanctions are not in the offing, the United States needs to be prepared to tighten and to fully enforce our own sanctions without any exceptions.

Current law imposes sanctions in the U.S. market on any foreign company that invests $20 million or more in the Iranian energy sector. But the law lets the executive branch, at its sole discretion, waive those sanctions. And for years, Mr. Speaker, administrations of both parties have done so without fail.

Since 1999, giant companies such as Royal Dutch Shell, France's Total, Italy's ENI, and Inpex of Japan have invested over $100 billion, over $100 billion, in the Iranian energy industry, and the United States has done nothing to stop them.

If we wish to impose serious and biting sanctions on Iran, effective measures that will change the behavior of the regime in Tehran, it is clear what we must do. We must take away the power from the administration to waive sanctions we pass.

Two days ago on 60 Minutes, the President of Iran had this to say about the issue of nuclear weapons: ''We don't need a nuclear bomb . . . In political relations right now, the nuclear bomb is of no use. If it was useful, it would have prevented the downfall of the Soviet Union.''

I wish that we could take Ahmadinejad at his word, but we obviously cannot. This is the same man who yesterday said, ''Our people are the freest in the world'' and ''there are no homosexuals in Iran.'' We are all aware of the many other absurd and irrational statements that have emanated from Tehran since this man took power.

But there is one arena in which I agree with Ahmadinejad: when he says his country has the same right as every other country to use civilian nuclear power. Every country has that right. But if they all decide to get there by mastering the full nuclear fuel cycle, then the door will be wide open to an unprecedented global proliferation of nuclear weapons.

That is why earlier the House passed my legislation to authorize the creation of an International Nuclear Fuel Bank under the auspices of the International Atomic Energy Agency. Every country, including Iran, can draw from that bank the nuclear fuel necessary for the production of civilian nuclear energy under strict IAEA safeguards, but no nation will be able to divert nuclear materials for military purposes. The International Atomic Energy Agency supports my approach, as do all five permanent members of the U.N. Security Council, including our own administration.

One would think that the decision makers in Tehran would look upon this idea of an International Nuclear Fuel Bank as an elegant way to get Iran out of a difficult, unproductive, and singularly isolated situation. I hope that they will take this road and they will use this opportunity to move away from their current isolation in the international community.

And I hope as well that the administration will see its way clear to opening up serious and continuing dialogue with Iran. When I hear it said that it is somehow wrong to talk with Iran, I think back to the days when the Soviet Union had thousands of nuclear-tipped missiles aimed at the United States. Surely, the Soviets then were a great deal more dangerous to us than the Iranian leadership is today, and yet we talked with them daily. We maintained a very active diplomacy vis-a-vis the Soviet Union. We were engaged in trade, travel, and cultural exchanges of many types.

Mr. Speaker, I am not alone in hoping that relations with Iran can and will be improved. But as long as irrationality prevails in Tehran, we must be prepared to employ all peaceful means at our disposal to ensure that the regime renounces its pursuit of nuclear weapons.

Iran today faces a choice between a very big carrot and a very sharp stick. It is my hope that they will take the carrot, but today we are putting the stick in place.

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

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today is a day of contrast. Today as we stand here in this hallowed Chamber of democracy discussing the threat that Iran poses to the United States and, indeed, to global security, to its own people as well, Iran's leader will later be spewing his venomous rhetoric before the United Nations General Assembly.

Last year, the leader of the Iranian regime called for Israel to be wiped off the map and for a new wave of Palestinian attacks to destroy the Jewish state. He further stated that anyone who recognizes Israel will burn in the fire of the fury of Islamic nations.

This is not the first time that the Iranian leadership has called for the destruction of Israel. On December 14, 2001, former Iranian leader Rafsanjani threatened Israel with nuclear attack, saying that the use of even one nuclear bomb inside Israel would destroy that country while it would do little harm to the Islamic world.

Given the Iranian regime's history of acting on its declarations, we should be under no illusions regarding its intentions. And its intentions are to get a nuclear weapon. In fact, they are even taking out advertisements about it.

Let me show you this very revealing ad that appeared in the May issue of the Economist. As they say, ''a picture is worth a thousand words.'' Even as the International Atomic Energy Agency reported that ''gaps remain in the agency's knowledge with respect to the scope and content of Iran's centrifuge program . . . including the role of the military in Iran's nuclear program . . .'' and voiced concern regarding ''undeclared nuclear material and activities in Iran,'' and even as additional sanctions were being considered against Iran by the United Nations Security Council, this request for proposals for two new large nuclear plants appeared in a major western magazine. And let me point out that the ad clearly identifies the name of the bank, a European bank. For the record, it is Austria Bank Creditansalt, with the account number clearly evident in the advertisement.

Mr. Speaker, for over 5 years, Iran has been manipulating the international community, buying time to expand and to hide its nuclear program, and it is making rapid progress. The International Atomic Energy Agency report of August 30 of this year stated that Iran is running almost 2,000 centrifuges with as many more being tested or under construction, indicating that it has already overcome many of the roadblocks to manufacturing nuclear fuel, including weapons-grade material.

The estimate of the International Atomic Energy Agency, however, may be too conservative. Iranian leader Ahmadinejad put the number of centrifuges at 3,000 and said that the program was making great strides. His comments underscored his regime's intense focus on its nuclear weapons program and should increase our focus and our sense of urgency.

□ 1045

When thinking of the consequences of an Iranian nuclear bomb, we must always remember that Iran is the number one state sponsor of terrorism, supplying weapons, funding, training and sanctuary to terrorist groups such as Hezbollah and Hamas that have murdered countless civilians and threatens our allies in the region and elsewhere; that Iran continues to supply Shiite Islamic groups in Iraq with money, training and weapons that fuel sectarian violence; that Iran is responsible for the deaths of U.S. troops by providing the resources and the materials used for improvised explosive devices, or IEDs, and other much more powerful weapons; that Iran is also supplying the Taliban with weapons to use against our troops serving in Afghanistan.

My daughter-in-law is proudly wearing our Nation's uniform right now in Afghanistan, and Iran's work is a danger to her and all of our sons and daughters serving overseas.

However, Tehran's pursuit of these destructive policies has one weakness, namely, its dependence on the revenue derived from energy exports. For that reason, the U.S. has targeted Iran's energy sector, attempting to starve it of its foreign investment. U.S. law prohibits American firms from investing in Iran, but foreign entities continue to do so. To address that problem, my distinguished colleague, my good friend from California, the chairman of our committee, Mr. LANTOS, and I introduced the Iran Freedom Support Act, which was enacted into law in September of last year.

This legislation under consideration today, however, H.R. 1400, builds upon that foundation, reiterates the application of the Iran Sanctions Act, ISA, to parent companies of foreign subsidiaries that engage in activities that ISA would prohibit for U.S. entities. Like its predecessors, the Iraq Freedom Support Act and H.R. 957, this bill before us, H.R. 1400, expands the application of the Iran Sanctions Act to any financial institution, insurer, underwriter, guarantor, or other business organization including any foreign subsidiary of the foregoing. Mr. Speaker, this bill enlarges the scope of the ISA sanctions to include the sale of oil or liquefied natural gas tankers.

In addition, the bill before us states the sense of Congress that the United States should prevent foreign banks from providing export credits to foreign entities seeking to invest in Iran's energy sector. And in line with the Iran Freedom Support Act, which urged the President to instruct the U.S. ambassador to the U.N. to push for United Nations Security Council sanctions against Iran, this bill before us commends the U.N. Security Council for its previous action and urges additional action.

H.R. 1400 also restricts U.S. nuclear cooperation with any country that helps Iran's nuclear program or transfers advanced conventional weapons or missiles to Iran. This puts countries seeking to maintain good relations with the U.S. on notice that we will not allow ourselves to be used as indirect purveyors of nuclear assistance to Iran.

Finally, let me emphasize, Mr. Speaker, that this bill speaks directly to the people of Iran. The regime in Tehran continues its brutal crackdown on human rights advocates, on religious and ethnic minorities, on opponents in the universities and the press, and on dissidents in general. And to address their plight, the bill before us expresses the unwavering support of the American people for the tens of millions of Iranians suffering under a brutal medieval regime.

We must always remember that we share a common enemy, the regime in Tehran, and a common goal, which is freedom.

Mr. Speaker, thank you for this time. But I mostly want to thank the chairman of our committee, Mr. LANTOS, for his leadership on this issue, and I strongly urge my colleagues to support its adoption.

And with that, Mr. Speaker, I reserve the balance of my time.

Mr. LANTOS. Mr. Speaker, I am very pleased to yield 3 minutes to the distinguished chairman of the Middle East Subcommittee of the Foreign Affairs Committee, Mr. ACKERMAN of New York.

Mr. ACKERMAN. Thank you, Mr. Chairman, for yielding me the time, as well as for your tireless efforts in support of the legislation that we are considering today.

There is no more imperative threat facing the world today than checking Iran's nuclear aspirations. Sometimes, in the midst of urgent debate over the right tactics to use to stop the mullahs' mad march towards the bomb, we lose sight of the big strategic picture. By focusing on the particular costs of each sanction, the monstrous reality of a world in which Iran possesses nuclear weapons can slip into the background. This loss of perspective is a terrible mistake.

Critics of H.R. 1400, both here and abroad, see only the cost and the irritants of American sanctions. Their concerns focus on economic liberty and their own bottom line, on their national sovereignty, but not their national security.

Protests are heard regarding our insensitivity to the Iranian regime and the likelihood of sanctions hurting the Iranian people. The critics are, unfortunately, missing the point. In a vacuum, sanctions always seem harsh unless you consider the nonpeaceful alternative.

To fully and fairly judge the proposals in a sanctions measure such as H.R. 1400, we have to consider what a future without it might look like. If you don't want to see the complete collapse of the nuclear nonproliferation regime and the rapid nuclearization of the entire Middle East, then you're for the bill. If you don't want to see Iranian proxies, such as Hamas and Hezbollah, taking over the Palestinian Authority and the Government of Lebanon, then you're for the bill. If you don't want to see Iran accelerating its supply of arms and training to terrorists around the world, then you're for the bill. If you don't want the supply and the price of oil to be set in Tehran, then you're for the bill. If you don't want to even imagine a nuclear device exploding somewhere, anywhere in the Middle East, then you're for the bill. And, finally, if you do abhor war, if you really don't want to see military force used to stop Iran's nuclear program, if you hate the very idea of America attacking Iran's nuclear program, then you're for this bill.

The official title is the Iran Counter-Proliferation Act. The proper title should be the Stop the Iranian Bomb by Every Peaceful Means Possible Act. This is the alternative.

We are running out of time. Nuclear weapons in the hands of Iran's mullahs are not inevitable; but to prevent such an international security catastrophe,

we need every tool at our disposal now while there is still time. The longer we wait, the greater the danger and difficulty of the challenge we face. Now is the time to apply the absolute maximum diplomatic, political and economic pressure that we can muster.

H.R. 1400 will crank up the pressure and help us avoid having to choose between military action and an Iranian atomic bomb. I urge all Members to support this bill.

Ms. ROS-LEHTINEN. Mr. Speaker, at this time, I would like to yield 6 minutes to Mr. PENCE, the ranking member on the Subcommittee on the Middle East and South Asia of our Committee on Foreign Affairs.

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

Mr. PENCE. I thank the gentlelady for yielding. I also thank the ranking member and the distinguished chairman of this committee for their extraordinary and visionary work in bringing H.R. 1400 to the floor of this Congress to enhance United States diplomatic efforts with respect to Iran by imposing additional economic sanctions against Iran.

As the ranking member and my other senior colleagues have described, this legislation would continue an expanding effort to confront Iran's rhetoric and reality in a manner both diplomatic and economic. And the reasons to do so are legion. Iran, for instance, denies the Holocaust and hosted a Holocaust-denying conference which aired on Arab television across the region.

President Ahmadinejad, as I will describe in a moment, has repeatedly advocated ''wiping Israel off the map.'' Their headlong and reckless pursuit of a nuclear weapons program ominously would enable them to do that in a matter of minutes when combined with their missile technology.

Iran supplies and trains insurgents fighting U.S. forces and Iraqi forces in Iraq, as General Petraeus and Ambassador Crocker and the physical evidence and the incarceration of Iranian intelligence personnel now in Baghdad attest. Iran supports Hezbollah, Hamas, and other terrorist organizations.

But I want to speak specifically, Mr. Speaker, to yesterday and today's events involving the Iranian President, Mahmoud Ahmadinejad, who arrived yesterday for a forum in Columbia University and an address at the United Nations today. Let me be clear: If my colleagues have no other reason to support H.R. 1400, we can look to the rhetoric and the statements in the past 48 hours of President Ahmadinejad. He is a destabilizing force leading a threatening country and gave evidence of that repeatedly in statements on American television, Columbia University, and I expect at the U.N. today.

Ahmadinejad veers regularly between the deadly and the bizarre. He is perhaps best known for the menacing statements about advocating the elimination of the State of Israel. But at last year's address to the U.N. General Assembly, President Ahmadinejad told an Iranian cleric that he had felt the hand of God entrancing world leaders as he addressed that body. All of these various threats and outrages are delivered with a trademark eery grin, which would be easy to dismiss as the rantings of a madman were he not vested with the power of a head of state. Yet his musings are as clear and as threatening as those musings written in a prison cell in the 1930s entitled ''Mein Kampf.''

This is a man who is on a misguided mission; he is a dangerous and deluded leader. We ignore his intents at our peril. While his speech at Columbia University yesterday was described as a rambling speech by the New York Times that meandered from science to religion to the creation of human beings, it was his claim that he was a ''peaceful'' man, that Iran possessed, as he made some reference to, a thriving Jewish community, and his claim that Iran was a country where no homosexuals lived. For me, I cannot decide which of those statements was more Orwellian or more offensive to reality or to western respect for individual liberty. But they do give us a window into the mindset of a leader.

And, Mr. Speaker, I believe no terrorist despot deserves an Ivy League forum, and have said so. On ''60 Minutes'' Sunday night, Ahmadinejad refused to address what we all know to be true: his forces and weaponry, as I said before, are directly implicated in the deaths of American forces in Iraq, and that would have been reason enough to deny him a podium.

Now, we are occasionally told, and maybe some will hesitate to support this legislation today because Ahmadinejad is not in charge, that some believe a relatively moderate group of clerics are the real power in Iran. But in a military parade just Saturday, the Supreme Leader Ayatollah Khamenei, allegedly a moderate in some versions, had a banner displayed alongside him that read: ''The Iranian Nation is ready to bring any oppressive power to its knees.'' Clearly, this threatening posture is deep-seated; it is not focused on one man.

But I think as we argue today for H.R. 1400 to bring additional economic sanctions against Iran, we should look at the man who is the leader of the country. H.R. 1400, sponsored by our distinguished chairman and ranking minority member, does the reasonable step of imposing additional economic sanctions against Iran.

But let me say I believe it is imperative that we must continue to use every tool in our power to pressure and isolate this dangerous and threatening regime. And the people of the United States of America, the U.N. Security Council, our neighbors and allies in the region also need to be prepared to keep all options on the table as we confront this regime. It is my hope H.R. 1400, with its diplomatic and economic initiative, will prevail and bring Iran back from the nuclear brink, and that would be my prayer. But we must remain committed to the notion that this nation and this leader in Iran must not be permitted to come into possession of a usable nuclear weapon.

□ 1100

Mr. LANTOS. Mr. Speaker, I am pleased to yield 3 minutes to the distinguished chairman of the Subcommittee on Terrorism, Nonproliferation and Trade of the Foreign Affairs Committee, Mr. SHERMAN of California.

Mr. SHERMAN. Mr. Speaker, I thank the chairman for yielding, and I thank him for this outstanding piece of legislation.

Yesterday, at Columbia University, Mahmoud Ahmadinejad made two points that were newsworthy. First, there are no gay people in Iran. Second, there is no nuclear weapons program in Iran. These two points are equally true.

To focus on Iran's nuclear program, we do not need military action. I want to emphasize that this bill does not authorize, it does not justify, it does not urge military action in any way. In fact, it gives us an alternative, and that is economic and diplomatic pressure.

Now, we owe a special debt of gratitude to the mullahs who are running Iran, because their mismanagement, corruption and oppression has made their government vulnerable, vulnerable even in an $80-a-barrel world. Today, Iran faces a slow decline in its oil fields. Without further investment, they won't be exporting oil in 10 years. Today, as I speak, they are rationing gasoline in Tehran.

We need to be able to use our considerable broadcasting resources to send a message into Iran for the people and elites of that country: that you face diplomatic and economic isolation if you don't abandon your nuclear program. The problem is that none of us can lie that well in Farsi. We have not imposed economic isolation on Iran. But with this bill, we can begin.

We have acquiesced in World Bank loans to the Government of Iran. With this bill, we stop putting money into the unit of the World Bank that is making loans to Iran. We ought to look at other things we can do to make sure that there are no further World Bank loans to Iran.

Currently, we import from Iran—not oil, but only the stuff we don't need, and they can't sell anywhere else. This bill ends imports from Iran.

With regard to oil companies, again, we owe a special debt of gratitude to those mullahs whose outrageous business practices and threats of expropriation have made oil companies reluctant to invest in Iran. But now we have got to make them more reluctant to invest in Iran. This bill turns to foreign subsidiaries of U.S. oil companies and bans their investment in Iran.

With regard to foreign-based oil companies, it sends a clear message: Don't do business with Iran if you expect to do business-as-usual in the United States. We have had that kind of sanction against foreign-based oil companies for quite some time under what was then called the Iran-Libya Sanctions Act (ILSA). We applied that act against Libya, and it worked. It is now time to apply that act with regard to oil companies investing in Iran. This bill moves us a long way in that direction.

Ms. ROS-LEHTINEN. Mr. Speaker, I am proud to yield 3 minutes to Mr. SHAYS of the National Security and Foreign Affairs Subcommittee of the Committee on Oversight and Government Reform.

Mr. SHAYS. Mr. Speaker, I thank the gentlewoman for yielding to me.

Mr. Speaker, I rise in support of H.R. 1400, the Iran Counter-Proliferation Act, what I call the bipartisan Lantos-Ros-Lehtinen Resolution. We need to prohibit nuclear cooperation between the U.S. and countries who are aiding Iran's nuclear program, and we need to strengthen our current sanctions against Iran.

First, we cannot talk about Iran in a vacuum. We need to pass this resolution and put other pressure on this government. We also need to make sure that we do not leave Iraq and the Middle East to this country. Iran is pursuing nuclear capabilities and is one of the world's most egregious exporters of terrorism, funding Hamas, Hezbollah and Iraqi insurgents. We are needing to confront Iran because they are funding the Iraqi insurgents, therefore killing Iraqis who are on our side. They are literally killing our American troops. The seriousness of these facts was made clear when Iran's president threatened to wipe Israel off the map. That is his intent.

In addition, in April 2006, Ayatollah Khamenei told another one of the world's worst human rights abusers, Sudan, that Iran would gladly transfer nuclear technology to it. Khamenei stated, ''The Islamic Republic of Iran is prepared to transfer the experience, knowledge and technology of its scientists.'' That is a quote. I am hopeful the ongoing discussions between the Iranians and the United Nations to craft a permanent nuclear agreement will be successful. But I am not holding my breath.

It is critical that our Government utilize the tools at our disposal, including economic and diplomatic sanctions and the appropriate distribution of foreign aid to those groups who oppose the current regime to deter the threat Iran poses to global security. It is also appropriate and essential for us to impose pressure on the other nations of the world who prop up the Iranian Government and the extremists at the helm by their investing heavily in that nation.

The bottom line is, in spite of its assurances to the contrary, Iran remains committed to a nuclear weapons program. The United States must be unequivocal in its rejection of these ambitions. We need to realize that if you don't want war with Iran, then we need to make sanctions work.

Mr. Speaker, I thank the gentlewoman for yielding.

Mr. LANTOS. Mr. Speaker, I am pleased to yield 1 minute to my good friend from Texas (Mr. EDWARDS) for a colloquy.

Mr. EDWARDS. I first want to commend Chairman LANTOS for his strong leadership in this legislation. I support it very strongly and think it's good for our Nation and the security of the world. I would like to express that I have heard some concerns raised about whether section 405 unintentionally might create any roadblocks to the Nunn-Lugar program where the United States and Russia work together to prohibit nuclear materials from getting into the hands of terrorists. Obviously, no one here, no one in Russia, no one in this country would want to make it more difficult to protect our Nation from theft of nuclear material from Russia.

Mr. Speaker, I just hope that as we move toward the final version of this legislation and discuss this with the Senate, I hope we can ensure it would not in any way unintentionally undermine our ability to evaluate physical protection systems at sites that receive U.S. nuclear exports and to just ensure that in no way do we unintentionally create some roadblocks for the continuation of the Nunn-Lugar program.

Mr. LANTOS. Mr. Speaker, will the gentleman yield?

Mr. EDWARDS. I yield to the gentleman from California.

The SPEAKER pro tempore. The gentleman's time has expired.

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

Mr. Speaker, I want to thank my friend from Texas for raising this issue. The Nunn-Lugar program is one of the most valuable international pieces of legislation since the end of the Second World War. It has gone a long ways in preventing nuclear materials falling into dangerous hands. It is imperative that the Russian Federation work together with the international community to thwart Iran's nuclear ambitions. I very much look forward to working with my friend from Texas to ensure that that goal and the nonproliferation goals are fully met in this legislation.

Mr. EDWARDS. I thank the gentleman for his leadership and his comments.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. KIRK), the cochair of the Congressional Iran Working Group.

Mr. KIRK. Mr. Speaker, the history of the 20th century tells us that genocidal dictators say what they will do and then do what they said. Hitler told us in his writings that he would murder Jews. And he did. Stalin said that he would liquidate the Kulaks, Russia's small farmers. And he did. Pol Pot said he would eliminate the middle class and intellectuals. And he did. Now the President of Iran said he will wipe Israel off the face of the Earth. And he will.

Now, we Americans promised in 1945, never again. Ahmadinejad says that one Jewish holocaust is not enough, that he would wish to commit a second genocide, and he would deny that that would happen because he already denies that the holocaust happened.

Now, our options with regard to Iran are poor. Option one is to leave this to the United Nations alone. But that appears to lead to the Iranians having the bomb. Option two is to let Israel's armed forces remove the threat. But that mission is dangerous and uncertain.

Thanks to Chairman LANTOS and Ranking Member ROS-LEHTINEN, we in Congress are developing a better and third option. Sanctions against Iran can work. This bill strengthens such sanctions. We can do more. We should bankrupt Bank Melli, a funder of terror. And we should quarantine gasoline sales to Iran. These measures could cripple Iran. Like the Yugoslav dictatorship, we can bring effective pressure to bear to achieve our objectives without military action.

The new President of France sees the growing danger and says the international community and Europe should act. The new French President is right. This bill takes us in the direction of a safer world and one in cooperation with our allies.

Mr. LANTOS. Mr. Speaker, I am pleased to yield 2 minutes to the distinguished Chair of the Western Hemisphere Subcommittee of the Foreign Affairs Committee, Mr. ENGEL of New York.

Mr. ENGEL. Mr. Speaker, I thank our distinguished chairman for yielding to me. I rise in strong support of this legislation.

Mr. Speaker, yesterday, I was in New York City, my hometown, where I spoke at a demonstration in front of the United Nations protesting Ahmadinejad's speaking at that world body. I also then went to Columbia University where I also participated in a protest outside of Columbia University.

Mr. Speaker, I want to be able to tell my children and my grandchildren that I did something when evil raised its ugly head. Perhaps if there had been more of this in the 1930s, Adolph Hitler might not have come to power. He said what he was going to do, as the gentleman from Illinois just said, and he carried it out. When Mr. Ahmadinejad says he wants to wipe Israel off the face of the Earth and do all kinds of other countless, horrific things, he means it.

This bill squeezes the Iranian regime where it counts the most, in the pockets, economically. No one could have

foreseen that the Soviet Union could have rotted from within. But the Iranian regime is rotting from within. They are now importing oil. There's an energy crunch in Iran. This is the way to topple that regime. I think that they are the biggest threat right now to the world.

The United Nations discredits itself. We will soon have a resolution condemning their so-called Human Rights Commission, which does nothing but attack Israel. We need to stand up and say that we were able to act when it counted. This is one of the most important things that the Congress can do by slapping sanctions on Iran.

We have the Syria Accountability Act which I introduced with the distinguished ranking member. We are going to have another bill. Syria and Iran, who represent threats to the region, need to be hit in the pocketbook, economically, in order for their regimes to collapse or for them to change their behavior.

Mr. Speaker, this bill does that. That is why everyone should support it today.

Ms. ROS-LEHTINEN. Mr. Speaker, I reserve my time.

Mr. LANTOS. Mr. Speaker, I am pleased to yield 1¾ minutes to the distinguished member of the Intelligence Committee, the gentlewoman from California (Ms. HARMAN).

□ 1115

Ms. HARMAN. Mr. Speaker, California is poised to join several other States in requiring its huge pension funds to disinvest in Iran. The decision is bipartisan. I commend my State's Democratic legislature and Republican Governor for this bold move.

So, H.R. 1400 too, is a bold bipartisan move, and I urge its passage. It tightens enforcement of U.S. sanctions, which are working; it conditions future nuclear cooperation with Russia on that country's ceasing its nuclear ties with Iran; and it designates Iran's Revolutionary Guards, who have long carried out terrorist acts in Iraq and the region, as a terror organization.

Mr. Speaker, Los Angeles, California, is home to over 800,000 Iranian Americans. In fact, it's called sometimes the ''Tehrangeles.'' I understand that, because we have such a large population. Our fight, however, is not with the ''Tehrangelenos,'' and it surely is not with the Iranian people either; but our fight, and we must continue it, is against the threats and the actions of the extreme regime in Iran who threaten our Democratic ally Israel and who threaten the entire world with the prospect of a nuclear bomb.

Coercive sanctions are working. H.R. 1400 will add new tools to those sanctions. This is the right way for this country to speak out and the right way for this country to achieve results.

Mr. HERGER. Mr. Speaker, I rise in support of H.R. 1400, as amended to strengthen its goals and effect.

The Iranian regime supports terrorism. Iran's President has called for Israel to be, and I quote, ''wiped off the map.'' Iranian special forces are fighting a ''proxy war'' against U.S. troops in Iraq and are training Iraqi Shiite extremists. Iran's uranium enrichment continues to fly in the face of several United Nations resolutions, and the International Atomic Energy Agency, IAEA, reports that Iran could develop nuclear weapons in as few as 3 years.

A multilateral strategy will most effectively block Iran's dangerous ambitions. The U.N., in particular, must adopt additional, stronger measures to stop this hostile regime dead in its tracks. I am also very encouraged by the recent statements of French President Sarkozy calling on France and the rest of Europe to adopt ''international'' and ''multilateral'' economic sanctions against Iran, in coordination with U.S. efforts.

As I have said on this floor before, I question the effectiveness of unilateral sanctions because they often disturb the very multilateralism that we currently see taking shape against Iran. Careful drafting, however, can alleviate the disruption, and the Ways & Means Committee strengthened H.R. 1400 by inserting provisions that will preserve this growing international coalition.

More specifically, H.R. 1400 maintains the President's discretion under current law not to impose import restrictions, if refraining would best serve the foreign policy purpose. To that end, Section 307 of this bill clarifies that the full ''authorities'' of IEEPA are implicated in Section 6(6) of the Iran Sanctions Act, not just the authority to impose import restrictions. A parallel rule of construction is included in Section 201.

In addition, my Committee was careful to clarify in Section 202 that the bill's import restrictions apply only to the current regulation, so the President retains needed flexibility. Finally, Section 406 of the bill as introduced and reported was stripped and replaced with a new funding source.

For these reasons, I urge support of H.R. 1400, as amended.

Mr. LANTOS. Mr. Speaker, I submit a series of letters from other committees that have jurisdiction over parts of this legislation.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, September 24, 2007.

Hon. TOM LANTOS,
Chairman, Committee on Foreign Affairs, Washington, DC.

DEAR MR. CHAIRMAN: I am writing regarding H.R. 1400—''to enhance United States diplomatic efforts with respect to Iran by imposing economic sanctions against Iran, and for other purposes''—which was reported by the House Foreign Affairs Committee on August 2, 2007.

As you know, the Committee on Ways & Means has jurisdiction over import matters. Accordingly, certain provisions of H.R. 1400 fall under the Committee's jurisdiction.

There have been some productive conversations between the staffs of our committees, during which we have proposed some changes to H.R. 1400 that I believe I help clarify the intent and scope of the measure. My understanding is that there is an agreement with regard to these changes. Modifications were made to section 202, relating to additional import sanctions against Iran, and section 406, relating to certain tax incentives, was removed. In addition, provisions were included in section 201 and a new section 307 was added to H.R. 1400 to clarify that other provisions of the Act did not affect the President's authority under the International Emergency Economic Powers Act, particularly as such authority relates to measures restricting imports.

To expedite this legislation for floor consideration, the Committee will forgo action on this bill and will not oppose its consideration on the suspension calendar. This is done with the understanding that it does not in any way prejudice the Committee or its jurisdictional prerogatives on this, or similar legislation, in the future.

I would appreciate your response to this letter, confirming our understanding with respect to H.R. 1400, and would ask that a copy of our exchange of letters on this matter be included in the record.

Sincerely,

CHARLES B. RANGEL,
Chairman.

COMMITTEE ON FOREIGN AFFAIRS,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 24, 2007.

Hon. CHARLES B. RANGEL,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1400, the Iran Counter-Proliferation Act of 2007.

I appreciate your willingness to work cooperatively on this legislation and the mutually agreed upon text that is being presented to the House. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Ways and Means. I agree that the inaction of your Committee with respect to the bill does not in any way prejudice the Committee on Ways and Means or its jurisdictional prerogatives on this or similar legislation in the future.

I will ensure that our exchange of letters be included in the Congressional Record.

Cordially,

TOM LANTOS,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON FINANCIAL SERVICES,
Washington, DC, September 21, 2007.

Hon. TOM LANTOS,
Chairman, Committee on Foreign Affairs, Washington, DC.

DEAR MR. CHAIRMAN: I am writing concerning H.R. 1400, the Iran Counter-Proliferation Act of 2007. This bill was introduced on March 8, 2007, and was referred to the Committee on Foreign Affairs, and in addition, to this Committee, among others. The bill has been reported by the Committee on Foreign Affairs.

There is an agreement with regard to this bill, and so in order to expedite floor consideration, I agree to forego further consideration by the Committee on Financial Services. I do so with the understanding that this decision will not prejudice this Committee with respect to its jurisdictional prerogatives on this or similar legislation. I request your support for the appointment of conferees from this Committee should this bill be the subject of a House-Senate conference.

Please place this letter in the Congressional Record when this bill is considered by the House. I look forward to the bill's consideration and hope that it will command the broadest possible support.

BARNEY FRANK,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, September 6, 2007.

Hon. TOM LANTOS,
Chairman, Committee on Foreign Affairs, Washington, DC.

DEAR CHAIRMAN LANTOS: In recognition of the desire to expedite consideration of H.R. 1400, the ''Iran Counter-Proliferation Act of

2007,'' the Committee on the Judiciary agrees to waive formal consideration of the bill.

Section 401 of the bill, which requires the President to determine whether the Islamic Revolutionary Guards Corps in Iran should be listed as a foreign terrorist organization under section 219 of the Immigration and Nationality Act, falls within the rule X jurisdiction of the Committee on the Judiciary.

The Committee takes this action with the understanding that by foregoing consideration of H.R. 1400 at this time, the Committee on the Judiciary does not waive any jurisdiction over subject matter contained in this or similar legislation. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this legislation, and requests your support if such a request is made.

I would appreciate your including this letter in your Committee's report for H.R. 1400, or in the Congressional Record during consideration of the bill on the House floor.

Thank you for your attention to this matter.

Sincerely,

JOHN CONYERS, Jr.,
Chairman.

COMMITTEE ON FOREIGN AFFAIRS,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 6, 2007.

Hon. JOHN CONYERS,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1400, the Iran Counter-Proliferation Act of 2007.

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on the Judiciary. I acknowledge that the Committee will not seek a sequential referral of the bill and agree that the inaction of your Committee with respect to the bill does not waive any jurisdiction of the Judiciary Committee over subject matter contained in this bill or similar legislation.

Further, as to any House-Senate conference on the bill, I understand that your committee reserves the right to seek the appointment of conferees for consideration of portions of the bill that are within the Committee's jurisdiction.

I will ensure that our exchange of letters are included in the Congressional Record during the consideration of House debate on H.R. 1400, and I look forward to working with you on this important legislation. If you wish to discuss this matter further, please contact me or have your staff contact my staff.

Cordially,

TOM LANTOS,
Chairman.

HOUSE OF REPRESENTATIVES, COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM,
Washington, DC, September 7, 2007.

Hon. TOM LANTOS,
Chairman, Committee on Foreign Affairs, Washington, DC.

DEAR CHAIRMAN LANTOS: I am writing to confirm our mutual understanding with respect to the consideration of H.R. 1400, the Iran Counter-Proliferation Act of 2007.

As you know, on August 2, 2007, the Committee on Foreign Affairs reported H.R. 1400 to the House. The Committee on Oversight and Government Reform (Oversight Committee) appreciates your effort to consult regarding those provisions of H.R. 1400 that fall within the Oversight Committee's jurisdiction, including matters related to the federal workforce and contracting.

In the interest of expediting consideration of H.R. 1400, the Oversight Committee will not separately consider this legislation. The Oversight Committee does so, however, with the understanding that this does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

I respectfully request your support for the appointment of outside conferees from the Oversight Committee should H.R. 1400 or a similar Senate bill be considered in conference with the Senate. I also request that you include our exchange of letters in the Congressional Record during consideration of this legislation on the House floor.

Thank you for your attention to these matters.

Sincerely,

HENRY A. WAXMAN,
Chairman.

COMMITTEE ON FOREIGN AFFAIRS,
HOUSE OF REPRESENTATIVES,
Washington, DC, September 7, 2007.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Oversight and Government Reform, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding H.R. 1400, the Iran Counter-Proliferation Act of 2007.

I appreciate your willingness to work cooperatively on this legislation. I recognize that the bill contains provisions that fall within the jurisdiction of the Committee on Oversight and Government Reform. I acknowledge that the Committee will not seek a sequential referral of the bill and agree that the inaction of your Committee with respect to the bill does not prejudice the Oversight Committee's jurisdictional interests and prerogatives regarding this bill or similar legislation.

Further, as to any House-Senate conference on the bill, I understand that your committee reserves the right to seek the appointment of conferees for consideration of portions of the bill that are within the Committee's jurisdiction, and I agree to support a request by the Committee with respect to serving as conferees on the bill (or similar legislation).

I will ensure that our exchange of letters are included in the Congressional Record during the consideration of House debate on H.R. 1400, and I look forward to working with you on this important legislation. If you wish to discuss this matter further, please contact me or have your staff contact my staff.

Cordially,

TOM LANTOS,
Chairman.

Mr. BLUMENAUER. Mr. Speaker, I share my colleagues' concern about the possibility of a nuclear armed Iran, so it is with regret that I must vote against this bill. Similarly to other bills that purported to sanction Iran and which I voted against, this legislation doesn't provide additional tools for diplomacy. Rather it limits the President's flexibility to use sanctions as a tool to deal with the Iranian challenge. However, by focusing the sanctions within it on third-parties such as Russia and Australia, this bill would make it more difficult to maintain the united international diplomatic front that is critical to resolving the Iranian situation peacefully.

We need to craft a new framework for relations with Iran; one that advances our interests and values through engagement and support for the Iranian people. I believe it is more important than ever for forceful U.S. diplomatic re-engagement to support peace, democracy, and a more secure regional dynamic. We must also undertake the difficult, yet critical, task of engaging directly and honestly with Iran, despite its often destructive and destabilizing role. The lack of a serious diplomatic relationship strengthens those who seek chaos and isolation, while leaving the U.S. with fewer levers of influence and more blind spots than we can afford.

Faced with the prospect of nuclear war with the Soviet Union, President John F. Kennedy said, ''Let us never negotiate out of fear. But let us never fear to negotiate.'' For the United States and our friends in the Middle East, the prospect of continued terror, violence, and instability is too dire to do otherwise.

Mr. BACA. Mr. Speaker, I rise today in support of H.R. 1400, the Iran Counter-Proliferation Act of 2007.

With this bill, the United States will have the tools to persuade Iran's Government to abandon its pursuit of nuclear weapons.

We are sending a strong message to the world. We will not tolerate violations of the Genocide Convention. This bill calls for Iranian President Mahmoud Ahmadinejad to be brought before the International Court of Justice for his repeated calls for the destruction of Israel.

We will continue to use diplomatic methods to stand tough and protect our allies abroad. This bill ends all Iranian imports to the United States and restricts U.S. exports to Iran to strictly food and medicine.

I also believe economic pressure is an effective deterrence. This bill prevents U.S. subsidiaries of foreign oil companies that are sanctioned for investing in Iran's oil sector from receiving U.S. tax benefits for oil and gas exploration.

Iran will not violate rules and go unnoticed. This bill also encourages the administration to prohibit all Iranian state-owned banks from using the U.S. banking system.

I urge my colleagues to support this bill.

Mr. HOLT. Mr. Speaker, I rise today as a cosponsor and strong supporter of the Iran Counter-Proliferation Act of 2007, H.R. 1400. It is appropriate that we are debating this bill today while Iran's President Mahmoud Ahmadinejad addresses the United Nations General Assembly.

The current regime in Iran poses troubling security challenges to the community nations and our allies in the Middle East. The hateful and threatening comments made by the President of Iran against Israel cannot be tolerated. Further, the provocative actions taken by Iran to further their nuclear weapons program are not acceptable. A nuclear Iran would destabilize the region and threaten the United States and our allies. Iran must alter its dangerous course, and the United States needs to be fully involved to help bring this about.

My commitment to ending Iran's nuclear weapons program is one of the reasons I was an early cosponsor of the Iran Counter Proliferation Act of 2007. H.R. 1400 is important legislation that would prevent nuclear cooperation between the United States and any country that provides nuclear assistance to Iran as well as support diplomatic and economic means to resolve the Iranian nuclear problem. It would also expand bilateral sanctions against Iran by severely limiting the export of U.S. items to Iran and by prohibiting all imports. Additionally, H.R. 1400 calls for enhanced UN Security Council efforts in response to Iran's continued defiance of the

international community. Finally, it is important to note that the bill specifically states that the administration cannot interpret anything in the legislation as a congressional authorization of a military strike on Iran.

Earlier this year, the House passed the Iran Sanctions Enabling Act of 2007, H.R. 2347. This legislation which I also supported would authorize State and local governments to divest from, and prevent investment in, companies with financial ties to Iran's energy sector, or that sell arms to the Government of Iran, and financial institutions that extend credit to the Government of Iran.

H.R. 1400 is logical next step to ensure that the United States does everything in our power to prevent Iran from becoming a nuclear state and further destabilizing the Middle East. I urge my colleagues to support this vital legislation.

Mr. PAUL. Mr. Speaker, I rise in strongest opposition to this curiously-timed legislation which continues to beat the drums for war against Iran. It is interesting that this legislation was not scheduled for a vote this week, but appeared on the schedule at the last minute after a controversial speech by Iran's President at Columbia University.

The House has obviously learned nothing at all from the Iraq debacle. In 2002, Congress voted to abrogate its Constitutional obligation to declare war and instead transfer that authority to the President. Many of my colleagues have expressed regrets over their decision to transfer this authority to the President, yet this legislation is Iraq all over again. Some have plausibly claimed that the move in this legislation to designate the Iranian military as a foreign terrorist organization is an attempt to signal to the President that he already has authority under previous resolutions to initiate force against Iran. We should recall that language specifically requiring the President to return to Congress before initiating any strike on Iran was removed from legislation by House leadership this year.

In expanding sanctions against Iran and against foreign businesses and countries that do business with Iran, we are hurting the American economy and moving the country closer to war. After all, sanctions are a form of warfare against a nation; and, if anyone has forgotten Cuba, sanctions never achieve the stated goals.

This legislation authorizes millions more dollars to identify and support young Iranians to come to the United States. Does anyone believe that we are assisting political opposition to the current Iranian regime by singling Iranians out for U.S. support? How would Americans react if the Chinese government were funding U.S. students to come to China to learn how to overthrow the U.S. government? This move is a counterproductive waste of U.S. taxpayer dollars.

The march to war with Iraq was preceded with numerous bills similar to H.R. 1400. No one should be fooled: supporters of this legislation are aiming the same outcome for Iran. I strongly urge a "no" vote on this bill.

Ms. ROS-LEHTINEN. Mr. Speaker, I again thank the chairman, Mr. LANTOS.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. LANTOS. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. LANTOS) that the House suspend the rules and pass the bill, H.R. 1400, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. LANTOS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to suspend the rules on H.R. 1400 will be followed by 5-minute votes on motions to suspend the rules postponed yesterday in the following order:

H. Res. 584, by the yeas and nays;

H. Con. Res. 210, by the yeas and nays;

H. Res. 663, by the yeas and nays.

The vote was taken by electronic device, and there were—yeas 397, nays 16, not voting 19, as follows:

[Roll No. 895]

YEAS—397

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

NAYS—16

Abercrombie
Baldwin
Bartlett (MD)
Blumenauer
Conyers
Ellison
Flake
Gilchrest
Hinchey
Lee
McDermott
Miller, George
Moore (WI)
Olver
Paul
Stark

NOT VOTING—19

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson (IL)
Johnson, E. B.
Kucinich
Lampson
Platts
Poe
Ross
Schmidt
Snyder
Tiahrt

□ 1142

Messrs. BLUMENAUER, GEORGE MILLER of California, GILCHREST, BARTLETT of Maryland, CONYERS, HINCHEY, Ms. LEE and Ms. BALDWIN changed their vote from "yea" to "nay."

Mr. NEAL of Massachusetts and Ms. LORETTA SANCHEZ of California changed their vote from ''nay'' to ''yea.''

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated if:

Mr. PLATTS. Mr. Speaker, on rollcall No. 895 (H.R. 1400), I missed the vote due to extenuating circumstances. Had I been present, I would have voted "yea."

Mrs. SCHMIDT. Mr. Speaker, on rollcall No. 895, I was late returning from Walter Reed Army Medical Center and missed the vote. Had I been present, I would have voted "yea."

NATIONAL LIFE INSURANCE AWARENESS MONTH

The SPEAKER pro tempore (Mr. ISRAEL). The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 584, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 584.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 412, nays 1, not voting 19, as follows:

[Roll No. 896]

YEAS—412

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

NAYS—1

Stark

NOT VOTING—19

Berry
Bishop (GA)
Carson
Conyers
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson (IL)
Johnson, E. B.
Kucinich
Lampson
Poe
Rogers (MI)
Ross
Snyder
Tiahrt

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1150

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. LAMPSON. Mr. Speaker, on rollcall Nos. 895 and 896, had I been present, I would have voted "yea."

SUPPORTING THE GOALS AND IDEALS OF SICKLE CELL DISEASE AWARENESS MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 210, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 210.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 415, nays 0, not voting 17, as follows:

[Roll No. 897]

YEAS—415

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baker
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cuellar

Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gillibrand
Gingrey
Gohmert
Gonzalez
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson, Sam
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Keller
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Paul
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiberi
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—17

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Gilchrest
Herger
Jindal
Johnson (IL)
Johnson, E. B.
Kucinich
Poe
Ross
Snyder
Tiahrt

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1158

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF VETERANS OF FOREIGN WARS DAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 663, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. DAVIS) that the House suspend the rules and agree to the resolution, H. Res. 663.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 410, nays 0, not voting 22, as follows:

[Roll No. 898]

YEAS—410

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

Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—22

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Doggett
Doyle
Herger
Jindal
Johnson (IL)
Johnson, E. B.
Kingston
Kucinich
Peterson (MN)
Poe
Ross
Simpson
Snyder
Tiahrt
Waters

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1204

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. TIAHRT. Mr. Speaker, on September 24, I was unavoidably detained and missed rollcall vote Nos. 891, 892, 893 and 894.

Rollcall vote No. 891 was to suspend the Rules and agree to H. Con. Res. 193. Had I been present, I would have voted "yea."

Rollcall vote No. 892 was to suspend the Rules and agree to H. Res. 668. Had I been present, I would have voted "yea."

Rollcall vote No. 893 was to suspend the Rules and agree to H.R. 1199. Had I been present, I would have voted "yea."

Rollcall vote No. 894 was to suspend the Rules and agree to H. Res. 340. Had I been present, I would have voted "yea."

In addition, on September 25, I was unavoidably detained and missed rollcall vote Nos. 895, 896, 897, and 898.

Rollcall vote No. 895 was to suspend the Rules and agree to H.R. 1400. Had I been present, I would have voted "yea."

Rollcall vote No. 896 was to suspend the Rules and agree to H. Res. 584. Had I been present, I would have voted "yea."

Rollcall vote No. 897 was to suspend the Rules and agree to H. Con. Res. 210. Had I been present, I would have voted "yea."

Rollcall vote No. 898 was to suspend the Rules and agree to H. Res. 663. Had I been present, I would have voted "yea."

I would ask that my statement appear in the appropriate location in the CONGRESSIONAL RECORD.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. ISRAEL). Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

OPPOSING ASSASSINATION OF LEBANESE PUBLIC FIGURES

Mr. ACKERMAN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 548) expressing the ongoing concern of the House of Representatives for Lebanon's democratic institutions and unwavering support for the administration of justice upon those responsible for the assassination of Lebanese public figures opposing Syrian control of Lebanon, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 548

Whereas on February 14, 2005, former Lebanese Prime Minister Rafik Hariri, along with 22 other people, was assassinated by a massive bomb;

Whereas Lebanon's Cedar Revolution led to the withdrawal of Syrian troops from Lebanon in April 2005, following 30 years of Syrian military occupation;

Whereas parliamentary elections were held in Lebanon in May and June of 2005 leading to the formation of a government under Prime Minister Fuad Siniora, with a majority of the parliament and cabinet committed to strengthening Lebanon's independence and the sovereignty of its democratic institutions of government;

Whereas Lebanese independence and sovereignty are still threatened by an ongoing campaign of assassination and attempted assassinations of Lebanese political and public figures opposed to Syrian interference in Lebanon's internal affairs, and terrorist bombings intended to incite ethnic and religious hatred, the continuing presence of state-sponsored militias and foreign terrorist groups, and the ongoing and illegal transshipment of weapons and munitions from Iran and Syria into Lebanon;

Whereas the democratically-elected and legitimate government of Lebanon, in accordance with the mandate of United Nations Security Council resolutions and the relevant provisions of the Taif Accords, has made efforts, through the internal deployments of the Lebanese Armed Forces, to exercise its full sovereignty, so that there will be no weapon or authority within Lebanon other than that of the Government of Lebanon;

Whereas the Lebanese Council of Ministers, on November 25, 2006, approved a statute for the establishment of a tribunal of an international character according to the terms negotiated between the Government of Lebanon and the United Nations in order to bring to justice all those responsible for the terrorist bombing of February 14, 2005;

Whereas a majority of Lebanese members of parliament sought a vote in favor of ratifying the statute establishing a tribunal of an international character, and 70 of Lebanon's then 127 parliamentarians sent a memorandum to the United Nations Secretary-General endorsing the establishment under the United Nations Charter of a Special Tribunal to bring to justice all those responsible for the terrorist bombing of February 14, 2005;

Whereas the Lebanese parliament is scheduled to convene on September 25, 2007, to begin the process of electing the next President of Lebanon;

Whereas Hezbollah, a United States Department of State-designated Foreign Terrorist Organization, and their pro-Syrian allies have declared the democratically-elected and legitimate Government of Lebanon ''unconstitutional'', and are seeking to topple the government through extra-legal means, including rioting, continuous street demonstrations outside of the Council of Ministers, and obstructing traffic in Beirut;

Whereas the transfer of weapons, ammunition, and fighters into Lebanon in contravention of United Nations Security Council Resolution 1701 (2006), has twice prompted the Security Council to issue statements, on April 17, 2007, (S/PRST/2007/12) and on June 11, 2007, (S/PRST/2007/17) wherein it expressed deep and serious concern at mounting information by Israel and other states of illegal movements of arms into Lebanon, and in particular across the Lebanese-Syrian border, in violation of Security Council Resolution 1701;

Whereas the United Nations Security Council, with the full support of the United States, has repeatedly adopted resolutions, notably, Resolutions 425 (1978), 520 (1982), 1559 (2004), 1655 (2006), 1664 (2006), 1680 (2006), 1701 (2006), and 1757 (2007) that, among other things, express the support of the international community for the sovereignty, territorial integrity, unity, and political independence of Lebanon under the sole and exclusive authority of the Government of Lebanon, and demand the disarmament of all armed groups in Lebanon;

Whereas United Nations Security Council Resolutions, notably, 1595 (2005), 1636 (2005), 1644, (2005), 1664 (2006), 1748 (2007), and 1757 (2007), underscore the importance of the pursuit of justice in response to the terrorist bombing of February 14, 2005, and if appropriate, other assassinations and assassination attempts since October 2004;

Whereas the United Nations Security Council, with the full support of the United States, has sought to assist the Government of Lebanon in extending its authority over all Lebanese territory, including its sea, land, and air borders, through the presence of the United Nations Interim Force in Lebanon (UNIFIL) in southern Lebanon and through technical and personnel assistance;

Whereas the United Nations Security Council, with the full support of the United States, has strongly supported the demand of the Lebanese people that justice be done to those responsible for the terrorist attack of February 14, 2005, and other terrorist attacks and attempted assassinations since October 2004, establishing and extending the mandate of the International Independent Investigation Commission (IIIC) to investigate terrorist bombings of February 14, 2005, and moving toward the creation of a Special Tribunal of an international character, according to United Nations Security Council Resolutions 1595 (2005), 1636 (2005), 1644 (2005), 1664 (2006), 1686 (2006) and 1748 (2007);

Whereas Lebanese Prime Minister Fuad Siniora in a letter of May 14, 2007, informed the Secretary General of the United Nations that, ''the Lebanese Government believes that the time has come for the Security Council to help make the Special Tribunal for Lebanon a reality. We therefore ask you, as a matter of urgency, to put before the Security Council our request that the Special Tribunal be put into effect. A binding decision regarding the Tribunal on the part of the Security Council will be fully consistent with the importance the United Nations has attached to this matter from the outset, when the investigation commission was established. Further delays in setting up the Tribunal would be most detrimental to Lebanon's stability, to the cause of justice, to the credibility of the United Nations itself and to peace and security in the region.'';

Whereas the United Nations Security Council, with the full support of the United States, adopted Resolution 1757, establishing on June 10, 2007, a Special Tribunal to try all those found responsible for the terrorist bombing of February 14, 2005, and if appropriate, both prior and subsequent attacks in Lebanon, unless the Government of Lebanon has provided notice that such a tribunal has been established under its own laws;

Whereas the United States Congress has appropriated emergency economic and military assistance to Lebanon at levels far greater than the amounts of bilateral assistance provided in recent fiscal years; and

Whereas it is manifestly in the interests of the United States and the international community to support the full sovereignty and political independence of Lebanon, its democratically-elected and legitimate government, and to insist that justice be done concerning the terrorist bombing of February 14, 2005, and both prior and subsequent politically-inspired assassinations and assassination attempts: Now, therefore, be it

Resolved, That the House of Representatives—

(1) condemns the attempts by Hezbollah and other pro-Syrian groups to undermine and intimidate the democratically-elected and legitimate Government of Lebanon by extra-legal means;

(2) condemns the campaign of attempted and successful assassinations targeting members of parliament and public figures in favor of Lebanese independence and sovereignty and opposed to Syrian interference in Lebanon, and bombings in civilian areas intended to intimidate the Lebanese people;

(3) calls on the Lebanese parliament to elect a new President in accordance with the processes and timetable established by Lebanon's constitution;

(4) declares that the association of political parties with terrorist organizations, militias, and other elements retaining armed operational capabilities outside of the official military and security institutions of the Government of Lebanon hinders the emergence of a fully-democratic Lebanon;

(5) confirms the strong support of the United States for United Nations Security Council resolutions concerning Lebanon, and the clear and binding mandate of the international community for the arms embargo and disarmament of all armed groups in Lebanon, and particularly, Hezbollah and Palestinian factions in Lebanon;

(6) condemns Syria and Iran for their ongoing roles in providing arms to terrorist organizations, Lebanese militias, and other militias operating in Lebanon, in blatant contravention of United Nations Security Council Resolution 1701;

(7) declares that the United States should consider Syria's obstructive role in Lebanon when assessing the status and nature of United States bilateral relations with Syria;

(8) expresses its strong appreciation to Belgium, China, Cyprus, Denmark, Finland, France, Germany, Ghana, Greece, Guatemala, Hungary, India, Indonesia, Ireland, Italy, the Republic of Korea, Luxemburg, Malaysia, Nepal, Netherlands, Norway, Poland, Portugal, Qatar, Slovakia, Slovenia, Spain, Sweden, Tanzania, and Turkey for their contributions of military personnel to serve in the United Nations Interim Force in Lebanon (UNIFIL), now manned with 13,251 troops of the 15,000 troops authorized in United Nations Security Council Resolution 1701;

(9) urges the Government of Lebanon to request UNIFIL's assistance to secure the Lebanese-Syrian border against the entry of illicit arms or related material under paragraphs 11(f) and 14 of United Nations Security Council Resolution 1701, and pledges earnest American support for this action, should the Government of Lebanon choose to do so;

(10) calls on the international community to further support the mission of UNIFIL and efforts by the United Nations Secretary-General to improve the monitoring of the Lebanese border in order to effectively implement the arms embargo on armed groups in Lebanon required by United Nations Security Council Resolution 1701;

(11) affirms strongly United States support for efforts to bring to justice those responsible for the terrorist bombing of February 14, 2005, and both prior and subsequent politically inspired assassinations, and for the Special Tribunal for Lebanon established by the United Nations Security Council Resolution 1757;

(12) endorses prompt action by the Special Tribunal for Lebanon for the terrorist bombing of February 14, 2005, and both prior and subsequent politically-inspired assassinations, under Chapter VII of the United Nations Charter;

(13) pledges continued support for the democratically-elected and legitimate Government of Lebanon and the Lebanese people against the campaign of intimidation, terror, and murder directed at the Lebanese people and at political and public figures opposing Syrian interference in Lebanon;

(14) commends the many Lebanese who continue to adhere steadfastly to the principles of the Cedar Revolution and support the democratically-elected and legitimate Government of Lebanon;

(15) applauds the Government of Lebanon's efforts to fully extend Lebanon's sovereignty over the entire country through the internal deployments of the Lebanese Armed Forces, including direct action against the Fatah al Islam group, and encourages the Government of Lebanon to intensify these efforts; and

(16) re-affirms its intention to continue to provide financial and material assistance to support the sovereignty, territorial integrity, unity, and political independence of Lebanon under the sole and exclusive authority of the Government of Lebanon.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. ACKERMAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. ACKERMAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. ACKERMAN. Mr. Speaker, I rise in support of the resolution and yield myself such time as I may consume.

Mr. Speaker, what has been happening in Lebanon is extreme aggression in the classic sense of the word. Through a campaign of assassinations targeting Lebanese parliamentarians and political figures; bombings in public places; threats to establish an alternative extra-constitutional government; and the instigation of a jihadi insurgency by the Fatah al-Islam, Syria, Iran, their bootlegging proxies, Hezbollah, Amal, and Aoun's Free Patriotic Movement, have brought Lebanon's government to a constitutional crisis. Yet again, outside actors have pushed Lebanon to the brink of civil war for their selfish interests.

Just 6 days ago, on September 19, a massive car bomb killed Antoine Ghanem along with five other civilians, and left many dozens of other bystanders wounded. Mr. Ghanem, a member of the Lebanese Parliament and a supporter of the Siniora government, was just the latest in a string of 11 political assassinations over the past 3 years. As a consequence of this pattern of violence, the March 14 alliance is two parliamentarians away from being murdered out of their majority.

Now is the time for this Congress to send a strong message of support for the democratically elected and fully legitimate government in Lebanon. Time, Mr. Speaker, is short.

The Syrian-backed campaign for murder is creeping ever closer to its goal of destroying the majority of the Lebanese Parliament, bringing down the government of Fuad Siniora, and imposing again a pro-Syrian president on Lebanon.

Fearing just this scenario months ago, I introduced H. Res. 548 with the ranking member of the subcommittee, Mr. PENCE, with Chairman LANTOS and Representatives ISSA and BOUSTANY, two Members whose roots extend back to Lebanon. This bipartisan resolution expresses the strong support of the House of Representatives for Lebanon's elected government, and affirms our readiness to make that support tangible in order to help preserve and strengthen Lebanese sovereignty and independence.

The resolution condemns Syria and Iran for providing arms to Lebanese militias, particularly the terrorist group Hezbollah, and the Palestinian factions in Lebanon, in clear contravention of Security Council resolutions.

H. Res. 548 also endorses prompt action by the Special Tribunal for Lebanon established by the Security Council to investigate the assassination of former Lebanese Prime Minister Rafik Hariri in February 2005. Syria must know with utter certainty that the United States will never sacrifice justice in Lebanon to allow Damascus to escape accountability for its crimes.

The current Lebanese Government, which is under siege, is both legitimate and representative of the majority of Lebanese. The attempts to undermine it are not some kind of retaliation. Lebanon's government is being systemically attacked only because it is unwilling to subordinate its authority and Lebanon's sovereignty to external and extra-legal demands.

Quite simply, Lebanon is being bullied. And in light of this fact, the United States and the entire international community must come to its aid.

I would urge all of our colleagues to support the resolution.

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

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 548. I would like to thank the gentleman from New York, my good friend, Mr. ACKERMAN, for introducing this important resolution, and for Chairman LANTOS of our Foreign Affairs Committee for bringing it before the floor today.

With the execution last Wednesday of an anti-Syrian Lebanese parliamentarian in a Christian suburb of Beirut, and the announcement today that the Lebanese Parliament will delay until next month the election of a new Lebanese president due to a Hezbollah-led opposition boycott, both Syria and Iran are now one step closer to their strategic goal of once again dominating Lebanon.

Four anti-Syrian parliamentarians are all that stand in the way of the detestable efforts of pro-Syrian forces within Lebanon to impose their presidential candidate on all of Lebanon and deny Lebanon its true sovereignty. They will undoubtedly use the time afforded by the delay in the presidential election to effectively finish the job they started in the wake of the coalition's March 14 electoral victory.

And what is the goal of these pro-Syrian forces? To gain a parliamentary majority through assassination and terror. Led by Hezbollah, the pro-Syrian parliamentary bloc has repeatedly demanded that a compromise candidate who will bring national unity be elected to the presidency next month. However, Mr. Speaker, just the opposite is true. A compromise and a unity candidate can only serve to bring about the election of yet another Syrian and Iranian puppet to the presidency. Like the outgoing so-called president, such a leader will work to prevent Lebanon from extricating itself from Iranian and Syrian influence and total control.

Furthermore, the inclusion of pro-Syrian and Iranian elements in the Lebanese Government renders the government, regardless of the individual desires of the members, and indeed the entire electoral process, an effective tool of Syria and Iran. Some had hoped that Hezbollah's entry into Lebanese politics would signal its integration into Lebanese society and force its leaders to dismantle Hezbollah's military and terrorist infrastructure. Sadly, the opposite has occurred. Allowing an Islamic terrorist entity to use the political process and legitimatize itself without first demanding that it stop its objectionable behavior only serve to perpetuate and enhance the threat.

Last October, Iran and Syria changed their calculations as to how to best use Hezbollah to advance their interests and undermine the sovereignty of Lebanon. They instructed Hezbollah to withdraw from the government.

Since then, Hezbollah, joined by other Syrian and Iranian proxies, has worked steadily to overthrow the government by politically paralyzing it in parliament and assassinating its supporters. At the same time, they have reportedly provided massive amounts of arms, training, and financial support to Hezbollah as it rebuilds from the conflict with Israel last summer.

Additionally, reports that the Lebanese Army has enabled Hezbollah to reassert its control over southern Lebanon continues to gravely concern us.

Mr. Speaker, simply put, we cannot afford to continue to pursue a policy toward Lebanon based on willful negligence. We must accept that a moderate government will only materialize after the Syrian and Iranian proxies in Lebanon are defeated and dismantled. This resolution represents a step in the correct direction by voicing its unequivocal support for a true democratic government, and all those within Lebanon who have struggled against Syrian and Iranian control over their homeland for far too long truly deserve our support. I strongly urge my colleagues to support Mr. ACKERMAN's resolution.

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

Mr. BOUSTANY. Mr. Speaker, I am pleased to rise in strong support of House Resolution 548. This resolution expresses support for Lebanon's democratic institutions and the need to bring those responsible for the assassination of Lebanese public figures to justice.

Lebanon is a key ally of the United States and deserves our unwavering support as they continue to recover from last year's war.

Lebanon is a diverse country with over 17 religious groups, nevertheless, there is a strong sense of national unity within this country and its citizens often identify themselves as Lebanese before identifying with their own religious factions.

Lebanon is the example of what a democracy can and should be in the Middle East and I encourage all party leaders in the parliament to remain committed to finding a compromise presidential candidate. It is important that the process is followed and that a unified government remains in place.

Political assassinations over the past several years have continued to plague Lebanon and have derailed the country's efforts to enact real reform measures. The individuals responsible for these murders must be brought to justice.

Lebanon is at a crossroad and the United States must remain committed to helping this nascent democracy.

Mr. LAHOOD. Mr. Speaker, I rise today in strong support of H. Res. 548, a resolution expressing the continued concern that we as a Congress and as a Nation have for the Lebanese people and their government.

The Cedar Revolution in 2005 led to the withdrawal of Syrian forces that had occupied Lebanon for more than three decades. After the withdrawal, the government of Prime Minister Fuad Siniora committed to creating a strong, democratic Lebanon, free of occupation or outside influence. Lebanon is fighting many enemies of freedom, both within and outside the country.

We have all seen the horrific news reports of the assassinations and attempted assassinations of anti-Syrian lawmakers in Lebanon, the most recent occurring just last week. The brave men and women who are struggling to move Lebanon forward have become targets in their own country. Hezbollah and other pro-Syrian factions in Lebanon know that they are in the minority, and have begun a desperation campaign to kill as many of their opponents as possible. Members of the Parliament have had to go into hiding outside of Lebanon, and lay their lives on the line when they return to conduct government business.

As Lebanon prepares for presidential elections this November, I believe it is vital that we reiterate our support for Lebanon and her people. H. Res. 548 reaffirms our support of the many United Nations resolutions that condemn Syria and Iran for their continued roles in arming the enemies of a free Lebanon, and expresses our appreciation to the many countries that have contributed funding and personnel to the United Nations Interim Force in Lebanon (UNIFL). Our Lebanese friends must know that we stand beside them as they continue to strengthen their government and bring to justice those responsible for the killings.

Mr. Speaker, I urge adoption of this important resolution.

□ 1215

Mr. ACKERMAN. Mr. Speaker, I would like to inquire if the distinguished ranking member has any additional speakers.

Ms. ROS-LEHTINEN. I have no additional speakers, and I'd like to yield back the balance of my time.

Mr. ACKERMAN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BLUMENAUER). The question is on the motion offered by the gentleman from New York (Mr. ACKERMAN) that the House suspend the rules and agree to the resolution, H. Res. 548, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ACKERMAN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

GLOBAL POVERTY ACT OF 2007

Mr. SMITH of Washington. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1302) to require the President to develop and implement a comprehensive strategy to further the United States foreign policy objective of promoting the reduction of global poverty, the elimination of extreme global poverty, and the achievement of the United Nations Millennium Development Goal of reducing by one-half the proportion of people worldwide, between 1990 and 2015, who live on less than $1 per day, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1302

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Global Poverty Act of 2007''.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) More than one billion people worldwide live on less than $1 per day, and another 1.6 billion people struggle to survive on less than $2 per day, according to the World Bank.

(2) At the United Nations Millennium Summit in 2000, the United States joined more than 180 other countries in committing to work toward the United Nations Millennium Development Goals to improve life for the world's poorest people by 2015.

(3) The United Nations Millennium Development Goals include the goal of reducing by one-half the proportion of people worldwide, between 1990 and 2015, that live on less than $1 per day, cutting in half the proportion of people suffering from hunger and unable to access safe drinking water and sanitation, reducing child mortality by two-thirds, ensuring basic education for all children, and reversing the spread of HIV/AIDS and malaria, while sustaining the environment upon which human life depends.

(4) On March 22, 2002, President George W. Bush stated: ''We fight against poverty because hope is an answer to terror. We fight against poverty because opportunity is a fundamental right to human dignity. We fight against poverty because faith requires it and conscience demands it. We fight against poverty with a growing conviction that major progress is within our reach.''.

(5) The 2002 National Security Strategy of the United States notes: ''[A] world where some live in comfort and plenty, while half of the human race lives on less than $2 per day, is neither just nor stable. Including all of the world's poor in an expanding circle of development and opportunity is a moral imperative and one of the top priorities of United States international policy.''.

(6) The 2006 National Security Strategy of the United States notes: ''America's national interests and moral values drive us in the same direction: to assist the world's poor citizens and least developed nations and help integrate them into the global economy.''.

(7) The bipartisan Final Report of the National Commission on Terrorist Attacks Upon the United States recommends: ''A comprehensive United States strategy to counter terrorism should include economic policies that encourage development, more open societies, and opportunities for people to improve the lives of their families and enhance prospects for their children.''.

(8) At the summit of the Group of Eight (G–8) nations in July 2005, leaders from all eight countries committed to increase aid to Africa from the current $25 billion annually to $50 billion by 2010, and to cancel 100 percent of the debt obligations owed to the World Bank, African Development Bank, and International Monetary Fund by 18 of the world's poorest nations.

(9) At the United Nations World Summit in September 2005, the United States joined more than 180 other governments in reiterating their commitment to achieve the United Nations Millennium Development Goals by 2015.

(10) The United States has recognized the need for increased financial and technical assistance to countries burdened by extreme poverty, as well as the need for strengthened economic and trade opportunities for those countries, through significant initiatives in recent years, including the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, the Millennium Challenge Act of 2003, the Heavily Indebted Poor Countries Initiative, and trade preference programs for developing countries, such as the African Growth and Opportunity Act.

(11) In January 2006, United States Secretary of State Condoleezza Rice initiated a restructuring of the United States foreign assistance program, including the creation of a Director of Foreign Assistance, who maintains authority over Department of State and United States Agency for International Development (USAID) foreign assistance funding and programs.

(12) In January 2007, the Department of State's Office of the Director of Foreign Assistance added poverty reduction as an explicit, central component of the overall goal of United States foreign assistance. The official goal of United States foreign assistance is: ''To help build and sustain democratic, well-governed states that respond to the needs of their people, reduce widespread poverty and conduct themselves responsibly in the international system.''.

SEC. 3. DECLARATION OF POLICY.

It is the policy of the United States to promote the reduction of global poverty, the elimination of extreme global poverty, and the achievement of the United Nations Millennium Development Goal of reducing by one-half the proportion of people worldwide, between 1990 and 2015, who live on less than $1 per day.

SEC. 4. REQUIREMENT TO DEVELOP COMPREHENSIVE STRATEGY.

(a) STRATEGY.—The President, acting through the Secretary of State, and in consultation with the heads of other appropriate departments and agencies of the Government of the United States, international organizations, international financial institutions, the governments of developing and developed countries, United States and international nongovernmental organizations, civil society organizations, and other appropriate entities, shall develop and implement a comprehensive strategy to further the United States foreign policy objective of promoting the reduction of global poverty, the elimination of extreme global poverty, and the achievement of the United Nations Millennium Development Goal of reducing by one-half the proportion of people worldwide, between 1990 and 2015, who live on less than $1 per day.

(b) CONTENTS.—The strategy required by subsection (a) shall include, but not be limited to, specific and measurable goals, efforts to be undertaken, benchmarks, and timetables to achieve the objectives described in subsection (a).

(c) COMPONENTS.—The strategy required by subsection (a) should include, but not be limited to, the following components:

(1) Continued investment in existing United States initiatives related to international poverty reduction, such as the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, the Millennium Challenge Act of 2003, the Heavily Indebted Poor Countries Initiative, and trade preference programs for developing countries, such as the African Growth and Opportunity Act.

(2) Improving the effectiveness of development assistance and making available additional overall United States assistance levels as appropriate.

(3) Enhancing and expanding debt relief as appropriate.

(4) Leveraging United States trade policy where possible to enhance economic development prospects for developing countries.

(5) Coordinating efforts and working in cooperation with developed and developing countries, international organizations, and international financial institutions.

(6) Mobilizing and leveraging the participation of businesses, United States and international nongovernmental organizations, civil society, and public-private partnerships.

(7) Coordinating the goal of poverty reduction with other development goals, such as combating the spread of preventable diseases such as HIV/AIDS, tuberculosis, and malaria, increasing access to potable water and basic sanitation, reducing hunger and malnutrition, and improving access to and quality of education at all levels regardless of gender.

(8) Integrating principles of sustainable development into policies and programs.

(d) REPORTS.—

(1) INITIAL REPORT.—Not later than one year after the date of the enactment of this Act, the President, acting through the Secretary of State, shall transmit to the appropriate congressional committees a report that describes the strategy required by subsection (a).

(2) SUBSEQUENT REPORTS.—Not less than once every two years after the submission of the initial report under paragraph (1) until and including 2015, the President shall transmit to the appropriate congressional committees a report on the status of the implementation of the strategy, progress made in achieving the global poverty reduction objectives described in subsection (a), and any changes to the strategy since the date of the submission of the last report.

SEC. 5. DEFINITIONS.

In this Act:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term ''appropriate congressional committees'' means—

(A) the Committee on Foreign Affairs and the Committee on Appropriations of the House of Representatives; and

(B) the Committee on Foreign Relations and the Committee on Appropriations of the Senate.

(2) EXTREME GLOBAL POVERTY.—The term ''extreme global poverty'' refers to the conditions in which individuals live on less than $1 per day, adjusted for purchasing power parity in 1993 United States dollars, according to World Bank statistics.

(3) GLOBAL POVERTY.—The term ''global poverty'' refers to the conditions in which individuals live on less than $2 per day, adjusted for purchasing power parity in 1993 United States dollars, according to World Bank statistics.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. SMITH) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

GENERAL LEAVE

Mr. SMITH of Washington. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. SMITH of Washington. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of the Global Poverty Act, and want to explain first what the bill does and then why it is so important. It declares the official U.S. policy to promote the reduction of global poverty, the elimination of extreme global poverty, and the achievement of the U.N. Millennium Development Goal of cutting extreme poverty

in half by 2015. It requires the President to develop and implement a comprehensive strategy to carry out this policy. It includes guidelines for what the strategy should include, from aid, trade and debt relief, to working with the international community, businesses and NGOs to ensuring environmental sustainability.

It also requires that the President's strategy include specific and measurable goals, efforts to be undertaken, benchmarks and time tables. And, lastly, it requires that the President report back to Congress biannually on the progress made in the implementation of the global poverty strategy.

There are nearly 2.7 billion people in the world who are living on less than $2 a day. There are close to a billion who are living on less than a dollar a day. Arguably, there is no greater problem facing the globe right now than poverty and the vast number of people who suffer from it, the countries and communities who, every day, get up, simply wondering whether or not they and their children are going to live to see the end of that day. It causes instability, disease, and all kinds of problems from one end of the globe to the other.

But the other thing that is simply immoral is that there are this many people on that level of despair and on that level of poverty. And we in the United States have the power to at least try to help, and we are, in many, many ways.

I actually want to thank the President for the Millennium Challenge accounts, an effort to try to make sure that countries not just get foreign aid but use it wisely; the efforts to fund prevention of AIDS in Africa. The PEPFAR effort that's been going on for a number of years is a significant step forward.

We also have a large number of organizations and groups that are trying to combat global poverty. We have the world coming together in many ways as it never has before to try to combat this menace.

As mentioned, the U.N. set out their millennial development goals. The G8 set global poverty as its prime purpose a couple years ago. We have groups like the Gates Foundation and Results and Bread for the World and a large number of other organizations that are combating global poverty from every conceivable angle. And they are learning a lot as they do. They are learning what works, what moves forward, what doesn't work, what the best way to spend money is.

We are in the position, I believe, to consolidate those resources to get the maximum return on our effort to reduce global poverty. And I feel that the United States of America should be, not just a leader, but the leader in this effort.

And we have, as I mentioned, done a lot. But the one thing we haven't done is stated clearly and unequivocally that eliminating global poverty, or at least reducing it, is going to be a foremost goal of our foreign policy; and we have not implemented a comprehensive plan. It's great that there are so many different organizations working at this problem from a variety of different angles; but if we could bring that together, we could get more out of those resources. And I think the United States should coordinate that effort.

I want to thank a large number of people for helping make this happen. Certainly Chairman TOM LANTOS has been a tremendous leader on these issues and has been very helpful in this particular piece of legislation, as has the ranking member, ILEANA ROS-LEHTINEN, and the Republicans on the committee. This is a bipartisan effort. I want to thank Representative BACHUS, who I believe is going to speak, he and I were the original two sponsors on this bill, stepped up and helped.

I think this is something that we can come together on, and I think it is very, very important that the United States takes this leadership role. I believe if we do so we will be able to better combat global poverty, and I also think we will be better able to build alliances throughout the world and let the world know that the United States wants to use its power for the betterment of the entire world, not just ourselves. And we're willing to work with them on this problem that affects so many different countries throughout the world.

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

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the gentleman's bill, H.R. 1302, the Global Poverty Act of 2007. We certainly have serious needs and poverty right here in our own country. The suffering of the world's extremely poor, however, is beyond the imagining of most Americans.

Many Americans might be shocked to know just how many men, women and children around the world die each hour of every day simply because they are too poor to obtain food, shelter or basic medical care. While we quite often see the fatal impact of famines or natural disasters, we rarely see the images of the ongoing suffering caused by persistent hunger and chronic poverty.

The bill seeks to better organize the approaches to fighting poverty that are employed by the Agency for International Development and other agencies in our own government. It would seek to accomplish that by calling on the President to create an overall strategy for these efforts.

I note that the sponsor of the bill, my good friend, Mr. SMITH from Washington, agreed to an amendment adopted by our Foreign Affairs Committee that made two important changes. First, while referencing foreign aid and debt relief as components of a strategy to address global poverty, the bill now makes it clear that the strategy that the President would draw up would not have to be based on the assumption that the United States foreign aid and debt relief will always continue to rise.

The United States certainly has been generous in its provisions of foreign aid and debt relief. But no one can predict whether those two types of assistance will always rise.

Moreover, to address poverty comprehensively, the President may want to focus on expanding other types of interactions with countries suffering from widespread poverty, such as promoting trade, promoting investment, for example.

The bill, in the amended text before us today, Mr. Speaker, will allow the greater flexibility in deciding what might work best at a given time, in the particular circumstances, rather than insisting that he devise a strategy that assumes that more foreign aid and debt relief are always required.

Secondly, the bill, as amended, requires that the President submit to Congress a report on the implementation of the strategy once every 2 years, rather than once a year, as originally intended. And I appreciate the sponsor of the bill agreeing to that change. The change in the frequency of the reports, of the submission of the reports, Mr. Speaker, will enhance the substance of the periodic reports as significant statements on the progress being made under a global poverty reduction strategy.

Mr. Speaker, it is my hope that Mr. SMITH's bill will promote a greater focus on how we might best provide assistance to those in dire poverty overseas, while ensuring a realistic view of the resources and the means available to us to provide such assistance.

Mr. Speaker, I reserve the balance of our time.

Mr. SMITH of Washington. Mr. Speaker, I have no further speakers. I will reserve the balance of my time for purposes of closing.

Ms. ROS-LEHTINEN. Mr. Speaker, if I might, I would like to yield such time as he may consume to the gentleman from Alabama (Mr. BACHUS), the ranking member of the Committee on Financial Services and an original cosponsor of the resolution before us.

Mr. BACHUS. Mr. Speaker, first of all, let me commend the chairman and the ranking member of the Foreign Affairs Committee. It's been a pleasure working with Congressman Adam Smith on this legislation, and I commend you, Adam.

This is a bipartisan bill with a goal that should bring all of us together. And that goal is the reduction of extreme poverty and to make that reduction of extreme poverty a foreign policy priority for the United States.

Today, in dozens of poor countries all over the world, little boys and girls are born into poverty, disease, and hunger. Hopelessness and despair are their daily companions. Their burdens are day-to-day; they're painful and they're heavy.

In debating debt relief, I quoted Sister Rebecca Trujillo. She was asked,

How do they make it? How do they get through the day? Her answer was: ''How do they survive? Since being in Nicaragua I have taken to answer in a matter of fact way. Often they do not. Often they do not survive the day.''

Each day, even on our bad days, and we're fond of saying we've had a really bad day, but we ought to be reminded that for billions of people throughout the world, that even on our worst days, we have more food, more shelter, more clothes, more security, more health care, more of everything than our poor brothers and sisters have on their best days.

And, finally, a lot of people said, well, the reality is overwhelming. Half the world lives on $2 a day. But we can make a difference and we can do so at a very small cost.

We've had successes. We have made a difference. Debt relief has been a success. It has improved the lives of millions of people for almost no monetary cost to this country. Since the Millennium Development Goals were set 7 years ago, the poverty rate in sub-Saharan Africa is down 6 percent. There are more children receiving health care, in fact, over a million more children in that area alone, and medical treatment. Vaccinations are up throughout Africa. The percentage of students enrolled in primary schools has gone up considerably.

So, in closing, let me simply say this: cost should never be the overriding consideration. But when we consider cost, and doing the right thing is the imperative, but when we consider the cost, let us realize that the cost of not acting is not only hopelessness and unrest throughout the world, but is also terrorism and confrontation and wars that can be avoided if these programs work.

□ 1230

Global poverty is in our economic interest. It is in our national security interest as well. This bill will focus our battle against global poverty, and it is a powerful statement that Americans are committed to making this world a better place for all.

Ms. ROS-LEHTINEN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of Washington. Mr. Speaker, I yield myself such time as I may consume.

I want to thank and again appreciate the efforts of my Republican colleagues and agree with their comments. A comprehensive strategy is what we are looking for here, and that is certainly trade, efforts at economic development, capacity-building to help countries figure out how to better use trade, microcredit. There are a lot of different strategies out there that can be employed. Certainly aid and debt relief are part of it but not the only part. In fact, the better part is when you can figure out how to make the economies work, how to make the governments work in these countries so that they can begin to develop their own economies and grow and lift themselves out of poverty in that manner. That is more sustainable and more long term. I personally believe that aid and debt relief will continue to be a significant part of the strategy for a while, but certainly the goal is also to be as comprehensive as possible and employ economic means to help lift people out of poverty as well.

I also think the other exciting thing about all this is the possibility of public-private partnerships, and I do not envision personally that the Federal Government or any federal government will wind up being the sole or even necessarily the leading organization in terms of driving the dollars out. We have a large number of groups, in my own neck of the woods, the Gates Foundation to the tune of over $30 billion, that are pumping money into a variety of different ideas to help alleviate global poverty. Nongovernmental organizations are making an enormous difference, and I would hope that the strategy would reflect that public-private partnership to maximize those resources.

And, lastly, I just want to agree with what Representative BACHUS said at the close there about how this does impact all of us. Instability leads to all manner of problems in the world, and poverty leads to instability more quickly than anything else. It is in our best interests to try to alleviate that instability and bring greater fairness, justice, and economic opportunities to the world. And I sincerely believe that this bill will have that effect, and I urge all Members of the body to support it.

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

The SPEAKER pro tempore (Mr. BLUMENAUER). The question is on the motion offered by the gentleman from Washington (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 1302, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

COUNTRIES HIT BY HURRICANES FELIX, DEAN, AND HENRIETTE

Mr. SMITH of Washington. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 642) expressing sympathy to and support for the people and governments of the countries of Central America, the Caribbean, and Mexico which have suffered from Hurricanes Felix, Dean, and Henriette and whose complete economic and fatality toll are still unknown.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 642

Whereas on September 4, 2007, Hurricane Felix, a Category 5 storm, hit the Nicaragua-Honduras border, causing over 40,000 people in Nicaragua and Honduras to be evacuated, and killing at least 100 people;

Whereas just weeks before, Hurricane Dean, a Category 5 storm, hit Mexico and the Caribbean coast, killed 27 persons, displaced over 260,000 persons, and destroyed over 36,000 homes;

Whereas Hurricane Henriette, a Category 1 storm, made landfall along the Baja California peninsula of Mexico hours after Hurricane Felix made landfall, the first time since 1949 that two Atlantic and Pacific hurricanes hit land on the same day;

Whereas for the first time in the recorded history of hurricanes, two Category 5 storms, Hurricanes Dean and Felix, made landfall during the same year;

Whereas Hurricane Henriette, though less powerful than Hurricane Felix, killed 7 people;

Whereas the homes of at least 5,000 Central Americans were damaged or destroyed by Hurricanes Felix and Henriette;

Whereas thousands more individuals were unable to be evacuated and forced to endure these hurricanes in the shelter of their own homes;

Whereas Hurricane Felix obtained wind speeds of over 160 miles-an-hour, causing widespread destruction with heavy rains and subsequent mudslides and floods expected to follow;

Whereas Hurricane Felix hit the Miskito Coast, home to the Miskito Indians, an indigenous population of Central America;

Whereas relief organizations have reported that thousands of Miskito Indians were stranded on the coast and unable to travel to safer regions;

Whereas the poorest civilians of Honduras and Guatemala who live in hillside villages will be most susceptible to mudslides due to their inland location;

Whereas Honduras and Nicaragua, the poorest countries of Central America, have economies that rely heavily on limited agricultural exports, which make both countries extremely vulnerable to natural disasters;

Whereas major tourist destinations, including Cabo San Lucas, the Mayan Riviera, Cancun, Acapulco, and a host of Caribbean islands, were forced to evacuate due to the hurricanes, thus harming the tourist industry on which these areas depend; and

Whereas Honduras and Nicaragua were still rebuilding after the devastating effects of Hurricane Mitch in 1998, which killed nearly 11,000 people and left more than 8,000 people missing, destroyed the infrastructures and economies of both countries, and caused billions of dollars in damage: Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses its sympathy to and support for the people and governments of the countries of Central America, the Caribbean, and Mexico in this time of devastation;

(2) vows its continued friendship and support for our neighbors in Central America, the Caribbean, and Mexico;

(3) urges all parties to continue their efforts in evacuating and providing aid to those individuals displaced by the hurricanes;

(4) recognizes the United States Government's initial efforts to provide assistance to populations affected by the hurricanes and urges increased and continued assistance as the effects of the hurricanes continue to unfold;

(5) encourages public institutions, specialized agencies, as well as private citizens, to offer their resources; and

(6) recognizes the efforts of relief organizations, including the International Federation of Red Cross and Red Crescent Societies, and the international community, in aiding the people and governments involved.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. SMITH) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

GENERAL LEAVE

Mr. SMITH of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. SMITH of Washington. Mr. Speaker, I yield myself such time as I may consume.

House Resolution 642 pertains to the hurricanes that have struck Latin America in recent weeks and expresses sympathy and support for the people and the governments of the countries of Central America, the Caribbean, and Mexico, which have suffered from Hurricanes Felix, Dean, and Henriette and whose complete economic and fatality toll are still unknown.

As we all saw in the news in recent weeks, these hurricanes have devastated much of that region. We here in the House of Representatives want to express our sympathy and support for all the peoples in those regions that were impacted. We want to thank all those who have responded to the emergency with aid and various other efforts to help them and recognize the efforts of the United States in particular to do that and that we pledge to continue that help in any way we can as they try to recover from these terrible tragedies.

We in the U.S. know only too well the impacts of hurricanes and want to be as helpful as we can to our neighbors in helping them get through this very difficult time.

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

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Hurricanes Felix, Dean, and Henriette delivered a devastating toll to the countries of Mexico, the rest of Central America, and the Caribbean. Between the three hurricanes, nearly 200 lives were lost, hundreds of thousands of people were displaced, and thousands of homes were destroyed.

I join my colleagues today to express our sincere sympathy and support for the people who have suffered as a result of these destructive storms. The resiliency of the people of these nations to overcome the tremendous power of these catastrophes has been truly tested. When Hurricane Felix hit on September 4, Honduras and Nicaragua were still in the midst of rebuilding following the effects of Hurricane Mitch in 1998. Especially vulnerable to natural disasters due to their dependence on agricultural exports and the potential for damaging mudslides, the historic occurrence of two category 5 storms in 1 year had an overwhelming impact for several of the countries in this region.

I commend the courage that our neighbors in Mexico, the rest of Central America, and the Caribbean continue to demonstrate in their efforts to overcome the damage wrought, and I admire the courage and the contributions made by relief agencies, private citizens, and the international community to assist in the aftermath of Hurricane Felix, Hurricane Dean, and Henriette.

Our prayers are with the family and friends of those who were harmed by the perils of this terrible storm season.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. SMITH of Washington. Mr. Speaker, I yield myself such time as I may consume.

I just want to thank the Committee on Foreign Affairs again, Mr. LANTOS, Ranking Member ROS-LEHTINEN, and the entire committee for their quick response to these issues. I think it is very, very important that we in the United States, particularly when we are talking about incidents in Latin America, our neighbors to the south, recognize as quickly as possible our solidarity with their struggles and their difficulties and our pledge to support and help them in any way we can.

I also want to thank Ms. SOLIS, who was the prime sponsor of this legislation, for her leadership on this issue. Not just this issue but throughout Latin America on a number of issues on the Foreign Affairs Committee, she has been a tremendous leader for us. She is supposed to be here to speak, but I believe she has been caught up in committee.

Ms. SOLIS. Mr. Speaker, I rise in strong support of House Resolution 642, a resolution I authored to express our sympathy and support for those affected by the recent hurricanes in Central America, Mexico and the Caribbean. As the only Member of Congress of Central American descent, I am very concerned about the impact of the hurricanes on this impoverished region of the world.

For the first time, two Category 5 storms, Hurricanes Dean and Felix, made landfall during the same year, both striking Central and Latin America. Earlier this month, Hurricane Felix, a Category 5 storm, made landfall along the remote border of Nicaragua and Honduras. The storm killed over 130 people and damaged or destroyed over 19,000 homes, mostly in Nicaragua. The aftermath has been devastating for thousands of families.

Hurricane Dean, another Category 5 storm, hit Mexico and the Caribbean coast and killed 27 people and damaged or destroyed over 50,000 homes. Nicaragua, in Central America, is one of the poorest countries in the area and was the hardest hit by Hurricane Felix.

The complete economic and human toll of the hurricanes is still unknown, but we must act quickly to ensure that humanitarian aid continues to flow to the communities impacted. Supplies, including food, clean water and rebuilding materials, are essential. Economic aid for the agriculture economies that those countries rely on is also badly needed.

House Resolution 642 recognizes the U.S. Government's initial humanitarian efforts and urges increased and continued assistance as the effects of the hurricanes unfold. The resolution also recognizes the efforts of humanitarian relief groups, including the International Red Cross.

Unfortunately, the United States knows all too well the damage and destruction that can result from hurricanes and other natural disasters. The area I represent in Los Angeles is prone to wildfires and earthquakes, and we are still working to support those affected by Hurricane Katrina.

Just as Hurricane Katrina showed us how disruptive and damaging natural disasters can be, they are all the worse for less developed countries. We all remember the devastation of Hurricane Mitch, which killed nearly 11,000 people and caused catastrophic mudslides in the same region nearly 10 years ago. We can and must help our neighbors in Latin America to recover from these hurricanes.

I urge my colleagues to support House Resolution 642.

Mr. SMITH of Washington. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 642.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. SMITH of Washington. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

OPPOSING SINGLING OUT ISRAEL'S HUMAN RIGHTS RECORD

Mr. SMITH of Washington. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 557) strongly condemning the United Nations Human Rights Council for ignoring severe human rights abuses in various countries, while choosing to unfairly target Israel by including it as the only country permanently placed on the Council's agenda, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 557

Whereas Article II of Chapter I of the United Nations Charter states that ''[t]he Organization is based on the principles of sovereign equality of all its members'';

Whereas the former United Nations Human Rights Commission was widely discredited for its incessant attacks against Israel and for granting membership to Cuba, Zimbabwe, China, Saudi Arabia, and other countries that were notorious human rights violators;

Whereas the United Nations General Assembly voted overwhelmingly to adopt a resolution establishing the United Nations Human Rights Council, stating that ''members elected to the Council shall uphold the highest standards in the promotion and protection of human rights'';

Whereas the resolution also stated that ''the Council shall be responsible for promoting universal respect for the protection of all human rights and fundamental freedoms for all, without distinction of any kind and in a fair and equal manner'';

Whereas China, Cuba, and Saudi Arabia are members of the United Nations Human Rights Council;

Whereas in the past year that the United Nations Human Rights Council has been in existence, the Council has held four special sessions to address pressing human rights situations;

Whereas of the four special sessions, three sessions were held for purposes of condemning Israel for alleged human right abuses in the West Bank and Gaza Strip, and in Lebanon, and the fourth session was a non-condemnatory expression of ''concern'' regarding the situation in Darfur, Sudan;

Whereas the United Nations Human Rights Council has failed to condemn serial abusers of human rights throughout the world, including Iran, Syria, North Korea, Cuba, China, Zimbabwe, Venezuela, and others;

Whereas, on June 19, 2007, a Department of State spokesperson specifically identified Burma, Cuba, North Korea, Zimbabwe, and Belarus as countries that merit consideration by the United Nations Human Rights Council due to their ''serious human rights violations'';

Whereas during its fifth special session, the United Nations Human Rights Council voted to make Israel the only country permanently included on its agenda; and

Whereas United Nations Secretary General Ban Ki-Moon stated he was ''disappointed at the Council's decision to single out only one specific regional item, given the range and scope of allegations of human rights violations throughout the world'': Now, therefore, be it

Resolved, That the House of Representatives—

(1) strongly condemns the United Nations Human Rights Council for ignoring severe human rights abuses in other countries, while choosing to unfairly target the State of Israel;

(2) strongly urges the United Nations Human Rights Council to remove Israel from its permanent agenda;

(3) strongly urges the United Nations Human Rights Council to hold special sessions to address other countries in which human rights abuses are being committed, adopt real reform as was intended for the Council when it replaced the United Nations Commission on Human Rights, and reaffirm the principle of human dignity consistent with the original intent envisioned at the Council's establishment;

(4) strongly urges the United States to make every effort in the United Nations General Assembly to ensure that the United Nations Human Rights Council lives up to its mission to protect human rights around the world, in accordance with United Nations General Assembly Resolution 60/251 establishing the Council; and

(5) strongly urges the United States to work with the United Nations General Assembly to ensure that only countries that have a well-established commitment to protecting human rights are chosen to serve on the Council.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. SMITH) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

GENERAL LEAVE

Mr. SMITH of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

Mr. SMITH of Washington. Mr. Speaker, I yield myself such time as I may consume.

I want to thank Representative CAMPBELL for bringing this issue to the floor.

It has long been my view that the United Nations can be, and in many cases is, a very, very useful organization. It gives the countries of the world a chance to come together in one place and discuss issues that they can work together on but, perhaps as importantly, to discuss their differences. It was set up so that, hopefully, that process would reduce more violent conflict, that they could discuss these issues, figure out a way to work together, and move forward.

I also feel that it is a very appropriate role of the United Nations to look throughout the world and see where injustice is being done, identify it, and try to fix it.

Unfortunately, too many times that becomes politicized and focused, and in particular it becomes politicized and focused on the nation of Israel. With all of the problems that are going on throughout the world, all of the countries, all the despotic governments out there causing no ends of grief for their people, the one country that the United Nations continues to focus on is a free democracy in the Middle East, Israel. And they continually focus on them to the exclusion, in many cases, of far, far greater problems in other parts of the world.

Now, certainly I recognize the United Nations should be involved in the Middle East. There is unquestionably a conflict there between Israel and their neighbors in the Palestinian territories. Resolving that difference and helping the Palestinian people to set up their own country that will protect its people is incredibly important. But, again, unfortunately, the focus of the U.N. seems more to criticize and attack Israel to the exclusion of other problems.

So I want to thank Mr. CAMPBELL for bringing this resolution, which very simply asks, I guess, the United Nations to stop doing that, to stop focusing on Israel, and to have a broader focus on the problems of the world and do not unfairly criticize the nation of Israel. It undermines, rather than helps, any effort to resolve the conflicts in the Middle East.

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

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 557, introduced by my friend Congressman JOHN CAMPBELL of California and his Democratic coauthor also from California (Mr. BERMAN).

The activities of the United Nations Human Rights Council during its first year in operation has been a travesty, but it should not come as any surprise to us.

Over the summer the council, which embraces serious human rights abusers as members, celebrated its first birthday by giving gifts to repressive dictators and Islamic radicals. It stopped unfinished investigations into human rights conditions in Cuba and Belarus and created a permanent agenda item relating to Israel, the only country singled out for such scrutiny.

Darfur, apparently the Human Rights Council sees no problem in southern Sudan.

□ 1245

North Korea, no evil there. China, according to the U.N. Human Rights Council, there are no human rights abusers in that workers' paradise. The bloody repression in Burma, in Zimbabwe, the council members have never heard of these actions. Unfortunately, these are exactly the consequences that many of us expected given the flaws inherent in the council's creation. For example, there are no criteria for membership in the council. Certain regional groups also are given greater power than democratic countries. And special sessions are easier to call, with Israel being the target for condemnation.

The council's structure and agenda are hopelessly compromised by political manipulation. The only country, again, singled out for actual condemnation has been the democratic State of Israel, which was the subject of three special sessions and 75 percent of all council resolutions and decisions expressing concerns about human rights conditions.

In June, because of such outrages, the House adopted an amendment that I proposed to the State and Foreign Operations appropriations bill which prohibited United States funding for the council. Mr. CAMPBELL and Mr. BERMAN's resolution before us today presents this body with another important opportunity to protest the farce, the insult, the travesty, the sad joke that the U.N. Human Rights Council has become.

I urge unanimous support for its adoption.

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

Mr. SMITH of Washington. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. BERMAN).

Mr. BERMAN. Mr. Speaker, I thank the gentleman for yielding the time, and I thank my friend from California (Mr. CAMPBELL) for coming to me with the idea of a resolution on the subject of the distorted, unfair, hypocritical, self-mocking agenda of the United Nations Human Rights Council and the need for the Congress of the United States to speak to their conduct.

Last year, I thought that when the United Nations decided to create a human rights body to replace the thoroughly discredited Human Rights Commission, there might finally be a chance for an open, respected forum for promoting basic liberties and rights and holding countries accountable that failed to do so, rather than a body on which would be placed some of the worst human rights abusers in the world.

The commission, as many of you know, was composed of many such countries whose own human rights records were far from laudable. While, for example, Zimbabwe, a former member of the commission, was busy leveling thousands of homes and leaving an estimated half a million people homeless, the commission was preoccupied with issuing successive reports condemning Israel.

I sincerely hope that the council will live up to its charter and become an impartial and forceful proponent of human rights around the world. Unfortunately, some have argued that the council, by spending an inordinate amount of time vilifying Israel, is even worse than the commission. It has passed one-sided resolutions condemning Israeli human rights violations in the Palestinian territories, calling several extraordinary sessions on Israeli actions in Lebanon and Gaza, and appointed successive rapporteurs to investigate alleged Israeli war crimes.

As Uzbekistan's jails continue to fill with thousands of prisoners, many of whom, according to the State Department, have been brutally tortured, the council was painfully silent. To be a human rights activist in Uzbekistan is to take one's life in one's own hands, yet the council has continued to shirk its responsibilities by failing to take a stand against these horrific human rights violations.

Rather than taking the regime in Khartoum to task, as the gentlelady, the ranking member of the committee, pointed out, taking Khartoum to task for its brazen and continued support for the janjaweed militias in Darfur, widely acknowledged to be responsible for horrific crimes against Darfurian civilians, the council has issued only a tepid expression of concerns. This shameful record led The Washington Post to describe the council as a ''ludicrous diplomatic lynch mob.'' Even U.N. Secretary General Ban Ki Moon has publicly admonished the council's unwillingness to pursue an evenhanded human rights agenda.

I want to make clear the criticisms I level and others have leveled against the council should in no way be viewed as an indictment of all the work of the United Nations, much of which is indispensable and serves our national interest as well as global peace and security. And while it has not been without its share of mistakes, the U.N., through its countless peacekeeping operations, poverty alleviation efforts and disease prevention programs, has proven to be worth its weight in gold.

We stand here today to criticize the Human Rights Council, which has an obsessed view of one country and only one country in terms of a human rights agenda, because we know that the U.N. can do better than they did in the creation and the rules governing that council.

I ask you to support this resolution because I believe that, while the council is still in its infancy, we can work to maximize the chances that it develops into a respected and forceful champion of human rights, not simply another proxy in the vitriolic campaign against Israel.

Ms. ROS-LEHTINEN. Mr. Speaker, I am very pleased to yield such time as he may consume to the author of this measure, the gentleman from California (Mr. CAMPBELL).

Mr. CAMPBELL of California. I thank the gentlelady from Florida for yielding, and I thank the gentleman from Washington for his support and supportive words about this bill. And most of all, I thank my coauthor in this effort, Mr. BERMAN, my friend and fellow Californian, for his involvement and effort in this bill and this important action.

And I think it is an important action, Mr. Speaker, because, as the three previous speakers have mentioned, it's not like the world is devoid of problems in human rights. It's not like there are not repressive regimes in various places around the world. There is a place for the United Nations to be talking about this, to be dealing with this, to be trying to help this situation; but, unfortunately, this Human Rights Council, which was supposed to be that, is clearly not that.

Now, when this Human Rights Council was formed in 2006 to replace, as Mr. BERMAN pointed out, the discredited U.N. Commission on Human Rights, the then-U.N. General Assembly president, Jan Eliasson, said that the council would be ''principled, effective and fair.'' And during its establishment, the U.N. General Assembly went on to say that this council would be responsible for ''promoting universal respect for the protection of all human rights and fundamental freedoms for all, without distinction of any kind, and in a fair and equal manner.''

Mr. Speaker, I applaud those words. I applaud the basis upon which this council was established. But the facts show that in the year of its existence, it has not followed this directive. As was pointed out, the first three special sessions out of the first nine sessions they had condemned Israel for their possible human rights abuses in the occupied Palestinian territories and Lebanon. The fourth one was a noncondemnatory expression of concern regarding the situation in Darfur.

Now, what about Belarus? What about China? What about Cuba, North Korea, Zimbabwe, Uzbekistan, anywhere else in the world? They have not even had a session to discuss them, not to mention have a mild condemnation or a full condemnation, but multiple condemnations of Israel, and they have now placed Israel on the permanent schedule. Now, that is not a good thing. That means that every meeting they have, they will be discussing what human rights violations are in Israel. But as Mr. BERMAN pointed out, is Uzbekistan even on the calendar? No. Any of these other places even on the calendar? No.

Let's look at some of the members of the Human Rights Council now. Some of the members include Algeria, China, Cuba, Pakistan, Russia and Saudi Arabia. Now, I'm very disappointed that, as it has happened, a group that started out with such a noble cause and noble effort seems to have a complete lack of reasoned objectivity with their obvious inherent discrimination against Israel. And it appears they have become a refuge for human rights abusers to hang out and thereby avoid scrutiny or condemnation of their own actions.

Just this morning, the President was in New York speaking before the United Nations; and amongst the comments that he made was the following: ''Yet the American people are disappointed by the failures of the Human Rights Council. This body has been silent on repression by regimes from Havana to Caracas to Pyongyang and Tehran, while focusing its criticism successively on Israel. To be credible on human rights in the world, the United Nations must reform its own Human Rights Council.''

Mr. Speaker, that's what this bill hopes to begin the process of doing. This Human Rights Council is a sham. It is not accomplishing what it was set out to do, yet the objective for which it was put in place still exists, the need still exists. The United Nations needs a real Human Rights Council, not a cover for those who would abuse human rights.

Mr. SMITH of Washington. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank the gentleman for yielding to me, and I rise in strong support of this resolution.

Yesterday, I was in front of the United Nations in demonstration of protesting Iranian President Ahmadinejad's speaking to the United Nations.

I have always been a strong believer in the United Nations because I think that it is a good hope for world peace; but, frankly, I must say, the U.N. discredits itself, and it discredits itself once again by having this so-called Human Rights Council and the way it operates. And the U.N. really discredits itself by focusing so much hatred on one tiny little country, Israel. Whether it's in the General Assembly or the Security Council or the so-called Human Rights Council, Israel has become about 40 percent of the resolutions in the United Nations totally.

It's absolutely outrageous that you have countries like Algeria, Cuba, Saudi Arabia, Pakistan, China, even Egypt and Russia participating when Israel has such a better record of human rights than any of these countries.

The problem inherent with the United Nations, unfortunately, is you have dictatorships basically running the show. And we try to have a democratic institution, but it's inherently not, because it's dictatorships that are now a majority there.

It is outrageous, the Israel-bashing that goes on at the United Nations, and I am proud of this Congress for standing up and saying that enough is enough. People are dying in Darfur. We don't hear the Human Rights Council be so concerned about that as they are about bashing Israel.

So I strongly support this resolution. I think that the Congress does itself proud by bringing truth to the American people and to the world. And the Human Rights Council is no better than the organization that preceded it. We need to change it, otherwise the U.N. will continue to be discredited.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield back the balance of my time.

Mr. SMITH of Washington. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 557, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CAMPBELL of California. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1300

SUPPORTING THE GOALS AND IDEALS OF CAMPUS FIRE SAFETY MONTH

Mr. HOLT. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 95) expressing the sense of the House of Representatives supporting the goals and ideals of Campus Fire Safety Month, and for other purposes, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 95

Whereas in 2006, thirty-one states issued proclamations recognizing September as Campus Fire Safety Month;

Whereas since January 2000, at least 113 people, including students, parents, and children have died in student housing fires;

Whereas over three-fourths of these deaths have occurred in off-campus occupancies;

Whereas a majority of the students across the Nation live in off-campus occupancies;

Whereas a number of fatal fires have occurred in buildings where the fire safety systems have been compromised or disabled by the occupants;

Whereas it is recognized that automatic fire alarm systems provide the necessary early warning to occupants and the fire department of a fire so that appropriate action can be taken;

Whereas it is recognized that automatic fire sprinkler systems are a highly effective method of controlling or extinguishing a fire in its early stages, protecting the lives of the building's occupants;

Whereas many students are living in off-campus occupancies, Greek housing, and residence halls that are not adequately protected with automatic fire sprinkler systems and automatic fire alarm systems;

Whereas it is recognized that fire safety education is an effective method of reducing the occurrence of fires and reducing the resulting loss of life and property damage;

Whereas students are not routinely receiving effective fire safety education throughout their entire college career;

Whereas it is vital to educate the future generation of our Nation about the importance of fire safety behavior so that these behaviors can help to ensure their safety during their college years and beyond; and

Whereas by developing a generation of fire-safe adults, future loss of life from fires can be significantly reduced: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Campus Fire Safety Month;

(2) encourages administrators and municipalities across the country to provide educational programs to all students during September and throughout the school year; and

(3) encourages administrators and municipalities to evaluate the level of fire safety being provided in both on- and off-campus student housing and take the necessary steps to ensure fire-safe living environments through fire safety education, installation of fire suppression and detection systems and the development and enforcement of applicable codes relating to fire safety.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. HOLT) and the gentleman from Minnesota (Mr. KLINE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. HOLT. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H. Res. 95 into the RECORD.

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

There was no objection.

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

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

Mr. HOLT. Mr. Speaker, I rise today to express support for the goals and ideals of Campus Fire Safety Month, introduced by the representative from Ohio, Mrs. STEPHANIE TUBBS JONES. Campus fire safety is an important issue for students all over the country. Since January of 2000, at least 113 young people have died in student housing fires. These unfortunate deaths may have been prevented by better education of fire safety measures and implementation of effective prevention systems.

In my own State of New Jersey, early on January 19, 2000, a fire killed three students and injured 58 others at Seton Hall University. Over 75 percent of these fatalities around the country have occurred in off-campus housing. It should be a priority to make sure that all students are aware of fire safety information, especially those students who do not live in on-campus housing. Fire safety training should be a continuing process so that our Nation's young people practice fire safety throughout their lives.

As we send our Nation's students off to campuses this month to further their education, it is essential that they are in safe environments. Simple steps such as testing smoke detectors and having a working and accessible fire extinguisher can help keep our students safe. By recognizing September as Campus Fire Safety Month, this resolution will help bring awareness to such simple and critical measures to protect students from fire hazards.

Mr. Speaker, the knowledge and skills learned through fire safety training are invaluable for everyone. I would like to encourage administrators and municipalities across the country to provide educational programs to all students during September and throughout the school year.

Mr. Speaker, I urge my colleagues to pass this resolution.

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

Mr. KLINE of Minnesota. Mr. Speaker, I rise today in support of H. Res. 95, a measure to support the goals and ideals of Campus Fire Safety Month. We passed a similar resolution last Congress promoting the establishment of September as Campus Fire Safety Month. Since that time, 31 States have issued proclamations recognizing September as Campus Fire Safety Month.

Our Nation's college students should be able to live on campus with the confidence that they will be safe in their dorms, apartments or other housing. This measure will take a key step toward ensuring greater awareness of campus fire prevention and safety. I

thank my colleagues, Representatives TUBBS JONES and WHITFIELD, for taking the lead on this important topic.

There are numerous examples nationwide that demonstrate a renewed commitment to campus fire safety. In my home State of Minnesota, the University of Minnesota system equips dorms with smoke detectors and is working now to ensure that residence halls and individual dormitory rooms have sprinkler systems. They use flame-resistant mattresses and other materials to provide students with the safest furniture available. In another example, New York State Office of Fire Prevention and Control trains college officials and distributes materials that can be used in training college students on campus fire safety. These are just two examples of the good work being done at the State level to increase awareness of fire safety on college campuses.

The legislation before us today is sure to raise awareness even further. This is not the first time that campus safety has been discussed in the House. In the 109th Congress, we passed the College Access and Opportunity Act which endorsed an effort to ask colleges and universities to report annually on fire safety efforts. The report would include information such as a list of all student housing facilities and whether or not each is equipped with a sprinkler system or other fire safety system, statistics on occurrences of fires and false alarms, information on various fire safety rules and regulations, and information about training provided to students, faculty and staff. Moreover, the measure asks schools to keep a publicly available log of all on-campus fires and false alarms.

Mr. Speaker, I urge my colleagues to join me in supporting this resolution today.

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

Mr. HOLT. I appreciate the remarks of the gentleman from Minnesota. May I ask if he has any further speakers?

Mr. KLINE of Minnesota. I have no further speakers. I yield back the balance of my time.

Mr. HOLT. Mr. Speaker, as the gentleman from Minnesota has said, we are safer, students in dormitories and off-campus housing are safer than they were 6, 8 years ago. We have learned things to do. In this case, we know what to do. The education should be carried forward. Designation of this awareness month will help in that educational effort.

Mr. Speaker, I urge my colleagues to support enthusiastically this measure.

Mrs. JONES of Ohio. Mr. Speaker I rise today in support of H. Res. 95, a bipartisan resolution that I, along with Mr. WHITFIELD, introduced to establish September as Campus Fire Safety Month.

This legislation encourages administrators and municipalities across the country to provide educational programs to all students during September and throughout the school year on fire safety.

Additionally, the resolution calls for evaluation of the level of fire safety being provided in both on- and off-campus student housing and taking the necessary steps to ensure fire-safe living environments through fire safety education, installation of fire suppression and detection systems and the development and enforcement of applicable codes relating to fire safety.

In June, the Senate adopted a similar resolution, sponsored by Senator JOE BIDEN, that also encourages campus fire safety across the Nation.

Nationwide, 113 people have been killed in student housing since January 2000, as identified by the Center for Campus Fire Safety, a nonprofit organization that compiles information on campus-related fires. Almost 80 percent of the fire fatalities have occurred in off-campus occupancies such as rented houses and apartments. Common factors in a number of these fires include: lack of automatic sprinklers, disabled smoke alarms, careless disposal of smoking materials, and alcohol consumption. According to the center, April and May, followed by August and September, are the two most dangerous periods of time for student housing fire fatalities. So far 31 States have issued proclamations declaring September as Campus Fire Safety Month. Historically, September is one of the most fatal months for campus fires, but for the first time since 2000 there were no fatalities last September.

H. Res. 95 is supported by the Center for Campus Fire Safety, National Electrical Manufacturers Association, Congressional Fire Services Institute, National Fire Protection Association, International Association of Fire Chiefs, International Association of Fire Fighters, National Fire Sprinkler Association, International Code Council, Society of Fire Protection Engineers, International Association of Fire Marshals.

For the past few Congresses I have introduced H.R. 642, known as the College Fire and Prevention Act. This legislation would establish a demonstration incentive program within the Department of Education to promote installation of fire sprinkler systems, or other fire suppression or prevention technologies, in qualified student housing or dormitories, and for other purposes. The Congressional Fire Services Institute, the National Fire Sprinkler Association and the American Fire Sprinkler Association have endorsed this fire prevention legislation.

Fire safety and prevention is an issue that needs to be addressed across this country. Over these few years we have seen many tragedies involving fire at colleges, places of business, entertainment venues and places of residence. We must begin to put in place suppression measures against fires and increase support and resources for our fire fighters to ensure that no more lives are lost to fires that could have been prevented. I am pleased to say that this institution adopted this resolution in the 109th Congress and will do so again today. It is encouraging that we remain committed to bringing awareness to this issue in order to prevent more needless deaths of our students.

I encourage my colleagues to pass this legislation so that we can increase awareness about this problem that affects us all.

Mr. HOLT. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. HOLT) that the House suspend the rules and agree to the resolution, H. Res. 95, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. HOLT. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RELIGIOUS TOLERANCE IN NATIONAL HIGH SCHOOL MOCK TRIAL CHAMPIONSHIP

Mr. HOLT. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 25) calling on the Board of Directors of the National High School Mock Trial Championship to accommodate students of all religious faiths.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 25

Whereas religious intolerance and discrimination continue to be the root causes of many of the conflicts around the world;

Whereas the United States of America was founded by those seeking to practice their religion freely, and the American justice system, including all legal professionals involved, should be working to uphold this principle;

Whereas the First Amendment to the Constitution states that ''Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof; or abridging the freedom of speech, or of the press, or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances'';

Whereas section 1 of the Fourteenth Amendment to the Constitution states, ''All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.'';

Whereas the National High School Mock Trial Championship has been, until this date, a prestigious event that requires a tremendous amount of preparation, skill, and dedication on behalf of those students who are competing, and is looked upon with distinction by institutions of higher learning;

Whereas the National High School Mock Trial Championship is a program based on constitutional law;

Whereas the sponsor of the 2005 competition stated that, ''The National High School Mock Trial Championship is a participatory program that engages students, legal professionals and the educational community to advance the understanding of the American justice system and the important role of lawyers. A well-educated public translates into a more engaged citizenry that is better equipped and more interested in fulfilling their civic responsibilities'';

Whereas the National High School Mock Trial Championship espouses the goals of heightening ''appreciation of the principle of equal justice for all'' and promoting the ''exchange of ideas among students from throughout the United States'';

Whereas the usual National High School Mock Trial Championship schedule consists of two rounds on Friday and two rounds on Saturday, followed by a Championship round on Saturday;

Whereas the Torah Academy of Bergen County of Teaneck, New Jersey, won the 2005 New Jersey State Bar Foundation High School tournament, and was eligible to compete in the National High School Mock Trial Championship;

Whereas the members of the mock trial team from Torah Academy observe the Sabbath, in accordance with their practice of Orthodox Judaism, and would not have been able to participate in any National High School Mock Trial Championship competitions from sundown on Friday through sundown on Saturday without certain accommodations;

Whereas satisfactory accommodations were made to allow Torah Academy of Teaneck, New Jersey, to compete during the last National High School Mock Trial Championship held in Charlotte, North Carolina, from May 5–7, 2005, without violating the religious practices of the students;

Whereas a review of the post-host report compiled after the 2005 Championship showed a majority of the comments supported the accommodations made for the Torah Academy students and the benefit of competing with the Torah Academy students;

Whereas one respondent replied, ''the compromise demonstrated fairness, tolerance and problem-solving, all values that I try to encourage in my students'';

Whereas the Board of Directors of the National High School Mock Trial Championship voted on October 15, 2005, to refuse any future accommodations for students who observe Sabbath on Friday and/or Saturday;

Whereas students who have otherwise met all of the criteria to participate in the qualifying competitions leading to the National High School Mock Trial Championship should be able to compete regardless of their religious affiliation;

Whereas the Board of Trustees of the New Jersey State Bar Foundation unanimously voted at its October 27, 2005, meeting that New Jersey will not compete in the National High School Mock Trial Championship unless the National Board establishes a policy permitting accommodation for religious observance;

Whereas on January 6, 2006, the North Carolina Academy of Trial Lawyers also officially withdrew from participating in the National High School Mock Trial Championship because the National Board would not make changes to the competition's schedule to accommodate students with religious restrictions;

Whereas the decision of the Board of Directors of the National High School Mock Trial Championship to refuse any future accommodations for students who observe their Sabbath on Friday and/or Saturday adversely and wrongly impacts observant Jewish, Muslim, and Seventh-Day Adventist students;

Whereas the decision made by the Board of Directors of the National High School Mock Trial Championship is inconsistent with the spirit of freedom of religion or equal protection; and

Whereas all students should be allowed to both compete fully in the National High School Mock Trial Championship and uphold the practice of their religion: Now, therefore, be it

Resolved, That the House of Representatives—

(1) calls on the Board of Directors of the National High School Mock Trial Championship to accommodate the religious beliefs of students participating in the competition; and

(2) urges the Board of Directors of the National High School Mock Trial Championship to restructure the rules of the competition to allow qualifying students of all faiths to compete fully in this national championship without betraying their religious beliefs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. HOLT) and the gentleman from Minnesota (Mr. KLINE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. HOLT. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H. Res. 25 into the RECORD.

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

There was no objection.

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

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

Mr. HOLT. Mr. Speaker, I rise in support of H. Res. 25, a resolution that calls on the National High School Mock Trial Championship board of directors to make provisions in the championship schedule to accommodate the religious faiths of all potential students and participants. This legislation was introduced by Mr. ROTHMAN, my colleague from New Jersey, who has worked diligently on this issue to see that fairness and tolerance prevails.

The National High School Mock Trial Championship is a competition between winning high schools on a national level designed to showcase bright and talented high school students. The event requires intense preparation, skill and dedication for those who reach the high level of competition. The current championship takes place on weekends. There are two rounds on Friday, two rounds on Saturday, and a championship round that occurs later on Saturday.

In 2005, just a couple of years ago, this schedule caused an imposition to a team in that competition. The Torah Academy of Teaneck, New Jersey was scheduled to participate after winning the 2005 New Jersey State Bar Foundation high school tournament. Now, this school, without proper accommodation, would not have been able to compete because of their orthodox religious practice to observe the Sabbath from sundown on Friday until sundown on Saturday. In that instance, the board of the competition made a proper accommodation for the students' religious faiths. The team was able to compete in May of that year. Those who took part in that competition recognized that the adjustment made by the board showed fairness and tolerance, and it was a good way to approach a problem. All participating applauded the board for doing so. However, the board later voted to refuse any future accommodations for students who observe the Sabbath on Friday or Saturday. The vote carried and signified a rejection of participation for all future participants with religious prohibitions, religious practices that may require accommodation.

Well, a number of legal organizations then withdrew their participation and support for the National High School Mock Trial Championship pointing to this act of the board of directors that quite clearly undermines free religious spirit, the kind of spirit on which this country was based. It is not without irony that this was applied in a competition that is intended for legal and constitutional education.

The resolution before us today from Mr. ROTHMAN and cosponsored by a number of us calls on the mock trial championship to recognize the diverse religious views and practices in this country and to restore its rules in order to accommodate excellent students of all faiths. I commend Mr. ROTHMAN for pursuing this. We hope that this can be resolved in a way that is most inclusive and in the spirit, the constitutional spirit, of equality of religious practice in this country.

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

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 25. I thank my colleague for his opening remarks. This resolution calls on the board of directors of the National High School Mock Trial Championship to accommodate students of all religious faiths. Among our most basic human rights, the right to follow one's conscience in matters of religion and belief, is undoubtedly one of the most cherished, so much so that people have been willing to endure the severest trials and even to lay down their lives rather than surrender this fundamental right.

Throughout history, men and women of religion have fought for the natural right of all individuals to practice their own faith and beliefs free from harassment, suppression and persecution. One can also point to many shining examples of established religions tolerating each other's beliefs and practices. The National High School Mock Trial Championship, which is based on constitutional law, is a prestigious event that requires a tremendous amount of preparation, skill and dedication on behalf of those students who are competing. The competition espouses the goals of heightening ''appreciation of the principle of equal justice for all'' and promoting the ''exchange of ideas among students from throughout the United States.''

This participatory program engages students, legal professionals and the

educational community to advance the understanding of the American justice system and the important role of lawyers. I have to admit sometimes that I have a prejudice against some of my lawyer friends. Nevertheless, they are clearly an integral part of our system of the rule of law and justice for all.

On October 15, 2005, the board of directors of the National High School Mock Trial Championship voted to refuse any future accommodations for students who observe the Sabbath on Friday and/or Saturday. This decision of the board of directors to refuse any future accommodations adversely and wrongly impacts observant Jewish, Muslim and Seventh Day Adventist students and is inconsistent with the spirit of freedom of religion and equal protection guaranteed by our Constitution.

□ 1315

During the 2005 championships, satisfactory accommodations were made to allow Torah Academy of Teaneck, New Jersey, to compete at the National High School Mock Trial Championship held in Charlotte, North Carolina. A review of the post-host report compiled afterward showed a majority of the comments supported the accommodations made for the Torah Academy students and the benefit of competing with the Torah Academy students.

I think that is an important point in this debate. All the other participants, even recognizing the challenge from a significant competitor, thought this was the right thing to do. One respondent replied, ''The compromise demonstrated fairness, tolerance and problem-solving, all values that I try to encourage in my students.''

The simple fact is that all students should be allowed to both compete fully in the National High School Mock Trial Championship and uphold the practice of their religion. We stand here today calling the National Board of Directors to accommodate the religious beliefs of students participating in the competition and urge the Board of Directors of the National High School Mock Trial Championship to restructure the rules of the competition to allow qualifying students of all faiths to compete fully in this national championship without betraying their religious beliefs.

I thank my colleague, Mr. ROTHMAN, for bringing this matter to the floor today, and I ask my colleagues to support this resolution.

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

Mr. HOLT. Mr. Speaker, I yield such time as he may consume to my distinguished colleague, the gentleman from New Jersey (Mr. ROTHMAN), the author of this resolution.

Mr. ROTHMAN. Mr. Speaker, first let me thank my distinguished friend and colleague, Mr. HOLT from New Jersey, for his leadership on this issue and his support from the very beginning. It was critical. I am most grateful, as are all the students who will now be able to participate.

I also would like to thank my friend and colleague from Minnesota (Mr. KLINE) for his kind remarks and his support of this resolution, which will bring fairness and restore a sense of equal justice under the law to a program we are hopeful has the potential to provide valuable lessons to all our students.

Mr. Speaker, in 2005 there was a National High School Mock Trial Championship competition all over America, just like there has been for many years. There were literally hundreds of schools in New Jersey, as there are hundreds of schools in other States, participating in this competition, and, by the way, hundreds of schools, public schools, private schools.

That year, in 2005, the Torah Academy, an Orthodox Yeshiva located in Teaneck, New Jersey, won the New Jersey State championship. And they won the right to represent our beloved Garden State in the National High School Mock Trial Championship.

How awful it was for them to learn that if they had proceeded in the competition to the semifinals and finals, they wouldn't be able to participate because the semifinals and finals had been scheduled on a Saturday, on their Sabbath.

When we went to the National High School Mock Trial Championship, they were at first very reluctant to accommodate these students, although every conceivable reason that they might have, they had to get more buses, move people from one place to another, would have been accommodated and provided for them. In the end, they did the right thing, and they allowed these students to participate. All they did was move the championships then to Sunday instead of Saturday, without objection from anyone.

As my colleague from Minnesota has said, the results of the inclusion of these students not only demonstrated fairness, tolerance and problem-solving, but was a demonstration to all those involved, particularly the young people, that accommodations for religious practice, when reasonable, should be put into place.

But the decision of the board of this National High School Mock Trial Championship to never again permit such an accommodation, whether it be an Orthodox Jewish school or a Muslim school or a Seventh Day Adventist school, was wrong, and we couldn't talk them out of it. The question was how to impress upon them that this was un-American and that the Congress of the United States wouldn't stand for it. That is why we drafted this resolution.

Remember, these are students who played by the rules, were eligible to participate, competed, and won in their State championships, all according to the rules. The organization in fact demonstrated that they could accommodate these students without any problems whatsoever, and, in fact, with a very positive result.

That is why I urge all the Members of the House to join me and my distinguished colleagues in supporting House Resolution 25, to express our body's strong disapproval of the decision made by the board of the National Mock Trial Championship not to make any attempt in the future to accommodate students of all faiths in future events.

You know, the most important purpose of this mock trial championship was to teach about the rule of law; and part of our rule of law here in America is equal justice under the law, no matter where you come from, what your religion is, as well as equal access to the law. As we pride ourselves on these values, it is important for the United States House of Representatives to pass this resolution to convey in the strongest terms its hope that the National High School Mock Trial Championship Board will revisit its decision to deny accommodations for students who observe the Sabbath on Friday and Saturday, and instead schedule future competitions in such a way that enable all eligible students to participate, regardless of their religion.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

I was sitting here listening to my distinguished colleagues speak and looking at my own notes, and, again, I just find it incredible that you have this wonderful competition which espouses the goals of heightening the appreciation of the principle of equal justice for all stated, a stated goal, and yet it couldn't make accommodation to respect the religious beliefs and practices of the competitors.

Again, I urge all my colleagues to join in support of this resolution.

Mr. Speaker, I have no further speakers, and I yield balance the balance of my time.

Mr. HOLT. Mr. Speaker, I yield an additional 1 minute to the gentleman from New Jersey (Mr. ROTHMAN).

Mr. ROTHMAN. Mr. Speaker, I did want to point out that good people have not stood silently during all of this. Both the New Jersey State Bar Association and the North Carolina Academy of Trial Lawyers have withdrawn from the National High School Mock Trial Championships and have established their own mock trial competition, which ensures that all students, regardless of affiliation, religious affiliation, can participate in every aspect of the annual contest.

I commend these organizations. That may be the direction to go, to ask people of all good will to remove themselves from the National High School Mock Trial Championships if they will not accommodate students of all religions who are otherwise eligible to participate. I hope it doesn't come to that, but so far the board of the National High School Mock Trial Championship has not been willing to accommodate all these students.

Mr. HOLT. Mr. Speaker, I wish this resolution were not necessary, but maybe we should welcome this and embrace it as a teachable moment, not only to understand the religious tenets, practices, and traditions of various people in this country, but also to understand what it means to say we are a Nation dedicated to the proposition that all are equal.

No one said that the freedoms we cherish need be convenient. They do require from each of us, from time to time, accommodation, even inconvenience. This is a teachable moment, an important lesson in tolerance, equality and, yes, accommodation.

I thank the gentleman from New Jersey (Mr. ROTHMAN) for bringing this forward, and I urge my colleagues to support this.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. HOLT) that the House suspend the rules and agree to the resolution, H. Res. 25.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

STUDENT FINANCIAL ASSISTANCE DURING A WAR OR OTHER MILITARY OPERATION

Mr. SESTAK. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3625) to make permanent the waiver authority of the Secretary of Education with respect to student financial assistance during a war or other military operation or national emergency.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3625

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SENSE OF CONGRESS.

It is the sense of Congress that—

(1) the Higher Education Relief Opportunities for Students Act of 2003 addresses the unique situations that active duty military personnel and other affected individuals may face in connection with their enrollment in postsecondary institutions and their Federal student loans; and

(2) the provisions authorized by such Act should be made permanent, thereby allowing the Secretary of Education to continue providing assistance to active duty service members and other affected individuals and their families.

SEC. 2. PERMANENT EXTENSION OF WAIVER AUTHORITY.

The Higher Education Relief Opportunities for Students Act of 2003 (Public Law 108–76; 20 U.S.C. 1070, note) is amended by striking section 6.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. SESTAK) and the gentleman from Minnesota (Mr. KLINE) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. SESTAK. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H.R. 3625 into the RECORD.

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

There was no objection.

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

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

Mr. SESTAK. Mr. Speaker, I rise today in support of H.R. 3625, an act to permanently extend waiver authority to the Secretary of Education with respect to enrollment in post-secondary institutions and student financial assistance during a period of combat or national emergency.

This legislation recognizes the unique and unexpected situations that military personnel face when called to active duty to serve our country, as well as situations that many face in times of a national emergency, even here at home.

The intent of this legislation is simple: to provide the Secretary of Education with the permanent authority to ensure that active duty military personnel are not financially harmed by the service that they perform.

The Secretary is thereby granted the authority to take necessary actions which include, first, protecting borrowers from further financial difficulty when they are called to serve. This will ensure that when a student withdraws from college because of his or her status as an individual called up for service, Guard, Reserve or active, or, if they are affected by a disaster, that the requirement that grant overpayments be repaid would be waived, and collection activities on a defaulted education loan may be halted for the time period during which a borrower is serving.

Second, minimizing administrative requirements without impacting the integrity of the Federal Student Aid program. So, for instance, certain requests that previously required written documentation may now be made orally by an affected individual or member of the borrower's family when that member may actually be, while applying for school, actually in conflict overseas.

Third, adjusting the calculation used to determine students' eligibility for aid for those whose financial circumstances change because the student or his or her parents are called to serve, such as when a parent was about to give a large contribution to the son's education, is suddenly called up in the National Guard, and is unable to make that commitment.

This bill, therefore, encourages financial aid administrators to choose to use professional judgment as the proper method of determining financial need that is most beneficial to an affected individual and to his or her family; for instance, taking into account the most favorable tax period for the student's or the parents' recording period in order to be assessed on that year's tax recording period, a grant or aid.

Mr. Speaker, I thank my colleague Mr. KLINE for his leadership on this legislation in past Congresses and for the flexibility that our men and women in the service have received because of you. These provisions have been critical to our men and women serving in Iraq, Afghanistan and elsewhere. In addition, these provisions will provide critical relief to those who answer the call to serve in the future, including responding to national emergencies and natural disasters.

I am also pleased with the additional relief provided to men and women in uniform in the College Cost Reduction and Access Act, which is currently waiting for the President's signature. That piece of legislation included necessary provisions that recognize military service by allowing those called to service to serve on active duty, including National Guard and Reservists, to defer payments on their student loans not only while serving but for a period of time after leaving active duty.

Because of unforeseen national emergencies, such as Hurricane Katrina, as well as our continued military engagement overseas, it is important that we pass the legislation before us and allow the Secretary of Education to continue providing this needed relief. Without prompt passage of H.R. 3625, the Secretary's authority to provide this flexibility will expire at the end of this week. It is critical not only for those currently receiving relief from unnecessary financial burden while sacrificing for our country, but also for those who will serve our country in the future, that these provisions be made permanent.

I urge my colleagues to pass the resolution.

□ 1330

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

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of permanently extending the Higher Education Relief Opportunities for Students Act of 2003, or HEROES. This extension will ensure that all of our men and women serving in the military will always receive the flexibility they need in dealing with their student loans and post-secondary education commitments.

Mr. Speaker, I have championed this act since coming to Congress, and support for this legislation has always transcended party lines. I appreciate that Members on both sides of the aisle have joined together once again this year. I would like to thank senior Republican Member MCKEON and Chairmen MILLER and HINOJOSA for their continued support for higher education and this legislation. And I extend my

personal thanks to the gentleman from Pennsylvania (Mr. SESTAK) with his many years of distinguished naval service for joining me in this effort to protect the higher education interest of members of the Armed Forces.

The HEROES Act will ensure support for military personnel by continuing to allow the U.S. Secretary of Education to provide the appropriate assistance and flexibility to men and women in uniform as they transfer in and out of post-secondary education during time of war. I must say, this has worked very well and successfully, giving the Secretary the flexibility, but we in Congress need to provide that flexibility.

Throughout our involvement in this war on terrorism, many thousands of men and women who serve our Nation in the Reserves or National Guard have been called to active duty. Many of these men and women are also college and university students who are called away from their families, class work and studies to defend the Nation. Unfortunately, due to a number of restrictions in the Higher Education Act, these individuals are at risk of losing financial assistance and educational credit as a result of their service. Such a scenario is clearly not acceptable.

The HEROES Act provides assurance to our men and women in uniform that they will not face education-related financial or administrative difficulties while they defend our Nation.

This bill is specific in its intent to insure that, as a result of a war or military contingency operation or national emergency, our men and women in uniform are protected. By granting flexibility to the Secretary of Education, the HEROES Act will protect recipients of student financial assistance from further financial difficulty generated when they are called to serve, minimize administrative requirements without affecting the integrity of the programs, adjust the calculation used to determine financial need to accurately reflect the financial condition of the individual and his or her family, and provide the Secretary with the authority to address issues not yet foreseen.

I think all of us recognize the absurdity of a young man or woman being deployed to a foreign shore, Iraq, Afghanistan, the Horn of Africa, while they are a student and getting in financial difficulties because of that service.

I am pleased to offer this legislation which provides a permanent extension of the HEROES Act. By permanently extending this act, we not only send a strong message of support to our troops, but we also provide them with the peace of mind that this program will continue throughout the duration of their current or any subsequent deployment.

The legislation before us today is an indication of Congress's commitment to our military, our students, our families and our schools. I urge my colleagues to stand in strong support of the HEROES Act and join me in voting ''yes'' on H.R. 3625.

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

Mr. SESTAK. Mr. Speaker, I reserve the balance of my time.

Mr. KLINE of Minnesota. Mr. Speaker, I am very pleased to yield such time as he may consume to the ranking Republican member on the House Education and Labor Committee, the gentleman from California (Mr. MCKEON).

Mr. MCKEON. Mr. Speaker, I thank the gentleman for yielding me this time, and I rise in strong support of this bill to support our brave student soldiers.

The men and women of the Armed Forces give selflessly to defend our freedom overseas and respond to emergencies here at home. Some of them are also students pursuing the dream of a college education, just like millions of other Americans. These military personnel volunteer to put their educational pursuits on hold so they can serve the Nation. We owe them a debt of gratitude, and the least we can do is make their transition to and from education as seamless as possible.

I would like to recognize the gentleman from Minnesota (Mr. KLINE) for his long-standing commitment to the legislation before us. He had an outstanding career with the U.S. Marine Corps before coming to Congress, and I want to thank him also for his service there. He has championed passage of this bill on a temporary basis since 2003, and he is here today supporting a permanent extension of this measure to ensure members of the military will always be afforded the flexibility and support they need.

This bill has always received support from our friends on the other side of the aisle, and I am pleased to have key members of the Education and Labor Committee joining us in introducing legislation to extend the flexibility and waiver authority in this bill. I want to thank Chairmen MILLER and HINOJOSA, along with Mr. SESTAK, who also had a very distinguished career in the Navy, and it is good to see Navy and Marines still working together, for introducing legislation that as we propose makes this legislation permanent.

The men and women of our Armed Forces have made considerable sacrifices for our Nation, and for that we are grateful. As members of the Education Committee, we also recognize the importance of a higher education system that is accessible. What this bill does is allow the Secretary of Education to accommodate the unique needs of our student soldiers so that higher education remains flexible and accessible while they serve our country.

Once again, I would like to thank Representative KLINE for his leadership and recognize our friends on the other side of the aisle for their continued support of this legislation. I strongly support the permanent extension of the HEROES Act to support the many heroes protecting our freedom, and I urge my colleagues to join me in voting ''yes.''

Mr. SESTAK. Mr. Speaker, I reserve the balance of my time.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

I thank my friend and colleague, the gentleman from Pennsylvania (Mr. SESTAK), for stepping into the breach here and providing the leadership he has provided on this important legislation, and urge all of my colleagues to get behind this legislation and let's vote ''yes'' and permanently extend this flexibility.

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

Mr. SESTAK. Mr. Speaker, I yield myself the balance of my time.

As the gentleman from California (Mr. MCKEON) has said, I am privileged to stand up here as a former Navy officer with someone who has served so well in the U.S. Marine Corps. Someone has said that the Navy without the Marine Corps is like a coat without buttons. So it is a great bipartisan effort here on what I think is an instrumental bill.

As Mr. KLINE knows, and why he has worked on this so assiduously over the years, when you lead men and women in combat, what you most want them to have is their head in the game. You don't want them looking back at some problems at home, at debt at home that is hurting their families, nor do you want them looking ahead into some type of future that they want to have. Their safety and the safety of their brethren, the men and women standing on either side of them, depends upon them having their head in the game. That is why this bill is so very important.

It is extremely important now in Iraq and Afghanistan. I compare the men and women out there and having their head in the game compared to those great patriots of the world's greatest generation, World War II. Back in World War II, the average soldier was in combat 182 days. There were horrific battles from Guadalcanal to Iwo Jima to the Battle of the Bulge, but there was dwell time in between those great battles. Our soldiers, our marines over there in Iraq and Afghanistan go outside the wire every day for 15 months. There is unremitting strain upon them. In order to have a measure of relieving that, I am proud to stand beside you, sir, on this bill.

I urge my colleagues to do what is important, recognize the bipartisan approach of this and recognize that this is the way to take care of our troops.

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

The SPEAKER pro tempore (Mr. BLUMENAUER). The question is on the motion offered by the gentleman from Pennsylvania (Mr. SESTAK) that the House suspend the rules and pass the bill, H.R. 3625.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH

Mrs. MCCARTHY of New York. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 590) supporting the goals and ideals of National Domestic Violence Awareness Month and expressing the sense of the House of Representatives that Congress should raise awareness of domestic violence in the United States and its devastating effects on families and communities, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 590

Whereas one in four women will experience domestic violence sometime in her life;

Whereas domestic violence affects men, women, and children of all ages, racial, ethnic, economic, and religious backgrounds;

Whereas women ages 16 to 24 experience the highest rates, per capita, of intimate partner violence;

Whereas 13 percent of teenage girls who have been in a relationship report being hit or hurt by their partners and one in four teenage girls has been in a relationship in which she was pressured into performing sexual acts by her partner;

Whereas there is a need for middle schools, secondary schools, and post-secondary schools to educate students about the issues of domestic violence, sexual assault, dating violence, and stalking;

Whereas the annual cost of lost productivity due to domestic violence is estimated as $727,800,000 with over $7,900,000 paid workdays lost per year;

Whereas homicides were the second leading cause of death on the job for women, with 15 percent of the 119 workplace homicides of women in 2003 attributed to a current or former husband or boyfriend;

Whereas landlords frequently deny housing to victims of domestic violence who have protection orders or evict victims of domestic violence for seeking help, such as by calling 911, after a domestic violence incident or who have other indications that they are domestic violence victims;

Whereas 92 percent of homeless women experience severe physical or sexual abuse at some point in their lifetimes;

Whereas Americans suffer 2,200,000 medically treated injuries due to interpersonal violence annually, at a cost of $37,000,000,000 ($33,000,000,000 in productivity losses, $4,000,000,000 in medical treatment);

Whereas people aged 15 to 44 years comprise 44 percent of the population, but account for nearly 75 percent of injuries and 83 percent of costs due to interpersonal violence;

Whereas 40 to 60 percent of men who abuse women also abuse children;

Whereas male children exposed to domestic violence are twice as likely to abuse their own partners;

Whereas children exposed to domestic violence are more likely to attempt suicide, abuse drugs and alcohol, run away from home, and engage in teenage prostitution;

Whereas adolescent girls who reported dating violence were 60 percent more likely to report one or more suicide attempts in the past year;

Whereas 13.7 percent of the victims of murder-suicide cases were the children of the perpetrator and 74.6 percent were female while 91.9 percent of the perpetrators were male; in 30 percent of those cases the male perpetrator also committed suicide;

Whereas a 2001 study by the Centers for Disease Control and Prevention (CDC) on homicide among intimate partners found that female intimate partners are more likely to be murdered with a firearm than all other means combined;

Whereas according to one study, during court ordered visitation, five percent of abusive fathers threaten to kill their spouses, 34 percent of abusive fathers threaten to kidnap their children, and 25 percent of abusive fathers threaten to physically hurt their children;

Whereas homicide is the third leading cause of death for Native American women and 75 percent of Native American women who are killed are killed by a family member or an acquaintance;

Whereas 88 percent of men think that our society should do more to respect women and girls;

Whereas men say that the entertainment industry, government leaders and elected officials, the sports industry, schools, colleges and universities, the news media and employers should be doing more to prevent intimate partner violence;

Whereas there is a need to increase funding for programs carried out under the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005), Public Law 109–162, aimed at intervening and preventing domestic violence in the United States; and

Whereas individuals and organizations that are dedicated to preventing and ending domestic violence should be recognized: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of National Domestic Violence Awareness Month; and

(2) expresses the sense of the House of Representatives that Congress should continue to raise awareness of domestic violence in the United States and its devastating effects on families and communities.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New York (Mrs. MCCARTHY) and the gentleman from Minnesota (Mr. KLINE) each will control 20 minutes.

The Chair recognizes the gentlewoman from New York.

GENERAL LEAVE

Mrs. MCCARTHY of New York. Mr. Speaker, I request 5 legislative days during which Members may insert material relevant to H. Res. 590 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Mrs. MCCARTHY of New York. Mr. Speaker, I yield myself such time as I may consume.

(Mrs. MCCARTHY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MCCARTHY of New York. Mr. Speaker, today I want to call attention to the fact that October is Domestic Violence Awareness Month, as first declared by Congress in 1998, and I also would like to thank the gentleman from Texas (Mr. POE) for bringing this forward through the Education Committee.

Throughout October, thousands of groups hold events to bring awareness to the violence that affects millions of men, women and children in our country every single year. The positive effect of this advocacy has increased community awareness about domestic violence.

Increased knowledge about domestic violence and the services available helps victims seek help, holds abusers accountable, and helps children live in homes where violence is not condoned. In addition to recognizing October as Domestic Violence Awareness Month, our Congress has recognized that domestic violence is a serious crime by passing laws such as the Family Violence Prevention and Services Act, the Victims of Crime Act and the Violence Against Women Act.

Preventing domestic violence is critical in addressing and breaking the cycle of violence. And it is a cycle. Whether the violence is found in a dating situation or in married life, the strongest risk factor of violent behavior continuing from one generation to the next is if children are witnessing this violence. Evidence shows that children who witness domestic violence at home are more likely to engage in violent behavior, do poorly in school, use drugs and alcohol, and at an early age engage in risky sexual behavior and develop mental illness issues.

Domestic violence adversely affects the workplace by negatively impacting the victim's health and safety, decreasing employee productivity, and increasing health care costs.

A Bureau of Labor Statistics national survey found that 21 percent of full-time employed adults were the victims of domestic violence.

Congress must continue to lead in making our Nation aware of domestic violence and its impact on our society. We must assist the men, women and children affected by domestic violence while prosecuting this as a crime.

In my district in Nassau County, there were over 5,000 domestic violence hotline calls last year, and 2,700 domestic violence victims received services other than hotline calls. They received counseling, legal and residential and nonresidential services. But, unfortunately, we did not reach all of them. There is still much work to be done.

During October, the Nassau County Coalition Against Domestic Violence will do its part in reaching the community through trainings with the police department, medical staff, students in social work programs, and public safety announcements.

Mr. Speaker, clearly we need to work with the men and women of this Nation to educate them on what domestic violence is, the impact upon society and how to stop it in each community. It affects our children and it affects our community. It affects all of us.

I hope that my colleagues will support this resolution and the work being done in their communities and across the Nation to raise awareness of and break the cycle of domestic violence.

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

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 590, supporting the goals and ideals of National Domestic Violence Awareness Month and expressing the sense of the House of Representatives that Congress should raise awareness of domestic violence in the United States and its devastating effects on families and communities.

October is National Domestic Violence Awareness Month and is recognized as such in communities across the country. This designation helps to focus public attention on this widespread and devastating crime.

The problem of domestic violence is centuries old, and our attention to the matter has grown, but we need to do more to raise awareness of this problem.

□ 1345

One in every four women will experience domestic violence in her lifetime. Boys who witness domestic violence are twice as likely to abuse their partners and children when they become adults. The cost of intimate partner violence exceeds $5.8 billion each year. As evidenced by these staggering statistics, domestic violence has far-reaching effects on society.

Domestic violence is the willful intimidation, assault, battery, sexual assault and/or other abusive behavior perpetrated by an intimate partner against another. It is an epidemic that affects men, women and children in every community regardless of age, economic status, religion, nationality, educational background, or gender.

When we think of domestic violence, we often think of women being the victims. However, men are victimized by violence as well. Male victims are less likely than women to report violence and seek services due to concerns over the stigma associated with being a male victim, or not being believed. Both men and women experience the same dynamics of interpersonal violence including experiences of disbelief, ridicule, and shame that only enhance their silence.

Unfortunately, the youngest victims are the children who witness the abuse. Research has shown that children witnessing domestic violence and living in an environment where violence occurs may experience some of the same trauma as abused children. They may become fearful, aggressive, or withdrawn. Adolescents may act out or exhibit risk-taking behaviors such as drug and alcohol use, running away, sexual promiscuity, and criminal behavior. All of this behavior has an effect on society as a whole, and we must continue to keep domestic violence in the forefront so this cycle can be broken now.

Domestic violence harms the victim, children, the abuser and the entire health of American families and communities. Nearly 20 years ago, Congress passed legislation recognizing the first Domestic Violence Awareness Month. Designating October as National Domestic Violence Awareness Month allows organizations and communities concerned about domestic violence to leverage this public recognition for activities that raise awareness and link victims to services.

In our role as Members of Congress, we can help galvanize public awareness for the victims of domestic violence. Therefore, I urge my colleagues to support H. Res. 590.

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

Mrs. MCCARTHY of New York. Mr. Speaker, I yield 2 minutes to my colleague from California (Mr. COSTA) who has been an outspoken person against domestic violence.

Mr. COSTA. Mr. Speaker, I thank the gentlewoman for yielding, and I want to thank her for her strong advocacy on behalf of victims of crime and her long history in being a tenacious fighter on behalf of the families throughout our country.

Mr. Speaker, I rise, as a cochair of the bipartisan Victims Rights Caucus, along with Congressman TED POE, and speak on behalf of all the members of that caucus today to provide strong support for H. Res. 590, which supports the goals and ideals of National Domestic Violence Awareness Month, which occurs every October. These goals and efforts are spelled out among the principles of what the Victims Rights Caucus advocates here in the House.

Next month, communities throughout the Nation will participate in National Night Out and Take Back the Night marches in order to bring the awful crime of domestic violence, once again, to the forefront throughout our communities. This resolution helps to bring more awareness of this terrible offense and its effect that it has on our families and our neighbors throughout the communities of this great country of ours.

In my home State of California, domestic violence hotlines answer more than 30 calls every hour from victims, a sad fact. And domestic violence unfortunately continues to plague our families and communities unless we come together as a Nation to end it for good, not just in terms of the formal efforts that we provide but in terms of all the other community organizations that play an important role.

We must remember that domestic violence victims are our sons. They are our daughters. They are our sisters and our brothers, even our parents and our neighbors. They struggle to survive after a crime, and they deserve our services and support to help them cope during their difficult hour.

Therefore, it is fitting and appropriate that we today support the goals and the ideals in recognizing National Domestic Violence Awareness Month, which occurs every October.

Mr. KLINE of Minnesota. Mr. Speaker, I am pleased to yield such time as he may consume to my friend and colleague, the gentleman from Indiana (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I thank the gentleman for yielding, and I thank the gentlewoman from New York for handling this very important bill. I want to thank Mr. COSTA and Mr. POE for sponsoring this legislation.

When we talk about violence in the family, domestic violence, we quote a lot of statistics, and my colleagues have done that very, very well. But one of the things that's very hard for people to understand is what it's like to actually go through domestic violence.

It's so important that everybody in America be involved in stopping domestic violence. There's so many people that hear some woman scream or see some child being beaten by their father and they don't do anything about it. They say it's not my business, and so they go on their merry way, and they feel like this problem's going to go away. It doesn't go away. It gets worse and worse and worse until sometimes people get killed or maimed for life.

My father was six-foot eight, and my mother was five-foot-and-a-half inches tall, and he used to beat her so badly that we couldn't recognize her. He would tear her clothes off of her in front of me and my brother and sister, and then if we said anything he would beat me.

He went to prison for trying to kill her, and one of the reasons it went that far, in my opinion, is because there wasn't enough attention paid to what he was doing in the first place.

I can remember one night about 2 o'clock in the morning my mother, who had been beaten up, took me and my brother and sister down to the police station in Indianapolis, and she went to the desk sergeant and said to him, you know, she wanted to get a restraining order, get away from this brute and this brutality. And the desk officer said, you know what time it is, lady? It's 2 o'clock in the morning, and these kids ought to be in bed. If you don't take these kids home right now, I'm going to arrest you for child abuse. That was the attitude that we saw back in those days.

I can remember when she would throw a lamp through the front window when he was beating on her or me and scream for help so loud that you could hear it for blocks away and nobody came. Nobody's light went on. Nobody paid any attention, and that's the crime.

The crime isn't just the wife abuse or child abuse or spousal abuse. The crime is that people don't take it upon themselves to stop it.

Today, it's a lot better in police departments across this country. There's

a lot of organizations that are trying to help women and kids who are abused, and that's great. It's a great step in the right direction, but as these statistics that we've heard today will tell you, it goes on and on and on. And the only way it's going to stop, if collectively across this country, men and women who see violence in public or in private or hear about it, report it to the police, report it to the proper people and get that brute away from that man and that woman and those kids. If we don't do that, this is never going to stop. The brute has to be afraid of what's going to happen to him.

I'll just tell you how this story ends. My mother finally got away from him. He went to prison for 2 to 14 years. And when he got out, he still tried to bother us. But it wasn't until he realized that he was going to go back to jail if he did it again that he stopped. The fear of the law, the fear of prosecution, the fear of retaliation for what they're doing is the one thing that brutes and wife and child abusers understand.

And so I'd like to say to my colleagues, this is very important legislation. I really appreciate it. I'm glad that we sponsor this every year, and we need to make sure there's awareness of this.

But I'd like to say if anybody across the country is paying attention, it's your responsibility, every single American, if you see a wife or child abuse or abuse of any type like this, report it to the police. Tell your friends and neighbors to watch for it. That's the only way it's going to stop, and it's everybody's responsibility.

Each year children witness domestic violence and this experience can have a lasting impact on their lives. In order to break the intergenerational cycle, children need services and interventions to address their experiences and prevent future violence. Between 3.3 and 10 million children witness domestic violence every year.

The National Census of Domestic Violence Services (NCDVS) revealed that over 18,000 children in the United States received services and support from 1,243 local domestic violence programs during a 24-hour period in November 2006. During the survey day: 7,241 children found refuge in emergency shelter; 4,852 children were living in transitional housing programs designed specifically for domestic violence survivors; and 5,946 children received non-residential services, such as individual counseling, legal advocacy, and children's support groups.

Nationwide, participating programs reported that 5,157 requests for services from adults and children went unmet. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they become adults.

Children exposed to domestic violence are more likely to exhibit cognitive and physical health problems like depression, anxiety, and violence toward peers. These children are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.

Teens experience high rates of domestic and sexual violence and need specialized services that respond to this and prevent future violence. Domestic and sexual violence's prevalence in the youth population is a problem that deserves careful attention.

One in 3 teens know a friend or peer who has been hit, punched, kicked, slapped, choked or physically hurt by dating partners. One-fourth of high school girls have been the victims of physical abuse, sexual abuse or date rape. Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence.

Not surprisingly, this violence can have a traumatic effect on the lives of these young people that can last well into adulthood.

Victims of teen dating violence are more likely to: use alcohol, tobacco, and cocaine; drive after drinking; engage in unhealthy weight control behaviors; commit sexually risky behaviors; and become pregnant. Over 50 percent of youth reporting dating violence and rape also reported attempting suicide. Girls who are raped are about 3 times more likely to suffer from psychiatric disorders and over 4 times more likely to suffer from drug and alcohol abuse in adulthood.

American Indian and Alaska Native women are battered, raped and stalked at far greater rates than any other group of women in the United States.

The U.S. Department of Justice estimates that: 1 of 3 Native women will be raped; 6 of 10 will be physically assaulted; and Native women are stalked at a rate at least twice that of any other population. Seventy percent of American Indians who are the victims of violent crimes are victimized by someone of a different race.

This bill raises awareness of domestic violence. It is essential to keep this issue in the eye of the public so that victims know that they have options and a way out. I am proud to support this bill today.

Mrs. McCARTHY of New York. Mr. Speaker, does the gentleman from Minnesota have any more speakers?

Mr. KLINE of Minnesota. Mr. Speaker, I do not have any more speakers. I would just like to urge my colleagues to support this legislation, and I yield back the balance of my time.

Mrs. McCARTHY of New York. Mr. Speaker, in closing, I urge my colleagues to support this important resolution by educating people about domestic violence so that we may be able to prevent it from happening.

Again, domestic violence is like a domino effect. Once it happens in the family, it continues through generation through generation.

The last speaker mentioned about the community getting involved, people getting involved. We have to stop this because it's a terrible, terrible action against people.

Mr. POE. Mr. Speaker, in 1987, 20 years ago, Congress first recognized October as National Domestic Violence Awareness month. Because of Congress's actions, local community groups, religious organizations, healthcare providers, corporations, and the media are addressing domestic violence in our communities. This October, thousands of victim advocacy organizations, state coalitions, and community groups will hold events to raise awareness to the violence that annually affects millions of men, women, and children in the United States. If we can raise awareness and teach the youth healthy relationship skills and intervene in youth violence, we can reduce dating violence, sexual assault, and stalking in our schools and communities. As the founder of the Victims' Rights Caucus, and sponsor of H. Res. 590, I hope to give a voice to domestic violence victims. Raising awareness of domestic violence provides victims with help and a safe haven, while holding abusers accountable. And that's just the way it is.

Mrs. McCARTHY of New York. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. McCARTHY) that the House suspend the rules and agree to the resolution, H. Res. 590, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KLINE of Minnesota. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

STOP AIDS IN PRISON ACT OF 2007

Ms. WATERS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1943) to provide for an effective HIV/AIDS program in Federal prisons, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1943

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stop AIDS in Prison Act of 2007''.

SEC. 2. COMPREHENSIVE HIV/AIDS POLICY.

(a) IN GENERAL.—The Bureau of Prisons (hereinafter in this Act referred to as the ''Bureau'') shall develop a comprehensive policy to provide HIV testing, treatment, and prevention for inmates within the correctional setting and upon reentry.

(b) PURPOSE.—The purposes of this policy shall be as follows:

(1) To stop the spread of HIV/AIDS among inmates.

(2) To protect prison guards and other personnel from HIV/AIDS infection.

(3) To provide comprehensive medical treatment to inmates who are living with HIV/AIDS.

(4) To promote HIV/AIDS awareness and prevention among inmates.

(5) To encourage inmates to take personal responsibility for their health.

(6) To reduce the risk that inmates will transmit HIV/AIDS to other persons in the community following their release from prison.

(c) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this policy.

(d) TIME LIMIT.—The Bureau shall draft appropriate regulations to implement this policy not later than 1 year after the date of the enactment of this Act.

SEC. 3. REQUIREMENTS FOR POLICY.

The policy created under section 2 shall do the following:

(1) TESTING AND COUNSELING UPON INTAKE.—

(A) Medical personnel shall provide routine HIV testing to all inmates as a part of a comprehensive medical examination immediately following admission to a facility. (Medical personnel need not provide routine HIV testing to an inmate who is transferred to a facility from another facility if the inmate's medical records are transferred with the inmate and indicate that the inmate has been tested previously.)

(B) To all inmates admitted to a facility prior to the effective date of this policy, medical personnel shall provide routine HIV testing within no more than 6 months. HIV testing for these inmates may be performed in conjunction with other health services provided to these inmates by medical personnel.

(C) All HIV tests under this paragraph shall comply with paragraph (9).

(2) PRE-TEST AND POST-TEST COUNSELING.—Medical personnel shall provide confidential pre-test and post-test counseling to all inmates who are tested for HIV. Counseling may be included with other general health counseling provided to inmates by medical personnel.

(3) HIV/AIDS PREVENTION EDUCATION.—

(A) Medical personnel shall improve HIV/AIDS awareness through frequent educational programs for all inmates. HIV/AIDS educational programs may be provided by community based organizations, local health departments, and inmate peer educators. These HIV/AIDS educational programs shall include information on modes of transmission, including transmission through tattooing, sexual contact, and intravenous drug use; prevention methods; treatment; and disease progression. HIV/AIDS educational programs shall be culturally sensitive, conducted in a variety of languages, and present scientifically accurate information in a clear and understandable manner.

(B) HIV/AIDS educational materials shall be made available to all inmates at orientation, at health care clinics, at regular educational programs, and prior to release. Both written and audio-visual materials shall be made available to all inmates. These materials shall be culturally sensitive, written for low literacy levels, and available in a variety of languages.

(4) HIV TESTING UPON REQUEST.—

(A) Medical personnel shall allow inmates to obtain HIV tests upon request once per year or whenever an inmate has a reason to believe the inmate may have been exposed to HIV. Medical personnel shall, both orally and in writing, inform inmates, during orientation and periodically throughout incarceration, of their right to obtain HIV tests.

(B) Medical personnel shall encourage inmates to request HIV tests if the inmate is sexually active, has been raped, uses intravenous drugs, receives a tattoo, or if the inmate is concerned that the inmate may have been exposed to HIV/AIDS.

(C) An inmate's request for an HIV test shall not be considered an indication that the inmate has put him/herself at risk of infection and/or committed a violation of prison rules.

(5) HIV TESTING OF PREGNANT WOMAN.—

(A) Medical personnel shall provide routine HIV testing to all inmates who become pregnant.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(6) COMPREHENSIVE TREATMENT.—

(A) Medical personnel shall provide all inmates who test positive for HIV—

(i) timely, comprehensive medical treatment;

(ii) confidential counseling on managing their medical condition and preventing its transmission to other persons; and

(iii) voluntary partner notification services.

(B) Medical care provided under this paragraph shall be consistent with current Department of Health and Human Services guidelines and standard medical practice. Medical personnel shall discuss treatment options, the importance of adherence to antiretroviral therapy, and the side effects of medications with inmates receiving treatment.

(C) Medical and pharmacy personnel shall ensure that the facility formulary contains all Food and Drug Administration-approved medications necessary to provide comprehensive treatment for inmates living with HIV/AIDS, and that the facility maintains adequate supplies of such medications to meet inmates' medical needs. Medical and pharmacy personnel shall also develop and implement automatic renewal systems for these medications to prevent interruptions in care.

(D) Correctional staff and medical and pharmacy personnel shall develop and implement distribution procedures to ensure timely and confidential access to medications.

(7) PROTECTION OF CONFIDENTIALITY.—

(A) Medical personnel shall develop and implement procedures to ensure the confidentiality of inmate tests, diagnoses, and treatment. Medical personnel and correctional staff shall receive regular training on the implementation of these procedures. Penalties for violations of inmate confidentiality by medical personnel or correctional staff shall be specified and strictly enforced.

(B) HIV testing, counseling, and treatment shall be provided in a confidential setting where other routine health services are provided and in a manner that allows the inmate to request and obtain these services as routine medical services.

(8) TESTING, COUNSELING, AND REFERRAL PRIOR TO REENTRY.—

(A) Medical personnel shall provide routine HIV testing to all inmates no more than 3 months prior to their release and reentry into the community. (Inmates who are already known to be infected need not be tested again.) This requirement may be waived if an inmate's release occurs without sufficient notice to the Bureau to allow medical personnel to perform a routine HIV test and notify the inmate of the results.

(B) All HIV tests under this paragraph shall comply with paragraph (9).

(C) To all inmates who test positive for HIV and all inmates who already are known to have HIV/AIDS, medical personnel shall provide—

(i) confidential prerelease counseling on managing their medical condition in the community, accessing appropriate treatment and services in the community, and preventing the transmission of their condition to family members and other persons in the community;

(ii) referrals to appropriate health care providers and social service agencies in the community that meet the inmate's individual needs, including voluntary partner notification services and prevention counseling services for people living with HIV/AIDS; and

(iii) a 30-day supply of any medically necessary medications the inmate is currently receiving.

(9) OPT-OUT PROVISION.—Inmates shall have the right to refuse routine HIV testing. Inmates shall be informed both orally and in writing of this right. Oral and written disclosure of this right may be included with other general health information and counseling provided to inmates by medical personnel. If an inmate refuses a routine test for HIV, medical personnel shall make a note of the inmate's refusal in the inmate's confidential medical records. However, the inmate's refusal shall not be considered a violation of prison rules or result in disciplinary action.

(10) EXPOSURE INCIDENT TESTING.—The Bureau may perform HIV testing of an inmate under section 4014 of title 18, United States Code. HIV testing of an inmate who is involved in an exposure incident is not ''routine HIV testing'' for the purposes of paragraph (9) and does not require the inmate's consent. Medical personnel shall document the reason for exposure incident testing in the inmate's confidential medical records.

(11) TIMELY NOTIFICATION OF TEST RESULTS.—Medical personnel shall provide timely notification to inmates of the results of HIV tests.

SEC. 4. CHANGES IN EXISTING LAW.

(a) SCREENING IN GENERAL.—Section 4014(a) of title 18, United States Code, is amended—

(1) by striking ''for a period of 6 months or more'';

(2) by striking '', as appropriate,''; and

(3) by striking ''if such individual is determined to be at risk for infection with such virus in accordance with the guidelines issued by the Bureau of Prisons relating to infectious disease management'' and inserting ''unless the individual declines. The Attorney General shall also cause such individual to be so tested before release unless the individual declines''.

(b) INADMISSIBILITY OF HIV TEST RESULTS IN CIVIL AND CRIMINAL PROCEEDINGS.—Section 4014(d) of title 18, United States Code, is amended by inserting ''or under the Stop AIDS in Prison Act of 2007'' after ''under this section''.

(c) SCREENING AS PART OF ROUTINE SCREENING.—Section 4014(e) of title 18, United States Code, is amended by adding at the end the following: ''Such rules shall also provide that the initial test under this section be performed as part of the routine health screening conducted at intake.''.

SEC. 5. REPORTING REQUIREMENTS.

(a) REPORT ON HEPATITIS AND OTHER DISEASES.—Not later than 1 year after the date of the enactment of this Act, the Bureau shall provide a report to the Congress on Bureau policies and procedures to provide testing, treatment, and prevention education programs for Hepatitis and other diseases transmitted through sexual activity and intravenous drug use. The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of this report.

(b) ANNUAL REPORTS.—

(1) GENERALLY.—Not later than 2 years after the date of the enactment of this Act, and then annually thereafter, the Bureau shall report to Congress on the incidence among inmates of diseases transmitted through sexual activity and intravenous drug use.

(2) MATTERS PERTAINING TO VARIOUS DISEASES.—Reports under paragraph (1) shall discuss—

(A) the incidence among inmates of HIV/AIDS, Hepatitis, and other diseases transmitted through sexual activity and intravenous drug use; and

(B) updates on Bureau testing, treatment, and prevention education programs for these diseases.

(3) MATTERS PERTAINING TO HIV/AIDS ONLY.—Reports under paragraph (1) shall also include—

(A) the number of inmates who tested positive for HIV upon intake;

(B) the number of inmates who tested positive prior to reentry;

(C) the number of inmates who were not tested prior to reentry because they were released without sufficient notice;

(D) the number of inmates who opted-out of taking the test;

(E) the number of inmates who were tested following exposure incidents; and

(F) the number of inmates under treatment for HIV/AIDS.

(4) CONSULTATION.—The Bureau shall consult with appropriate officials of the Department of Health and Human Services, the Office of National Drug Control Policy, and the Centers for Disease Control regarding the development of reports under paragraph (1).

SEC. 6. APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATERS) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATERS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. WATERS. Mr. Speaker, I yield to myself such time as I may consume.

Mr. Speaker, before I give my statement on this legislation, I'd sincerely like to thank Mr. LAMAR SMITH, my colleague on the opposite side of the aisle who was the author of this legislation in the last Congress and who has worked with me so much and so well to bring this legislation before us today. I'm very thankful to him. We have 43 cosponsors on this bill, and I'd also like to thank Mr. RANDY FORBES and Mr. LUIS FORTUÑO who are on the opposite side of the aisle who worked with us on this bill; but all of the Members who came together to get this legislation to this point today are to be appreciated because it was somewhat controversial when Mr. SMITH first brought the idea to us. And, of course, I would like to thank Judiciary Committee Chairman JOHN CONYERS for all of his support for this legislation.

This particular legislation takes us back 25 years after AIDS was discovered; the AIDS virus continues to spread. About 1.7 million Americans have been infected by HIV since the beginning of the epidemic, and there are 1.2 million Americans living with HIV today. Every year, there are 40,000 new HIV infections and 17,000 new AIDS-related deaths in the United States.

We need to take the threat of HIV/AIDS seriously and confront it in every institution of our society. That includes our Nation's prison system, and that is why this bill is so important.

The Stop AIDS in Prison Act requires the Federal Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment and prevention for inmates in Federal prisons. The bill requires the Bureau of Prisons to test all prison inmates for HIV upon entering prison and again prior to release from prison, unless the inmate absolutely opts out of taking the test.

The bill requires HIV/AIDS prevention education for all inmates and comprehensive treatment for those inmates who test positive. Language was included to protect the confidentiality of inmate tests, diagnosis, and treatment and to require that inmates receive pre-test and post-test counseling so that they will understand the meaning of HIV test results.

In 2005, the Department of Justice reported that the rate of confirmed AIDS cases in prisons was three times higher than in the general population. The Department of Justice also reported that 2 percent of the State prison inmates and 1.1 percent of Federal prison inmates were known to be living with HIV/AIDS in 2003.

However, the actual rate of HIV infection in our Nation's prisons is simply unknown, and it could be considerably higher.

□ 1400

This is because prison officials do not consistently test prisoners for HIV. The only way to determine whether HIV has been spread among prisoners is to begin routine HIV testing of all prison inmates. This bill does that.

This bill has been endorsed by a number of prominent HIV/AIDS advocacy organizations, including AIDS Action, the AIDS Institute, the National Minority AIDS Council, the AIDS Health Care Foundation, the HIV Medicine Association, AIDS Project Los Angeles, and Bienestar; that happens to be a Latino community service and advocacy organization. The bill also has been endorsed by the Los Angeles County Board of Supervisors and even the Los Angeles Times.

Mr. Speaker and Members, I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am a strong supporter of H.R. 1943, The Stop AIDS in Prison Act of 2007.

I introduced this legislation in the last Congress and am an original cosponsor of it this year as well. And I want to thank my colleague, Congresswoman WATERS, for her energetic help. I was happy to work with her in the last Congress, and I am pleased that we have worked together again this year. Also, I want to thank Chairman CONYERS for his leadership in bringing this legislation to the House floor today.

Mr. Speaker, the incidence of HIV and AIDS in Federal and State prison populations is difficult to measure because not all Federal and State inmates are routinely tested. There are approximately 170,000 prisoners in the Federal system. The Justice Department said in its 2006 report that about 2 percent of State prison inmates and over 1 percent of all Federal inmates were known to be infected with HIV. The occurrence of HIV and AIDS cases in Federal prison is at least three times higher than it is among the United States population as a whole.

H.R. 1943 requires routine HIV testing for all Federal prison inmates upon entry and prior to release. For all existing inmates, testing is required within 6 months of enactment. This reasonable requirement will enable prison officials to reduce HIV among inmates and provide much needed counseling, prevention, and health care services for inmates who happen to be infected.

Requiring Federal inmates to be tested when they enter prison and when they leave prison is just good common sense. For some prisoners tested when they enter prison, such testing will ensure that they receive adequate treatments, education, and prevention services while incarcerated. Similarly, it is important that prisoners are tested shortly before they are released into the community so that adequate services can be provided after their release. That, in turn, will protect the community.

I believe in tough punishment for criminal offenders because the public deserves to be protected. But we have a duty to treat prisoners humanely and to rehabilitate them. Preventing the spread of HIV and AIDS among prisoners is an essential aspect of humane treatment and rehabilitation. So I urge my colleagues to support this legislation.

Before I reserve the balance of my time, I just want to thank Congresswoman WATERS again for making sure that we are here today, for her leadership on this legislation, and for working with me both last year and this year on such an important bill.

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

Ms. WATERS. I yield to the gentlelady from California, Ms. BARBARA LEE, 5 minutes, a woman who has been in the forefront of the fight against HIV and AIDS not only domestically but internationally.

Ms. LEE. Mr. Speaker, first let me thank Congresswoman WATERS for yielding and for introducing H.R. 1943, the Stop AIDS in Prison Act, and for your leadership on so many issues. But I just want to talk very briefly about what has happened since 1998 under your leadership when you were Chair of the Congressional Black Caucus.

I can remember when I was first elected in 1998, one of the first efforts that I was involved in with Congresswoman WATERS, then as Chair, was calling together a national meeting on a moment's notice. I think we had maybe 2 weeks, 10 days to bring people from around the country here to Washington, DC to talk about a bold response to HIV and AIDS, especially

here in the African American community given the devastation and the disproportionate rates that our communities are faced with.

Out of that meeting, and it was truly a grassroots meeting in Washington, DC on Capitol Hill, we came up with several plans, several strategies, one of which was the idea to establish the Minority AIDS Initiative. Congresswoman WATERS not only talked about why we needed to have a separate pot of money that would track the disease and track prevention, treatment, and education efforts around HIV and AIDS, but also she worked to make sure that happened and oftentimes was the lone voice in the wilderness calling for this.

Well, fast forward. So much has happened since then. We were in Toronto, Canada last year, and Congresswoman WATERS, myself, Congresswoman CHRISTENSEN, we said we have got to take on some tougher issues now because this disease is really getting worse, and the unfortunate reality is that to be black in America is to be at greater risk of HIV and AIDS. And I will never forget her saying: Now, I am going to do something really bold when I get back; now, just get ready for it.

And it was amazing to see how she moved forward with this bill, the Stop AIDS in Prison Act to help us move one step closer to our goal by providing this opt-out testing, treatment, and education at all Federal prison facilities. And she knew that it was going to be controversial, which it was.

But as I listened to the list of supporters and those organizations that have endorsed the bill, I want to just say that this is a real testament to making sure that people understood, the country understood why this bill was necessary and needed, and how she brought people together and organizations together to get this bill to the floor today.

And so it is a good day, Congresswoman WATERS, and I want to thank you so much for stepping out there once again, because it is an example of what we need to do to make sure that we take on the tough issues that we are taking on.

Finally, let me say, as part of our comprehensive strategy, I am working on a bill which Congresswoman WATERS has supported, H.R. 178, called The Justice Act, which would allow for condom distribution in Federal prisons as well as in State prisons, and that is something that we need to do. We have got to fund the Ryan White Care Act and the Minority AIDS Initiative this year. I think we asked for at least $610 million.

We have a long way to go and there are many now, thank goodness, bills that are coming before this body that will allow for a strong, robust response. This is really one of the major pieces of legislation that are central to this overall agenda.

Finally, let me say, we join the Black AIDS Institute to call for a national mobilization and a national plan to end the HIV/AIDS epidemic in America. And, in fact, this plan is bold. It is going to move forward in a very aggressive way. We must employ every strategy that we can to stamp this from the face of the Earth. And so today is another day that we are making one major step in the right direction. And again, Congresswoman WATERS, thank you for your leadership and for yielding, and congratulations.

Mr. SMITH of Texas. Mr. Speaker, I yield back the balance of my time.

Ms. WATERS. Mr. Speaker, I would like to use this moment to just thank, again, Representative LAMAR SMITH. Also I would like to thank, again, Chairman JOHN CONYERS and Subcommittee Chairman BOBBY SCOTT and all of the Members who have signed on as cosponsors on this bill.

Again, as was mentioned by Congresswoman BARBARA LEE, it certainly did start out a bit controversial. We had some of the advocacy groups who did not support this bill when we began to talk about doing something about AIDS in the prison system. As a matter of fact, questions were raised about everything from confidentiality to the cost to not knowing what to do about follow-up once they leave. But we have been able to answer all of those questions, and some of those who were opposed are now very, very strong supporters because they understand that we really do have to take additional steps to stem the tide of HIV and AIDS in this country.

You would think after 25 years and all of the education that we have tried to do, all the literature that has been written, that everyone would know everything that they need to know about HIV and AIDS. But it is not true. And one of the things that we had to consider was why was it there was an increase in HIV and AIDS with women, particularly minority women. And then we had to take a look at where it may be coming from. And though we don't have empirical data, we do think we are on the right track in helping to stem this tide because we do think that some of these infections are coming from those who may have been incarcerated.

Those who are incarcerated have nothing to fear. As a matter of fact, they should feel even protected by what we are doing because, despite the fact that we don't always discuss what is going on in prison, I think we have a pretty good idea. And this will help again to save the lives not only of inmates, but certainly the mates of inmates when they return into the general population.

Mr. Speaker, I thank everyone.

The SPEAKER pro tempore (Mr. HOLDEN). The question is on the motion offered by the gentlewoman from California (Ms. WATERS) that the House suspend the rules and pass the bill, H.R. 1943, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING EFFORTS TO INCREASE CHILDHOOD CANCER AWARENESS, TREATMENT, AND RESEARCH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 470) supporting efforts to increase childhood cancer awareness, treatment, and research.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 470

Whereas an estimated 12,400 children are diagnosed with cancer annually;

Whereas cancer is the leading cause of death by disease in children under age 15;

Whereas an estimated 2,300 children die from cancer each year;

Whereas the incidence of cancer among children in the United States is rising by about one percent each year;

Whereas 1 in every 330 Americans develops cancer before age 20;

Whereas approximately 8 percent of deaths of those between 1 and 19 years old are caused by cancer;

Whereas while some progress has been made, a number of opportunities for childhood cancer research still remain unfunded or underfunded;

Whereas limited resources for childhood cancer research can hinder the recruitment of investigators and physicians to pediatric oncology;

Whereas peer-reviewed clinical trials are the standard of care for pediatrics and have improved cancer survival rates among children;

Whereas the number of survivors of childhood cancers continues to grow, with about 1 in 640 adults between ages 20 to 39 who have a history of cancer;

Whereas up to two-thirds of childhood cancer survivors are likely to experience at least one late effect from treatment, many of which may be life-threatening;

Whereas some late effects of cancer treatment are identified early in follow-up and are easily resolved, while others may become chronic problems in adulthood and may have serious consequences; and

Whereas 89 percent of children with cancer experience substantial suffering in the last month of life: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that the Congress should support—

(1) public and private sector efforts to promote awareness about the incidence of cancer among children, the signs and symptoms of cancer in children, treatment options, and long-term follow-up;

(2) increased public and private investment in childhood cancer research to improve prevention, diagnosis, treatment, rehabilitation, post-treatment monitoring, and long-term survival;

(3) policies that provide incentives to encourage medical trainees and investigators to enter the field of pediatric oncology;

(4) policies that provide incentives to encourage the development of drugs and biologics designed to treat pediatric cancers;

(5) policies that encourage participation in clinical trials;

(6) medical education curricula designed to improve pain management for cancer patients; and

(7) policies that enhance education, services, and other resources related to late effects from treatment.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the resolution under consideration.

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

There was no objection.

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

I rise today to express my strong support for House Resolution 470, supporting efforts to increase childhood cancer awareness, treatment, and research. I am proud to join my colleagues across the aisle and throughout this body in support of this resolution.

September is Childhood Cancer Awareness Month, marking the time when we raise awareness of childhood cancer and the lives affected. Although cancer in children is rare, it is estimated that this year alone more than 12,000 children will be diagnosed with cancer and nearly one-fifth will die, making cancer the leading cause of disease-related deaths for children under the age of 15.

House Resolution 470 reminds us that cancer occurring during childhood has harmful repercussions for a child's future well-being. Cancer compromises a child's natural defenses against other types of illnesses and destroys organs and bones. Cancer disrupts a child's life at a time when he or she should be otherwise more concerned with exploring the world and making new discoveries instead of undergoing chemotherapy or medical therapies.

House Resolution 470 reminds us that more must be done to fight this devastating disease. Mr. Speaker, I rise in support of those children and their families attempting to deal with such a terrible disease.

I want to thank in particular the sponsor of this legislation, Representative PRYCE of Ohio, because I know that she has worked so hard on this in trying to push it to the floor today. I urge all of my colleagues to do the same.

I reserve the balance of my time.

□ 1415

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

I stand here today in support of this resolution, as does the full committee Chair, JOE BARTON, and Ranking Member NATHAN DEAL, supporting efforts of this resolution, House Resolution 470, supporting the efforts to increase childhood cancer awareness, treatment and research.

The sponsor of this bill, Representative DEBORAH PRYCE, is a true champion for childhood cancers. Cancer is a brutal disease and so pervasive we are all closely touched by it. It is that much more devastating to see a young child suffer from cancer. This resolution serves to increase knowledge and awareness of cancer among children and how we can encourage research and education into the disease.

DEBORAH PRYCE is a committed mother and a dedicated and tireless advocate. Through this resolution, she is honoring not only the memory of her daughter, but also those of all children who have suffered from cancer. Childhood cancers affect the whole family: mothers and fathers, brothers and sisters.

I think it can be said that we all will greatly miss Representative PRYCE after her retirement from the House at the end of this Congress. She's leaving a legacy both for her work for her constituents in Ohio, as well as for the leadership of the House of Representatives.

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

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

Mr. TERRY. Mr. Speaker, at this time I yield as much time as she may consume to the gentlelady from Ohio (Ms. PRYCE).

Ms. PRYCE of Ohio. Mr. Speaker, I'd like to thank Mr. TERRY for the time and for those very kind words, and Mr. PALLONE for his support in this cause, and the entire committee for allowing this to come forward.

Mr. Speaker, I rise today as a voice for the thousands of families across America who have been touched by pediatric cancer, and most importantly, the 12,000 children who will be diagnosed with the disease during this year alone.

This resolution is about a promise to these families that medical advancement and understanding, coupled with a new resolve among researchers, advocates and public officials, will one day eradicate the heartache of pediatric cancer, and promise to the children of our Nation that we will do better to help them in their fight.

The fight of a child with cancer involves many things. It involves being in the hospital and away from your siblings and your best friends, away from your toys and away from the comfort and love of your own home.

It involves confusion and pain after you may have lost your best new friend from the hospital playroom and the heartache that a parent feels having to explain to their child why that happened, all the while knowing that their own child may share the same fate.

And then, there's that different look in the eyes of your parents. Is that fear? But why? I'm going to get better, aren't I?

Mr. Speaker, when a child is diagnosed with cancer, they're forced to say goodbye to their life as they knew it. As they say hello to IV poles and transfusions, catheters, chemotherapy, nausea, surgeries, isolation, they say goodbye to many other things. Because of compromised immune systems, they say goodbye to school and the ordinary routine of growing up. They say goodbye to their friends and their teachers. They say goodbye to their appetite, to their energy, to their hair, and possibly, to some of their limbs. They lose so much. But they never lose hope; and they never lose their dignity.

Mr. Speaker, these are the bravest children I've ever, ever seen.

September is Childhood Cancer Awareness Month. This is the month that these brave kids and their families raise awareness of this awful disease. As these fearless children share their stories in Washington and elsewhere around the country, we learn about strength and courage and will. As their loving families share their stories about how cancer has touched their lives, we learn about resolve and the ultimate a parent can give.

As we hear these stories, we will not lose sight of the incredible hope that these families are providing to tens of thousands of children and other families whose worlds have been turned upside down by cancer, kids whose dreams and aspirations are now in question, who must focus solely on beating this disease today before they can even think about tomorrow.

Mr. Speaker, if you've ever looked into the eyes of one of these children who's so valiantly, courageously waging war against this devastating disease, you certainly could understand why we must continue our efforts to raise awareness, and why I stand here today to stress the perpetual importance of continued education and research.

One child who suffers is one too many. We will continue to fight this terrible disease that's wrought so much suffering and pain on so many.

This resolution honors all of the heroic children and thanks them for their courage and the eternal hope that they provide families everywhere.

I urge my colleagues to support this resolution.

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of H. Res. 470, a resolution supporting efforts to increase childhood cancer awareness, treatment, and research.

No child should have to experience and suffer the effects of cancer. And no parent should have to see their child suffer. I am proud to be working with Congresswoman DEBORAH PRYCE on such an important issue. Together, we have introduced the Conquer Childhood Cancer Act. The Conquer Childhood Cancer Act would enhance and expand biomedical research programs in childhood cancer and establish a new fellowship program through the National Institutes of Health (NIH) for pediatric cancer research. The bill would also increase informational and educational outreach to patients and families affected by pediatric cancer.

Over the last several years after a successful doubling of the NIH budget that ended in

2003, funding for NIH and the National Cancer Institute has been flat. As a result, many cancer clinical trials have had to be scaled back. The Children's Oncology Group, which is headquartered in my congressional district, has had to put 20 new studies on hold and decrease enrollment of new clinical trials by 400 children. This is going in the wrong direction.

Thanks to the past funding in childhood cancer research, we know that 78 percent of childhood cancer patients overall are now able to survive. Forty years ago it was a much different story—the cure rates for children with cancer were lower than 10 percent. This shows that by funding biomedical research we can save lives. Congress must increase funding for NIH and NCI so that it can continue the groundbreaking, life-saving research that will lead to new cures and treatments.

So, I not only urge my colleagues to support H. Res. 470, but I also urge my colleagues to cosponsor the Conquer Childhood Cancer Act and pass that much-needed legislation.

Mr. TERRY. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would, again, urge passage of this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 470.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

CORRECTING TECHNICAL ERRORS IN THE ENROLLMENT OF H.R. 3580

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 217) to correct technical errors in the enrollment of the bill H.R. 3580.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 217

Resolved by the House of Representatives (the Senate concurring), That, in the enrollment of the bill H.R. 3580, the Clerk of the House shall make the following corrections:

(1) In subparagraph (I) of section 402(j)(3) of the Public Health Service Act, as inserted by section 801(a)(2) of the bill:

(A) In clause (i) of such subparagraph (I), strike ''drugs described in subparagraph (C)'' and insert ''drugs and devices described in subparagraph (C)''.

(B) In clause (iii) of such subparagraph (I), strike ''drugs described in subparagraph (C)'' and insert ''drugs and devices described in subparagraph (C)''.

(2) In subparagraph (A) of section 505(q)(1) of the Federal Food, Drug, and Cosmetic Act, as added by section 914(a) of the bill, add at the end the following:

''Consideration of the petition shall be separate and apart from review and approval of any application.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Nebraska (Mr. TERRY) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, once again I would ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

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

There was no objection.

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

Mr. Speaker, this resolution concerns two errors in the bill, H.R. 3580, the Food and Drug Administration Amendments of 2007. The bill has passed both the House and Senate and is currently in the process of being enrolled for delivery to the President.

The resolution directs the Clerk of the House to correct two errors, both of which were made in drafting and inadvertently occurred as we all worked under pressure to complete the drafting of H.R. 3580.

We were under pressure to complete that bill, as you know, before the expiration date on September 30 of PDUFA, the Prescription Drug User Fee Act. The failure to reauthorize PDUFA in time would have caused the Food and Drug Administration to send out notice of employee layoffs.

I'm aware of no objection to passage of the resolution, and I would urge my colleagues to support it.

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

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, H.R. 3580, which passed the House last week, was highly technical and addressed a number of very complicated FDA policy and regulatory matters. I commend the bipartisan Members and the staff who worked so hard on the language that passed with such broad support in the House. Inevitably, when these complicated matters are addressed, some drafting and technical issues need to be revisited in a technical corrections bill.

In the case of the FDA Amendments of 2007, we were especially mindful that the funding had to be secured to prevent the layoff of FDA reviewers prior to September 30. Given the importance of that deadline to protecting the public health, it is inevitable drafting and workability issues may need to be revisited. The resolution simply corrects two omissions from the text that was approved last week.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, once again I would urge passage of this corrections legislation. I have no further requests for time and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 217.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

EXTENDING TRADE ADJUSTMENT ASSISTANCE PROGRAM

Mr. LEVIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3375) to extend the trade adjustment assistance program under the Trade Act of 1974 for 3 months, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3375

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. TEMPORARY EXTENSION OF TRADE ADJUSTMENT ASSISTANCE PROGRAM.

(a) ASSISTANCE FOR WORKERS.—Section 245(a) of the Trade Act of 1974 (19 U.S.C. 2317(a)) is amended by striking ''September 30, 2007'' and inserting ''December 31, 2007''.

(b) ASSISTANCE FOR FIRMS.—Section 256(b) of the Trade Act of 1974 (19 U.S.C. 2346(b)) is amended by inserting after ''2007,'' the following: ''and $4,000,000 for the 3-month period beginning on October 1, 2007,''.

(c) ASSISTANCE FOR FARMERS.—Section 298(a) of the Trade Act of 1974 (19 U.S.C. 2401g(a)) is amended by inserting before the period the following: '', and there are authorized to be appropriated and there are appropriated to the Department of Agriculture to carry out this chapter $9,000,000 for the 3-month period beginning on October 1, 2007''.

(d) EXTENSION OF TERMINATION DATES.—Section 285 of the Trade Act of 1974 (19 U.S.C. 2271 note) is amended by striking ''September 30'' each place it appears and inserting ''December 31''.

(e) EFFECTIVE DATE.—The amendments made by this section shall be effective as of October 1, 2007.

SEC. 2. OFFSETS.

(a) TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.—Subparagraph (B) of section 401(1) of the Tax Increase Prevention and Reconciliation Act of 2005 is amended by striking ''114.75 percent'' and inserting ''115 percent''.

(b) CUSTOMS USER FEES.—Section 13031(j)(3)(B)(i) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (19 U.S.C. 58c(j)(3)(B)(i)) is amended by striking ''September 30, 2014'' and inserting ''October 7, 2014''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. LEVIN) and the gentleman from Texas (Mr. BRADY) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. LEVIN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise.

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

There was no objection.

Mr. LEVIN. Mr. Speaker, I now yield myself such time as I may consume.

Today we are considering an extension of a critical component of our trade agenda, an extension of the Trade Adjustment Assistance program. All three programs that make up TAA, Adjustment Assistance for Workers, Adjustment Assistance for Firms, and Adjustment Assistance for Farmers, expire on September 30.

Trade Adjustment Assistance helps to make sure that workers impacted by increased trade get the help and retraining they need and deserve so that they can go out and get new, good-paying, family-wage jobs.

It's not a perfect program. In fact, it needs work. The committee will be taking up legislation reforming and reauthorizing Trade Adjustment Assistance shortly.

Critically, this program will improve the effectiveness of the program by, among other things, offering TAA access to service workers, increasing funding to satisfy unmet demand, getting rid of complicated and burdensome rules that make it hard for people to take advantage of Trade Adjustment Assistance.

I think all of us can expect a discussion draft of the bill reforming and reauthorizing TAA to be circulated in the next week. The committee should take up the bill sometime after that; and if all goes as planned, the program will be authorized before the end of the year.

We will hammer out the details of TAA overhaul; and while we do that, we need to pass this short-term, 3-month extension.

The bill under consideration today was originally introduced by Mr. HERGER. His support for the extension reflects the bipartisan support for Trade Adjustment Assistance that's really necessary, and I hope for in the future. It is also a recognition of the fact that the program has an important element of America's overall trade agenda.

I also want to thank, in addition to Mr. HERGER and those of you on the Republican side, I want to thank Mr. ADAM SMITH for his work on Trade Adjustment Assistance.

□ 1430

We all have been focusing on this issue for many years, and now there is the opportunity to act within this House.

I also want to thank Mr. MCDERMOTT, another subcommittee Chair for his help.

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

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

I stand in support of this legislation. I appreciate the chairman's leadership on extending it. I stand on behalf of Representative WALLY HERGER, who is author of this legislation and ranking member, lead Republican on the Trade Subcommittee of Ways and Means.

In my view, free trade is working on America's behalf. The free trade agreements we have today are producing more and more sales of American products and services around the world, nearly doubling those sales. Even though our free trade agreements are with countries that only represent 7 percent of the whole global market, in fact, they buy almost half of all that America sells and produces. In fact, we have a free trade surplus with these countries of over $5 billion. Conversely, much of our trade deficit, 80 percent of it are with countries we don't have free trade agreements with.

Nonetheless, at the same time we have to do a better job of helping those who lose their jobs due to the ever-changing world marketplace. We need to give workers more training options and more flexibility to get back on their feet as soon as possible.

Trade Adjustment Assistance has been successful in helping many adjust to job loss because of trade. The benefits, including the health coverage, tax credit, are very meaningful. Trade Adjustment Assistance can be improved in how it is administered to get people certified and trained more quickly, and changes can be made to get people back to work soon. However, this is an expensive program, costing taxpayers nearly $1 billion while providing assistance for about 54,000 workers per year. Accordingly, as the committee and as this Congress looks forward to covering additional workers who lose their jobs because of trade, we must look at it carefully to make sure we are getting the help to those who need it, that we are doing it efficiently, that we are giving them the educational tools they need to get back to the workforce just as soon as possible. And that is an area that I think will take considerable discussion, but I think there is common ground among Republicans and Democrats to try to make sure that we get as many workers back to work as soon as possible.

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

Mr. LEVIN. Mr. Speaker, I yield myself 3 minutes.

We clearly need to reform and reauthorize TAA. We also need to be sure that we reform trade policy. One is not a substitute for the other. We need to do both.

In the continuing resolution that was passed last February, Congress included language prohibiting the United States Department of Labor from issuing final regulations concerning the TAA program. Critically and problematically, these regulations would contravene Congress's legislative intent in the important policy areas and cause confusion among State and local operators of the TAA program. In short, these regulations would change the very nature of this program, a program specifically committed to ensuring that workers adversely affected by trade get the assistance and training they need to obtain new, good-paying, family-wage jobs, as I said before.

For example, these rules would, number one, compel States to implement a ''rapid reemployment'' strategy; two, permit States to establish monetary caps on training for dislocated workers; three, compel States to integrate the TAA program into the Workforce Investment Act system; four, permit the privatization of the administration of programs; and, five, abolish merit staff standards.

These rules are extremely troubling. They undermine the program and, more generally, the intent of Congress.

Fortunately, my colleagues on the majority side felt the same way about the Department of Labor proposal. Recognizing the serious implications of these flawed rules, Chairman OBEY included the following language in the February continuing resolution:

''None of the funds made available in this division or any other act shall be available to finalize or implement any proposed regulation under the Workforce Investment 12 Act of 1998, Wagner-Peyser Act of 1933, or the Trade Adjustment Assistance Reform Act of 2002 until such time as legislation reauthorizing the Workforce Investment Act of 1998 and the Trade Adjustment Assistance Reform Act of 2002 is enacted.''

And I quote that because it is so important.

Mr. Speaker, I now would like to yield such time as he may consume to my colleague from Washington, ADAM SMITH, who has been working so hard on this issue.

Mr. SMITH of Washington. Mr. Speaker, I will be yielding to the chairman to ask a question to get a clarification on one point. But, first of all, I want to thank him for his leadership on this issue, and I do want to agree with Representative BRADY's comments.

I think trade is very, very important. It has a very positive impact on the economy in this country. We need to work to improve these trade agreements. But what we try to do with Trade Adjustment Assistance is try to help displaced workers.

I have long been troubled by the fact that it's called Trade Adjustment Assistance. I think it should just be called ''adjustment assistance,'' because regardless of where your job goes, it creates a problem that needs to be filled. In fact, many jobs are lost in this country to advancements in technology. Frequently jobs are lost from one part of this country to another part of the country, and those people who have lost those jobs are no more impacted than if we develop a competitive disadvantage with a country and they start taking over some jobs in an area that we used to occupy. In both instances workers need help and we need a broad adjustment program to do that.

I am, however, troubled, as Mr. LEVIN pointed out, by the regulations that the administration tried to adopt that would pare back the program and, to some degree, limit the ability of displaced workers to get adjustment assistance.

As we have heard from all economists, skills are going to be the critical factor from this point forward in having an employable workforce in this country. We have got to give our workforce access to greater training, greater technology, and more repetitive training. Sorry, that's the wrong way to put it. They have to update their skills more often. Gone pretty much are the days when you could simply have a high school education, find a job with a company that was going to be around forever, and you were set. If we are going to have an economy where change is more rapid, we have to help our workers in this country.

As the gentleman knows, I am a strong supporter of trade agreements, frequently berated by many in my own party for that, but I don't see that as the piece that is causing the problems for our workers. The piece I see is causing the problem for our workers is we have not made enough changes to reflect the rapid change that is facing them. We don't give them enough opportunities to retrain, update their skills for the changes they have to deal with. We don't have adequate health care protection for them when they lose their job as well. These are things that the Trade Adjustment Assistance Act tries to take care of and that I am concerned that those regulations that the administration tried to adopt would undermine. So I am very grateful to have that language in there.

And this is where, if Mr. LEVIN could just clarify on one point, and I think in our colloquy here we have two questions, but it is really only one. I just want to be clear that the legislation that we are considering today is simply an extension of the existing program, it is not the reauthorization of the program, so that the prohibition contained in the February 2007 continuing resolution on the implementation of the flawed rules that we have referenced remains in effect even if we pass this bill. Is that correct?

Mr. LEVIN. Mr. Speaker, will the gentleman yield?

Mr. SMITH of Washington. I will yield to the gentleman.

Mr. LEVIN. That is absolutely correct. As Chairman RANGEL has stated and I have stated at the markup last week, this is an extension of existing law. It is not a reauthorization. As Ranking Member MCCRERY stated at the markup and as Mr. HERGER explained in the remarks he submitted for the RECORD, this piece of legislation is a simple extension of existing law, nothing more, nothing less. So the prohibition on the implementation of the rules remains fully in effect.

Mr. SMITH of Washington. I want to thank you for that clarification and appreciate your work on this issue. I think it is critical that we pass it so that we can move forward and continue Trade Adjustment Assistance.

Equally critical, as you know, Mr. Chairman, I have been working with you and Chairman RANGEL and many others on expanding Trade Adjustment Assistance so that more workers can benefit from it. I know right now we are working on a bill with a variety of different ideas. I think it is critical that we do that full-scale reauthorization and that we expand the bill so that it better protects workers, protects more workers, and makes sure that workers in this country can benefit from the new economy so that we don't have to have these constant wars over trade agreements, so that we can focus on taking advantage of the economic opportunities that are there in today's economy by making sure that the workers who are most vulnerable, who need greater skills, have help so that they too can begin to benefit from the economy.

I appreciate your work on this issue. I look forward to working with you. I know in the next few weeks we will be introducing a bill and we will be moving forward on a broader reauthorization.

I simply urge the body to support this short-term extension in the meantime.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I agree with the previous speakers as well that there are lots of challenges that face American workers these days. And whether it is from competition here at home or competition from abroad, technology, or just the fact that our economy continues to transition, families need help in moving with that transition, acquiring the education, the skills. We have a huge mismatch between the jobs available in this country and the skills of the workers who can fill them, and it is important that we bridge that gap.

I would close with this point that Congressman HERGER has made, I think, in all of these hearings. Trade Adjustment Assistance is just one tool in a larger policy toolbox to help workers and families and communities adjust to the new global economy. Trade Adjustment Assistance isn't the proper response to all job loss. Currently we spend billions of dollars each year through a large number of Federal programs, including Trade Adjustment Assistance, to help Americans who lose their jobs.

I think, as we work on this, you take decades-old Federal programs that need reform today such as TAA, improve their effectiveness, improve their efficiency, make sure that we are really getting that help down to families that need it in a timely way, sometimes in advance of those job losses, with the education debit cards and other new ideas that can help these workers recover more quickly. I just think there is an opportunity to work together, Republicans and Democrats, to try to resolve this and find a real good solution for this issue.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself the balance of my time.

I will close, first of all, if I might, commenting on TAA to the gentleman from Texas and to Mr. MCCRERY and Mr. HERGER, who could not be here, we have a lot of work to do on TAA. We are working on legislation that would reform it as well as reauthorize it, that would expand its scope. To exclude service workers, for example, is no longer acceptable, if it ever was.

We also need to be sure that we remove the obstacles to those who have been eligible on paper for TAA but, because of the obstacles and the complexities within the law, have really not been able to access it.

We also need to look at the health benefit because today only about 10 percent of the people who are eligible for TAA ever are able to access the health benefit.

So as mentioned by my friend from Washington and as I said earlier, as Mr. RANGEL has also said publicly, we are working on legislation. We hope to have a draft ready next week, but we want to disseminate it and discuss it within the majority ranks, also to discuss it with the minority, in the hope that perhaps we can obtain strong bipartisan support.

□ 1445

I don't think it's preordained on trade issues; I guess nothing is preordained. But there will be those discussions. But I want to serve notice that we really need to and intend to proceed, that this extension is not an excuse for the lack of basic action.

And, secondly, I want the record to be entirely clear that TAA reform is critical, but it is no substitute for reform of our trade policy. We need to have programs that help those who are disadvantaged by trade, and for other reasons, to be able to have the opportunity, they have the desire, but also the opportunity to do some retraining, to obtain more education to extend their skills so that they can get back on their feet with a living wage.

We also need to pass reform of trade policy that prevents dislocation in the first place, wherever possible. And to have the notion that simply ''catch those people who fall off because of dislocation'' isn't enough. We have to address the basic issues in trade policy. We began to do that in the Ways and Means Committee today in terms of a Peru FTA that I think are the first steps toward a new trade policy for America. I hope that we can do both and, if at all possible, on a bipartisan basis, but we need to do both.

Mr. HERGER. Mr. Speaker, I support H.R. 3375, a bill to extend the Trade Adjustment Assistance program by three months beyond September 30th, when it would otherwise expire.

I introduced this bill to allow Members adequate time to review and carefully consider the range of existing and forthcoming proposals to reform and expand this very complex and important program. As part of this review, our

Committee must consider whether any expansions would create duplicative federal programs and how any such expansions to the TAA program would be covered under the "pay-go" rules.

TAA can be a valuable tool for retraining people and helping return them to work quickly, but the program is in need of reform to do that job better. Moreover, TAA is an expensive federal program, costing taxpayers nearly $1 billion each year, but providing assistance only to some 54,000 workers per year, amounting to $18,000 per worker. In light of this, any expansion of TAA must be done in a cost conscious manner focusing on actual results.

At the same time, we must be mindful that TAA is just one tool in a larger policy toolbox to help workers, families, and communities adjust to the new global economy. TAA is not the proper response to all job loss.

Today, billions of dollars are provided annually through various Federal programs, including TAA, to help Americans who lose their jobs so that they can adapt and return to productive jobs. However, TAA and these other decades-old Federal programs need to be reformed to improve the services that they provide to address job loss due to trade, globalization, technology, and other reasons.

I look forward to working with my Republican and Democratic colleagues in an effort to develop an effective, fiscally sound, and comprehensive approach that would help more American workers, regardless of the reason for their job loss, get retrained and re-enter the workforce as quickly as possible so they can better adapt to the changing global economy

Mr. MCCRERY. Mr. Speaker, I rise in support of H.R. 3375, a bill to extend the Trade Adjust Assistance or TAA program for 3 months beyond its expiration on September 30th.

I want to acknowledge Mr. HERGER, ranking member of the trade subcommittee, for anticipating the need for this extension to ensure there is sufficient time to carefully consider reforms to TAA as well as to our programs to help workers if they lose jobs for reasons other than trade. I also want to thank Chairman RANGEL and Chairman LEVIN for their support of this bill.

I look forward to seeing the two Chairmen's TAA reform proposal. My colleagues and I have been working on our own proposal too. I hope we can craft a bipartisan, cost-effective approach that helps get all dislocated workers—not just the few who lose their jobs due to trade—retrained and back to work sooner. It is our responsibility to make sure that all Americans have the opportunity to quickly obtain the skills they need to adapt to globalization.

Today, our Committee held a non-markup of the U.S.-Peru FTA and approved, by voice vote, the draft implementing legislation to it. I commend Chairman RANGEL for his commitment to quickly move this FTA to passage. At the same time, we must implement the pending FTAs with Panama, Colombia, and Korea to enable our workers and their employers to benefit from the new opportunities created by these FTAs.

Mr. LEVIN. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. HOLDEN). The question is on the motion offered by the gentleman from Michigan (Mr. LEVIN) that the House suspend the rules and pass the bill, H.R. 3375, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Res. 548, by the yeas and nays;

H. Res. 642, by the yeas and nays;

H. Res. 557, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

OPPOSING ASSASSINATION OF LEBANESE PUBLIC FIGURES

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 548, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. ACKERMAN) that the House suspend the rules and agree to the resolution, H. Res. 548, as amended.

The vote was taken by electronic device, and there were—yeas 415, nays 2, not voting 15, as follows:

[Roll No. 899]

YEAS—415

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

Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—2

Kucinich
Paul

NOT VOTING—15

Berry
Bishop (GA)
Bishop (UT)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Larsen (WA)
Poe
Ross
Snyder

□ 1513

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

COUNTRIES HIT BY HURRICANES FELIX, DEAN, AND HENRIETTE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 642, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 642.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 0, not voting 14, as follows:

[Roll No. 900]

YEAS—418

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

NOT VOTING—14

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Kagen
Poe
Ross
Snyder

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1520

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

OPPOSING SINGLING OUT ISRAEL'S HUMAN RIGHTS RECORD

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 557, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. SMITH) that the House suspend the rules and agree to the resolution, H. Res. 557, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 416, nays 2, not voting 14, as follows:

[Roll No. 901]

YEAS—416

Abercrombie
Ackerman
Aderholt
Akin
Alexander
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baker
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berkley
Berman
Biggert
Bilbray
Bilirakis
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boehner
Bonner
Bono
Boozman
Boren
Boswell
Boucher
Boustany
Boyd (FL)
Boyda (KS)
Brady (PA)
Brady (TX)
Braley (IA)
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carter
Castle
Castor
Chabot
Chandler
Clarke
Clay
Cleaver
Clyburn
Coble
Cohen
Cole (OK)
Conaway
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Davis (AL)
Davis (CA)
Davis (KY)
Davis, David
Davis, Lincoln
Davis, Tom
Deal (GA)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly
Doolittle
Doyle
Drake
Dreier
Duncan
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo

Etheridge
Everett
Fallin
Farr
Fattah
Feeney
Ferguson
Filner
Flake
Forbes
Fortenberry
Fossella
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gilchrest
Gillibrand
Gingrey
Gohmert
Gonzalez
Goode
Goodlatte
Gordon
Granger
Graves
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hall (TX)
Hare
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayes
Heller
Hensarling
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Hoekstra
Holden
Holt
Honda
Hooley
Hoyer
Hulshof
Hunter
Inglis (SC)
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Johnson (IL)
Jones (NC)
Jones (OH)
Jordan
Kagen
Kanjorski
Kaptur
Keller
Kennedy
Kildee
Kilpatrick
Kind
King (IA)
King (NY)
Kingston
Kirk
Klein (FL)
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Lee
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Lungren, Daniel E.
Lynch
Mack
Mahoney (FL)
Maloney (NY)
Manzullo
Marchant
Markey
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul (TX)
McCollum (MN)
McCotter
McCrery
McDermott
McGovern
McHenry
McHugh
McIntyre
McKeon
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Musgrave
Myrick
Nadler
Napolitano
Neal (MA)
Neugebauer
Nunes
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Pearce
Pence
Perlmutter
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Pomeroy
Porter
Price (GA)
Price (NC)
Pryce (OH)
Putnam
Radanovich
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reyes
Reynolds
Richardson
Rodriguez
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Rothman
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sali
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Saxton
Schakowsky
Schiff
Schmidt
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shays
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Solis
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tancredo
Tanner
Tauscher
Taylor
Terry
Thompson (CA)
Thompson (MS)
Thornberry
Tiahrt
Tiberi
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walberg
Walden (OR)
Walsh (NY)
Walz (MN)
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch (VT)
Weldon (FL)
Weller
Westmoreland
Wexler
Whitfield
Wicker
Wilson (NM)
Wilson (OH)
Wilson (SC)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—2

Kucinich
Paul

NOT VOTING—14

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Johnson, Sam
Poe
Ross
Snyder

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1527

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1530

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 976, CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Mr. MCGOVERN. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 675 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 675

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 976) to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes, with Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the chairman of the Committee on Energy and Commerce or his designee that the House concur in each of the Senate amendments with the respective amendment printed in the report of the Committee on Rules accompanying this resolution. The Senate amendments and the motion shall be considered as read. The motion shall be debatable for one hour equally divided among and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce and the chairman and ranking minority member of the Committee on Ways and Means. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

POINT OF ORDER

Mr. ROGERS of Michigan. Mr. Speaker, point of order.

The SPEAKER pro tempore (Mr. HOLDEN). The gentleman will state his point of order.

Mr. ROGERS of Michigan. Mr. Speaker, I rise for a point of order against consideration of the resolution because it violates clause 9(b) of House rule XXI for failure to disclose a taxpayer-funded earmark contained in the bill.

Section 618 of the Democrats' SCHIP bill contains an undisclosed earmark directing taxpayer funding to a facility located in Memphis, Tennessee, specifically in the district of the gentleman from Tennessee.

Under House rules, all earmarks are supposed to be disclosed, and the Member requesting the earmark is required to certify that he has no financial interest in this earmark.

The earmark contained in this bill has not been disclosed anywhere. In fact, at the Rules Committee last night, my friends in the Democratic leadership certified this bill as ''earmark-free,'' despite the fact that this bill includes an earmark for the gentleman from Tennessee.

The requirements of full disclosure and certification that there is no financial interest have not been met here.

This earmark was not in the House-passed bill, H.R. 976. It was not in the Senate amendment to H.R. 976. I would point out it was in the House-passed H.R. 3192, but it was never disclosed there either.

This bill threatens the important programs that protect the health of seniors and children, and that debate should happen.

This bill spends billions in taxpayer dollars on health insurance for families who make $83,000 a year and on illegal immigrants. This bill ignores House earmark rules to buy votes for its passage.

Mr. Speaker, the American people are entitled to know how their tax dollars are being used. This is why the Republican leadership for months has been requesting a vote on House Resolution 479, legislation that would clarify the rules of our Chamber to ensure all earmarks are publicly disclosed and subject to challenge and debate here on the floor. The majority leadership has unfortunately refused to allow H. Res. 479 to come to the floor for vote. And this is why Republicans had no choice but to file a discharge petition last week that will force H. Res. 479 to the floor.

Mr. Speaker, there is a reason that the American people hold us in lower regard than a twice-convicted used car salesmen. It is because we continue to, in a slap of the face of every American taxpayer who gets up in the morning and plays by the rules, to play politics and slip things into bills that are not only against the rules, but against the integrity and well-standing of this House.

PARLIAMENTARY INQUIRY

Mr. MCGOVERN. Mr. Speaker, will the gentleman please state his point of order?

The SPEAKER pro tempore. The gentleman from Michigan must confine his remarks to his point of order.

Mr. ROGERS of Michigan. Mr. Speaker, my point of order is that this bill is in violation of 9(b) of House rule XXI for failure to disclose a taxpayer-funded earmark contained in the bill.

The SPEAKER pro tempore. Does any Member wish to be heard on the point of order?

The gentleman from Michigan makes a point of order under clause 9(b) of rule XXI that the resolution waives the application of clause 9(a) of rule XXI. It is correct that clause 9(b) of rule XXI provides a point of order against a rule that waives the application of the clause 9(a) point of order.

In pertinent part, clause 9(a) of rule XXI provides a point of order against a bill, a joint resolution, or a so-called ''manager's amendment'' thereto unless certain information on congressional earmarks, limited tax benefits and limited tariff benefits is disclosed. But this point of order does not lie against an amendment between the Houses.

House Resolution 675 makes in order a motion to concur in Senate amendments with amendment. Because clause 9(a) of rule XXI does not apply to amendments between the Houses, House Resolution 675 has no tendency to waive its application. The point of order is overruled.

Mr. ROGERS of Michigan. I appeal the ruling of the Chair.

The SPEAKER pro tempore. The question is: Shall the decision of the Chair stand as the judgment of the House?

MOTION TO TABLE OFFERED BY MR. MCGOVERN

Mr. MCGOVERN. Mr. Speaker, I move to table the appeal of the ruling of the Chair.

The SPEAKER pro tempore. The question is on the motion to table.

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

RECORDED VOTE

Mr. ROGERS of Michigan. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 224, noes 190, not voting 18, as follows:

[Roll No. 902]

AYES—224

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

NOES—190

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastert
Hastings (WA)
Hayes
Heller
Hensarling
Hobson
Hoekstra
Hulshof
Inglis (SC)
Issa
Johnson (IL)
Jones (NC)
Jordan
Keller
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kuhl (NY)
LaHood
Lamborn
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Putnam
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shays
Shimkus
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Weldon (FL)
Weller
Westmoreland
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

NOT VOTING—18

Berry
Bishop (GA)
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
English (PA)
Fortenberry
Herger
Hunter
Jindal
Johnson, E. B.
Johnson, Sam
McDermott
Poe
Ross
Snyder

□ 1557

So the motion to table was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

The SPEAKER pro tempore. The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Texas (Mr. SESSIONS). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and to insert extraneous materials into the RECORD.

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield myself 6 minutes.

Mr. Speaker, H. Res. 675 provides a rule for consideration of the Senate amendments to H.R. 976, the Children's Health Insurance Program Reauthorization Act.

The rule permits the chairman of the Committee on Energy and Commerce to move that the House concur in the Senate amendments with the amendments printed in the Rules Committee report.

The rule waives all points of order against the motion except those arising under clause 10 of rule XXI.

Finally, the rule provides 1 hour of debate equally divided among and controlled by the chairmen and ranking minority members of the Committee on Energy and Commerce and the Committee on Ways and Means.

Mr. Speaker, the bill before us today represents a defining historic moment for this House. Members of this body will be faced with the simple choice: Will you vote to provide health insurance to millions of children, or will you vote to take health insurance away from the children who currently have it?

Today, over 45 million people living in this country woke up without health care. Millions of them are children whose families make too much to be eligible for Medicaid but not enough to purchase their own insurance.

Studies have shown that the number of uninsured children jumped by 710,000

last year. That is unconscionable; and under the leadership of Speaker PELOSI and the new Democratic Congress, we have begun to change it.

The State Children's Health Insurance Program, or SCHIP, currently provides health care to over 6 million children; but the program will expire in just 6 days unless we act to reauthorize it.

Historically, the SCHIP program has enjoyed bipartisan support. The bill before us today represents a careful, bipartisan compromise that enjoys the support of people like Senator CHUCK GRASSLEY, Senator ORRIN HATCH, Congressman RAY LAHOOD, and Congresswoman HEATHER WILSON.

Frankly, Mr. Speaker, the bill before us does not go as far as I would like. I prefer the bill this House passed a few weeks ago. The House-passed bill not only expanded the SCHIP program to 1 million more children than the bill we'll be voting on today; it also leveled the playing field by adjusting the reimbursements for the Medicare Advantage Program, a program that is in dire need of reform. But I will not and I cannot allow the perfect to be the enemy of the very good, and this is a very good bill.

Under this agreement, health insurance coverage will be provided to millions of children who do not have it today. Quality dental coverage will be provided to all enrolled children. The agreement ensures that States will offer mental health services on par with medical and surgical benefits covered under SCHIP, and the bill also provides States the option to cover prenatal care, ensuring healthy babies and healthy moms.

Now, contrary to the White House rhetoric, the bulk of the children who would gain coverage are poor and near-poor children who are uninsured, not middle-income children with private coverage.

□ 1600

The President would like to suggest that SCHIP is Congress's way of socializing medicine and undermining private health insurance plans, which is interesting, considering that just yesterday this bill was endorsed by America's Health Insurance Plans, the Nation's largest insurance lobbying group. It is also important to note, Mr. Speaker, that this bill is fully paid for. This represents a sharp change from earlier bills that the President enthusiastically supported from the 2003 Medicare prescription drug bill to the Republican energy plans to his tax cuts for the rich, which were all financed by massive amounts of deficit spending.

The President has threatened to veto this bill, Mr. Speaker. That takes my breath away. He didn't veto billions of dollars in tax breaks to oil companies that were gouging people at the pump. He didn't veto billions of dollars in no-bid defense contracts. But he will veto a modest bipartisan bill to provide health care coverage for millions of low- and moderate-income American children?

Now, some of my friends on the other side of the aisle would say that we should simply extend the current SCHIP program, but what they won't tell you is that the spending level supported by the President is not enough even to provide continued coverage for all the children who are currently enrolled. In other words, Mr. Speaker, those who support the President would take health care away from over 800,000 kids who have it today. That is not acceptable. That is cruel.

As the Catholic Health Association has said, ''Temporary extensions and/or inadequate funding levels will lead to children losing coverage. That would be an enormous step back for our Nation and a retreat from our collective commitment to cover uninsured children.''

Mr. Speaker, this is a defining moment for this Congress. With a ''yes'' vote on this bill, we can improve the lives of millions of children and their families. A ''no'' vote is a vote to take health care away from some of the most vulnerable members of the American family.

The choice is clear. I urge a ''yes'' vote on the rule and the underlying bill.

I reserve the balance of my time.

Mr. SESSIONS. Mr. Speaker, today is a defining moment for an insatiable appetite that the new Democrat majority has for spending, spending taxpayer dollars and going well beyond the mission statement of SCHIP. And that is what the day is all about. It is a defining moment with the new Democrat majority seeking a way to have single payer-funded health care for all America. And that is the road that we are defining and beginning again today.

Mr. Speaker, I rise in strong opposition to this completely closed rule that fails to even provide the minority with a motion to recommit, and to the underlying legislation that the minority did not receive until 6:30 last night.

When I came to the floor in the beginning of August to oppose the previous version of this legislation, I explained my opposition to the way that it had been brought to the floor without a single legislative markup. And, unfortunately, again today that fact has not changed. In fact, neither Republican leadership nor Republican members on the House Energy and Commerce Committee had an opportunity to participate in the crafting of the 250-plus pages of legislative language this entire House was provided with just a little bit more than 12 hours ago.

Despite the terrible process surrounding this legislation from start to finish, I would like to once again thank the Democrat leadership for one thing: By cramming this bill through the House for a second time, they are giving every single Member of this body another opportunity to go on record regarding which vision they have for the future of our Nation's health care system that they truly support.

The first vision for our future is to slowly shift away as many Americans as is possible into a one-size-fits-all Washington bureaucrat-run program. And, if nothing else, I congratulate the Democrat leadership for their clarity, because that vision is embodied in H.R. 976.

Rather than taking the opportunity to cover the children who cannot obtain coverage through Medicaid or the private marketplace, this bill uses these children as pawns in their cynical attempt to make millions of Americans completely reliant upon the government for their health care needs.

H.R. 976 also increases government spending and dislocates the private marketplace, leaving taxpayers holding the bag for these increased costs. This bill generally raises the income threshold for eligibility and allows States to qualify anyone receiving these funds, including childless adults and people making over $80,000 a year, despite the fact that this diverts these much needed funds away from helping our Nation's most poorest children.

It would also allow illegal immigrants and aliens to receive these benefits by forcing States to accept non-secure documents as proof of citizenship for purposes of receiving these funds. I find it both ironic and unfortunate, Mr. Speaker, that the party of HILLARY CLINTON and bureaucrat-run health care would float a proposal in which law-abiding citizens are made to show proof of insurance as a condition of employment, while this legislation would open the door for ineligible and illegal immigrants to receive federally funded benefits, no questions asked.

All of these problems exist on top of a current system which we know that some States already abuse. This bill grandfathers in New York's standard, which provides Federal assistance to those making four times the poverty level, and in New Jersey at 3½ times, while allowing every other State to expand coverage to three times the current poverty level.

Finally, Mr. Speaker, the crowd-out effect created by this big government bill that replaces private insurance with a government program will not provide coverage to more kids. By the CBO estimate, it simply will shift 2.4 million children out of private insurance and into a Federal program that hurts doctors and hospitals by forcing them to deal with government bureaucrats that short-change both patients and providers by undercompensating them for medical services.

If Democrats were serious about ensuring that every American had access to inexpensive and high-quality health care, we would be talking about a different vision today for our health care, one that tackles the system's real underlying problems and revolutionizes our health care system to provide us

with better results. This other, Republican vision for improving health access to health insurance includes allowing families to have access to tax exemptions up to $15,000 a year for health care, not just those who work for large employers.

The Republican vision includes giving Americans the ability to purchase health insurance across State lines, because healthy insurance options should not be limited to the State you live in or your zip code. It also includes having Congress act to ensure that those who can't get insurance in the marketplace have access to coverage through high-risk pools and low-income tax credits.

Mr. Speaker, I am not here to oppose the idea of SCHIP. It was a Republican-controlled Congress that created SCHIP, and I support its original, true mission. But H.R. 976 is a camouflaged attempt at slowly siphoning Americans from insurance plans into a Washington, D.C., bureaucrat-run system.

Mr. Speaker, today we fail to address one of the most serious issues facing our Nation: how to make our health insurance system more affordable and accessible for all Americans. And by focusing on the wrong vision for our future, this bill does nothing to address either problem. It ignores the fact that our Nation has produced the greatest health care advantages in the world, many of which have come as a result of our competitive insurance market.

The American survival rate for leukemia is 50 percent; the European rate is just about 35 percent. For prostate cancer, the American survival rate is 81 percent; in France, it is 62 percent; in England, it is 44 percent.

Rather than trying to emulate Europe and its outdated socialized approach, we should be working on a vision to give every single American an opportunity to take part in our competitive insurance market. I encourage my colleagues to oppose this rule and the underlying legislation to drag America into a one-size-fits-all European model.

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

Mr. MCGOVERN. Mr. Speaker, before I yield to our next speaker, I just respond to the gentleman from Texas by saying, he talks about this Republican vision for health care; but if my memory is serving me correctly, the Republicans were in charge of the Congress for many years, too many years, if you ask me, and they had the President of the United States of the same party while they were in control of both Congresses.

What they presided over with all their control, this Republican vision that the gentleman from Texas talks about, resulted in more and more and more, millions and millions more Americans falling into the ranks of the uninsured. And many of them are children. Too many are children. We are trying to fix that here. We think it is unconscionable in the richest country on the face of this Earth that millions of children go without health insurance.

Let me just say one other thing. The gentleman made an allusion, too, that this bill would make it easier to enroll illegal immigrants. I want to ask my friend from Texas to read the bill. Section 605, no Federal funds for illegal immigrants. Nothing in this Act allows Federal payment for residents who are not legal residents.

Now, I know that immigrant bashing is the last bastion of the politically desperate, but the fact of the matter is facts are facts. And on documentation, only my Republican friends would argue that poor children should have passports as though they are jetting off to Paris for the spring fashion shows.

The bottom line is, what the gentleman is raising on that level is totally unwarranted.

Mr. Speaker, I yield 1 minute to the gentleman from Iowa (Mr. LOEBSACK).

Mr. LOEBSACK. Mr. Speaker, I rise today in strong support of the bipartisan agreement that will provide health coverage to 10 million children.

We have a moral obligation to protect and nurture our children. No child should go without health care. No child should go without regular checkups, preventive care, and treatment of illnesses. This legislation provides support to those who need it most, our children. And it is long overdue.

This compromise secures coverage for the 37,000 children covered by Iowa's HAWK-I program. It also provides essential funding for the State of Iowa to reach the almost 27,000 children who are eligible for the program but remain uninsured.

Mr. Speaker, healthy children are the foundation of our society and our economy. I sincerely hope that the President will change his mind, put the politics aside, and sign this critical legislation into law. The health, the well-being, and the lives of our children are at stake, and I support the rule.

Mr. SESSIONS. Mr. Speaker, at this time I yield to the gentleman from San Dimas, California, the ranking member on the Rules Committee, the gentleman from California (Mr. DREIER) 6 minutes.

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

Mr. DREIER. Mr. Speaker, I thank my very good friend from Dallas for yielding this time, and I thank him for his great, very thoughtful statement on this issue.

I have got to say, as I did last night when we met in the Rules Committee, Mr. Speaker, that it really saddens me that we are here at this point. It was very proudly in a Republican Congress with a Democratic President that we came together in a bipartisan way to ensure that the very, very underprivileged in this country, children, would have access to health insurance. It is something that existed for 10 years, and we know that there are still children who are in need and we want to do everything that we possibly can to ensure that children have an opportunity to have access to quality health care. Mr. Speaker, this ain't it. This is not the answer.

I listened to my friend from Worcester begin this very thoughtful statement about bipartisanship. He mentioned two House Republicans and two Senate Republicans who made this a wonderful bipartisan measure. But I would like to yield to my friend and engage in a colloquy with him, if I might.

I see here on the floor the very distinguished ranking minority member of the Committee on Energy and Commerce, the committee that has had jurisdiction over this issue. And I would like to inquire of my friend if he knows if the distinguished gentleman from Texas (Mr. BARTON) was ever invited, as he hails this great spirit of bipartisanship, to any meeting that was held by the majority in attempts to negotiate this measure. I am happy to yield to my friend from Worcester.

□ 1615

Mr. MCGOVERN. I'm sorry, I didn't hear the question of the gentleman from California.

Mr. DREIER. Would the gentleman yield me 1 minute so that I could ask the question again?

Mr. MCGOVERN. We have all of our time scheduled. I'm sorry.

Mr. DREIER. Would the gentleman yield me 30 seconds so that I can ask the question? We've got a limited amount of time here and a lot of speakers.

Mr. MCGOVERN. We are literally filled up.

Mr. DREIER. So the gentleman chooses not to answer my question then.

Mr. RANGEL. I will answer the question if you yield.

Mr. DREIER. I'd be happy to yield to my very good friend from New York.

Mr. RANGEL. Let me explain to the ranking member how difficult I know it must have been for you to see how the leadership in the House and Senate did this.

Mr. DREIER. Mr. Speaker, let me reclaim my time. I was happy to yield to my friend to answer my question. It was a yes or no question.

Mr. RANGEL. The Republican leadership excluded that man. The Republican leadership excluded him, as I had been excluded as a Democrat. He was excluded from participating by the Republican leaders.

The SPEAKER pro tempore (Mr. SCHIFF). The gentleman from New York will suspend. The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, the distinguished Chair of the Committee on Ways and Means is a great friend of mine. I'm always happy to yield to him. I was trying to yield to the gentleman from Worcester who is managing this rule——

Mr. RANGEL. He was excluded, too.

Mr. DREIER. I would simply inquire as to whether or not the distinguished ranking member of the Committee on Energy and Commerce, the former chairman of the committee, was invited to participate in this much heralded bipartisan agreement to which Mr. MCGOVERN has referred. And I guess the answer that I'm getting with all of this convoluted stuff is no. Well, you know what? Maybe I should yield to the distinguished former chairman of the Committee on Energy and Commerce to inquire of him. Mr. RANGEL and Mr. MCGOVERN seem to be unable to answer the question as to whether or not the distinguished former chairman, the ranking member, was invited to participate in this great bipartisan package that we've got. I'm happy to yield to my friend.

Mr. BARTON of Texas. The answer is no. I was allowed to testify at the Rules Committee last evening. That's the only formal opportunity I was ever given in the last 9 months on this bill.

Mr. DREIER. I thank my friend for enlightening us on that, Mr. Speaker, and I will simply say that that demonstrates that, as we've heard about this great quest for bipartisanship in dealing with an issue which should have been completely bipartisan, and was when the Republicans were in the majority, I will say. The American people were represented here in a bipartisan way in fashioning a State Children's Health Insurance Program, SCHIP, that had, first, a Democratic President, Bill Clinton, sign it, and it was a Republican work product.

It saddens me that today we now have a Democratic Congress and a Republican President, and this Republican President is going to veto the measure. Why? Because it dramatically expands the welfare state, undermines the ability for children who are truly in need to get it, and as was pointed out in an Energy and Commerce item, it's a reverse Robin Hood. It takes from the poor with a tax increase, the most regressive tax of all, as was stated by the Congressional Budget Office, and it gives to people who shouldn't even be able to qualify for this program.

And that is, I believe, just plain wrong. It is a mischaracterization of what we should see in a SCHIP program. Everybody wants to make this happen. Governors across the country wanted to make it happen. Of course, they want to have access to these resources. And Democrats and Republicans want to make it happen. But this is not the right bill. If Mr. BARTON had been able to participate, I'm convinced that we would have, Mr. Speaker, had a very decent bill on this.

Now, let me just say that the other thing that really troubles me is what we held our last vote on just a few minutes ago. Let me just very quickly, Mr. Speaker, say that we tried very, very hard at the beginning of this Congress to take the majority at their word when they said there was going to be a great new era of transparency and disclosure and accountability.

Well, 10 days ago, Mr. Speaker, we marked the first anniversary of our passing real earmark reform in this institution. What did it say? It said there would be transparency, accountability and disclosure on items, not just appropriations bills, but on authorizing bills and on tax bills. And, unfortunately, in this so-called new era of transparency and disclosure in this new Congress, we completely subvert the notion of transparency and disclosure on earmarks, as is evidenced in this bill.

When we in the Rules Committee last night saw the majority, and they all voted, we had a recorded vote on this. They chose to waive the provision that would have, in fact, had an opportunity for disclosure and accountability; and they voted, again, against it right here on the House floor. That's why, as was said by Mr. ROGERS earlier, we have a discharge petition so that we can do what we did last September 14, a year ago, and that is have real earmark reform.

Vote ''no'' on this rule and ''no'' on the underlying legislation.

Mr. MCGOVERN. Mr. Speaker, I'm sorry that the gentleman from California wasn't impressed with the names of the Republican legislators that I met who, I think, have impeccable conservative credentials. But this is a bipartisan effort. In fact, unlike when he was the chairman of the Rules Committee and his party was in control of Congress, bipartisanship now means more than just one Member of the opposing party.

Mr. Speaker, I would like to insert in the RECORD a letter that's in enthusiastic support of this bill sent to Speaker PELOSI signed by 16 other Republicans, and there are many, many more who I hope will support this bill.

CONGRESS OF THE UNITED STATES,
Washington, DC, September 19, 2007.

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

MADAM SPEAKER: On September 30, 2007, authorization for the State Children's Health Insurance Program will expire, putting at risk the health insurance coverage of six million children. While the House has passed a controversial Medicare and SCHIP reauthorization bill largely along party lines, the Senate has passed bipartisan SCHIP reauthorization legislation without Medicare provisions. We urge you to take up the bipartisan Senate SCHIP bill to reauthorize the program before it expires at the end of the month.

The Senate legislation would reauthorize the program for five years and increase. the authorized funding for the program by $35 billion over that time. The funding would fully fund current program levels and allow for the enrollment of more eligible uninsured children into the program. The Congressional Budget Office estimated the Senate bill would decrease the number of uninsured children by 3.2 million.

We would be supportive of consideration of the Senate SCHIP bill and believe it is the best vehicle for extending the program expeditiously. The health of the nation's children is too important to delay.

Sincerely,

Heather Wilson, John M. McHugh, Mary Bono, Phil English, James T. Walsh, David Reichert, Jo Ann Emerson, Wayne T. Gilchrest, Ralph Regula, Tom Davis, Todd R. Platts, Jim Ramstad, Mark Kirk, Judy Biggert, Rick Renzi, — — —.

Mr. Speaker, I yield 30 seconds to the gentleman from Texas (Mr. GENE GREEN).

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Speaker, I've been on the Energy and Commerce Committee 10 years, and it was a dark day that we couldn't mark up this bill simply because the Republican minority wanted to read the bill for 2 days, and so we lost jurisdiction of it. It hurt the Energy and Commerce Committee. But it hurt this House. And that's what we're seeing in this House of Representatives.

We want to do things on a bipartisan basis. And there is not a closer friend I have in the House than JOE BARTON. But as ranking member, we were stuck there for 2 days and couldn't even amend the bill without reading the whole bill. So to pass it in August we had to get it out of the committee. And we didn't do that when we were the minority. We could have, but we also knew that the majority had to rule.

Mr. SESSIONS. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Florida (Mr. LINCOLN DIAZ-BALART).

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I rise with the same sadness that was manifested by the ranking member, Mr. DREIER of the Rules Committee, when he spoke about the fact that on an issue like this, if there is ever an issue where we should be able to come together and extend a program, it is this one.

But as we saw last night, with the long, thorough testimony before the Rules Committee, the excessively exclusivist process that has been engaged in by the majority really has affected, in a significant and unfortunate way, the product before us. And Mr. BARTON pointed out, as has already been explained, that he was excluded from the process. And for example, on an issue, despite the fact that it's a major expansion of SCHIP, that we're facing a major expansion here of SCHIP on a very important issue which is the inclusion, for example, of legal immigrant children, they have not been included. For example, that's why we have the National Hispanic Medical Association saying we do not support this legislation, this SCHIP bill that does not include legal immigrant children.

You have the National Hispanic Leadership Agenda: ''We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children.''

The National Council of La Raza: ''We are particularly disheartened that a congressional debate focused on expanding access to health care to children would perpetuate an exclusion for legal immigrants.''

Now, one thing would be, Mr. Speaker, if due to limited resources we were simply extending this program, a program that we all agree is so necessary and important. But to see an expansion of the program that excludes legal, and I reiterate, legal immigrant children and pregnant women is most unfortunate. That's why I would include into the RECORD, Mr. Speaker, these letters.

My distinguished friend Mr. PALLONE last night was saying, well, you know, some people in the Senate didn't want that; that's why we don't do it. Mr. BARTON pointed out in Rules that he would have been happy to be there supporting this provision for legal, and I repeat, legal immigrant children. Perhaps that would have been the difference in being able to solve this problem.

Again, exclusivist process leads to an unfortunate result in policy. If there's ever been an example of that, we're seeing it this afternoon. So I oppose this rule, Mr. Speaker, and, at this stage, this unsatisfactory product that is being brought before us and that we should vote down today.

NATIONAL COUNCIL OF LA RAZA,
Washington, DC, September 24, 2007.

DEAR MEMBER OF CONGRESS: The National Council of La Raza (NCLR), the largest Hispanic civil rights and advocacy organization in the U.S., urges you to vote ''No'' on the State Children's Health Insurance Program (SCHIP) reauthorization conference report, legislation that we had hoped to support. The SCHIP conference report deliberately deletes a provision previously approved by the House of Representatives to restore health care coverage for Latino and other legal immigrant children. We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children. We urge Congress to reject the conference report and go back to the drawing board to develop SCHIP reauthorization legislation which will provide health care coverage equitably.

Latino children, who represent two-fifths of uninsured children, are overwhelmingly disconnected from health coverage, so it remains essential for Congress to address the core barriers that prevent them from gaining access to health care. While we acknowledge that the bill has some provisions that will broaden coverage opportunities for some of America's children, including some Latinos, we are deeply dismayed that it fails to include the language of the ''Legal Immigrant Children's Health Improvement Act (Legal ICHIA),'' which was passed by the House of Representatives with widespread bipartisan support. This important proposal addresses arbitrary restrictions to Medicaid and SCHIP for legal immigrant children and pregnant women and has the potential to extend coverage for hundreds of thousands of vulnerable children.

We are particularly disheartened that a congressional debate which is focused on expanding access to health care to children would perpetuate an exclusion for legal immigrants. It is disingenuous to say to the Latino community that health care is being expanded when a significant proportion of our children are not included.

We cannot accept this unjust and unnecessary inequity. We urge you to oppose the SCHIP conference report and redraft a reauthorization which includes the provisions of ''Legal ICHIA.'' We will recommend that votes associated with this legislation are included in the National Hispanic Leadership Agenda (NHLA) congressional scorecard.

Sincerely,

JANET MURGUÍA
President and CEO.

NATIONAL HISPANIC LEADERSHIP AGENDA,
Washington, DC, September 24, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate, Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MAJORITY LEADER REID AND SPEAKER PELOSI: On behalf of the National Hispanic Leadership Agenda (NHLA), a nonpartisan coalition of 40 major national Hispanic organizations and distinguished leaders, representing 44 million Hispanics, we strongly urge you to include the Legal Immigrant Children's Health Improvement Act (Legal ICHIA) into the final State Children's Health Insurance Program (SCHIP) Conference Report.

Latino children, who represent two-fifths of all uninsured children, are overwhelmingly disenfranchised from health coverage, so it remains essential for Congress to address the core barriers that prevent them from gaining access to health care. Not including Legal ICHIA in the Report is a grave injustice to the thousands of legal immigrant children and pregnant women who will be affected by this exclusion. The ban on covering legal immigrant children who have not been in the U.S. for five years has resulted in high uninsurance rates and lack of preventative care for many Hispanic children. Lifting the restriction to public health care would provide assurance to many families that their children's health conditions could be treated before becoming chronic.

We cannot support legislation that extends health coverage to some children while explicitly excluding legal immigrant children. We urge you to reject the conference report and go back to the drawing board to develop SCHIP reauthorization legislation which will provide health care coverage equitably.

Sincerely,

RONALD BLACKBURN-MORENO,
Chair of the Board of Directors.

NATIONAL HISPANIC MEDICAL ASSOCIATION,
Washington, DC, September 24, 2007.

Hon. HARRY REID,
Majority Leader, U.S. Senate, Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MAJORITY LEADER REID AND SPEAKER PELOSI: On behalf of the National Hispanic Medical Association (NHMA), a nonprofit association representing 36,000 licensed Hispanic physicians in the United States, we strongly urge you to demonstrate leadership and include the Legal Immigrant Children's Health Improvement Act (Legal ICHIA) into the final State Children's Health Insurance Program (SCHIP) bill.

The mission of NHMA is to improve the health of Hispanics and other underserved populations. We recognize that expansion of health insurance to legal immigrant children in the U.S. would allow a significant number of children to have access to health care that they desperately need in order to be better equipped to learn in school as well as to be able to grow developmentally into healthy adults. Since one in five Hispanic children is currently uninsured, and Hispanics represent the largest group of uninsured in the United States, inclusion of the Legal Immigrant Children's Health Improvement Act into the program is vital to increasing the enrollment numbers of Hispanic children.

In summary, the National Hispanic Medical Association strongly supports the inclusion of expanding access to health insurance for legal immigrant children and pregnant women that would ultimately, increase the quality of life of all Americans. We do not support an SCHIP bill that does not include Legal ICHIA.

Sincerely,

ELENA RIOS,
President and CEO.

Mr. MCGOVERN. Mr. Speaker, let me just say a couple of things with regard to process. The gentleman knows, everybody else knows, the gentleman should know that his Republican colleagues in the Senate blocked a motion to go to conference.

The SCHIP program expires in 6 days, and we don't have time for a House version of a filibuster. A dozen States will run out of SCHIP funding if we do not act. Now is the time to act. So if you want to make sure that those currently enrolled continue to get the health care coverage, then you've got to vote for this. And if you want more children to be enrolled, then you have to vote for this.

On the issue of legal immigrants, I agree. I think all of us here agree that the legal immigrants should be included. The reality is there were not enough Republicans who agree. The Republican leadership has been awful on this issue. And the Republicans in the Senate have said that adding a legal immigrant provision would have killed the bill in the Senate. That is the gentleman's party.

Let me also remind Members of this House that you had an opportunity to vote for an SCHIP that covered legal immigrants. That is what we voted on here in the House, and you all voted ''no.'' You voted ''no'' on that. You voted not to extend coverage for those legal immigrants in this country, those children of legal immigrants. So I'm not quite sure what you're trying to do here, other than trying to delay this process so we don't get this bill passed.

Mr. Speaker, I'd like to yield 3 minutes to the gentlewoman from California (Ms. MATSUI), a distinguished member of the Rules Committee.

(Ms. MATSUI asked and was given permission to revise and extend her remarks.)

Ms. MATSUI. Mr. Speaker, I rise in support of this rule and the underlying legislation, even though it does not do as much as I would like. In fact, less than 2 months ago I voted with a majority of this body for a bill that covered more children. It strengthened health care for millions of American citizens and restored fairness to our Medicare system and invested in preventive health.

Unfortunately, that bill cannot pass the Senate. And sometimes, in order to make change, we must compromise. Compromise is why we are here today,

Mr. Speaker. And though the bill before is us is not ideal, it is a step in the right direction.

It is rare that Members of Congress have the chance to provide health care to 4 million more children with one vote, but that is the opportunity we have today.

My district is like many others in this country. In my hometown of Sacramento, there are children who can see a doctor when they get sick. They go to a pediatrician and get a checkup or have their ear infection examined or their teeth cleaned regularly.

But there are also thousands of children in Sacramento who do not have this access, thousands of kids whose families cannot afford the huge cost of health insurance. These are children who cannot see a doctor until they're seriously ill, children who do not get the medical attention until they get to an emergency room. It is for these children, the thousands in Sacramento and the millions across the country, that we must pass this legislation today.

It is for these children that the President must sign this bill. If he vetoes it, he turns his back on 4 million more children in need. He will disregard the will of a clear majority of the American people.

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

Anna and Robby are fortunate. They have stable reliable health insurance. Millions of other children are not so lucky. Anna and Robby's peers are the reason I support this compromise bill, Mr. Speaker, even though it ignores many of the problems that the CHAMP Act addressed. Anna and Robby's peers are still the reason we should all support this bill, and they are the reason the President must sign it.

We'll return to this issue soon, Mr. Speaker. We'll finish what we began with the CHAMP Act. But for now, for the sake of millions of children in this country, I urge all my colleagues to support this rule and the underlying legislation.

□ 1630

Mr. SESSIONS. Mr. Speaker, I yield 4½ minutes to the distinguished gentleman from Ennis, Texas, the ranking member on Energy and Commerce (Mr. BARTON).

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Speaker, I am going to speak extemporaneously since my prepared remarks are in the RECORD. I remind the body that the Democratic majority took over the House and the Senate in January of this year. They set the schedule. They set the agenda. They decide what hearings are held. They decide what bills are marked up. They decide which issues come to the floor of both bodies. Not the Republicans.

It is insulting to sit here and be told that somehow when the same party, of which I am not a member, controls the agenda in both legislative bodies of this great Congress that somehow the Republicans are responsible for this late effort to reauthorize SCHIP.

I told the distinguished chairman of the Energy and Commerce Committee the day after the election last November, Mr. DINGELL of Michigan, that I was looking forward to working with him on SCHIP reauthorization, and while I don't know it as a fact, I am fairly certain that Mr. MCCRERY had a similar conversation with the distinguished chairman of the Ways and Means Committee, Mr. RANGEL of New York.

Now, how much bipartisan cooperation have we had in the House of Representatives? The answer is almost none. It is my understanding that Mr. RANGEL and Mr. MCCRERY did talk some in their committee, but in the Energy and Commerce Committee we held a number of generic hearings. We never held a hearing specifically on SCHIP. We never held a legislative markup in subcommittee. We never held a legislative hearing or markup in full committee. We got a 565-page bill the night before the scheduled markup, and it was take it or leave it. Well, we left it. And that bill passed the House, but barely.

What has happened since that bill passed? There have been discussions in the Senate between the Republicans and the Democrats apparently, and the House Democratic leadership have participated. But the House Republicans have not been allowed to participate. So what is the result of that? The result of that is a 300-page bill that the House Republicans saw at about 6:14 last evening and a Rules Committee in which it was voted to not give a Republican substitute, not give a Republican amendment, not even give a Republican motion to recommit.

So we are going to have twice now a major bill in which there is bipartisan support for is going to come to the House of Representatives with no Republican input, not even a motion to recommit.

Now, I don't know how many times the Republicans did that to the Democrats in the last several Congresses when we were in the majority, but I bet I could count them on the fingers of one hand, and I might be able to count them on the fingers of one finger.

Don't you think the American people deserve at least a substitute or a motion to recommit? Now, we are going to be given a chance later this evening to have 1 hour of debate, 1 hour of debate, and then an up-or-down vote, and we are going to get enough votes to sustain the President's veto, and maybe next week Mr. DINGELL and Mr. RANGEL and Ms. PELOSI will contact Mr. BOEHNER, Mr. BARTON, and Mr. MCCRERY, and we may yet get this bipartisan agreement. We may get it next week, and I hope we do. But I don't want the American people to be under any illusion. The bill that's coming before the floor tonight is a backroom deal that the most that can be said for it is that it does have money in it for the children of America, which we support. And there are lots of reforms that we probably support, too, if we are ever given the chance to have that discussion.

I would hope we would vote ''no'' on this rule, take it back to the Rules Committee, at least make a substitute or a motion to recommit in order, and put back in the rule in terms of earmarks. There are at least two earmarks that we know in the bill that nobody has talked about.

One of the earmarks is from the great State of Michigan, $1.2 billion over 10 years. It's just a gift of $1.2 billion for their FMAP program. And if that's not an earmark, I don't know what is. And under the Democratic leadership's own rule in this Congress, that should have at least been disclosed. And last night at the Rules Committee, they said there were no earmarks in the bill. And I believe when Ms. SLAUGHTER, the distinguished chairman, said that, she believed it. I don't think she knew it was in the bill. But it is. That at least ought to be corrected.

Vote ''no'' on the rule and send it back to the committee.

Mr. Speaker, this rule is an apt reflection of the underlying SCRIP legislation. Like the bill, it tramples democracy in a feckless commitment to bad politics over good policy. The House Democratic leadership wants to embarrass and weaken the President, and that goal is more important to them than extending health care to needy children.

So we're being instructed—not even asked—to swallow a multi-billion-dollar bill without having a legislative hearing at any level, without having a subcommittee markup and without having a conference. We're each supposed to analyze and comprehend a 299-page enigma that was unveiled last night. There'll be no amendments, of course, and no motion to recommit. This is getting to be a bad habit, isn't it?

Each of us represents several hundred thousand people, and most of them come from families that work hard and pay taxes. They do their part, and we should, too. But we can't do much more than voting object when we are not even able to know what's in the bills we're voting on.

Most of what we know about this SCHIP bill is what we hear in the halls and see in the newspapers. For some, that's enough because the harder we listen and the more we look, the more we discover that is troubling. What on earth is the $1.2 billion earmark for Michigan all about, anyway? And how many more like it are tucked away in this bill?

We cannot actually know most of what's in this bill, but we can suspect much. We can certainly suspect the State Children's Health Insurance Program grew from a fraction of the House SCHIP bill to become an entire pretend conference report. All we know for sure is that we're being asked to pass another major

piece of legislation based on blind faith and guesswork.

I wonder why we can't do now what we're surely going to do later—pass a simple extension of the SCRIP program and then have the honest public debate about policy changes that should have occurred over the last 10 months. Mr. DEAL and I propose to extend the authorization of SCRIP for an additional 18 months, and more than a hundred of our colleagues have agreed. There are no gimmicks, no budget trickery, no politics and no changes.

But the majority will want their pound of the President's flesh first. Everybody gets that, and maybe it won't work so well as they hope because, after all, everybody gets it. This rule and this legislation aren't about children or health. They are about a cynical exercise of raw power for the sake of a fleeting political advantage.

I wish the Democrats wouldn't do it this way, but I'm under no illusion that wishin' or hopin' will change the speaker's mind. I look forward to the President's inevitable veto because it will give us a chance to have a real discussion and write a transparent bill instead of foisting this mystery package on the taxpayers and the needy children of America.

We can work together and do this right, and I believe that eventually, we will. The best first step would be to reject this pathetic rule and start working on real legislation now instead of later.

Mr. MCGOVERN. Mr. Speaker, let me remind my colleagues that this program expires in 6 days and that the Republicans in the Senate blocked a motion to go to conference. That's why we are here. The other reason why we are here is we want to make sure that 10 million children in this country get health insurance.

Mr. Speaker, I yield 2½ minutes to the distinguished gentleman from New York, the chairman of the Ways and Means Committee (Mr. RANGEL).

Mr. RANGEL. Mr. Speaker, I want to support some of what Mr. BARTON has just said in terms of being critical about the manner in which this bill, albeit it helps 3½ million more children, how it got to the floor. And I also want to sympathize with him, having been the ranking member of Ways and Means when the Republicans were in charge, so I know what being excluded means. But I want to assure him that he was not excluded by the House leadership, not the House Democratic leadership and not the House Republican leadership. The criticism that so many people have about this bill is misfounded.

This is not the House bill. For those that are so sensitive about legal immigrants not being covered, you had an opportunity when the bill was in the House to vote for the House bill. And I hope for political reasons when you get back home, that vote was recorded the right way. But the reason it is not in this is because this is not the House bill.

And I want to tell Mr. BARTON that I was invited to go into the back room, but the back room was on the Senate side and it wasn't controlled by the Democratic leadership but by those Republicans who demanded that it be their way or the highway.

So you can debate all you want how you want to help or hurt the children, but don't be critical of the Democratic leadership in the House. Be critical of this bipartisan agreement on what? The Senate bill. And I have been assured by the majority whip of the majority leader in the Senate that he wanted to go to conference, and it would take 60 votes in order to beat a filibuster even for us to have a conference on the bill or perhaps we could have heard from the ranking member and others that would be appointed to the conference.

So the issue today is not how badly really the Republicans in the Senate handled this. They're in charge. They hold us hostage. You need 60 votes. You got a filibuster. So they have now capitulated to this bill that's now before us. And what is your decision? It is either you're going to help the kids or you're not. Either you're going to expand the coverage or you're not. And the President is not going to be in your district if you're lucky, but he doesn't have to explain anything if he vetoes.

Mr. SESSIONS. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, it came up in the point of order about a question of an earmark, and it was raised by the Republican side that that earmark was in my district. And they questioned something that maybe I should have done.

The fact is that part of the bill is in my district. It's The Med, a public hospital that renders charity care to people in Tennessee, Mississippi, Arkansas, and the boothill of Missouri; a hospital almost out of business because of how much charity care that it renders to the folks in those States.

I have no interest in that hospital but that as a congressman who supports that hospital. No personal interest whatsoever. I have great political interest in it because it serves my constituents, the people of Mississippi, and Arkansas. It is questionable whether that is an earmark or not. It was put in with the help of people across the aisle, and I appreciate my Republican colleagues from the State of Tennessee who helped get this in the bill because they see the need to help folks from Mississippi and Arkansas get health care that is provided at The Med and is not reimbursed to The Med. They lost $20 million in funding last year, the citizens of Shelby County who provided that funding at The Med for people in Mississippi and Arkansas, and that funding should continue.

Patients don't stop at State lines and neither should funding. And all this provision does is allow States to request Medicaid reimbursement for their citizens being treated at The Med in Memphis, Tennessee, the ''City of Good Abode.'' I am proud to be a Congressman from Tennessee, and I am proud to represent The Med and take umbrage at any suggestion that I violated any rules in seeing that I worked with my colleagues from Tennessee on the Republican and Democrat side to see that this inequity was corrected.

Mr. SESSIONS. Mr. Speaker, I continue to reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I would like to yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my colleague of the Rules Committee for allowing me to speak.

I rise today in support of the legislation to reauthorize the SCHIP program. With 6 million American children currently eligible for the program and yet unenrolled, it is time we quit playing politics with their health care and start covering these children.

This bill accomplishes both of these goals and is a true bipartisan, at least in the Senate, bicameral effort that will result in nearly 4 million additional children receiving health insurance coverage under the SCHIP program. This bill wisely retains the House formula and the incentives for States to implement outreach and enrollment tools, which offered the best combination for finding and enrolling eligible children.

However, I have to express regret and disappointment that the bill did not include the House bill's guarantee that children in families earning less than 200 percent of the poverty level will have 12 months of continuous eligibility under SCHIP. The enrollment and outreach package includes an incentive for States to provide this eligibility guarantee. But for a State like mine, we need to ensure that the State of Texas does right by our Texas children and doesn't use that flexibility inherent in the program to kick these kids off the rolls on a budgetary whim. The 175,000 Texas children who were kicked off the rolls in 2003 know all too well of the State's willingness to balance the State budget on their backs, and I hoped that this bill would take away the State's ability to do that in the future.

But like most pieces of compromise legislation, we have to consider the totality of the bill, and the bill should be celebrated for all that it does accomplish.

I hope my colleagues will join me in supporting the legislation and sending a strong message to the President that we must abandon the partisan politics and reauthorize SCHIP for America's children whose parents are working but cannot afford or are not offered employer-based health insurance.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 3 minutes to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY. Mr. Speaker, I thank the gentleman for yielding.

I rise today in opposition to this rule. It is the latest example of a long line of broken campaign promises made by this Democratic majority to conduct the most open, fair, and inclusive Congress in history. However, the Democrat majority has taken this opportunity yet again to shut out and alienate nearly half of the American population from the democratic process.

But I not only rise today in opposition to the rule but the underlying legislation as well. I do so because this massive expansion of an entitlement program is an irresponsible way to spend American taxpayers' hard-earned money.

Mr. Speaker, the legislation that we will be debating on the floor of the House today increases this government-run health care program far past its original intent to help low-income families purchase health care coverage for their children. The reality is this bill does not protect the most vulnerable amongst our children and citizens. Rather, it diverts these precious resources from those who most need it in order to cover adults and already privately insured children.

□ 1645

In fact, the extra $35 billion the Democrats are asking American families to pay for is aimed at a population, Mr. Speaker, where 77 percent of the children already have private health insurance coverage. These children would simply be transferred from private insurance coverage to a taxpayer-funded, government-controlled health care entitlement program.

So I wholeheartedly support the concept of the continuation of the SCHIP program, because as a physician for nearly 30 years, I acutely understand how quality health care is critical for our American children. And that's why I am a proud original cosponsor of H.R. 3584, the SCHIP Extension Act.

Mr. Speaker, this legislation looks to extend the current SCHIP program for 18 months, and it focuses the program and its funds on those individuals who really need it: low-income, uninsured American children.

I am also a cosponsor of the Barton-Deal alternative to this 140 percent massive 5-year Democratic expansion. Barton-Deal increases funding by 35 percent, and this is sufficient to cover the poor children who have fallen through the cracks; it is estimated to be 750,000 to 1 million kids. That covers it, Mr. Speaker.

So I, again, want to say that I am adamantly opposed to this legislation, not because I don't support SCHIP, but because this legislation irresponsibly spends American tax dollars. And I believe Congress can and should do a better job, because I believe the American taxpayers deserve better.

I urge all of my colleagues to vote ''no'' on this rule and the underlying legislation.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the distinguished gentleman from Texas (Mr. DOGGETT) of the Committee on Ways and Means.

Mr. DOGGETT. Mr. Speaker, today's bill certainly does not do enough for America's children; but even too little is too much for President Bush, who seems intent on doing for America's children what he did as Governor for the children of Texas, condemning more and more of them to suffer without health insurance.

As Governor, Mr. Bush refused to lead for Texas children. Our children's health insurance was late, very late. And once we got it, he did all he could to see that as few children as possible were covered, even though the Federal Government was picking up almost 75 cents of every dollar of the bill. Texas has actually refused about $1 billion of Federal money to help our children. And by insisting on such neglect from the start, Mr. Bush has ensured that Texas has the proud record of being number one of all the 50 States in having the highest percentage of children with no health insurance.

Now in alliance with the nicotine peddlers opposing this bill, once again President Bush's greatest concern is that too many children will get insurance coverage. He actually demands that some children must wait an entire year with no insurance at all before they are eligible for CHIP coverage.

Why doesn't the child of a waitress, the child of a construction worker, the child of one of the many workers at a small business that can't afford to provide health insurance to their employees, why doesn't that child deserve a healthy start in life? Painful earaches, a strep throat, a cavity, they deserve swift treatment, not waiting. As President Bush so disdainfully said last month, just take them to the emergency room. It's that kind of indifference, combined with his record in Texas, that demonstrates indifference to the needs of our children and their health insurance as nothing new for our President. But if he prevails today, the number of children who will suffer without adequate health insurance will be even bigger than Texas.

He calls this approach compassionate conservatism. I think most Americans would just call it ''cheatin' children.''

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 1 minute to the distinguished gentleman from Texas (Mr. EDWARDS).

Mr. EDWARDS. Mr. Speaker, the Children's Health Insurance Program is pro-family and pro-work. It is pro-family because few things are more important to a family than the health of their children. It's pro-work because it says to those on welfare, if you will get a job and go to work, you won't lose your health care coverage for your children.

This bill is about helping those who are working hard to help themselves. By passing this bill, we can ensure that 4 million American children without health insurance will receive better health care.

All too often in years past, Congress has fought hard for powerful special interests for change. Today, we can stand up for the interest of America's children, and we should do it for their sake and for the future of our country.

As a father of two young sons, I hope every Member will ask him or herself just one question, how would I vote if this bill meant the difference between my own children having health care coverage or not? The lives of 4 million children will be affected by how we answer that question today, right now.

Vote ''yes'' to children's health care. It's the right thing to do.

Mr. SESSIONS. Mr. Speaker, at this time I would like to yield 3 minutes to the gentleman from Texas, a father and a patriot (Mr. HENSARLING).

Mr. HENSARLING. I thank my dear friend for yielding.

I rise in opposition to this rule. I find it somewhat ironic that apparently Members have 5 days to insert something into the RECORD, yet we have less than 24 hours to actually read a 300-page bill.

Mr. Speaker, maybe some people are confused about the debate. Those of us who have plowed through this bill are not. Make no mistake about it, this is a government-run, socialized health care wolf masquerading in the sheepskin of children's health care.

This is only the first battle in this Congress over who will control health care in America. Will it be parents, families and doctors? Or will be it Washington bureaucrats? That's what this debate is all about.

As one of my colleagues, the gentlelady from Oklahoma (Ms. FALLIN), said, and I'll paraphrase, the Democrats now want to turn over your health care, your family's health care to the same Federal Government that can't get you a passport, that can't keep illegal immigrants from crossing our border, and could not competently render aid after Hurricane Katrina. And that's who they want to give your family's health care to.

Now, again, the Democrats claim this is all about insuring low-income children. That debate is false because they know, Mr. Speaker, Medicaid takes care of the children at the poverty level in the current SCHIP program, takes care of the working poor. And today, the Democrats know they could get overwhelmingly bipartisan support if they would reauthorize that, but that's not what they're bringing to the floor. They're bringing us a program that will insure adults, insure families making up to $62,000 a year and in some cases $82,000 a year. And they do this by taxing working poor, by a massive tobacco tax that primarily falls upon families with less than $30,000 in income. That's right, Mr. Speaker, they're going to tax the working poor to give subsidies to those making up to $82,000 a year.

In order to finance this program, the Heritage Foundation has concluded they're going to need 22 million new

smokers over the next 10 years just to fund this program.

The Congressional Budget Office said that in effect they will also in this bill take family-chosen health care plans away from 2.1 million families and stick them with a government-run plan instead. They're taking children off of family-chosen health insurance and putting them in government-run plans.

Every American child deserves access to quality, affordable, accessible health care. They deserve the kind of health care that we in Congress and our children enjoy, but that's not what they're receiving here. Instead, in a matter of years, when mothers in America have sick children, they will wait weeks and months to see a marginally competent doctor chosen by a Washington bureaucrat that may or may not do anything to help their children. That's not the way it ought to be in America. We can do better.

Defeat this rule. Defeat this bill.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the distinguished gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Let me thank the distinguished gentleman from Massachusetts and the chairman of the full Committee on Ways and Means and the chairman of Energy and Commerce. This is correctly stated by the chairman of the Ways and Means: this is not the House bill.

I love our children. I have great concerns about this legislation, but I have more concerns about my Republican friends who are opposing this legislation, and I am outraged about the President's threat of a veto. Even this bill does not cover the 6 million children that we need to cover, it only covers 2.4 million. My friends, this is not Medicaid; this is SCHIP. This is for working men and women whose children don't have health insurance; 2.8 million are insured. We wanted 5 million, 6 million; but, no, we only have 2.8 million, 3.2 million left out.

And then, of course, there was the possibility of insuring some adults, the most vulnerable sick adults, under SCHIP with remaining monies. This bill does not do that. And then, of course, we look at individuals who are of legal immigrant status and we tell them they cannot be covered—these immigrants are here legally.

We also are asking people to come to the emergency room with a sick child with citizenship documentation. And let me say, this is for all of us. And so you have a sick child and you're looking for citizenship documentation. On the other hand, I am grateful that we have parity with dental and mental care for SCHIP children. And pregnant women are covered. And then we have the ability to enroll the children quickly, because one of the problems of SCHIP is that children are not enrolled. But the real crisis is no answer coming from the White House children's health care. The only thing coming from the White House is a veto pen.

So not only will 6 million children be left out in the cold, but the small number, 2.8 million, that was squeaking through the door will be thrown under the bus because we won't be able to cover them because a veto pen is waiting for us. We can do better. America is better than this.

I love our children. We need to do this in the right way. We certainly don't need a veto pen by the President of the United States. We should love our children and respond to their health needs.

Mr. Speaker, I rise to express my disappointment in the version of the State Children's Health Insurance Program Act of 2007 which has been brought before this body today. This bill, which has been largely driven by the Republicans in the Senate, falls far short of the mark to mend the broken pieces of our healthcare system and provide healthcare coverage for some of our most vulnerable populations in this country. Instead of covering an additional 6 million uninsured children, this bill increases coverage for 3 million, leaving 3 million children uninsured. This bill also fails to provide vision coverage and provides very little mental coverage for our children. Pregnant women may also suffer under this bill because this bill, unlike the previous House version, does not guarantee additional coverage for pregnant women. This bill also denies coverage to parents, college-aged adults, and legal immigrants who currently have coverage in some states.

This is extremely important because reauthorization of SCHIP is crucial to closing the racial and ethnic health disparities in this country. Narrowing health care coverage of our children, as this newly agreed upon version does, clearly falls far short of the goal that we had hoped for in our efforts to decrease health disparities. It is crucial that this Congress continue to bring awareness to the many health concerns facing minority communities and to acknowledge that we need to find solutions to address these concerns. My colleagues in the Congressional Black Caucus and I understand the very difficult challenges facing us in the form of huge health disparities among our community and other minority communities. We will continue to seek solutions to those challenges.

Reauthorization of the SCHIP bill is crucial to realizing those solutions. However, we must not compromise away the health of millions of children who will under this new SCHIP version go without healthcare coverage. It is imperative for us to improve the prospects for living long and healthy lives and fostering an ethic of wellness in African-American and other minority communities.

Looking at the statistics, we know that the lack of healthcare contributes greatly to the racial and ethnic health disparities in this country, so we must provide our children with the health insurance coverage to remain healthy. SCHIP, established in 1997 to serve as the healthcare safety net for low-income uninsured children, has decreased the number of uninsured low-income children in the United States by more than one-third. The reduction in the number of uninsured children is even more striking for minority children.

In 2006, SCHIP provided insurance to 6.7 million children. Of these, 6.2 million were in families whose income was less than $33,200 a year for a family of three. SCHIP works in conjunction with the Medicaid safety net that serves the lowest income children and ones with disabilities. Together, these programs provide necessary preventative, primary and acute healthcare services to more than 30 million children. Eighty-six percent of these children are in working families that are unable to obtain or afford private health insurance. Meanwhile, healthcare through SCHIP is cost effective: it costs a mere $3.34 a day or $100 a month to cover a child under SCHIP, according to the Congressional Budget Office. There are significant benefits of the State Children's Health Insurance Program when looking at specific populations served by this program.

Minority Children: SCHIP has had a dramatic effect in reducing the number of uninsured minority children and providing them access to care; Between 1996 and 2005, the percentage of low-income African American and Hispanic children without insurance decreased substantially; In 1998, roughly 30 percent of Latino children, 20 percent of African American children, and 18 percent of Asian American and Pacific Islander children were uninsured. After enactment, those numbers had dropped by 2004 to about 12 percent, and 8 percent, respectively; Half of all African American and Hispanic children are already covered by SCHIP or Medicaid; More than 80 percent of uninsured African American children and 70 percent of uninsured Hispanic children are eligible but not enrolled in Medicaid and SCHIP, so reauthorizing and increasing support for SCHIP will be crucial to insuring this population.

Prior to enrolling in SCHIP, African American and Hispanic children were much less likely than non-Hispanic White children to have a usual source of care. After they enrolled in SCHIP, these racial and ethnic disparities largely disappeared. In addition, SCHIP eliminated racial and ethnic disparities in unmet medical needs for African American and Hispanic children, putting them on par with White children. SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has health care coverage through SCHIP. More than half of all children whose family income is $32,180 received health care coverage through SCHIP.

Children in Urban Areas: SCHIP is also important to children living in urban areas of the country. In urban areas: One in four children has health care coverage through SCHIP. More than half of all children whose family income is $32,180 received healthcare coverage through SCHIP.

Children in Rural Communities: SCHIP is significantly important to children living in our country's rural areas. In rural areas: One in three children has health care coverage through SCHIP or more than half of all children whose family income is under $32,180 received healthcare coverage through Medicaid or SCHIP. Seventeen percent of children continue to be of the 50 counties with the highest rates of uninsured children, 44 are rural counties, with many located in the most remote and isolated parts of the country. Because the goal is to reduce the number of uninsured children, reauthorizing and increasing

support for SCHIP will be crucial to helping the uninsured in these counties and reducing the 17 percent of uninsured.

Mr. Speaker, I would much rather we extend the deadline for reauthorization of SCHIP, while we diligently and reasonably consider the unsettled issues in this debate so that millions of the most vulnerable population, including many African American and other minority children can receive the health care coverage they need to remain healthy and develop into productive citizens of this great country. It is not as important to reauthorize an inferior bill under pressure of fast-approaching deadlines, as it is to ensure that we provide health care to those children who remain vulnerable to health disparities. I urge my colleagues to join me in ensuring health care coverage for millions of children and reducing health disparities among the most vulnerable populations.

Mr. McGOVERN. Mr. Speaker, I would like to yield 1½ minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy.

I urge my colleagues to invest in our children's health by approving this bipartisan legislation.

It amazes me that the President of the United States can support testing our children in school repeatedly under No Child Left Behind, but doesn't think we should test them for hepatitis, let alone vaccinate them against the disease.

The President claims that everybody already has access to health care through the emergency room. This is not only callous; it's a terrible way to get health care and it is factually wrong. Every family does not have access.

Now, there are no surprises here in this legislation. No matter how often the President or some of his apologists here on the Republican side of the aisle say it, this is not a giveaway to the middle class; it's not socialized medicine. That's why 86 percent of our Governors, including 16 Republican Governors, support this legislation and are looking, actually, to use it to increase the number of vulnerable families who receive health care.

How can some claim that ours is the best health care system in the world when it is inaccessible to 10 million of our most vulnerable citizens, our children of working class families, none of whom can afford their own health care?

I urge my colleagues to take a stand, join this bipartisan consensus, vote to extend the program, and resist the President's veto.

Mr. McGOVERN. Mr. Speaker, at this time I would like to yield 1½ minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

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

Mr. LANGEVIN. Mr. Speaker, I am pleased to rise in support of this rule to reauthorize the Children's Health Insurance Program. It is critical that we pass this legislation, and with the funding for SCHIP program scheduled to expire in 5 days from now, it is critical that we pass it today.

SCHIP began in 1997 and has been a true success story. While the number of uninsured adults has steadily climbed over the past 10 years, currently 47 million Americans without health insurance, the number of uninsured children in our Nation has declined by nearly a third.

This program has made health insurance a reality for over 12,000 children in my home State of Rhode Island this year, the majority of them in families where one or more adults is part of the workforce. It is a critical component of health care delivery in Rhode Island, as it is across the country.

By reauthorizing the SCHIP program, we renew our national commitment to achieving the goal of insuring all children whose parents cannot afford private health insurance coverage.

I urge my colleagues to vote in favor of this rule which will allow us to preserve and strengthen this tremendously successful program. It is the compassionate thing to do, it's the right thing to do, and I urge my colleagues to support SCHIP reauthorization.

□ 1700

Mr. SESSIONS. Mr. Speaker, I will be asking Members to oppose the previous question so that I may amend the rule to allow for consideration of H. Res. 479, a resolution that I call the ''Earmark Accountability Rule.'' It seems like we need a lot more accountability. We had to learn today that through a loophole that evidently we don't have to have all earmarks to be accounted for in the bills that come to this floor of the House of Representatives despite what we were told just a few months ago.

Last night in the ''Graveyard of Good Ideas,'' which is the Rules Committee, I made a motion that would have the Democrats enforce their own earmark proposal by allowing points of order regarding earmarks to be raised on this legislation. As expected, the vote failed along party lines with every Democrat member present voting to waive their own earmark rules for this bill. I am greatly disappointed in that outcome. So today I am giving the entire House, not just the nine Democrat members of the Rules Committee, whose word we are expected to take that this legislation contains no earmarks, an opportunity to correct that mistake.

This rules change would simply allow the House to debate openly and honestly about the validity and accuracy of earmarks contained in all bills, not just appropriations bills. If we defeat the previous question, we can address that problem today and restore this Congress' nonexistent credibility when it comes to the enforcement of its own rules.

I ask unanimous consent to have the text of this amendment and extraneous material appear in the RECORD just before the vote on the previous question.

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

There was no objection.

Mr. SESSIONS. Mr. Speaker, today, once again, we have a rule that is on the floor of the House of Representatives that is neither open nor I think passes the standard of accountability to the American people nor fairness that they spoke about. Last night, the Rules Committee and minority received this bill just 1 hour and 15 minutes before the Rules Committee was to meet. It involved no feedback from Republican Members, especially those who have jurisdiction over this from the Energy and Commerce Committee.

I am disappointed. I am disappointed that, once again, we have to come to the floor of the House of Representatives after asking a straightforward question last night to the chairman of the Rules Committee, ''Are there any earmarks in this legislation? We think we found three,'' only to come to the floor today and find out, oops, no, we got a loophole, had to find a loophole.

This is crass. It is really politics over policy. I know many people want the United States House of Representatives to be higher in the polls. We are at 11 percent right now. People scratch their head and wonder why. Well, with the way that this House is running, not living up to their word, even the word in committee among colleagues who have been with each other for 9 years that I have been on the Rules Committee where a person looked right at me and said, ''There is nothing in that bill,'' I think we can do better.

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

Mr. McGOVERN. Mr. Speaker, let me begin by saying that this is a proud day for the House of Representatives. If we can pass the bill and send it to the President, that will guarantee 10 million children who don't have health insurance currently that they will get health insurance. That is something we can be proud of. That is an accomplishment. That is results.

We have heard a lot of excuses from the other side. A lot of my friends say, ''I love SCHIP, but I just don't want to vote for it. I love all of our children in this country. I believe everybody should have insurance, but I am not willing to vote to make sure that they have insurance.''

Well, Mr. Speaker, that doesn't cut it. The American people are sick of the stalling tactics. They are sick of the excuses. They are sick of the lack of results that they have seen in the area of making sure that everybody in this country gets health insurance. And that is one of the reasons why, I should tell the gentleman from Texas, why his party lost in the last election, because it was perceived by the American people that his party wasn't responding to the real challenges and the real needs of the American people, that they were indifferent to the plight of uninsured children across this country.

It is time to do the right thing, Mr. Speaker. As I said in the very beginning of this debate, the choice really is very simple, will you vote to provide health insurance to millions of children, or will you vote to take health insurance away from children who currently have it? This is the choice. Voting ''no'' or voting for all the procedural motions that the gentleman from Texas has put forward will basically result in children currently who have insurance losing that insurance, because the President's plan doesn't provide nearly enough money to cover those who are already enrolled in the program. But we need to do better.

The bottom line is that we are the richest country on the face of the Earth. It is unconscionable that every person in this country does not have health care. It is even more outrageous that our children don't have health insurance. It is, quite frankly, outrageous that the President of the United States is holding a veto threat over this bill, a bill to guarantee that more of our children have health insurance. Of all the things he could possibly veto, this is where he draws the line in the sand when it comes to making sure that our kids get the health care they deserve? It takes my breath away when I think that this is the issue that he chooses to have a fight over, health insurance for our children. I am grateful that there are Republicans who are going to join with us on this vote.

So, Mr. Speaker, I urge a ''yes'' vote on the previous question and on the rule.

The material previously referred to by Mr. SESSIONS is as follows:

AMENDMENT TO H. RES. 675 OFFERED BY MR. SESSIONS OF TEXAS

At the end of the resolution, add the following:

That immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider the resolution (H. Res. 479) to amend the Rules of the House of Representatives to provide for enforcement of clause 9 of rule XXI of the Rules of the House of Representatives. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to final adoption without intervening motion or demand for division of the question except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308–311) describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

Because the vote today may look bad for the Democratic majority they will say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's ''American Congressional Dictionary'': ''If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.''

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. McGOVERN. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Mr. SESSIONS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on adoption of House Resolution 675, if ordered, and suspending the rules and agreeing to House Resolution 95.

The vote was taken by electronic device, and there were—yeas 218, nays 197, not voting 17, as follows:

[Roll No. 903]

YEAS—218

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

NAYS—197

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Boehner
Bonner
Bono
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert

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

NOT VOTING—17

Berry
Bishop (GA)
Blunt
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Johnson, Sam
Jones (OH)
Poe
Putnam
Ross
Snyder

□ 1732

Messrs. DAVIS of Kentucky, LEWIS of California, and STEARNS changed their vote from ''yea'' to ''nay.''

Messrs. GENE GREEN of Texas, HIGGINS, and MOORE of Kansas changed their vote from ''nay'' to ''yea.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. SCHIFF). The question is on the resolution.

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

RECORDED VOTE

Mr. SESSIONS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 215, noes 199, answered ''present'' 2, not voting 16, as follows:

[Roll No. 904]

AYES—215

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

NOES—199

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Boehner
Bonner
Bono
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Capito
Carter
Castle
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Culberson
Davis (KY)
Davis, David
Davis, Tom
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Ehlers
Emerson
English (PA)
Everett
Fallin
Feeney
Ferguson
Flake
Forbes
Fortenberry
Fossella
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gilchrest
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastert
Hastings (WA)
Hayes
Heller
Hensarling
Hill
Hobson
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Jones (NC)
Jordan
Keller
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
LaHood
Lamborn
Latham
LaTourette
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McHugh
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Musgrave
Myrick
Neugebauer
Nunes
Pastor
Paul
Pearce
Pence
Peterson (PA)
Petri
Pickering
Pitts
Platts
Porter
Price (GA)
Pryce (OH)
Radanovich
Ramstad
Regula
Rehberg
Reichert
Renzi
Reyes
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Serrano
Sessions
Shadegg
Shays
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Terry
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walberg
Walden (OR)
Walsh (NY)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield
Wicker
Wilson (NM)
Wilson (SC)
Wolf
Young (AK)
Young (FL)

ANSWERED ''PRESENT''—2

Kaptur
Watson

NOT VOTING—16

Berry
Bishop (GA)
Blunt
Carson
Cubin
Davis (IL)
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Johnson, Sam
Poe
Putnam
Ross
Snyder

□ 1741

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF CAMPUS FIRE SAFETY MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 95, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. HOLT) that the House suspend the rules and agree to the resolution, H. Res. 95, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 406, nays 0, not voting 26, as follows:

[Roll No. 905]

YEAS—406

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

NOT VOTING—26

Berry
Bishop (GA)
Blumenauer
Blunt
Carson
Cleaver
Cubin
Davis (IL)
Davis, Jo Ann
DeFazio
Delahunt
Forbes
Herger
Jindal
Johnson, E. B.
Johnson, Sam
Moran (VA)
Murtha
Obey
Poe
Putnam
Ross
Rush
Snyder
Stark
Weldon (FL)

□ 1747

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. PUTNAM. Mr. Speaker: on Tuesday, September 25, 2007, I had obligations that caused me to miss three votes. Had I been here, I would have voted: "nay" on the Previous Question on the Rule for H.R. 976 (SCHIP). "Nay" on the Rule for H.R. 976 (SCHIP). "Yea" on H. Res. 95 "Expressing the sense of the House of Representatives supporting the goals and ideals of Campus Fire Safety Month, and for other purposes."

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.J. RES. 52, CONTINUING APPROPRIATIONS, FISCAL YEAR 2008

Ms. MATSUI, from the Committee on Rules, submitted a privileged report (Rept. No. 110–348) on the resolution (H. Res. 677) providing for consideration of the joint resolution (H.J. Res. 52) making continuing appropriations for the fiscal year 2008, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2693, POPCORN WORKERS LUNG DISEASE PREVENTION ACT

Ms. MATSUI, from the Committee on Rules, submitted a privileged report (Rept. No. 110–349) on the resolution (H. Res. 678) providing for consideration of the bill (H.R. 2693) to direct the Occupational Safety and Health Administration to issue a standard regulating worker exposure to diacetyl, which was referred to the House Calendar and ordered to be printed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 5 o'clock and 48 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1837

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SCHIFF) at 6 o'clock and 37 minutes p.m.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Mr. DINGELL. Mr. Speaker, pursuant to H. Res. 675, I call up from the Speaker's table the bill (H.R. 976) to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses, and for other purposes, with Senate amendments thereto, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The Clerk will designate the Senate amendments.

The text of the Senate amendments is as follows:

Senate amendments:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECURITY ACT; REFERENCES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Children's Health Insurance Program Reauthorization Act of 2007".

(b) AMENDMENTS TO SOCIAL SECURITY ACT.—Except as otherwise specifically provided, whenever in this Act an amendment is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to that section or other provision of the Social Security Act.

(c) REFERENCES TO MEDICAID; CHIP; SECRETARY.—In this Act:

(1) CHIP.—The term "CHIP" means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(2) MEDICAID.—The term "Medicaid" means the program for medical assistance established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

(d) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; amendments to Social Security Act; references; table of contents.

TITLE I—FINANCING OF CHIP

Sec. 101. Extension of CHIP.
Sec. 102. Allotments for the 50 States and the District of Columbia.
Sec. 103. One-time appropriation.
Sec. 104. Improving funding for the territories under CHIP and Medicaid.
Sec. 105. Incentive bonuses for States.
Sec. 106. Phase-out of coverage for nonpregnant childless adults under CHIP; conditions for coverage of parents.
Sec. 107. State option to cover low-income pregnant women under CHIP through a State plan amendment.
Sec. 108. CHIP Contingency fund.
Sec. 109. Two-year availability of allotments; expenditures counted against oldest allotments.
Sec. 110. Limitation on matching rate for States that propose to cover children with effective family income that exceeds 300 percent of the poverty line.
Sec. 111. Option for qualifying States to receive the enhanced portion of the CHIP matching rate for Medicaid coverage of certain children.

TITLE II—OUTREACH AND ENROLLMENT

Sec. 201. Grants for outreach and enrollment.
Sec. 202. Increased outreach and enrollment of Indians.
Sec. 203. Demonstration program to permit States to rely on findings by an Express Lane agency to determine components of a child's eligibility for Medicaid or CHIP.
Sec. 204. Authorization of certain information disclosures to simplify health coverage determinations.

TITLE III—REDUCING BARRIERS TO ENROLLMENT

Sec. 301. Verification of declaration of citizenship or nationality for purposes of eligibility for Medicaid and CHIP.
Sec. 302. Reducing administrative barriers to enrollment.

TITLE IV—REDUCING BARRIERS TO PROVIDING PREMIUM ASSISTANCE

Subtitle A—Additional State Option for Providing Premium Assistance

Sec. 401. Additional State option for providing premium assistance.
Sec. 402. Outreach, education, and enrollment assistance.

Subtitle B—Coordinating Premium Assistance With Private Coverage

Sec. 411. Special enrollment period under group health plans in case of termination of Medicaid or CHIP coverage or eligibility for assistance in purchase of employment-based coverage; coordination of coverage.

TITLE V—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES OF CHILDREN

Sec. 501. Child health quality improvement activities for children enrolled in Medicaid or CHIP.
Sec. 502. Improved information regarding access to coverage under CHIP.
Sec. 503. Application of certain managed care quality safeguards to CHIP.

TITLE VI—MISCELLANEOUS

Sec. 601. Technical correction regarding current State authority under Medicaid.
Sec. 602. Payment error rate measurement (''PERM'').
Sec. 603. Elimination of counting medicaid child presumptive eligibility costs against title XXI allotment.
Sec. 604. Improving data collection.
Sec. 605. Deficit Reduction Act technical corrections.
Sec. 606. Elimination of confusing program references.
Sec. 607. Mental health parity in CHIP plans.
Sec. 608. Dental health grants.
Sec. 609. Application of prospective payment system for services provided by Federally-qualified health centers and rural health clinics.
Sec. 610. Support for injured servicemembers.
Sec. 611. Military family job protection.
Sec. 612. Sense of Senate regarding access to affordable and meaningful health insurance coverage.
Sec. 613. Demonstraion projects relating to diabetes prevention.
Sec. 614. Outreach regarding health insurance options available to children.

TITLE VII—REVENUE PROVISIONS

Sec. 701. Increase in excise tax rate on tobacco products.
Sec. 702. Administrative improvements.
Sec. 703. Time for payment of corporate estimated taxes.

TITLE VIII—EFFECTIVE DATE

Sec. 801. Effective date.

TITLE I—FINANCING OF CHIP

SEC. 101. EXTENSION OF CHIP.

Section 2104(a) (42 U.S.C. 1397dd(a)) is amended—

(1) in paragraph (9), by striking ''and'' at the end;

(2) in paragraph (10), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

''(11) for fiscal year 2008, $9,125,000,000;

''(12) for fiscal year 2009, $10,675,000,000;

''(13) for fiscal year 2010, $11,850,000,000;

''(14) for fiscal year 2011, $13,750,000,000; and

''(15) for fiscal year 2012, for purposes of making 2 semi-annual allotments—

''(A) $1,750,000,000 for the period beginning on October 1, 2011, and ending on March 31, 2012, and

''(B) $1,750,000,000 for the period beginning on April 1, 2012, and ending on September 30, 2012.''.

SEC. 102. ALLOTMENTS FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA.

(a) IN GENERAL.—Section 2104 (42 U.S.C. 1397dd) is amended by adding at the end the following new subsection:

''(i) DETERMINATION OF ALLOTMENTS FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA FOR FISCAL YEARS 2008 THROUGH 2012.—

''(1) COMPUTATION OF ALLOTMENT.—

''(A) IN GENERAL.—Subject to the succeeding paragraphs of this subsection, the Secretary shall for each of fiscal years 2008 through 2012 allot to each subsection (b) State from the available national allotment an amount equal to 110 percent of—

''(i) in the case of fiscal year 2008, the highest of the amounts determined under paragraph (2);

''(ii) in the case of each of fiscal years 2009 through 2011, the Federal share of the expenditures determined under subparagraph (B) for the fiscal year; and

''(iii) beginning with fiscal year 2012, subject to subparagraph (E), each semi-annual allotment determined under subparagraph (D).

''(B) PROJECTED STATE EXPENDITURES FOR THE FISCAL YEAR.—For purposes of subparagraphs (A)(ii) and (D), the expenditures determined under this subparagraph for a fiscal year are the projected expenditures under the State child health plan for the fiscal year (as certified by the State and submitted to the Secretary by not later than August 31 of the preceding fiscal year).

''(C) AVAILABLE NATIONAL ALLOTMENT.—For purposes of this subsection, the term 'available national allotment' means, with respect to any fiscal year, the amount available for allotment under subsection (a) for the fiscal year, reduced by the amount of the allotments made for the fiscal year under subsection (c). Subject to paragraph (3)(B), the available national allotment with respect to the amount available under subsection (a)(15)(A) for fiscal year 2012 shall be increased by the amount of the appropriation for the period beginning on October 1 and ending on March 31 of such fiscal year under section 103 of the Children's Health Insurance Program Reauthorization Act of 2007.

''(D) SEMI-ANNUAL ALLOTMENTS.—For purposes of subparagraph (A)(iii), the semi-annual allotments determined under this paragraph with respect to a fiscal year are as follows:

''(i) For the period beginning on October 1 and ending on March 31 of the fiscal year, the Federal share of the portion of the expenditures determined under subparagraph (B) for the fiscal year which are allocable to such period.

''(ii) For the period beginning on April 1 and ending on September 30 of the fiscal year, the Federal share of the portion of the expenditures determined under subparagraph (B) for the fiscal year which are allocable to such period.

''(E) AVAILABILITY.—Each semi-annual allotment made under subparagraph (A)(iii) shall remain available for expenditure under this title for periods after the period specified in subparagraph (D) for purposes of determining the allotment in the same manner as the allotment would have been available for expenditure if made for an entire fiscal year.

''(2) SPECIAL RULE FOR FISCAL YEAR 2008.—

''(A) IN GENERAL.—For purposes of paragraph (1)(A)(i), the amounts determined under this paragraph for fiscal year 2008 are as follows:

''(i) The total Federal payments to the State under this title for fiscal year 2007, multiplied by the annual adjustment determined under subparagraph (B) for fiscal year 2008.

''(ii) The Federal share of the amount allotted to the State for fiscal year 2007 under subsection (b), multiplied by the annual adjustment determined under subparagraph (B) for fiscal year 2008.

''(iii) Only in the case of—

''(I) a State that received a payment, redistribution, or allotment under any of paragraphs (1), (2), or (4) of subsection (h), the amount of the projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary;

''(II) a State whose projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the May 2006 estimates certified by the State to the Secretary, were at least $95,000,000 but not more than $96,000,000 higher than the projected total Federal payments to the State under this title for fiscal year 2007 on the basis of the November 2006 estimates, the amount of the projected total Federal payments to the State under this title for fiscal year 2007 on the basis of the May 2006 estimates; or

''(III) a State whose projected total Federal payments under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary, exceeded all amounts available to the State for expenditure for fiscal year 2007 (including any amounts paid, allotted, or redistributed to the State in prior fiscal years), the amount of the projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary, multiplied by the annual adjustment determined under subparagraph (B) for fiscal year 2008.

''(iv) The projected total Federal payments to the State under this title for fiscal year 2008, as determined on the basis of the August 2007 projections certified by the State to the Secretary by not later than September 30, 2007.

''(B) ANNUAL ADJUSTMENT FOR HEALTH CARE COST GROWTH AND CHILD POPULATION GROWTH.—The annual adjustment determined under this subparagraph for a fiscal year with respect to a State is equal to the product of the amounts determined under clauses (i) and (ii):

''(i) PER CAPITA HEALTH CARE GROWTH.—1 plus the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for the calendar year that begins during the fiscal year involved over the preceding calendar year, as most recently published by the Secretary.

''(ii) CHILD POPULATION GROWTH.—1.01 plus the percentage change in the population of children under 19 years of age in the State from July 1 of the fiscal year preceding the fiscal year involved to July 1 of the fiscal year involved, as determined by the Secretary based on the most timely and accurate published estimates of the Bureau of the Census.

''(C) DEFINITION.—For purposes of subparagraph (B), the term 'fiscal year involved' means the fiscal year for which an allotment under this subsection is being determined.

''(D) PRORATION RULE.—If, after the application of this paragraph without regard to this subparagraph, the sum of the State allotments determined under this paragraph for fiscal year 2008 exceeds the available national allotment for fiscal year 2008, the Secretary shall reduce each such allotment on a proportional basis.

''(3) ALTERNATIVE ALLOTMENTS FOR FISCAL YEARS 2009 THROUGH 2012.—

''(A) IN GENERAL.—If the sum of the State allotments determined under paragraph (1)(A)(ii) for any of fiscal years 2009 through 2011 exceeds the available national allotment for the fiscal year, the Secretary shall allot to each subsection (b) State from the available national allotment for the fiscal year an amount equal to the product of—

''(i) the available national allotment for the fiscal year; and

''(ii) the percentage equal to the sum of the State allotment factors for the fiscal year determined under paragraph (4) with respect to the State.

''(B) SPECIAL RULES BEGINNING IN FISCAL YEAR 2012.—Beginning in fiscal year 2012—

''(i) this paragraph shall be applied separately with respect to each of the periods described in clauses (i) and (ii) of paragraph (1)(D) and the available national allotment for each such period shall be the amount appropriated for such period (rather than the amount appropriated for the entire fiscal year), reduced by the amount of the allotments made for the fiscal year under subsection (c) for each such period, and

''(ii) if—

''(I) the sum of the State allotments determined under paragraph (1)(A)(iii) for either such period exceeds the amount of such available national allotment for such period, the Secretary shall make the allotment for each State for such period in the same manner as under subparagraph (A), and

''(II) the amount of such available national allotment for either such period exceeds the sum of the State allotments determined under paragraph (1)(A)(iii) for such period, the Secretary shall increase the allotment for each State for such period by the amount that bears the same ratio to such excess as the State's allotment determined under paragraph (1)(A)(iii) for such period (without regard to this subparagraph) bears to the sum of such allotments for all States.

''(4) WEIGHTED FACTORS.—

''(A) FACTORS DESCRIBED.—For purposes of paragraph (3), the factors described in this subparagraph are the following:

''(i) PROJECTED STATE EXPENDITURES FOR THE FISCAL YEAR.—The ratio of the projected expenditures under the State child health plan for the fiscal year (as certified by the State to the Secretary by not later than August 31 of the preceding fiscal year) to the sum of the projected expenditures under all such plans for all subsection (b) States for the fiscal year, multiplied by the applicable percentage weight assigned under subparagraph (B).

''(ii) NUMBER OF LOW-INCOME CHILDREN IN THE STATE.—The ratio of the number of low-income children in the State, as determined on the basis of the most timely and accurate published estimates of the Bureau of the Census, to the sum of the number of low-income children so determined for all subsection (b) States for such fiscal year, multiplied by the applicable percentage weight assigned under subparagraph (B).

''(iii) PROJECTED STATE EXPENDITURES FOR THE PRECEDING FISCAL YEAR.—The ratio of the projected expenditures under the State child health plan for the preceding fiscal year (as determined on the basis of the projections certified by the State to the Secretary for November of the fiscal year), to the sum of the projected expenditures under all such plans for all subsection (b) States for such preceding fiscal year (as so determined), multiplied by the applicable percentage weight assigned under subparagraph (B).

''(iv) ACTUAL STATE EXPENDITURES FOR THE SECOND PRECEDING FISCAL YEAR.—The ratio of the actual expenditures under the State child health plan for the second preceding fiscal year, as determined by the Secretary on the basis of expenditure data reported by States on CMS Form 64 or CMS Form 21, to such sum of the actual expenditures under all such plans for all subsection (b) States for such second preceding fiscal year, multiplied by the applicable percentage weight assigned under subparagraph (B).

''(B) ASSIGNMENT OF WEIGHTS.—For each of fiscal years 2009 through 2012, the applicable weights assigned under this subparagraph are the following:

''(i) With respect to the factor described in subparagraph (A)(i), a weight of 75 percent for each such fiscal year.

''(ii) With respect to the factor described in subparagraph (A)(ii), a weight of 12½ percent for each such fiscal year.

''(iii) With respect to the factor described in subparagraph (A)(iii), a weight of 7½ percent for each such fiscal year.

''(iv) With respect to the factor described in subparagraph (A)(iv), a weight of 5 percent for each such fiscal year.

''(5) DEMONSTRATION OF NEED FOR INCREASED ALLOTMENT BASED ON PROJECTED STATE EXPENDITURES EXCEEDING 10 PERCENT OF THE PRECEDING FISCAL YEAR ALLOTMENT.—

''(A) IN GENERAL.—If the projected expenditures under the State child health plan described in paragraph (1)(B) for any of fiscal years 2009 through 2012 are at least 10 percent more than the allotment determined for the State for the preceding fiscal year (determined without regard to paragraph (2)(D) or paragraph (3)), and, during the preceding fiscal year, the State did not receive approval for a State plan amendment or waiver to expand coverage under the State child health plan or did not receive a CHIP contingency fund payment under subsection (k)—

''(i) the State shall submit to the Secretary, by not later than August 31 of the preceding fiscal year, information relating to the factors that contributed to the need for the increase in the State's allotment for the fiscal year, as well as any other additional information that the Secretary may require for the State to demonstrate the need for the increase in the State's allotment for the fiscal year;

''(ii) the Secretary shall—

''(I) review the information submitted under clause (i);

''(II) notify the State in writing within 60 days after receipt of the information that—

''(aa) the projected expenditures under the State child health plan are approved or disapproved (and if disapproved, the reasons for disapproval); or

''(bb) specified additional information is needed; and

''(III) if the Secretary disapproved the projected expenditures or determined additional information is needed, provide the State with a reasonable opportunity to submit additional information to demonstrate the need for the increase in the State's allotment for the fiscal year.

''(B) PROVISIONAL AND FINAL ALLOTMENT.—In the case of a State described in subparagraph (A) for which the Secretary has not determined by September 30 of a fiscal year whether the State has demonstrated the need for the increase in the State's allotment for the succeeding fiscal year, the Secretary shall provide the State with a provisional allotment for the fiscal year equal to 110 percent of the allotment determined for the State under this subsection for the preceding fiscal year (determined without regard to paragraph (2)(D) or paragraph (3)), and may, not later than November 30 of the fiscal year, adjust the State's allotment (and the allotments of other subsection (b) States), as necessary (and, if applicable, subject to paragraph (3)), on the basis of information submitted by the State in accordance with subparagraph (A).

''(6) SPECIAL RULES.—

''(A) DEADLINE AND DATA FOR DETERMINING FISCAL YEAR 2008 ALLOTMENTS.—In computing the amounts under paragraph (2)(A) and subsection (c)(5)(A) that determine the allotments to subsection (b) States and territories for fiscal year 2008, the Secretary shall use the most recent data available to the Secretary before the start of that fiscal year. The Secretary may adjust such amounts and allotments, as necessary, on the basis of the expenditure data for the prior year reported by States on CMS Form 64 or CMS Form 21 not later than November 30, 2007, but in no case shall the Secretary adjust the allotments provided under paragraph (2)(A) or subsection (c)(5)(A) for fiscal year 2008 after December 31, 2007.

''(B) INCLUSION OF CERTAIN EXPENDITURES.—

''(i) PROJECTED EXPENDITURES OF QUALIFYING STATES.—Payments made or projected to be made to a qualifying State described in paragraph (2) of section 2105(g) for expenditures described in paragraph (1)(B)(ii) or (4)(B) of that section shall be included for purposes of determining the projected expenditures described in paragraph (1)(B) with respect to the allotments determined for each of fiscal years 2009 through 2012 and for purposes of determining the amounts described in clauses (i) and (iv) of paragraph (2)(A) with respect to the allotments determined for fiscal year 2008.

''(ii) PROJECTED EXPENDITURES UNDER BLOCK GRANT SET-ASIDES FOR NONPREGNANT CHILDLESS ADULTS AND PARENTS.—Payments projected to be made to a State under subsection (a) or (b) of section 2111 shall be included for purposes of determining the projected expenditures described in paragraph (1)(B) with respect to the allotments determined for each of fiscal years 2009 through 2012 (to the extent such payments are permitted under such section), including for purposes of allocating such expenditures for purposes of clauses (i) and (ii) of paragraph (1)(D).

''(7) SUBSECTION (b) STATE.—In this subsection, the term 'subsection (b) State' means 1 of the 50 States or the District of Columbia.''.

(b) CONFORMING AMENDMENTS.—Section 2104 (42 U.S.C. 1397dd) is amended—

(1) in subsection (a), by striking ''subsection (d)'' and inserting ''subsections (d), (h), and (i)'';

(2) in subsection (b)(1), by striking ''subsection (d)'' and inserting ''subsections (d), (h), and (i)''; and

(3) in subsection (c)(1), by striking ''subsection (d)'' and inserting ''subsections (d), (h), and (i)''.

SEC. 103. ONE-TIME APPROPRIATION.

There is appropriated to the Secretary, out of any money in the Treasury not otherwise appropriated, $12,500,000,000 to accompany the allotment made for the period beginning on October

1, 2011, and ending on March 31, 2012, under section 2104(a)(15)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(15)(A)) (as added by section 101), to remain available until expended. Such amount shall be used to provide allotments to States under subsections (c)(5) and (i) of section 2104 of the Social Security Act (42 U.S.C. 1397dd) for the first 6 months of fiscal year 2012 in the same manner as allotments are provided under subsection (a)(15)(A) of such section and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(15)(A).

SEC. 104. IMPROVING FUNDING FOR THE TERRITORIES UNDER CHIP AND MEDICAID.

(a) UPDATE OF CHIP ALLOTMENTS.—Section 2104(c) (42 U.S.C. 1397dd(c)) is amended—

(1) in paragraph (1), by inserting ''and paragraphs (5) and (6)'' after ''and (i)''; and

(2) by adding at the end the following new paragraphs:

''(5) ANNUAL ALLOTMENTS FOR TERRITORIES BEGINNING WITH FISCAL YEAR 2008.—Of the total allotment amount appropriated under subsection (a) for a fiscal year beginning with fiscal year 2008, the Secretary shall allot to each of the commonwealths and territories described in paragraph (3) the following:

''(A) FISCAL YEAR 2008.—For fiscal year 2008, the highest amount of Federal payments to the commonwealth or territory under this title for any fiscal year occurring during the period of fiscal years 1998 through 2007, multiplied by the annual adjustment determined under subsection (i)(2)(B) for fiscal year 2008, except that clause (ii) thereof shall be applied by substituting 'the United States' for 'the State'.

''(B) FISCAL YEARS 2009 THROUGH 2012.—

''(i) IN GENERAL.—For each of fiscal years 2009 through 2012, except as provided in clause (ii), the amount determined under this paragraph for the preceding fiscal year multiplied by the annual adjustment determined under subsection (i)(2)(B) for the fiscal year, except that clause (ii) thereof shall be applied by substituting 'the United States' for 'the State'.

''(ii) SPECIAL RULE FOR FISCAL YEAR 2012.—In the case of fiscal year 2012—

''(I) 89 percent of the amount allocated to the commonwealth or territory for such fiscal year (without regard to this subclause) shall be allocated for the period beginning on October 1, 2011, and ending on March 31, 2012, and

''(II) 11 percent of such amount shall be allocated for the period beginning on April 1, 2012, and ending on September 30, 2012.''.

(b) REMOVAL OF FEDERAL MATCHING PAYMENTS FOR DATA REPORTING SYSTEMS FROM THE OVERALL LIMIT ON PAYMENTS TO TERRITORIES UNDER TITLE XIX.—Section 1108(g) (42 U.S.C. 1308(g)) is amended by adding at the end the following new paragraph:

''(4) EXCLUSION OF CERTAIN EXPENDITURES FROM PAYMENT LIMITS.—With respect to fiscal years beginning with fiscal year 2008, if Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa qualify for a payment under subparagraph (A)(i), (B), or (F) of section 1903(a)(3) for a calendar quarter of such fiscal year, the payment shall not be taken into account in applying subsection (f) (as increased in accordance with paragraphs (1), (2), and (3) of this subsection) to such commonwealth or territory for such fiscal year.''.

(c) GAO STUDY AND REPORT.—Not later than September 30, 2009, the Comptroller General of the United States shall submit a report to the appropriate committees of Congress regarding Federal funding under Medicaid and CHIP for Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. The report shall include the following:

(1) An analysis of all relevant factors with respect to—

(A) eligible Medicaid and CHIP populations in such commonwealths and territories;

(B) historical and projected spending needs of such commonwealths and territories and the ability of capped funding streams to respond to those spending needs;

(C) the extent to which Federal poverty guidelines are used by such commonwealths and territories to determine Medicaid and CHIP eligibility; and

(D) the extent to which such commonwealths and territories participate in data collection and reporting related to Medicaid and CHIP, including an analysis of territory participation in the Current Population Survey versus the American Community Survey.

(2) Recommendations for improving Federal funding under Medicaid and CHIP for such commonwealths and territories.

SEC. 105. INCENTIVE BONUSES FOR STATES.

(a) IN GENERAL.—Section 2104 (42 U.S.C. 1397dd), as amended by section 102, is amended by adding at the end the following new subsection:

''(j) INCENTIVE BONUSES.—

''(1) ESTABLISHMENT OF INCENTIVE POOL FROM UNOBLIGATED NATIONAL ALLOTMENT AND UNEXPENDED STATE ALLOTMENTS.—

''(A) IN GENERAL.—There is hereby established in the Treasury of the United States a fund which shall be known as the 'CHIP Incentive Bonuses Pool' (in this subsection referred to as the 'Incentive Pool'). Amounts in the Incentive Pool are authorized to be appropriated for payments under this subsection and shall remain available until expended.

''(B) DEPOSITS THROUGH INITIAL APPROPRIATION AND TRANSFERS OF FUNDS.—

''(i) INITIAL APPROPRIATION.—There is appropriated to the Incentive Pool, out of any money in the Treasury not otherwise appropriated, $3,000,000,000 for fiscal year 2008.

''(ii) TRANSFERS.—Notwithstanding any other provision of law, the following amounts are hereby appropriated or transferred to, deposited in, and made available for expenditure from the Incentive Pool on the following dates:

''(I) UNEXPENDED FISCAL YEAR 2006 AND 2007 ALLOTMENTS.—On December 31, 2007, the sum for all States of the excess (if any) for each State of—

''(aa) the aggregate allotments provided for the State under subsection (b) or (c) for fiscal years 2006 and 2007 that are not expended by September 30, 2007, over

''(bb) an amount equal to 50 percent of the allotment provided for the State under subsection (c) or (i) for fiscal year 2008 (as determined in accordance with subsection (i)(6)).

''(II) UNOBLIGATED NATIONAL ALLOTMENT.—

''(aa) FISCAL YEARS 2008 THROUGH 2011.—On December 31 of fiscal year 2008, and on December 31 of each succeeding fiscal year through fiscal year 2011, the portion, if any, of the amount appropriated under subsection (a) for such fiscal year that is unobligated for allotment to a State under subsection (c) or (i) for such fiscal year or set aside under subsection (a)(3) or (b)(2) of section 2111 for such fiscal year.

''(bb) FIRST HALF OF FISCAL YEAR 2012.—On December 31 of fiscal year 2012, the portion, if any, of the sum of the amounts appropriated under subsection (a)(15)(A) and under section 103 of the Children's Health Insurance Program Reauthorization Act of 2007 for the period beginning on October 1, 2011, and ending on March 31, 2012, that is unobligated for allotment to a State under subsection (c) or (i) for such fiscal year or set aside under subsection (b)(2) of section 2111 for such fiscal year.

''(cc) SECOND HALF OF FISCAL YEAR 2012.—On June 30 of fiscal year 2012, the portion, if any, of the amount appropriated under subsection (a)(15)(B) for the period beginning on April 1, 2012, and ending on September 30, 2012, that is unobligated for allotment to a State under subsection (c) or (i) for such fiscal year or set aside under subsection (b)(2) of section 2111 for such fiscal year.

''(III) PERCENTAGE OF STATE ALLOTMENTS THAT ARE UNEXPENDED BY THE END OF THE FIRST YEAR OF AVAILABILITY BEGINNING WITH THE FISCAL YEAR 2009 ALLOTMENTS.—On October 1 of each of fiscal years 2009 through 2012, the sum for all States for such fiscal year (the 'current fiscal year') of the excess (if any) for each State of—

''(aa) the allotment made for the State under subsection (b), (c), or (i) for the fiscal year preceding the current fiscal year (reduced by any amounts set aside under section 2111(a)(3)) that is not expended by the end of such preceding fiscal year, over

''(bb) an amount equal to the applicable percentage (for the fiscal year) of the allotment made for the State under subsection (b), (c), or (i) (as so reduced) for such preceding fiscal year.

For purposes of item (bb), the applicable percentage is 20 percent for fiscal year 2009, and 10 percent for each of fiscal years 2010, 2011, and 2012.

''(IV) REMAINDER OF STATE ALLOTMENTS THAT ARE UNEXPENDED BY THE END OF THE PERIOD OF AVAILABILITY BEGINNING WITH THE FISCAL YEAR 2006 ALLOTMENTS.—On October 1 of each of fiscal years 2009 through 2012, the total amount of allotments made to States under subsection (b), (c), or (i) for the second preceding fiscal year (third preceding fiscal year in the case of the fiscal year 2006 allotments) and remaining after the application of subclause (III) that are not expended by September 30 of the preceding fiscal year.

''(V) UNEXPENDED TRANSITIONAL COVERAGE BLOCK GRANT FOR NONPREGNANT CHILDLESS ADULTS.—On October 1, 2009, any amounts set aside under section 2111(a)(3) that are not expended by September 30, 2009.

''(VI) EXCESS CHIP CONTINGENCY FUNDS.—

''(aa) AMOUNTS IN EXCESS OF THE AGGREGATE CAP.—On October 1 of each of fiscal years 2010 through 2012, any amount in excess of the aggregate cap applicable to the CHIP Contingency Fund for the fiscal year under subsection (k)(2)(B).

''(bb) UNEXPENDED CHIP CONTINGENCY FUND PAYMENTS.—On October 1 of each of fiscal years 2010 through 2012, any portion of a CHIP Contingency Fund payment made to a State that remains unexpended at the end of the period for which the payment is available for expenditure under subsection (e)(3).

''(VII) EXTENSION OF AVAILABILITY FOR PORTION OF UNEXPENDED STATE ALLOTMENTS.—The portion of the allotment made to a State for a fiscal year that is not transferred to the Incentive Pool under subclause (I) or (III) shall remain available for expenditure by the State only during the fiscal year in which such transfer occurs, in accordance with subclause (IV) and subsection (e)(4).

''(C) INVESTMENT OF FUND.—The Secretary of the Treasury shall invest, in interest bearing securities of the United States, such currently available portions of the Incentive Pool as are not immediately required for payments from the Pool. The income derived from these investments constitutes a part of the Incentive Pool.

''(2) PAYMENTS TO STATES INCREASING ENROLLMENT.—

''(A) IN GENERAL.—Subject to paragraph (3)(D), with respect to each of fiscal years 2009 through 2012, the Secretary shall make payments to States from the Incentive Pool determined under subparagraph (B).

''(B) DETERMINATION OF PAYMENTS.—If, for any coverage period ending in a fiscal year ending after September 30, 2008, the average monthly enrollment of children in the State plan under title XIX exceeds the baseline monthly average for such period, the payment made for the fiscal year shall be equal to the applicable amount determined under subparagraph (C).

''(C) APPLICABLE AMOUNT.—For purposes of subparagraph (B), the applicable amount is the product determined in accordance with the following:

''(i) If such excess with respect to the number of individuals who are enrolled in the State plan

under title XIX does not exceed 2 percent, the product of $75 and the number of such individuals included in such excess.

''(ii) If such excess with respect to the number of individuals who are enrolled in the State plan under title XIX exceeds 2, but does not exceed 5 percent, the product of $300 and the number of such individuals included in such excess, less the amount of such excess calculated in clause (i).

''(iii) If such excess with respect to the number of individuals who are enrolled in the State plan under title XIX exceeds 5 percent, the product of $625 and the number of such individuals included in such excess, less the sum of the amount of such excess calculated in clauses (i) and (ii).

''(D) INDEXING OF DOLLAR AMOUNTS.—For each coverage period ending in a fiscal year ending after September 30, 2009, the dollar amounts specified in subparagraph (C) shall be increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for the calendar year beginning on January 1 of the coverage period over the preceding coverage period, as most recently published by the Secretary before the beginning of the coverage period involved.

''(3) RULES RELATING TO ENROLLMENT INCREASES.—For purposes of paragraph (2)(B)—

''(A) BASELINE MONTHLY AVERAGE.—Except as provided in subparagraph (C), the baseline monthly average for any fiscal year for a State is equal to—

''(i) the baseline monthly average for the preceding fiscal year; multiplied by

''(ii) the sum of 1 plus the sum of—

''(I) 0.01; and

''(II) the percentage increase in the population of low-income children in the State from the preceding fiscal year to the fiscal year involved, as determined by the Secretary based on the most timely and accurate published estimates of the Bureau of the Census before the beginning of the fiscal year involved.

''(B) COVERAGE PERIOD.—Except as provided in subparagraph (C), the coverage period for any fiscal year consists of the last 2 quarters of the preceding fiscal year and the first 2 quarters of the fiscal year.

''(C) SPECIAL RULES FOR FISCAL YEAR 2009.—With respect to fiscal year 2009—

''(i) the coverage period for that fiscal year shall be based on the first 2 quarters of fiscal year 2009; and

''(ii) the baseline monthly average shall be—

''(I) the average monthly enrollment of low-income children enrolled in the State's plan under title XIX for the first 2 quarters of fiscal year 2007 (as determined over a 6-month period on the basis of the most recent information reported through the Medicaid Statistical Information System (MSIS)); multiplied by

''(II) the sum of 1 plus the sum of—

''(aa) 0.02; and

''(bb) the percentage increase in the population of low-income children in the State from fiscal year 2007 to fiscal year 2009, as determined by the Secretary based on the most timely and accurate published estimates of the Bureau of the Census before the beginning of the fiscal year involved.

''(D) ADDITIONAL REQUIREMENT FOR ELIGIBILITY FOR PAYMENT.—For purposes of subparagraphs (B) and (C), the average monthly enrollment shall be determined without regard to children who do not meet the income eligibility criteria in effect on July 19, 2007, for enrollment under the State plan under title XIX or under a waiver of such plan.

''(4) TIME OF PAYMENT.—Payments under paragraph (2) for any fiscal year shall be made during the last quarter of such year.

''(5) USE OF PAYMENTS.—Payments made to a State from the Incentive Pool shall be used for any purpose that the State determines is likely to reduce the percentage of low-income children in the State without health insurance.

''(6) PRORATION RULE.—If the amount available for payment from the Incentive Pool is less than the total amount of payments to be made for such fiscal year, the Secretary shall reduce the payments described in paragraph (2) on a proportional basis.

''(7) REFERENCES.—With respect to a State plan under title XIX, any references to a child in this subsection shall include a reference to any individual provided medical assistance under the plan who has not attained age 19 (or, if a State has so elected under such State plan, age 20 or 21).''.

(b) REDISTRIBUTION OF UNEXPENDED FISCAL YEAR 2005 ALLOTMENTS.—Notwithstanding section 2104(f) of the Social Security Act (42 U.S.C. 1397dd(f)), with respect to fiscal year 2008, the Secretary shall provide for a redistribution under such section from the allotments for fiscal year 2005 under subsection (b) and (c) of such section that are not expended by the end of fiscal year 2007, to each State described in clause (iii) of section 2104(i)(2)(A) of the Social Security Act, as added by section 102(a), of an amount that bears the same ratio to such unexpended fiscal year 2005 allotments as the ratio of the fiscal year 2007 allotment determined for each such State under subsection (b) of section 2104 of such Act for fiscal year 2007 (without regard to any amounts paid, allotted, or redistributed to the State under section 2104 for any preceding fiscal year) bears to the total amount of the fiscal year 2007 allotments for all such States (as so determined).

(c) CONFORMING AMENDMENT ELIMINATING RULES FOR REDISTRIBUTION OF UNEXPENDED ALLOTMENTS FOR FISCAL YEARS AFTER 2005.—Effective January 1, 2008, section 2104(f) (42 U.S.C. 1397dd(f)) is amended to read as follows:

''(f) UNALLOCATED PORTION OF NATIONAL ALLOTMENT AND UNUSED ALLOTMENTS.—For provisions relating to the distribution of portions of the unallocated national allotment under subsection (a) for fiscal years beginning with fiscal year 2008, and unexpended allotments for fiscal years beginning with fiscal year 2006, see subsection (j).''.

(d) ADDITIONAL FUNDING FOR THE SECRETARY TO IMPROVE TIMELINESS OF DATA REPORTING AND ANALYSIS FOR PURPOSES OF DETERMINING ENROLLMENT INCREASES UNDER MEDICAID AND CHIP.—

(1) APPROPRIATION.—There is appropriated, out of any money in the Treasury not otherwise appropriated, $5,000,000 to the Secretary for fiscal year 2008 for the purpose of improving the timeliness of the data reported and analyzed from the Medicaid Statistical Information System (MSIS) for purposes of carrying out section 2104(j)(2)(B) of the Social Security Act (as added by subsection (a)) and to provide guidance to States with respect to any new reporting requirements related to such improvements. Amounts appropriated under this paragraph shall remain available until expended.

(2) REQUIREMENTS.—The improvements made by the Secretary under paragraph (1) shall be designed and implemented (including with respect to any necessary guidance for States) so that, beginning no later than October 1, 2008, data regarding the enrollment of low-income children (as defined in section 2110(c)(4) of the Social Security Act (42 U.S.C. 1397jj(c)(4)) of a State enrolled in the State plan under Medicaid or the State child health plan under CHIP with respect to a fiscal year shall be collected and analyzed by the Secretary within 6 months of submission.

SEC. 106. PHASE-OUT OF COVERAGE FOR NONPREGNANT CHILDLESS ADULTS UNDER CHIP; CONDITIONS FOR COVERAGE OF PARENTS.

(a) PHASE-OUT RULES.—

(1) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following new section:

''SEC. 2111. PHASE-OUT OF COVERAGE FOR NONPREGNANT CHILDLESS ADULTS; CONDITIONS FOR COVERAGE OF PARENTS.

''(a) TERMINATION OF COVERAGE FOR NONPREGNANT CHILDLESS ADULTS.—

''(1) NO NEW CHIP WAIVERS; AUTOMATIC EXTENSIONS AT STATE OPTION THROUGH FISCAL YEAR 2008.—Notwithstanding section 1115 or any other provision of this title, except as provided in this subsection—

''(A) the Secretary shall not on or after the date of the enactment of the Children's Health Insurance Program Reauthorization Act of 2007, approve or renew a waiver, experimental, pilot, or demonstration project that would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to a nonpregnant childless adult; and

''(B) notwithstanding the terms and conditions of an applicable existing waiver, the provisions of paragraphs (2) and (3) shall apply for purposes of any fiscal year beginning on or after October 1, 2008, in determining the period to which the waiver applies, the individuals eligible to be covered by the waiver, and the amount of the Federal payment under this title.

''(2) TERMINATION OF CHIP COVERAGE UNDER APPLICABLE EXISTING WAIVERS AT THE END OF FISCAL YEAR 2008.—

''(A) IN GENERAL.—No funds shall be available under this title for child health assistance or other health benefits coverage that is provided to a nonpregnant childless adult under an applicable existing waiver after September 30, 2008.

''(B) EXTENSION UPON STATE REQUEST.—If an applicable existing waiver described in subparagraph (A) would otherwise expire before October 1, 2008, and the State requests an extension of such waiver, the Secretary shall grant such an extension, but only through September 30, 2008.

''(C) APPLICATION OF ENHANCED FMAP.—The enhanced FMAP determined under section 2105(b) shall apply to expenditures under an applicable existing waiver for the provision of child health assistance or other health benefits coverage to a nonpregnant childless adult during fiscal year 2008.

''(3) OPTIONAL 1-YEAR TRANSITIONAL COVERAGE BLOCK GRANT FUNDED FROM STATE ALLOTMENT.—Subject to paragraph (4)(B), each State for which coverage under an applicable existing waiver is terminated under paragraph (2)(A) may elect to provide nonpregnant childless adults who were provided child health assistance or health benefits coverage under the applicable existing waiver at any time during fiscal year 2008 with such assistance or coverage during fiscal year 2009, as if the authority to provide such assistance or coverage under an applicable existing waiver was extended through that fiscal year, but subject to the following terms and conditions:

''(A) BLOCK GRANT SET ASIDE FROM STATE ALLOTMENT.—The Secretary shall set aside for the State an amount equal to the Federal share of the State's projected expenditures under the applicable existing waiver for providing child health assistance or health benefits coverage to all nonpregnant childless adults under such waiver for fiscal year 2008 (as certified by the State and submitted to the Secretary by not later than August 31, 2008, and without regard to whether any such individual lost coverage during fiscal year 2008 and was later provided child health assistance or other health benefits coverage under the waiver in that fiscal year), increased by the annual adjustment for fiscal year 2009 determined under section 2104(i)(2)(B)(i). The Secretary may adjust the amount set aside under the preceding sentence, as necessary, on the basis of the expenditure data for fiscal year 2008 reported by States on CMS Form 64 or CMS Form 21 not later than November 30, 2008, but in no case shall the Secretary adjust such amount after December 31, 2008.

''(B) NO COVERAGE FOR NONPREGNANT CHILDLESS ADULTS WHO WERE NOT COVERED DURING FISCAL YEAR 2008.—

''(i) FMAP APPLIED TO EXPENDITURES.—The Secretary shall pay the State for each quarter of fiscal year 2009, from the amount set aside under subparagraph (A), an amount equal to the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) of expenditures in the quarter for providing child health assistance or other health benefits coverage to a nonpregnant childless adult but only if such adult was enrolled in the State program under this title during fiscal year 2008 (without regard to whether the individual lost coverage during fiscal year 2008 and was reenrolled in that fiscal year or in fiscal year 2009).

''(ii) FEDERAL PAYMENTS LIMITED TO AMOUNT OF BLOCK GRANT SET-ASIDE.—No payments shall be made to a State for expenditures described in this subparagraph after the total amount set aside under subparagraph (A) for fiscal year 2009 has been paid to the State.

''(4) STATE OPTION TO APPLY FOR MEDICAID WAIVER TO CONTINUE COVERAGE FOR NONPREGNANT CHILDLESS ADULTS.—

''(A) IN GENERAL.—Each State for which coverage under an applicable existing waiver is terminated under paragraph (2)(A) may submit, not later than June 30, 2009, an application to the Secretary for a waiver under section 1115 of the State plan under title XIX to provide medical assistance to a nonpregnant childless adult whose coverage is so terminated (in this subsection referred to as a 'Medicaid nonpregnant childless adults waiver').

''(B) DEADLINE FOR APPROVAL.—The Secretary shall make a decision to approve or deny an application for a Medicaid nonpregnant childless adults waiver submitted under subparagraph (A) within 90 days of the date of the submission of the application. If no decision has been made by the Secretary as of September 30, 2009, on the application of a State for a Medicaid nonpregnant childless adults waiver that was submitted to the Secretary by June 30, 2009, the application shall be deemed approved.

''(C) STANDARD FOR BUDGET NEUTRALITY.—The budget neutrality requirement applicable with respect to expenditures for medical assistance under a Medicaid nonpregnant childless adults waiver shall—

''(i) in the case of fiscal year 2010, allow expenditures for medical assistance under title XIX for all such adults to not exceed the total amount of payments made to the State under paragraph (3)(B) for fiscal year 2009, increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for calendar year 2010 over calendar year 2009, as most recently published by the Secretary; and

''(ii) in the case of any succeeding fiscal year, allow such expenditures to not exceed the amount in effect under this subparagraph for the preceding fiscal year, increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for the calendar year that begins during the fiscal year involved over the preceding calendar year, as most recently published by the Secretary.

''(b) RULES AND CONDITIONS FOR COVERAGE OF PARENTS OF TARGETED LOW-INCOME CHILDREN.—

''(1) TWO-YEAR TRANSITION PERIOD; AUTOMATIC EXTENSION AT STATE OPTION THROUGH FISCAL YEAR 2009.—

''(A) NO NEW CHIP WAIVERS.—Notwithstanding section 1115 or any other provision of this title, except as provided in this subsection—

''(i) the Secretary shall not on or after the date of the enactment of the Children's Health Insurance Program Reauthorization Act of 2007 approve or renew a waiver, experimental, pilot, or demonstration project that would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to a parent of a targeted low-income child; and

''(ii) notwithstanding the terms and conditions of an applicable existing waiver, the provisions of paragraphs (2) and (3) shall apply for purposes of any fiscal year beginning on or after October 1, 2009, in determining the period to which the waiver applies, the individuals eligible to be covered by the waiver, and the amount of the Federal payment under this title.

''(B) EXTENSION UPON STATE REQUEST.—If an applicable existing waiver described in subparagraph (A) would otherwise expire before October 1, 2009, and the State requests an extension of such waiver, the Secretary shall grant such an extension, but only, subject to paragraph (2)(A), through September 30, 2009.

''(C) APPLICATION OF ENHANCED FMAP.—The enhanced FMAP determined under section 2105(b) shall apply to expenditures under an applicable existing waiver for the provision of child health assistance or other health benefits coverage to a parent of a targeted low-income child during fiscal years 2008 and 2009.

''(2) RULES FOR FISCAL YEARS 2010 THROUGH 2012.—

''(A) PAYMENTS FOR COVERAGE LIMITED TO BLOCK GRANT FUNDED FROM STATE ALLOTMENT.—Any State that provides child health assistance or health benefits coverage under an applicable existing waiver for a parent of a targeted low-income child may elect to continue to provide such assistance or coverage through fiscal year 2010, 2011, or 2012, subject to the same terms and conditions that applied under the applicable existing waiver, unless otherwise modified in subparagraph (B).

''(B) TERMS AND CONDITIONS.—

''(i) BLOCK GRANT SET ASIDE FROM STATE ALLOTMENT.—If the State makes an election under subparagraph (A), the Secretary shall set aside for the State for each such fiscal year an amount equal to the Federal share of 110 percent of the State's projected expenditures under the applicable existing waiver for providing child health assistance or health benefits coverage to all parents of targeted low-income children enrolled under such waiver for the fiscal year (as certified by the State and submitted to the Secretary by not later than August 31 of the preceding fiscal year). In the case of fiscal year 2012, the set aside for any State shall be computed separately for each period described in clauses (i) and (ii) of subsection (i))(1)(D) and any increase or reduction in the allotment for either such period under subsection (i)(3)(B)(ii) shall be allocated on a pro rata basis to such set aside.

''(ii) PAYMENTS FROM BLOCK GRANT.—The Secretary shall pay the State from the amount set aside under clause (i) for the fiscal year, an amount for each quarter of such fiscal year equal to the applicable percentage determined under clause (iii) or (iv) for expenditures in the quarter for providing child health assistance or other health benefits coverage to a parent of a targeted low-income child.

''(iii) ENHANCED FMAP ONLY IN FISCAL YEAR 2010 FOR STATES WITH SIGNIFICANT CHILD OUTREACH OR THAT ACHIEVE CHILD COVERAGE BENCHMARKS; FMAP FOR ANY OTHER STATES.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2010 is equal to—

''(I) the enhanced FMAP determined under section 2105(b) in the case of a State that meets the outreach or coverage benchmarks described in any of subparagraphs (A), (B), or (C) of paragraph (3) for fiscal year 2009; or

''(II) the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) in the case of any other State.

''(iv) AMOUNT OF FEDERAL MATCHING PAYMENT IN 2011 OR 2012.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2011 or 2012 is equal to—

''(I) the REMAP percentage if—

''(aa) the applicable percentage for the State under clause (iii) was the enhanced FMAP for fiscal year 2009; and

''(bb) the State met either of the coverage benchmarks described in subparagraph (B) or (C) of paragraph (3) for the preceding fiscal year; or

''(II) the Federal medical assistance percentage (as so determined) in the case of any State to which subclause (I) does not apply.

For purposes of subclause (I), the REMAP percentage is the percentage which is the sum of such Federal medical assistance percentage and a number of percentage points equal to one-half of the difference between such Federal medical assistance percentage and such enhanced FMAP.

''(v) NO FEDERAL PAYMENTS OTHER THAN FROM BLOCK GRANT SET ASIDE.—No payments shall be made to a State for expenditures described in clause (ii) after the total amount set aside under clause (i) for a fiscal year has been paid to the State.

''(vi) NO INCREASE IN INCOME ELIGIBILITY LEVEL FOR PARENTS.—No payments shall be made to a State from the amount set aside under clause (i) for a fiscal year for expenditures for providing child health assistance or health benefits coverage to a parent of a targeted low-income child whose family income exceeds the income eligibility level applied under the applicable existing waiver to parents of targeted low-income children on the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007.

''(3) OUTREACH OR COVERAGE BENCHMARKS.—For purposes of paragraph (2), the outreach or coverage benchmarks described in this paragraph are as follows:

''(A) SIGNIFICANT CHILD OUTREACH CAMPAIGN.—The State—

''(i) was awarded a grant under section 2113 for fiscal year 2009;

''(ii) implemented 1 or more of the process measures described in section 2104(j)(3)(A)(i) for such fiscal year; or

''(iii) has submitted a specific plan for outreach for such fiscal year.

''(B) HIGH-PERFORMING STATE.—The State, on the basis of the most timely and accurate published estimates of the Bureau of the Census, ranks in the lowest ⅓ of States in terms of the State's percentage of low-income children without health insurance.

''(C) STATE INCREASING ENROLLMENT OF LOW-INCOME CHILDREN.—The State qualified for a payment from the Incentive Fund under clause (ii) or (iii) of paragraph (2)(C) of section 2104(j) for the most recent coverage period applicable under such section.

''(4) RULES OF CONSTRUCTION.—Nothing in this subsection shall be construed as prohibiting a State from submitting an application to the Secretary for a waiver under section 1115 of the State plan under title XIX to provide medical assistance to a parent of a targeted low-income child that was provided child health assistance or health benefits coverage under an applicable existing waiver.

''(c) APPLICABLE EXISTING WAIVER.—For purposes of this section—

''(1) IN GENERAL.—The term 'applicable existing waiver' means a waiver, experimental, pilot, or demonstration project under section 1115, grandfathered under section 6102(c)(3) of the Deficit Reduction Act of 2005, or otherwise conducted under authority that—

''(A) would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to—

''(i) a parent of a targeted low-income child;

''(ii) a nonpregnant childless adult; or

''(iii) individuals described in both clauses (i) and (ii); and

''(B) was in effect during fiscal year 2007.

''(2) DEFINITIONS.—

''(A) PARENT.—The term 'parent' includes a caretaker relative (as such term is used in carrying out section 1931) and a legal guardian.

''(B) NONPREGNANT CHILDLESS ADULT.—The term 'nonpregnant childless adult' has the meaning given such term by section 2107(f).''.

(2) CONFORMING AMENDMENTS.—

(A) Section 2107(f) (42 U.S.C. 1397gg(f)) is amended—

(i) by striking '', the Secretary'' and inserting '':

''(1) The Secretary'';

(ii) in the first sentence, by inserting ''or a parent (as defined in section 2111(c)(2)(A)), who is not pregnant, of a targeted low-income child'' before the period;

(iii) by striking the second sentence; and

(iv) by adding at the end the following new paragraph:

''(2) The Secretary may not approve, extend, renew, or amend a waiver, experimental, pilot, or demonstration project with respect to a State after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007 that would waive or modify the requirements of section 2111.''.

(B) Section 6102(c) of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 131) is amended by striking ''Nothing'' and inserting ''Subject to section 2111 of the Social Security Act, as added by section 106(a)(1) of the Children's Health Insurance Program Reauthorization Act of 2007, nothing''.

(b) GAO STUDY AND REPORT.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of whether—

(A) the coverage of a parent, a caretaker relative (as such term is used in carrying out section 1931), or a legal guardian of a targeted low-income child under a State health plan under title XXI of the Social Security Act increases the enrollment of, or the quality of care for, children, and

(B) such parents, relatives, and legal guardians who enroll in such a plan are more likely to enroll their children in such a plan or in a State plan under title XIX of such Act.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall report the results of the study to the appropriate committees of Congress, including recommendations (if any) for changes in legislation.

SEC. 107. STATE OPTION TO COVER LOW-INCOME PREGNANT WOMEN UNDER CHIP THROUGH A STATE PLAN AMENDMENT.

(a) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et seq.), as amended by section 106(a), is amended by adding at the end the following new section:

''SEC. 2112. OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN THROUGH A STATE PLAN AMENDMENT.

''(a) IN GENERAL.—Subject to the succeeding provisions of this section, a State may elect through an amendment to its State child health plan under section 2102 to provide pregnancy-related assistance under such plan for targeted low-income pregnant women.

''(b) CONDITIONS.—A State may only elect the option under subsection (a) if the following conditions are satisfied:

''(1) MEDICAID INCOME ELIGIBILITY LEVEL FOR PREGNANT WOMEN OF AT LEAST 185 PERCENT OF POVERTY.—The State has established an income eligibility level for pregnant women under subsection (a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), or (l)(1)(A) of section 1902 that is at least 185 percent of the income official poverty line.

''(2) NO CHIP INCOME ELIGIBILITY LEVEL FOR PREGNANT WOMEN LOWER THAN THE STATE'S MEDICAID LEVEL.—The State does not apply an effective income level for pregnant women under the State plan amendment that is lower than the effective income level (expressed as a percent of the poverty line and considering applicable income disregards) specified under subsection (a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), or (l)(1)(A) of section 1902, on the date of enactment of this paragraph to be eligible for medical assistance as a pregnant woman.

''(3) NO COVERAGE FOR HIGHER INCOME PREGNANT WOMEN WITHOUT COVERING LOWER INCOME PREGNANT WOMEN.—The State does not provide coverage for pregnant women with higher family income without covering pregnant women with a lower family income.

''(4) APPLICATION OF REQUIREMENTS FOR COVERAGE OF TARGETED LOW-INCOME CHILDREN.—The State provides pregnancy-related assistance for targeted low-income pregnant women in the same manner, and subject to the same requirements, as the State provides child health assistance for targeted low-income children under the State child health plan, and in addition to providing child health assistance for such women.

''(5) NO PREEXISTING CONDITION EXCLUSION OR WAITING PERIOD.—The State does not apply any exclusion of benefits for pregnancy-related assistance based on any preexisting condition or any waiting period (including any waiting period imposed to carry out section 2102(b)(3)(C)) for receipt of such assistance.

''(6) APPLICATION OF COST-SHARING PROTECTION.—The State provides pregnancy-related assistance to a targeted low-income woman consistent with the cost-sharing protections under section 2103(e) and applies the limitation on total annual aggregate cost sharing imposed under paragraph (3)(B) of such section to the family of such a woman.

''(c) OPTION TO PROVIDE PRESUMPTIVE ELIGIBILITY.—A State that elects the option under subsection (a) and satisfies the conditions described in subsection (b) may elect to apply section 1920 (relating to presumptive eligibility for pregnant women) to the State child health plan in the same manner as such section applies to the State plan under title XIX.

''(d) DEFINITIONS.—For purposes of this section:

''(1) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term 'child health assistance' in section 2110(a) and includes any medical assistance that the State would provide for a pregnant woman under the State plan under title XIX during pregnancy and the period described in paragraph (2)(A).

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' means a woman—

''(A) during pregnancy and through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends;

''(B) whose family income does not exceed the income eligibility level established under the State child health plan under this title for a targeted low-income child; and

''(C) who satisfies the requirements of paragraphs (1)(A), (1)(C), (2), and (3) of section 2110(b) in the same manner as a child applying for child health assistance would have to satisfy such requirements.

''(e) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.—If a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child's birth, the child shall be deemed to have applied for child health assistance under the State child health plan and to have been found eligible for such assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age. During the period in which a child is deemed under the preceding sentence to be eligible for child health or medical assistance, the child health or medical assistance eligibility identification number of the mother shall also serve as the identification number of the child, and all claims shall be submitted and paid under such number (unless the State issues a separate identification number for the child before such period expires).

''(f) STATES PROVIDING ASSISTANCE THROUGH OTHER OPTIONS.—

''(1) CONTINUATION OF OTHER OPTIONS FOR PROVIDING ASSISTANCE.—The option to provide assistance in accordance with the preceding subsections of this section shall not limit any other option for a State to provide—

''(A) child health assistance through the application of sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) of title 42, Code of Federal Regulations (as in effect after the final rule adopted by the Secretary and set forth at 67 Fed. Reg. 61956–61974 (October 2, 2002)), or

''(B) pregnancy-related services through the application of any waiver authority (as in effect on June 1, 2007).

''(2) CLARIFICATION OF AUTHORITY TO PROVIDE POSTPARTUM SERVICES.—Any State that provides child health assistance under any authority described in paragraph (1) may continue to provide such assistance, as well as postpartum services, through the end of the month in which the 60-day period (beginning on the last day of the pregnancy) ends, in the same manner as such assistance and postpartum services would be provided if provided under the State plan under title XIX, but only if the mother would otherwise satisfy the eligibility requirements that apply under the State child health plan (other than with respect to age) during such period.

''(3) NO INFERENCE.—Nothing in this subsection shall be construed—

''(A) to infer congressional intent regarding the legality or illegality of the content of the sections specified in paragraph (1)(A); or

''(B) to modify the authority to provide pregnancy-related services under a waiver specified in paragraph (1)(B).''.

(b) ADDITIONAL CONFORMING AMENDMENTS.—

(1) NO COST SHARING FOR PREGNANCY-RELATED BENEFITS.—Section 2103(e)(2) (42 U.S.C. 1397cc(e)(2)) is amended—

(A) in the heading, by inserting ''OR PREGNANCY-RELATED ASSISTANCE'' after ''PREVENTIVE SERVICES''; and

(B) by inserting before the period at the end the following: ''or for pregnancy-related assistance''.

(2) NO WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) in clause (i), by striking '', and'' at the end and inserting a semicolon;

(B) in clause (ii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income pregnant woman provided pregnancy-related assistance under section 2112.''.

SEC. 108. CHIP CONTINGENCY FUND.

Section 2104 (42 U.S.C. 1397dd), as amended by section 105, is amended by adding at the end the following new subsection:

''(k) CHIP CONTINGENCY FUND.—

''(1) ESTABLISHMENT.—There is hereby established in the Treasury of the United States a fund which shall be known as the 'CHIP Contingency Fund' (in this subsection referred to as the 'Fund'). Amounts in the Fund are authorized to be appropriated for payments under this subsection.

''(2) DEPOSITS INTO FUND.—

''(A) INITIAL AND SUBSEQUENT APPROPRIATIONS.—Subject to subparagraphs (B) and (E), out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Fund—

''(i) for fiscal year 2009, an amount equal to 12.5 percent of the available national allotment under subsection (i)(1)(C) for the fiscal year; and

''(ii) for each of fiscal years 2010 through 2012, such sums as are necessary for making payments to eligible States for such fiscal year, but

not in excess of the aggregate cap described in subparagraph (B).

''(B) AGGREGATE CAP.—Subject to subparagraph (E), the total amount available for payment from the Fund for each of fiscal years 2009 through 2012 (taking into account deposits made under subparagraph (C)), shall not exceed 12.5 percent of the available national allotment under subsection (i)(1)(C) for the fiscal year.

''(C) INVESTMENT OF FUND.—The Secretary of the Treasury shall invest, in interest bearing securities of the United States, such currently available portions of the Fund as are not immediately required for payments from the Fund. The income derived from these investments constitutes a part of the Fund.

''(D) TRANSFER OF EXCESS FUNDS TO THE INCENTIVE FUND.—The Secretary of the Treasury shall transfer to, and deposit in, the CHIP Incentive Bonuses Pool established under subsection (j) any amounts in excess of the aggregate cap described in subparagraph (B) for a fiscal year.

''(E) SPECIAL RULES FOR AMOUNTS SET ASIDE FOR PARENTS AND CHILDLESS ADULTS.—For purposes of subparagraphs (A) and (B)—

''(i) the available national allotment under subsection (i)(1)(C) shall be reduced by any amount set aside under section 2111(a)(3) for block grant payments for transitional coverage for childless adults; and

''(ii) the Secretary shall establish a separate account in the Fund for the portion of any amount appropriated to the Fund for any fiscal year which is allocable to the portion of the available national allotment under subsection (i)(1)(C) which is set aside for the fiscal year under section 2111(b)(2)(B)(i) for coverage of parents of low-income children.

The Secretary shall include in the account established under clause (ii) any income derived under subparagraph (C) which is allocable to amounts in such account.

''(3) CHIP CONTINGENCY FUND PAYMENTS.—

''(A) PAYMENTS.—

''(i) IN GENERAL.—Subject to clauses (ii) and (iii) and the succeeding subparagraphs of this paragraph, the Secretary shall pay from the Fund to a State that is an eligible State for a month of a fiscal year a CHIP contingency fund payment equal to the Federal share of the shortfall determined under subparagraph (D). In the case of an eligible State under subparagraph (D)(i), the Secretary shall not make the payment under this subparagraph until the State makes, and submits to the Secretary, a projection of the amount of the shortfall.

''(ii) SEPARATE DETERMINATIONS OF SHORTFALLS.—The Secretary shall separately compute the shortfall under subparagraph (D) for expenditures for eligible individuals other than nonpregnant childless adults and parents with respect to whom amounts are set aside under section 2111, for expenditures for such childless adults, and for expenditures for such parents.

''(iii) PAYMENTS.—

''(I) NONPREGNANT CHILDLESS ADULTS.—No payments shall be made from the Fund for nonpregnant childless adults with respect to whom amounts are set aside under section 2111(a)(3).

''(II) PARENTS.—Any payments with respect to any shortfall for parents who are paid from amounts set aside under section 2111(b)(2)(B)(i) shall be made only from the account established under paragraph (2)(E)(ii) and not from any other amounts in the Fund. No other payments may be made from such account.

''(iv) SPECIAL RULES.—Subparagraphs (B) and (C) shall be applied separately with respect to shortfalls described in clause (ii).

''(B) USE OF FUNDS.—Amounts paid to an eligible State from the Fund shall be used only to eliminate the Federal share of a shortfall in the State's allotment under subsection (i) for a fiscal year.

''(C) PRORATION RULE.—If the amounts available for payment from the Fund for a fiscal year are less than the total amount of payments determined under subparagraph (A) for the fiscal year, the amount to be paid under such subparagraph to each eligible State shall be reduced proportionally.

''(D) ELIGIBLE STATE.—

''(i) IN GENERAL.—A State is an eligible State for a month if the State is a subsection (b) State (as defined in subsection (i)(7)), the State requests access to the Fund for the month, and it is described in clause (ii) or (iii).

''(ii) SHORTFALL OF FEDERAL ALLOTMENT FUNDING OF NOT MORE THAN 5 PERCENT.—The Secretary estimates, on the basis of the most recent data available to the Secretary or requested from the State by the Secretary, that the State's allotment for the fiscal year is at least 95 percent, but less than 100 percent, of the projected expenditures under the State child health plan for the State for the fiscal year determined under subsection (i) (without regard to incentive bonuses or payments for which the State is eligible for under subsection (j)(2) for the fiscal year).

''(iii) SHORTFALL OF FEDERAL ALLOTMENT FUNDING OF MORE THAN 5 PERCENT CAUSED BY SPECIFIC EVENTS.—The Secretary estimates, on the basis of the most recent data available to the Secretary or requested from the State by the Secretary, that the State's allotment for the fiscal year is less than 95 percent of the projected expenditures under the State child health plan for the State for the fiscal year determined under subsection (i) (without regard to incentive bonuses or payments for which the State is eligible for under subsection (j)(2) for the fiscal year) and that such shortfall is attributable to 1 or more of the following events:

''(I) STAFFORD ACT OR PUBLIC HEALTH EMERGENCY.—The State has—

''(aa) 1 or more parishes or counties for which a major disaster has been declared in accordance with section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170) and which the President has determined warrants individual and public assistance from the Federal Government under such Act; or

''(bb) a public health emergency declared by the Secretary under section 319 of the Public Health Service Act.

''(II) STATE ECONOMIC DOWNTURN.—The State unemployment rate is at least 5.5 percent during any 3-month period during the fiscal year and such rate is at least 120 percent of the State unemployment rate for the same period as averaged over the last 3 fiscal years.

''(III) EVENT RESULTING IN RISE IN PERCENTAGE OF LOW-INCOME CHILDREN WITHOUT HEALTH INSURANCE.—The State experienced a recent event that resulted in an increase in the percentage of low-income children in the State without health insurance (as determined on the basis of the most timely and accurate published estimates of the Bureau of the Census) that was outside the control of the State and warrants granting the State access to the Fund (as determined by the Secretary).

''(E) PAYMENTS MADE TO ALL ELIGIBLE STATES ON A MONTHLY BASIS; AUTHORITY FOR PRO RATA PAYMENTS.—The Secretary shall make monthly payments from the Fund to all States that are determined to be eligible States with respect to a month. If the sum of the payments to be made from the Fund for a month exceed the amount in the Fund, the Secretary shall reduce each such payment on a proportional basis.

''(F) PAYMENTS LIMITED TO FISCAL YEAR OF ELIGIBILITY DETERMINATION UNLESS NEW ELIGIBILITY BASIS DETERMINED.—No State shall receive a CHIP contingency fund payment under this section for a month beginning after September 30 of the fiscal year in which the State is determined to be an eligible State under this subsection, except that in the case of an event described in subclause (I) or (III) of subparagraph (D)(iii) that occurred after July 1 of the fiscal year, any such payment with respect to such event shall remain available until September 30 of the subsequent fiscal year. Nothing in the preceding sentence shall be construed as prohibiting a State from being determined to be an eligible State under this subsection for any fiscal year occurring after a fiscal year in which such a determination is made.

''(G) EXEMPTION FROM DETERMINATION OF PERCENTAGE OF ALLOTMENT RETAINED AFTER FIRST YEAR OF AVAILABILITY.—In no event shall payments made to a State under this subsection be treated as part of the allotment determined for a State for a fiscal year under subsection (i) for purposes of subsection (j)(1)(B)(ii)(III).

''(H) APPLICATION OF ALLOTMENT REPORTING RULES.—Rules applicable to States for purposes of receiving payments from an allotment determined under subsection (c) or (i) shall apply in the same manner to an eligible State for purposes of receiving a CHIP contingency fund payment under this subsection.

''(4) ANNUAL REPORTS.—The Secretary shall annually report to the Congress on the amounts in the Fund, the specific events that caused States to apply for payments from the Fund, and the payments made from the Fund.''.

SEC. 109. TWO-YEAR AVAILABILITY OF ALLOTMENTS; EXPENDITURES COUNTED AGAINST OLDEST ALLOTMENTS.

Section 2104(e) (42 U.S.C. 1397dd(e)) is amended to read as follows:

''(e) AVAILABILITY OF AMOUNTS ALLOTTED.—

''(1) IN GENERAL.—Except as provided in subsection (j)(1)(B)(ii)(III), amounts allotted to a State pursuant to this section—

''(A) for each of fiscal years 1998 through 2006, shall remain available for expenditure by the State through the end of the second succeeding fiscal year; and

''(B) for each of fiscal years 2007 through 2012, shall remain available for expenditure by the State only through the end of the succeeding fiscal year for which such amounts are allotted.

''(2) INCENTIVE BONUSES.—Incentive bonuses paid to a State under subsection (j)(2) for a fiscal year shall remain available for expenditure by the State without limitation.

''(3) CHIP CONTINGENCY FUND PAYMENTS.—Except as provided in paragraph (3)(F) of subsection (k), CHIP Contingency Fund payments made to a State under such subsection for a month of a fiscal year shall remain available for expenditure by the State through the end of the fiscal year.

''(4) RULE FOR COUNTING EXPENDITURES AGAINST CHIP CONTINGENCY FUND PAYMENTS, FISCAL YEAR ALLOTMENTS, AND INCENTIVE BONUSES.—

''(A) IN GENERAL.—Expenditures under the State child health plan made on or after October 1, 2007, shall be counted against—

''(i) first, any CHIP Contingency Fund payment made to the State under subsection (k) for the earliest month of the earliest fiscal year for which the payment remains available for expenditure; and

''(ii) second, amounts allotted to the State for the earliest fiscal year for which amounts remain available for expenditure.

''(B) INCENTIVE BONUSES.—A State may elect, but is not required, to count expenditures under the State child health plan against any incentive bonuses paid to the State under subsection (j)(2) for a fiscal year.

''(C) BLOCK GRANT SET-ASIDES.—Expenditures for coverage of—

''(i) nonpregnant childless adults for fiscal year 2009 shall be counted only against the amount set aside for such coverage under section 2111(a)(3); and

''(ii) parents of targeted low-income children for each of fiscal years 2010 through 2012, shall be counted only against the amount set aside for such coverage under section 2111(b)(2)(B)(i).''.

SEC. 110. LIMITATION ON MATCHING RATE FOR STATES THAT PROPOSE TO COVER CHILDREN WITH EFFECTIVE FAMILY INCOME THAT EXCEEDS 300 PERCENT OF THE POVERTY LINE.

(a) FMAP APPLIED TO EXPENDITURES.—Section 2105(c) (42 U.S.C. 1397ee(c)) is amended by adding at the end the following new paragraph:

''(8) LIMITATION ON MATCHING RATE FOR EXPENDITURES FOR CHILD HEALTH ASSISTANCE PROVIDED TO CHILDREN WHOSE EFFECTIVE FAMILY INCOME EXCEEDS 300 PERCENT OF THE POVERTY LINE.—

''(A) FMAP APPLIED TO EXPENDITURES.—Except as provided in subparagraph (B), for fiscal years beginning with fiscal year 2008, the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) shall be substituted for the enhanced FMAP under subsection (a)(1) with respect to any expenditures for providing child health assistance or health benefits coverage for a targeted low-income child whose effective family income would exceed 300 percent of the poverty line but for the application of a general exclusion of a block of income that is not determined by type of expense or type of income.

''(B) EXCEPTION.—Subparagraph (A) shall not apply to any State that, on the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, has an approved State plan amendment or waiver to provide, or has enacted a State law to submit a State plan amendment to provide, expenditures described in such subparagraph under the State child health plan.''.

(b) CONFORMING AMENDMENT.—Section 2105(a)(1) (42 U.S.C. 1397dd(a)(1)) is amended, in the matter preceding subparagraph (A), by inserting ''or subsection (c)(8)'' after ''subparagraph (B)''.

SEC. 111. OPTION FOR QUALIFYING STATES TO RECEIVE THE ENHANCED PORTION OF THE CHIP MATCHING RATE FOR MEDICAID COVERAGE OF CERTAIN CHILDREN.

Section 2105(g) (42 U.S.C. 1397ee(g)) is amended—

(1) in paragraph (1)(A), by inserting ''subject to paragraph (4),'' after ''Notwithstanding any other provision of law,''; and

(2) by adding at the end the following new paragraph:

''(4) OPTION FOR ALLOTMENTS FOR FISCAL YEARS 2008 THROUGH 2012.—

''(A) PAYMENT OF ENHANCED PORTION OF MATCHING RATE FOR CERTAIN EXPENDITURES.—In the case of expenditures described in subparagraph (B), a qualifying State (as defined in paragraph (2)) may elect to be paid from the State's allotment made under section 2104 for any of fiscal years 2008 through 2012 (insofar as the allotment is available to the State under subsections (e) and (i) of such section) an amount each quarter equal to the additional amount that would have been paid to the State under title XIX with respect to such expenditures if the enhanced FMAP (as determined under subsection (b)) had been substituted for the Federal medical assistance percentage (as defined in section 1905(b)).

''(B) EXPENDITURES DESCRIBED.—For purposes of subparagraph (A), the expenditures described in this subparagraph are expenditures made after the date of the enactment of this paragraph and during the period in which funds are available to the qualifying State for use under subparagraph (A), for the provision of medical assistance to individuals residing in the State who are eligible for medical assistance under the State plan under title XIX or under a waiver of such plan and who have not attained age 19 (or, if a State has so elected under the State plan under title XIX, age 20 or 21), and whose family income equals or exceeds 133 percent of the poverty line but does not exceed the Medicaid applicable income level.''.

TITLE II—OUTREACH AND ENROLLMENT

SEC. 201. GRANTS FOR OUTREACH AND ENROLLMENT.

(a) GRANTS.—Title XXI (42 U.S.C. 1397aa et seq.), as amended by section 107, is amended by adding at the end the following:

''SEC. 2113. GRANTS TO IMPROVE OUTREACH AND ENROLLMENT.

''(a) OUTREACH AND ENROLLMENT GRANTS; NATIONAL CAMPAIGN.—

''(1) IN GENERAL.—From the amounts appropriated under subsection (g), subject to paragraph (2), the Secretary shall award grants to eligible entities during the period of fiscal years 2008 through 2012 to conduct outreach and enrollment efforts that are designed to increase the enrollment and participation of eligible children under this title and title XIX.

''(2) TEN PERCENT SET ASIDE FOR NATIONAL ENROLLMENT CAMPAIGN.—An amount equal to 10 percent of such amounts shall be used by the Secretary for expenditures during such period to carry out a national enrollment campaign in accordance with subsection (h).

''(b) PRIORITY FOR AWARD OF GRANTS.—

''(1) IN GENERAL.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities that—

''(A) propose to target geographic areas with high rates of—

''(i) eligible but unenrolled children, including such children who reside in rural areas; or

''(ii) racial and ethnic minorities and health disparity populations, including those proposals that address cultural and linguistic barriers to enrollment; and

''(B) submit the most demonstrable evidence required under paragraphs (1) and (2) of subsection (c).

''(2) TEN PERCENT SET ASIDE FOR OUTREACH TO INDIAN CHILDREN.—An amount equal to 10 percent of the funds appropriated under subsection (g) shall be used by the Secretary to award grants to Indian Health Service providers and urban Indian organizations receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.) for outreach to, and enrollment of, children who are Indians.

''(c) APPLICATION.—An eligible entity that desires to receive a grant under subsection (a) shall submit an application to the Secretary in such form and manner, and containing such information, as the Secretary may decide. Such application shall include—

''(1) evidence demonstrating that the entity includes members who have access to, and credibility with, ethnic or low-income populations in the communities in which activities funded under the grant are to be conducted;

''(2) evidence demonstrating that the entity has the ability to address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits, and other cultural barriers to applying for and receiving child health assistance or medical assistance;

''(3) specific quality or outcomes performance measures to evaluate the effectiveness of activities funded by a grant awarded under this section; and

''(4) an assurance that the eligible entity shall—

''(A) conduct an assessment of the effectiveness of such activities against the performance measures;

''(B) cooperate with the collection and reporting of enrollment data and other information in order for the Secretary to conduct such assessments; and

''(C) in the case of an eligible entity that is not the State, provide the State with enrollment data and other information as necessary for the State to make necessary projections of eligible children and pregnant women.

''(d) DISSEMINATION OF ENROLLMENT DATA AND INFORMATION DETERMINED FROM EFFECTIVENESS ASSESSMENTS; ANNUAL REPORT.—The Secretary shall—

''(1) make publicly available the enrollment data and information collected and reported in accordance with subsection (c)(4)(B); and

''(2) submit an annual report to Congress on the outreach and enrollment activities conducted with funds appropriated under this section.

''(e) MAINTENANCE OF EFFORT FOR STATES AWARDED GRANTS; NO STATE MATCH REQUIRED.—In the case of a State that is awarded a grant under this section—

''(1) the State share of funds expended for outreach and enrollment activities under the State child health plan shall not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded; and

''(2) no State matching funds shall be required for the State to receive a grant under this section.

''(f) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means any of the following:

''(A) A State with an approved child health plan under this title.

''(B) A local government.

''(C) An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider.

''(D) A Federal health safety net organization.

''(E) A national, State, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.

''(F) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x–65) relating to a grant award to nongovernmental entities.

''(G) An elementary or secondary school.

''(2) FEDERAL HEALTH SAFETY NET ORGANIZATION.—The term 'Federal health safety net organization' means—

''(A) a Federally-qualified health center (as defined in section 1905(l)(2)(B));

''(B) a hospital defined as a disproportionate share hospital for purposes of section 1923;

''(C) a covered entity described in section 340B(a)(4) of the Public Health Service Act (42 U.S.C. 256b(a)(4)); and

''(D) any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act, and an elementary or secondary school.

''(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms 'Indian', 'Indian tribe', 'tribal organization', and 'urban Indian organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(4) COMMUNITY HEALTH WORKER.—The term 'community health worker' means an individual who promotes health or nutrition within the community in which the individual resides—

''(A) by serving as a liaison between communities and health care agencies;

''(B) by providing guidance and social assistance to community residents;

''(C) by enhancing community residents' ability to effectively communicate with health care providers;

''(D) by providing culturally and linguistically appropriate health or nutrition education;

''(E) by advocating for individual and community health or nutrition needs; and

''(F) by providing referral and followup services.

''(g) APPROPRIATION.—There is appropriated, out of any money in the Treasury not otherwise appropriated, $100,000,000 for the period of fiscal years 2008 through 2012, to remain available until expended, for the purpose of awarding grants under this section. Amounts appropriated and paid under the authority of this section shall be in addition to amounts appropriated under section 2104 and paid to States in accordance with section 2105, including with respect to expenditures for outreach activities in accordance with subsections (a)(1)(D)(iii) and (c)(2)(C) of that section.

''(h) NATIONAL ENROLLMENT CAMPAIGN.—From the amounts made available under subsection (a)(2), the Secretary shall develop and implement a national enrollment campaign to improve the enrollment of underserved child populations in the programs established under this title and title XIX. Such campaign may include—

''(1) the establishment of partnerships with the Secretary of Education and the Secretary of Agriculture to develop national campaigns to link the eligibility and enrollment systems for the assistance programs each Secretary administers that often serve the same children;

''(2) the integration of information about the programs established under this title and title XIX in public health awareness campaigns administered by the Secretary;

''(3) increased financial and technical support for enrollment hotlines maintained by the Secretary to ensure that all States participate in such hotlines;

''(4) the establishment of joint public awareness outreach initiatives with the Secretary of Education and the Secretary of Labor regarding the importance of health insurance to building strong communities and the economy;

''(5) the development of special outreach materials for Native Americans or for individuals with limited English proficiency; and

''(6) such other outreach initiatives as the Secretary determines would increase public awareness of the programs under this title and title XIX.''.

(b) ENHANCED ADMINISTRATIVE FUNDING FOR TRANSLATION OR INTERPRETATION SERVICES UNDER CHIP.—Section 2105(a)(1) (42 U.S.C. 1397ee(a)(1)), as amended by section 603, is amended—

(1) in the matter preceding subparagraph (A), by inserting ''(or, in the case of expenditures described in subparagraph (D)(iv), the higher of 75 percent or the sum of the enhanced FMAP plus 5 percentage points)'' after ''enhanced FMAP''; and

(2) in subparagraph (D)—

(A) in clause (iii), by striking ''and'' at the end;

(B) by redesignating clause (iv) as clause (v); and

(C) by inserting after clause (iii) the following new clause:

''(iv) for translation or interpretation services in connection with the enrollment and use of services under this title by individuals for whom English is not their primary language (as found necessary by the Secretary for the proper and efficient administration of the State plan); and''.

(c) NONAPPLICATION OF ADMINISTRATIVE EXPENDITURES CAP.—Section 2105(c)(2) (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following:

''(C) NONAPPLICATION TO CERTAIN EXPENDITURES.—The limitation under subparagraph (A) shall not apply with respect to the following expenditures:

''(i) EXPENDITURES FUNDED UNDER SECTION 2113.—Expenditures for outreach and enrollment activities funded under a grant awarded to the State under section 2113.''.

SEC. 202. INCREASED OUTREACH AND ENROLLMENT OF INDIANS.

(a) IN GENERAL.—Section 1139 (42 U.S.C. 1320b–9) is amended to read as follows:

''SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XIX AND XXI.

''(a) AGREEMENTS WITH STATES FOR MEDICAID AND CHIP OUTREACH ON OR NEAR RESERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—

''(1) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children's health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

''(2) CONSTRUCTION.—Nothing in paragraph (1) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

''(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XIX or XXI.

''(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms 'Indian', 'Indian Tribe', 'Indian Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(b) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)(C)), as added by section 201(c), is amended by adding at the end the following new clause:

''(ii) EXPENDITURES TO INCREASE OUTREACH TO, AND THE ENROLLMENT OF, INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.—Expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).''.

SEC. 203. DEMONSTRATION PROGRAM TO PERMIT STATES TO RELY ON FINDINGS BY AN EXPRESS LANE AGENCY TO DETERMINE COMPONENTS OF A CHILD'S ELIGIBILITY FOR MEDICAID OR CHIP.

(a) REQUIREMENT TO CONDUCT DEMONSTRATION PROGRAM.—

(1) IN GENERAL.—The Secretary shall establish a 3-year demonstration program under which up to 10 States shall be authorized to rely on a finding made within the preceding 12 months by an Express Lane agency to determine whether a child has met 1 or more of the eligibility requirements, such as income, assets or resources, citizenship status, or other criteria, necessary to determine the child's initial eligibility, eligibility redetermination, or renewal of eligibility, for medical assistance under the State Medicaid plan or child health assistance under the State CHIP plan. A State selected to participate in the demonstration program—

(A) shall not be required to direct a child (or a child's family) to submit information or documentation previously submitted by the child or family to an Express Lane agency that the State relies on for its Medicaid or CHIP eligibility determination; and

(B) may rely on information from an Express Lane agency when evaluating a child's eligibility for medical assistance under the State Medicaid plan or child health assistance under the State CHIP plan without a separate, independent confirmation of the information at the time of enrollment, redetermination, or renewal.

(2) PAYMENTS TO STATES.—From the amount appropriated under paragraph (1) of subsection (f), after the application of paragraph (2) of that subsection, the Secretary shall pay the States selected to participate in the demonstration program such sums as the Secretary shall determine for expenditures made by the State for systems upgrades and implementation of the demonstration program. In no event shall a payment be made to a State from the amount appropriated under subsection (f) for any expenditures incurred for providing medical assistance or child health assistance to a child enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency.

(b) REQUIREMENTS; OPTIONS FOR APPLICATION.—

(1) STATE REQUIREMENTS.—A State selected to participate in the demonstration program established under this section may rely on a finding of an Express Lane agency only if the following conditions are met:

(A) REQUIREMENT TO DETERMINE ELIGIBILITY USING REGULAR PROCEDURES IF CHILD IS FIRST FOUND INELIGIBLE.—If reliance on a finding from an Express Lane agency results in a child not being found eligible for the State Medicaid plan or the State CHIP plan, the State would be required to determine eligibility under such plan using its regular procedures.

(B) NOTICE.—The State shall inform the families (especially those whose children are enrolled in the State CHIP plan) that they may qualify for lower premium payments or more comprehensive health coverage under the State Medicaid plan if the family's income were directly evaluated for an eligibility determination by the State Medicaid agency, and that, at the family's option, the family may seek an eligibility determination by the State Medicaid agency.

(C) COMPLIANCE WITH DEPARTMENT OF HOMELAND SECURITY PROCEDURES.—The State may rely on an Express Lane agency finding that a child is a qualified alien as long as the Express Lane agency complies with guidance and regulatory procedures issued by the Secretary of Homeland Security for eligibility determinations of qualified aliens (as defined in subsections (b) and (c) of section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1641)).

(D) VERIFICATION OF CITIZENSHIP OR NATIONALITY STATUS.—The State shall satisfy the requirements of section 1902(a)(46)(B) or 2105(c)(9) of the Social Security Act, as applicable (and as added by section 301 of this Act) for verifications of citizenship or nationality status.

(E) CODING; APPLICATION TO ENROLLMENT ERROR RATES.—

(i) IN GENERAL.—The State agrees to—

(I) assign such codes as the Secretary shall require to the children who are enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency for the duration of the State's participation in the demonstration program;

(II) annually provide the Secretary with a statistically valid sample (that is approved by Secretary) of the children enrolled in such plans

through reliance on such a finding by conducting a full Medicaid eligibility review of the children identified for such sample for purposes of determining an eligibility error rate with respect to the enrollment of such children;

(III) submit the error rate determined under subclause (II) to the Secretary;

(IV) if such error rate exceeds 3 percent for either of the first 2 fiscal years in which the State participates in the demonstration program, demonstrate to the satisfaction of the Secretary the specific corrective actions implemented by the State to improve upon such error rate; and

(V) if such error rate exceeds 3 percent for any fiscal year in which the State participates in the demonstration program, a reduction in the amount otherwise payable to the State under section 1903(a) of the Social Security Act (42 Secretary 1396b(a)) for quarters for that fiscal year, equal to the total amount of erroneous excess payments determined for the fiscal year only with respect to the children included in the sample for the fiscal year that are in excess of a 3 percent error rate with respect to such children.

(ii) NO PUNITIVE ACTION BASED ON ERROR RATE.—The Secretary shall not apply the error rate derived from the sample under clause (i) to the entire population of children enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency, or to the population of children enrolled in such plans on the basis of the State's regular procedures for determining eligibility, or penalize the State on the basis of such error rate in any manner other than the reduction of payments provided for under clause (i)(V).

(iii) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as relieving a State that participates in the demonstration program established under this section from being subject to a penalty under section 1903(u) of the Social Security Act (42 U.S.C. 1396b(u)) for payments made under the State Medicaid plan with respect to ineligible individuals and families that are determined to exceed the error rate permitted under that section (as determined without regard to the error rate determined under clause (i)(II)).

(2) STATE OPTIONS FOR APPLICATION.—A State selected to participate in the demonstration program may elect to apply any of the following:

(A) SATISFACTION OF CHIP SCREEN AND ENROLL REQUIREMENTS.—If the State relies on a finding of an Express Lane agency for purposes of determining eligibility under the State CHIP plan, the State may meet the screen and enroll requirements imposed under subparagraphs (A) and (B) of section 2102(b)(3) of the Social Security Act (42 U.S.C. 1397bb(b)(3)) by using any of the following:

(i) Establishing a threshold percentage of the poverty line that is 30 percentage points (or such other higher number of percentage points) as the State determines reflects the income methodologies of the program administered by the Express Lane Agency and the State Medicaid plan.

(ii) Providing that a child satisfies all income requirements for eligibility under the State Medicaid plan.

(iii) Providing that a child has a family income that exceeds the Medicaid applicable income level.

(B) PRESUMPTIVE ELIGIBILITY.—The State may provide for presumptive eligibility under the State CHIP plan for a child who, based on an eligibility determination of an income finding from an Express Lane agency, would qualify for child health assistance under the State CHIP plan. During the period of presumptive eligibility, the State may determine the child's eligibility for child health assistance under the State CHIP plan based on telephone contact with family members, access to data available in electronic or paper format, or other means that minimize to the maximum extent feasible the burden on the family.

(C) AUTOMATIC ENROLLMENT.—

(i) IN GENERAL.—The State may initiate and determine eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan without a program application from, or on behalf of, the child based on data obtained from sources other than the child (or the child's family), but a child can only be automatically enrolled in the State Medicaid plan or the State CHIP plan if the child or the family affirmatively consents to being enrolled through affirmation and signature on an Express Lane agency application.

(ii) INFORMATION REQUIREMENT.—A State that elects the option under clause (i) shall have procedures in place to inform the child or the child's family of the services that will be covered under the State Medicaid plan or the State CHIP plan (as applicable), appropriate methods for using such services, premium or other cost sharing charges (if any) that apply, medical support obligations created by the enrollment (if applicable), and the actions the child or the child's family must take to maintain enrollment and renew coverage.

(iii) OPTION TO WAIVE SIGNATURES.—The State may waive any signature requirements for enrollment for a child who consents to, or on whose behalf consent is provided for, enrollment in the State Medicaid plan or the State CHIP plan.

(3) SIGNATURE REQUIREMENTS.—In the case of a State selected to participate in the demonstration program—

(A) no signature under penalty of perjury shall be required on an application form for medical assistance under the State Medicaid plan or child health assistance under the State CHIP plan to attest to any element of the application for which eligibility is based on information received from an Express Lane agency or a source other than an applicant; and

(B) any signature requirement for determination of an application for medical assistance under the State Medicaid plan or child health assistance under the State CHIP plan may be satisfied through an electronic signature.

(4) RULES OF CONSTRUCTION.—Nothing in this subsection shall be construed to—

(A) relieve a State of the obligation under section 1902(a)(5) of the Social Security Act (42 U.S.C. 1396a(a)(5)) to determine eligibility for medical assistance under the State Medicaid plan; or

(B) prohibit any State options otherwise permitted under Federal law (without regard to this paragraph or the demonstration program established under this section) that are intended to increase the enrollment of eligible children for medical assistance under the State Medicaid plan or child health assistance under the State CHIP plan, including options related to outreach, enrollment, applications, or the determination or redetermination of eligibility.

(c) LIMITED WAIVER OF OTHER APPLICABLE REQUIREMENTS.—

(1) SOCIAL SECURITY ACT.—The Secretary shall waive only such requirements of the Social Security Act as the Secretary determines are necessary to carry out the demonstration program established under this section.

(2) AUTHORIZATION FOR PARTICIPATING STATES TO RECEIVE CERTAIN DATA DIRECTLY RELEVANT TO DETERMINING ELIGIBILITY AND CORRECT AMOUNT OF ASSISTANCE.—For provisions relating to the authority of States participating in the demonstration program to receive certain data directly, see section 204(c).

(d) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall conduct, by grant, contract, or interagency agreement, a comprehensive, independent evaluation of the demonstration program established under this section. Such evaluation shall include an analysis of the effectiveness of the program, and shall include—

(A) obtaining a statistically valid sample of the children who were enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency and determining the percentage of children who were erroneously enrolled in such plans;

(B) determining whether enrolling children in such plans through reliance on a finding made by an Express Lane agency improves the ability of a State to identify and enroll low-income, uninsured children who are eligible but not enrolled in such plans;

(C) evaluating the administrative costs or savings related to identifying and enrolling children in such plans through reliance on such findings, and the extent to which such costs differ from the costs that the State otherwise would have incurred to identify and enroll low-income, uninsured children who are eligible but not enrolled in such plans; and

(D) any recommendations for legislative or administrative changes that would improve the effectiveness of enrolling children in such plans through reliance on such findings.

(2) REPORT TO CONGRESS.—Not later than September 30, 2012, the Secretary shall submit a report to Congress on the results of the evaluation of the demonstration program established under this section.

(e) DEFINITIONS.—In this section:

(1) CHILD; CHILDREN.—With respect to a State selected to participate in the demonstration program established under this section, the terms ''child'' and ''children'' have the meanings given such terms for purposes of the State plans under titles XIX and XXI of the Social Security Act.

(2) EXPRESS LANE AGENCY.—

(A) IN GENERAL.—The term ''Express Lane agency'' means a public agency that—

(i) is determined by the State Medicaid agency or the State CHIP agency (as applicable) to be capable of making the determinations of 1 or more eligibility requirements described in subsection (a)(1);

(ii) is identified in the State Medicaid plan or the State CHIP plan; and

(iii) notifies the child's family—

(I) of the information which shall be disclosed in accordance with this section;

(II) that the information disclosed will be used solely for purposes of determining eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan; and

(III) that the family may elect to not have the information disclosed for such purposes; and

(iv) enters into, or is subject to, an interagency agreement to limit the disclosure and use of the information disclosed.

(B) INCLUSION OF SPECIFIC PUBLIC AGENCIES.—Such term includes the following:

(i) A public agency that determines eligibility for assistance under any of the following:

(I) The temporary assistance for needy families program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.).

(II) A State program funded under part D of title IV of such Act (42 U.S.C. 651 et seq.).

(III) The State Medicaid plan.

(IV) The State CHIP plan.

(V) The Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).

(VI) The Head Start Act (42 U.S.C. 9801 et seq.).

(VII) The Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.).

(VIII) The Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.).

(IX) The Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.).

(X) The Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11301 et seq.).

(XI) The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.).

(XII) The Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.).

(ii) A State-specified governmental agency that has fiscal liability or legal responsibility for

the accuracy of the eligibility determination findings relied on by the State.

(iii) A public agency that is subject to an interagency agreement limiting the disclosure and use of the information disclosed for purposes of determining eligibility under the State Medicaid plan or the State CHIP plan.

(C) EXCLUSIONS.—Such term does not include an agency that determines eligibility for a program established under the Social Services Block Grant established under title XX of the Social Security Act (42 U.S.C. 1397 et seq.) or a private, for-profit organization.

(D) RULES OF CONSTRUCTION.—Nothing in this paragraph shall be construed as—

(i) affecting the authority of a State Medicaid agency to enter into contracts with nonprofit and for-profit agencies to administer the Medicaid application process;

(ii) exempting a State Medicaid agency from complying with the requirements of section 1902(a)(4) of the Social Security Act (relating to merit-based personnel standards for employees of the State Medicaid agency and safeguards against conflicts of interest); or

(iii) authorizing a State Medicaid agency that participates in the demonstration program established under this section to use the Express Lane option to avoid complying with such requirements for purposes of making eligibility determinations under the State Medicaid plan.

(3) MEDICAID APPLICABLE INCOME LEVEL.—With respect to a State, the term ''Medicaid applicable income level'' has the meaning given that term for purposes of such State under section 2110(b)(4) of the Social Security Act (42 U.S.C. 1397jj(4)).

(4) POVERTY LINE.—The term ''poverty line'' has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397jj(c)(5)).

(5) STATE.—The term ''State'' means 1 of the 50 States or the District of Columbia.

(6) STATE CHIP AGENCY.—The term ''State CHIP agency'' means the State agency responsible for administering the State CHIP plan.

(7) STATE CHIP PLAN.—The term ''State CHIP plan'' means the State child health plan established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.), and includes any waiver of such plan.

(8) STATE MEDICAID AGENCY.—The term ''State Medicaid agency'' means the State agency responsible for administering the State Medicaid plan.

(9) STATE MEDICAID PLAN.—The term ''State Medicaid plan'' means the State plan established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and includes any waiver of such plan.

(f) APPROPRIATION.—

(1) OPERATIONAL FUNDS.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary to carry out the demonstration program established under this section, $49,000,000 for the period of fiscal years 2008 through 2012.

(2) EVALUATION FUNDS.—$5,000,000 of the funds appropriated under paragraph (1) shall be used to conduct the evaluation required under subsection (d).

(3) BUDGET AUTHORITY.—Paragraph (1) constitutes budget authority in advance of appropriations Act and represents the obligation of the Federal Government to provide for the payment to States selected to participate in the demonstration program established under this section of the amounts provided under such paragraph (after the application of paragraph (2)).

SEC. 204. AUTHORIZATION OF CERTAIN INFORMATION DISCLOSURES TO SIMPLIFY HEALTH COVERAGE DETERMINATIONS.

(a) AUTHORIZATION OF INFORMATION DISCLOSURE.—Title XIX (42 U.S.C. 1396 et seq.) is amended—

(1) by redesignating section 1939 as section 1940; and

(2) by inserting after section 1938 the following new section:

''AUTHORIZATION TO RECEIVE PERTINENT INFORMATION

''SEC. 1939. (a) IN GENERAL.—Notwithstanding any other provision of law, a Federal or State agency or private entity in possession of the sources of data directly relevant to eligibility determinations under this title (including eligibility files, information described in paragraph (2) or (3) of section 1137(a), vital records information about births in any State, and information described in sections 453(i) and 1902(a)(25)(I)) is authorized to convey such data or information to the State agency administering the State plan under this title, but only if such conveyance meets the requirements of subsection (b).

''(b) REQUIREMENTS FOR CONVEYANCE.—Data or information may be conveyed pursuant to this section only if the following requirements are met:

''(1) The child whose circumstances are described in the data or information (or such child's parent, guardian, caretaker relative, or authorized representative) has either provided advance consent to disclosure or has not objected to disclosure after receiving advance notice of disclosure and a reasonable opportunity to object.

''(2) Such data or information are used solely for the purposes of—

''(A) identifying children who are eligible or potentially eligible for medical assistance under this title and enrolling (or attempting to enroll) such children in the State plan; and

''(B) verifying the eligibility of children for medical assistance under the State plan.

''(3) An interagency or other agreement, consistent with standards developed by the Secretary—

''(A) prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements for safeguarding privacy and data security; and

''(B) requires the State agency administering the State plan to use the data and information obtained under this section to seek to enroll children in the plan.

''(c) CRIMINAL PENALTY.—A person described in subsection (a) who publishes, divulges, discloses, or makes known in any manner, or to any extent, not authorized by Federal law, any information obtained under this section shall be fined not more than $1,000 or imprisoned not more than 1 year, or both, for each such unauthorized activity.

''(d) RULE OF CONSTRUCTION.—The limitations and requirements that apply to disclosure pursuant to this section shall not be construed to prohibit the conveyance or disclosure of data or information otherwise permitted under Federal law (without regard to this section).''.

(b) CONFORMING AMENDMENT TO TITLE XXI.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)) is amended by adding at the end the following new subparagraph:

''(E) Section 1939 (relating to authorization to receive data directly relevant to eligibility determinations).''.

(c) AUTHORIZATION FOR STATES PARTICIPATING IN THE EXPRESS LANE DEMONSTRATION PROGRAM TO RECEIVE CERTAIN DATA DIRECTLY RELEVANT TO DETERMINING ELIGIBILITY AND CORRECT AMOUNT OF ASSISTANCE.—Only in the case of a State selected to participate in the Express Lane demonstration program established under section 203, the Secretary shall enter into such agreements as are necessary to permit such a State to receive data directly relevant to eligibility determinations and determining the correct amount of benefits under the State CHIP plan or the State Medicaid plan (as such terms are defined in paragraphs (7) and (9) section 203(e)) from the following:

(1) The National Directory of New Hires established under section 453(i) of the Social Security Act (42 U.S.C. 653(i)).

(2) Data regarding enrollment in insurance that may help to facilitate outreach and enrollment under the State Medicaid plan, the State CHIP plan, and such other programs as the Secretary may specify.

TITLE III—REDUCING BARRIERS TO ENROLLMENT

SEC. 301. VERIFICATION OF DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID AND CHIP.

(a) STATE OPTION TO VERIFY DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID THROUGH VERIFICATION OF NAME AND SOCIAL SECURITY NUMBER.—

(1) ALTERNATIVE TO DOCUMENTATION REQUIREMENT.—

(A) IN GENERAL.—Section 1902 (42 U.S.C. 1396a) is amended—

(i) in subsection (a)(46)—

(I) by inserting ''(A)'' after ''(46)'';

(II) by adding ''and'' after the semicolon; and

(III) by adding at the end the following new subparagraph:

''(B) provide, with respect to an individual declaring to be a citizen or national of the United States for purposes of establishing eligibility under this title, that the State shall satisfy the requirements of—

''(i) section 1903(x); or

''(ii) subsection (dd);''; and

(ii) by adding at the end the following new subsection:

''(dd)(1) For purposes of subsection (a)(46)(B)(ii), the requirements of this subsection with respect to an individual declaring to be a citizen or national of the United States for purposes of establishing eligibility under this title, are, in lieu of requiring the individual to present satisfactory documentary evidence of citizenship or nationality under section 1903(x) (if the individual is not described in paragraph (2) of that section), as follows:

''(A) The State submits the name and social security number of the individual to the Commissioner of Social Security as part of the plan established under paragraph (2).

''(B) If the State receives notice from the Commissioner of Social Security that the name or social security number of the individual is invalid, the State—

''(i) notifies the individual of such fact;

(ii) provides the individual with a period of 90 days from the date on which the notice required under clause (i) is received by the individual to either present satisfactory documentary evidence of citizenship or nationality (as defined in section 1903(x)(3)) or cure the invalid determination with the Commissioner of Social Security; and

''(iii) disenrolls the individual from the State plan under this title within 30 days after the end of such 90-day period if no such documentary evidence is presented.

''(2)(A) Each State electing to satisfy the requirements of this subsection for purposes of section 1902(a)(46)(B) shall establish a program under which the State submits each month to the Commissioner of Social Security for verification the name and social security number of each individual enrolled in the State plan under this title that month who has attained the age of 1 before the date of the enrollment.

''(B) In establishing the State program under this paragraph, the State may enter into an agreement with the Commissioner of Social Security to provide for the electronic submission and verification of the name and social security number of an individual before the individual is enrolled in the State plan.

''(3)(A) The State agency implementing the plan approved under this title shall, at such times and in such form as the Secretary may specify, provide information on the percentage each month that the invalid names and numbers submitted bears to the total submitted for verification.

''(B) If, for any fiscal year, the average monthly percentage determined under subparagraph (A) is greater than 7 percent—

''(i) the State shall develop and adopt a corrective plan to review its procedures for verifying the identities of individuals seeking to enroll in the State plan under this title and to identify and implement changes in such procedures to improve their accuracy; and

''(ii) pay to the Secretary an amount equal to the amount which bears the same ratio to the total payments under the State plan for the fiscal year for providing medical assistance to individuals who provided invalid information as the number of individuals with invalid information in excess of 7 percent of such total submitted bears to the total number of individuals with invalid information.

''(C) The Secretary may waive, in certain limited cases, all or part of the payment under subparagraph (B)(ii) if the State is unable to reach the allowable error rate despite a good faith effort by such State.

''(D) This paragraph shall not apply to a State for a fiscal year if there is an agreement described in paragraph (2)(B) in effect as of the close of the fiscal year.

''(4) Nothing in this subsection shall affect the rights of any individual under this title to appeal any disenrollment from a State plan.''.

(B) COSTS OF IMPLEMENTING AND MAINTAINING SYSTEM.—Section 1903(a)(3) (42 U.S.C. 1396b(a)(3)) is amended—

(i) by striking ''plus'' at the end of subparagraph (E) and inserting ''and'', and

(ii) by adding at the end the following new subparagraph:

''(F)(i) 90 percent of the sums expended during the quarter as are attributable to the design, development, or installation of such mechanized verification and information retrieval systems as the Secretary determines are necessary to implement section 1902(dd) (including a system described in paragraph (2)(B) thereof), and

''(ii) 75 percent of the sums expended during the quarter as are attributable to the operation of systems to which clause (i) applies, plus''.

(2) LIMITATION ON WAIVER AUTHORITY.—Notwithstanding any provision of section 1115 of the Social Security Act (42 U.S.C. 1315), or any other provision of law, the Secretary may not waive the requirements of section 1902(a)(46)(B) of such Act (42 U.S.C. 1396a(a)(46)(B)) with respect to a State.

(3) CONFORMING AMENDMENTS.—Section 1903 (42 U.S.C. 1396b) is amended—

(A) in subsection (i)(22), by striking ''subsection (x)'' and inserting ''section 1902(a)(46)(B)''; and

(B) in subsection (x)(1), by striking ''subsection (i)(22)'' and inserting ''section 1902(a)(46)(B)(i)''.

(b) CLARIFICATION OF REQUIREMENTS RELATING TO PRESENTATION OF SATISFACTORY DOCUMENTARY EVIDENCE OF CITIZENSHIP OR NATIONALITY.—

(1) ACCEPTANCE OF DOCUMENTARY EVIDENCE ISSUED BY A FEDERALLY RECOGNIZED INDIAN TRIBE.—Section 1903(x)(3)(B) (42 U.S.C. 1396b(x)(3)(B)) is amended—

(A) by redesignating clause (v) as clause (vi); and

(B) by inserting after clause (iv), the following new clause:

''(v)(I) Except as provided in subclause (II), a document issued by a federally recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

''(II) With respect to those federally recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, the Secretary shall, after consulting with such tribes, issue regulations authorizing the presentation of such other forms of documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection.''.

(2) REQUIREMENT TO PROVIDE REASONABLE OPPORTUNITY TO PRESENT SATISFACTORY DOCUMENTARY EVIDENCE.—Section 1903(x) (42 U.S.C. 1396b(x)) is amended by adding at the end the following new paragraph:

''(4) In the case of an individual declaring to be a citizen or national of the United States with respect to whom a State requires the presentation of satisfactory documentary evidence of citizenship or nationality under section 1902(a)(46)(B)(i), the individual shall be provided at least the reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality under this subsection as is provided under clauses (i) and (ii) of section 1137(d)(4)(A) to an individual for the submittal to the State of evidence indicating a satisfactory immigration status.''.

(3) CHILDREN BORN IN THE UNITED STATES TO MOTHERS ELIGIBLE FOR MEDICAID.—

(A) CLARIFICATION OF RULES.—Section 1903(x) (42 U.S.C. 1396b(x)), as amended by paragraph (2), is amended—

(i) in paragraph (2)—

(I) in subparagraph (C), by striking ''or'' at the end;

(II) by redesignating subparagraph (D) as subparagraph (E); and

(III) by inserting after subparagraph (C) the following new subparagraph:

''(D) pursuant to the application of section 1902(e)(4) (and, in the case of an individual who is eligible for medical assistance on such basis, the individual shall be deemed to have provided satisfactory documentary evidence of citizenship or nationality and shall not be required to provide further documentary evidence on any date that occurs during or after the period in which the individual is eligible for medical assistance on such basis); or''; and

(ii) by adding at the end the following new paragraph:

''(5) Nothing in subparagraph (A) or (B) of section 1902(a)(46), the preceding paragraphs of this subsection, or the Deficit Reduction Act of 2005, including section 6036 of such Act, shall be construed as changing the requirement of section 1902(e)(4) that a child born in the United States to an alien mother for whom medical assistance for the delivery of such child is available as treatment of an emergency medical condition pursuant to subsection (v) shall be deemed eligible for medical assistance during the first year of such child's life.''.

(B) STATE REQUIREMENT TO ISSUE SEPARATE IDENTIFICATION NUMBER.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended by adding at the end the following new sentence: ''Notwithstanding the preceding sentence, in the case of a child who is born in the United States to an alien mother for whom medical assistance for the delivery of the child is made available pursuant to section 1903(v), the State immediately shall issue a separate identification number for the child upon notification by the facility at which such delivery occurred of the child's birth.''.

(4) TECHNICAL AMENDMENTS.—Section 1903(x)(2) (42 U.S.C. 1396b(x)) is amended—

(A) in subparagraph (B)—

(i) by realigning the left margin of the matter preceding clause (i) 2 ems to the left; and

(ii) by realigning the left margins of clauses (i) and (ii), respectively, 2 ems to the left; and

(B) in subparagraph (C)—

(i) by realigning the left margin of the matter preceding clause (i) 2 ems to the left; and

(ii) by realigning the left margins of clauses (i) and (ii), respectively, 2 ems to the left.

(c) APPLICATION OF DOCUMENTATION SYSTEM TO CHIP.—

(1) IN GENERAL.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 110(a), is amended by adding at the end the following new paragraph:

''(9) CITIZENSHIP DOCUMENTATION REQUIREMENTS.—

''(A) IN GENERAL.—No payment may be made under this section with respect to an individual who has, or is, declared to be a citizen or national of the United States for purposes of establishing eligibility under this title unless the State meets the requirements of section 1902(a)(46)(B) with respect to the individual.

''(B) ENHANCED PAYMENTS.—Notwithstanding subsection (b), the enhanced FMAP with respect to payments under subsection (a) for expenditures described in clause (i) or (ii) of section 1903(a)(3)(F) necessary to comply with subparagraph (A) shall in no event be less than 90 percent and 75 percent, respectively.''.

(2) NONAPPLICATION OF ADMINISTRATIVE EXPENDITURES CAP.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)(C)), as amended by section 202(b), is amended by adding at the end the following:

''(iii) EXPENDITURES TO COMPLY WITH CITIZENSHIP OR NATIONALITY VERIFICATION REQUIREMENTS.—Expenditures necessary for the State to comply with paragraph (9)(A).''.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the amendments made by this section shall take effect on October 1, 2008.

(B) TECHNICAL AMENDMENTS.—The amendments made by—

(i) paragraphs (1), (2), and (3) of subsection (b) shall take effect as if included in the enactment of section 6036 of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 80); and

(ii) paragraph (4) of subsection (b) shall take effect as if included in the enactment of section 405 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109–432; 120 Stat. 2996).

(2) RESTORATION OF ELIGIBILITY.—In the case of an individual who, during the period that began on July 1, 2006, and ends on October 1, 2008, was determined to be ineligible for medical assistance under a State Medicaid plan, including any waiver of such plan, solely as a result of the application of subsections (i)(22) and (x) of section 1903 of the Social Security Act (as in effect during such period), but who would have been determined eligible for such assistance if such subsections, as amended by subsection (b), had applied to the individual, a State may deem the individual to be eligible for such assistance as of the date that the individual was determined to be ineligible for such medical assistance on such basis.

(3) SPECIAL TRANSITION RULE FOR INDIANS.—During the period that begins on July 1, 2006, and ends on the effective date of final regulations issued under subclause (II) of section 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by subsection (b)(1)(B)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

SEC. 302. REDUCING ADMINISTRATIVE BARRIERS TO ENROLLMENT.

Section 2102(b) (42 U.S.C. 1397bb(b)) is amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) by inserting after paragraph (3) the following new paragraph:

''(4) REDUCTION OF ADMINISTRATIVE BARRIERS TO ENROLLMENT.—

''(A) IN GENERAL.—Subject to subparagraph (B), the plan shall include a description of the procedures used to reduce administrative barriers to the enrollment of children and pregnant women who are eligible for medical assistance under title XIX or for child health assistance or

health benefits coverage under this title. Such procedures shall be established and revised as often as the State determines appropriate to take into account the most recent information available to the State identifying such barriers.

''(B) DEEMED COMPLIANCE IF JOINT APPLICATION AND RENEWAL PROCESS THAT PERMITS APPLICATION OTHER THAN IN PERSON.—A State shall be deemed to comply with subparagraph (A) if the State's application and renewal forms and supplemental forms (if any) and information verification process is the same for purposes of establishing and renewing eligibility for children and pregnant women for medical assistance under title XIX and child health assistance under this title, and such process does not require an application to be made in person or a face-to-face interview.''.

TITLE IV—REDUCING BARRIERS TO PROVIDING PREMIUM ASSISTANCE

Subtitle A—Additional State Option for Providing Premium Assistance

SEC. 401. ADDITIONAL STATE OPTION FOR PROVIDING PREMIUM ASSISTANCE.

(a) IN GENERAL.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 301(c), is amended by adding at the end the following:

''(10) STATE OPTION TO OFFER PREMIUM ASSISTANCE.—

''(A) IN GENERAL.—Subject to the succeeding provisions of this paragraph, a State may elect to offer a premium assistance subsidy (as defined in subparagraph (C)) for qualified employer-sponsored coverage (as defined in subparagraph (B)) to all targeted low-income children who are eligible for child health assistance under the plan and have access to such coverage in accordance with the requirements of this paragraph.

''(B) QUALIFIED EMPLOYER-SPONSORED COVERAGE.—

''(i) IN GENERAL.—Subject to clauses (ii) and (iii), in this paragraph, the term 'qualified employer-sponsored coverage' means a group health plan or health insurance coverage offered through an employer—

''(I) that qualifies as creditable coverage as a group health plan under section 2701(c)(1) of the Public Health Service Act;

''(II) for which the employer contribution toward any premium for such coverage is at least 40 percent; and

''(III) to all individuals in a manner that would be considered a nondiscriminatory eligibility classification for purposes of paragraph (3)(A)(ii) of section 105(h) of the Internal Revenue Code of 1986 (but determined without regard to clause (i) of subparagraph (B) of such paragraph).

''(ii) EXCEPTION.—Such term does not include coverage consisting of—

''(I) benefits provided under a health flexible spending arrangement (as defined in section 106(c)(2) of the Internal Revenue Code of 1986); or

''(II) a high deductible health plan (as defined in section 223(c)(2) of such Code) purchased in conjunction with a health savings account (as defined under section 223(d) of such Code).

''(iii) COST-EFFECTIVENESS ALTERNATIVE TO REQUIRED EMPLOYER CONTRIBUTION.—A group health plan or health insurance coverage offered through an employer that would be considered qualified employer-sponsored coverage but for the application of clause (i)(II) may be deemed to satisfy the requirement of such clause if either of the following applies:

''(I) APPLICATION OF CHILD-BASED OR FAMILY-BASED TEST.—The State establishes to the satisfaction of the Secretary that the cost of such coverage is less than the expenditures that the State would have made to enroll the child or the family (as applicable) in the State child health plan.

''(II) AGGREGATE PROGRAM OPERATIONAL COSTS DO NOT EXCEED THE COST OF PROVIDING COVERAGE UNDER THE STATE CHILD HEALTH PLAN.—If subclause (I) does not apply, the State establishes to the satisfaction of the Secretary that the aggregate amount of expenditures by the State for the purchase of all such coverage for targeted low-income children under the State child health plan (including administrative expenditures) does not exceed the aggregate amount of expenditures that the State would have made for providing coverage under the State child health plan for all such children.

''(C) PREMIUM ASSISTANCE SUBSIDY.—

''(i) IN GENERAL.—In this paragraph, the term 'premium assistance subsidy' means, with respect to a targeted low-income child, the amount equal to the difference between the employee contribution required for enrollment only of the employee under qualified employer-sponsored coverage and the employee contribution required for enrollment of the employee and the child in such coverage, less any applicable premium cost-sharing applied under the State child health plan (subject to the limitations imposed under section 2103(e), including the requirement to count the total amount of the employee contribution required for enrollment of the employee and the child in such coverage toward the annual aggregate cost-sharing limit applied under paragraph (3)(B) of such section).

''(ii) STATE PAYMENT OPTION.—A State may provide a premium assistance subsidy either as reimbursement to an employee for out-of-pocket expenditures or, subject to clause (iii), directly to the employee's employer.

''(iii) EMPLOYER OPT-OUT.—An employer may notify a State that it elects to opt-out of being directly paid a premium assistance subsidy on behalf of an employee. In the event of such a notification, an employer shall withhold the total amount of the employee contribution required for enrollment of the employee and the child in the qualified employer-sponsored coverage and the State shall pay the premium assistance subsidy directly to the employee.

''(iv) TREATMENT AS CHILD HEALTH ASSISTANCE.—Expenditures for the provision of premium assistance subsidies shall be considered child health assistance described in paragraph (1)(C) of subsection (a) for purposes of making payments under that subsection.

''(D) APPLICATION OF SECONDARY PAYOR RULES.—The State shall be a secondary payor for any items or services provided under the qualified employer-sponsored coverage for which the State provides child health assistance under the State child health plan.

''(E) REQUIREMENT TO PROVIDE SUPPLEMENTAL COVERAGE FOR BENEFITS AND COST-SHARING PROTECTION PROVIDED UNDER THE STATE CHILD HEALTH PLAN.—

''(i) IN GENERAL.—Notwithstanding section 2110(b)(1)(C), the State shall provide for each targeted low-income child enrolled in qualified employer-sponsored coverage, supplemental coverage consisting of—

''(I) items or services that are not covered, or are only partially covered, under the qualified employer-sponsored coverage; and

''(II) cost-sharing protection consistent with section 2103(e).

''(ii) RECORD KEEPING REQUIREMENTS.—For purposes of carrying out clause (i), a State may elect to directly pay out-of-pocket expenditures for cost-sharing imposed under the qualified employer-sponsored coverage and collect or not collect all or any portion of such expenditures from the parent of the child.

''(F) APPLICATION OF WAITING PERIOD IMPOSED UNDER THE STATE.—Any waiting period imposed under the State child health plan prior to the provision of child health assistance to a targeted low-income child under the State plan shall apply to the same extent to the provision of a premium assistance subsidy for the child under this paragraph.

''(G) OPT-OUT PERMITTED FOR ANY MONTH.—A State shall establish a process for permitting the parent of a targeted low-income child receiving a premium assistance subsidy to disenroll the child from the qualified employer-sponsored coverage and enroll the child in, and receive child health assistance under, the State child health plan, effective on the first day of any month for which the child is eligible for such assistance and in a manner that ensures continuity of coverage for the child.

''(H) APPLICATION TO PARENTS.—If a State provides child health assistance or health benefits coverage to parents of a targeted low-income child in accordance with section 2111(b), the State may elect to offer a premium assistance subsidy to a parent of a targeted low-income child who is eligible for such a subsidy under this paragraph in the same manner as the State offers such a subsidy for the enrollment of the child in qualified employer-sponsored coverage, except that—

''(i) the amount of the premium assistance subsidy shall be increased to take into account the cost of the enrollment of the parent in the qualified employer-sponsored coverage or, at the option of the State if the State determines it cost-effective, the cost of the enrollment of the child's family in such coverage; and

''(ii) any reference in this paragraph to a child is deemed to include a reference to the parent or, if applicable under clause (i), the family of the child.

''(I) ADDITIONAL STATE OPTION FOR PROVIDING PREMIUM ASSISTANCE.—

''(i) IN GENERAL.—A State may establish an employer-family premium assistance purchasing pool for employers with less than 250 employees who have at least 1 employee who is a pregnant woman eligible for assistance under the State child health plan (including through the application of an option described in section 2112(f)) or a member of a family with at least 1 targeted low-income child and to provide a premium assistance subsidy under this paragraph for enrollment in coverage made available through such pool.

''(ii) ACCESS TO CHOICE OF COVERAGE.—A State that elects the option under clause (i) shall identify and offer access to not less than 2 private health plans that are health benefits coverage that is equivalent to the benefits coverage in a benchmark benefit package described in section 2103(b) or benchmark-equivalent coverage that meets the requirements of section 2103(a)(2) for employees described in clause (i).

''(J) NO EFFECT ON PREMIUM ASSISTANCE WAIVER PROGRAMS.—Nothing in this paragraph shall be construed as limiting the authority of a State to offer premium assistance under section 1906, a waiver described in paragraph (2)(B) or (3), a waiver approved under section 1115, or other authority in effect prior to the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007.

''(K) NOTICE OF AVAILABILITY.—If a State elects to provide premium assistance subsidies in accordance with this paragraph, the State shall—

''(i) include on any application or enrollment form for child health assistance a notice of the availability of premium assistance subsidies for the enrollment of targeted low-income children in qualified employer-sponsored coverage;

''(ii) provide, as part of the application and enrollment process under the State child health plan, information describing the availability of such subsidies and how to elect to obtain such a subsidy; and

''(iii) establish such other procedures as the State determines necessary to ensure that parents are fully informed of the choices for receiving child health assistance under the State child health plan or through the receipt of premium assistance subsidies.

''(L) APPLICATION TO QUALIFIED EMPLOYER-SPONSORED BENCHMARK COVERAGE.—If a group health plan or health insurance coverage offered through an employer is certified by an actuary as health benefits coverage that is equivalent to the benefits coverage in a benchmark

benefit package described in section 2103(b) or benchmark-equivalent coverage that meets the requirements of section 2103(a)(2), the State may provide premium assistance subsidies for enrollment of targeted low-income children in such group health plan or health insurance coverage in the same manner as such subsidies are provided under this paragraph for enrollment in qualified employer-sponsored coverage, but without regard to the requirement to provide supplemental coverage for benefits and cost-sharing protection provided under the State child health plan under subparagraph (E).''.

(b) APPLICATION TO MEDICAID.—Section 1906 (42 U.S.C. 1396e) is amended by inserting after subsection (c) the following:

''(d) A State may elect to offer a premium assistance subsidy (as defined in section 2105(c)(10)(C)) for qualified employer-sponsored coverage (as defined in section 2105(c)(10)(B)) to a child who is eligible for medical assistance under the State plan under this title, to the parent of such a child, and to a pregnant woman, in the same manner as such a subsidy for such coverage may be offered under a State child health plan under title XXI in accordance with section 2105(c)(10) (except that subparagraph (E)(i)(II) of such section shall be applied by substituting '1916 or, if applicable, 1916A' for '2103(e)').''.

(c) GAO STUDY AND REPORT.—Not later than January 1, 2009, the Comptroller General of the United States shall study cost and coverage issues relating to any State premium assistance programs for which Federal matching payments are made under title XIX or XXI of the Social Security Act, including under waiver authority, and shall submit a report to the appropriate committees of Congress on the results of such study.

SEC. 402. OUTREACH, EDUCATION, AND ENROLLMENT ASSISTANCE.

(a) REQUIREMENT TO INCLUDE DESCRIPTION OF OUTREACH, EDUCATION, AND ENROLLMENT EFFORTS RELATED TO PREMIUM ASSISTANCE SUBSIDIES IN STATE CHILD HEALTH PLAN.—Section 2102(c) (42 U.S.C. 1397bb(c)) is amended by adding at the end the following new paragraph:

''(3) PREMIUM ASSISTANCE SUBSIDIES.—Outreach, education, and enrollment assistance for families of children likely to be eligible for premium assistance subsidies under the State child health plan in accordance with paragraphs (2)(B), (3), or (10) of section 2105(c), or a waiver approved under section 1115, to inform such families of the availability of, and to assist them in enrolling their children in, such subsidies, and for employers likely to provide coverage that is eligible for such subsidies, including the specific, significant resources the State intends to apply to educate employers about the availability of premium assistance subsidies under the State child health plan.''.

(b) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)(C)), as amended by section 301(c)(2), is amended by adding at the end the following new clause:

''(iv) EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF CHILDREN UNDER THIS TITLE AND TITLE XIX THROUGH PREMIUM ASSISTANCE SUBSIDIES.—Expenditures for outreach activities to families of children likely to be eligible for premium assistance subsidies in accordance with paragraphs (2)(B), (3), or (10), or a waiver approved under section 1115, to inform such families of the availability of, and to assist them in enrolling their children in, such subsidies, and to employers likely to provide qualified employer-sponsored coverage (as defined in subparagraph (B) of such paragraph).''.

Subtitle B—Coordinating Premium Assistance With Private Coverage

SEC. 411. SPECIAL ENROLLMENT PERIOD UNDER GROUP HEALTH PLANS IN CASE OF TERMINATION OF MEDICAID OR CHIP COVERAGE OR ELIGIBILITY FOR ASSISTANCE IN PURCHASE OF EMPLOYMENT-BASED COVERAGE; COORDINATION OF COVERAGE.

(a) AMENDMENTS TO INTERNAL REVENUE CODE OF 1986.—Section 9801(f) of the Internal Revenue Code of 1986 (relating to special enrollment periods) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES RELATING TO MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) EMPLOYEE OUTREACH AND DISCLOSURE.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents. For purposes of compliance with this clause, the employer may use any State-specific model notice developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II)).

''(II) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF SUMMARY PLAN DESCRIPTION.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of the summary plan description as provided in section 104(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1024).

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of a participant or beneficiary of a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 411(b)(1)(C) of the Children's Health Insurance Program Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

(b) CONFORMING AMENDMENTS.—

(1) AMENDMENTS TO EMPLOYEE RETIREMENT INCOME SECURITY ACT.—

(A) IN GENERAL.—Section 701(f) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES FOR APPLICATION IN CASE OF MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan (or health insurance coverage) not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan or health insurance coverage, under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan or health insurance coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) COORDINATION WITH MEDICAID AND CHIP.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents.

''(II) MODEL NOTICE.—Not later than 1 year after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary and the Secretary of Health and Human Services, in consultation with Directors of State Medicaid agencies under title XIX of the Social Security Act and Directors of State CHIP agencies under title XXI of such Act, shall jointly develop national and

State-specific model notices for purposes of subparagraph (A). The Secretary shall provide employers with such model notices so as to enable employers to timely comply with the requirements of subparagraph (A). Such model notices shall include information regarding how an employee may contact the State in which the employee resides for additional information regarding potential opportunities for such premium assistance, including how to apply for such assistance.

''(III) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF SUMMARY PLAN DESCRIPTION.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of the summary plan description as provided in section 104(b).

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of a participant or beneficiary of a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 411(b)(1)(C) of the Children's Health Insurance Program Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

(B) CONFORMING AMENDMENT.—Section 102(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1022(b)) is amended—

(i) by striking ''and the remedies'' and inserting '', the remedies''; and

(ii) by inserting before the period the following: '', and if the employer so elects for purposes of complying with section 701(f)(3)(B)(i), the model notice applicable to the State in which the participants and beneficiaries reside''.

(C) WORKING GROUP TO DEVELOP MODEL COVERAGE COORDINATION DISCLOSURE FORM.—

(i) MEDICAID, CHIP, AND EMPLOYER-SPONSORED COVERAGE COORDINATION WORKING GROUP.—

(I) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services and the Secretary of Labor shall jointly establish a Medicaid, CHIP, and Employer-Sponsored Coverage Coordination Working Group (in this subparagraph referred to as the ''Working Group''). The purpose of the Working Group shall be to develop the model coverage coordination disclosure form described in subclause (II) and to identify the impediments to the effective coordination of coverage available to families that include employees of employers that maintain group health plans and members who are eligible for medical assistance under title XIX of the Social Security Act or child health assistance or other health benefits coverage under title XXI of such Act.

(II) MODEL COVERAGE COORDINATION DISCLOSURE FORM DESCRIBED.—The model form described in this subclause is a form for plan administrators of group health plans to complete for purposes of permitting a State to determine the availability and cost-effectiveness of the coverage available under such plans to employees who have family members who are eligible for premium assistance offered under a State plan under title XIX or XXI of such Act and to allow for coordination of coverage for enrollees of such plans. Such form shall provide the following information in addition to such other information as the Working Group determines appropriate:

(aa) A determination of whether the employee is eligible for coverage under the group health plan.

(bb) The name and contract information of the plan administrator of the group health plan.

(cc) The benefits offered under the plan.

(dd) The premiums and cost-sharing required under the plan.

(ee) Any other information relevant to coverage under the plan.

(ii) MEMBERSHIP.—The Working Group shall consist of not more than 30 members and shall be composed of representatives of—

(I) the Department of Labor;

(II) the Department of Health and Human Services;

(III) State directors of the Medicaid program under title XIX of the Social Security Act;

(IV) State directors of the State Children's Health Insurance Program under title XXI of the Social Security Act;

(V) employers, including owners of small businesses and their trade or industry representatives and certified human resource and payroll professionals;

(VI) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974);

(VII) health insurance issuers; and

(VIII) children and other beneficiaries of medical assistance under title XIX of the Social Security Act or child health assistance or other health benefits coverage under title XXI of such Act.

(iii) COMPENSATION.—The members of the Working Group shall serve without compensation.

(iv) ADMINISTRATIVE SUPPORT.—The Department of Health and Human Services and the Department of Labor shall jointly provide appropriate administrative support to the Working Group, including technical assistance. The Working Group may use the services and facilities of either such Department, with or without reimbursement, as jointly determined by such Departments.

(v) REPORT.—

(I) REPORT BY WORKING GROUP TO THE SECRETARIES.—Not later than 18 months after the date of the enactment of this Act, the Working Group shall submit to the Secretary of Labor and the Secretary of Health and Human Services the model form described in clause (i)(II) along with a report containing recommendations for appropriate measures to address the impediments to the effective coordination of coverage between group health plans and the State plans under titles XIX and XXI of the Social Security Act.

(II) REPORT BY SECRETARIES TO THE CONGRESS.—Not later than 2 months after receipt of the report pursuant to subclause (I), the Secretaries shall jointly submit a report to each House of the Congress regarding the recommendations contained in the report under such subclause.

(vi) TERMINATION.—The Working Group shall terminate 30 days after the date of the issuance of its report under clause (v).

(D) EFFECTIVE DATES.—The Secretary of Labor and the Secretary of Health and Human Services shall develop the initial model notices under section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974, and the Secretary of Labor shall provide such notices to employers, not later than the date that is 1 year after the date of enactment of this Act, and each employer shall provide the initial annual notices to such employer's employees beginning with the first plan year that begins after the date on which such initial model notices are first issued. The model coverage coordination disclosure form developed under subparagraph (C) shall apply with respect to requests made by States beginning with the first plan year that begins after the date on which such model coverage coordination disclosure form is first issued.

(E) ENFORCEMENT.—Section 502 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132) is amended—

(i) in subsection (a)(6), by striking ''or (8)'' and inserting ''(8), or (9)''; and

(ii) in subsection (c), by redesignating paragraph (9) as paragraph (10), and by inserting after paragraph (8) the following:

''(9)(A) The Secretary may assess a civil penalty against any employer of up to $100 a day from the date of the employer's failure to meet the notice requirement of section 701(f)(3)(B)(i)(I). For purposes of this subparagraph, each violation with respect to any single employee shall be treated as a separate violation.

''(B) The Secretary may assess a civil penalty against any plan administrator of up to $100 a day from the date of the plan administrator's failure to timely provide to any State the information required to be disclosed under section 701(f)(3)(B)(ii). For purposes of this subparagraph, each violation with respect to any single participant or beneficiary shall be treated as a separate violation.''.

(2) AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.—Section 2701(f) of the Public Health Service Act (42 U.S.C. 300gg(f)) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES FOR APPLICATION IN CASE OF MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan (or health insurance coverage) not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan or health insurance coverage, under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan or health insurance coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) COORDINATION WITH MEDICAID AND CHIP.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents. For purposes of compliance with this subclause, the employer

may use any State-specific model notice developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II)).

''(II) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF SUMMARY PLAN DESCRIPTION.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of the summary plan description as provided in section 104(b) of the Employee Retirement Income Security Act of 1974.

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of an enrollee in a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 411(b)(1)(C) of the Children's Health Insurance Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

TITLE V—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES OF CHILDREN

SEC. 501. CHILD HEALTH QUALITY IMPROVEMENT ACTIVITIES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.

(a) DEVELOPMENT OF CHILD HEALTH QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—Title XI (42 U.S.C. 1301 et seq.) is amended by inserting after section 1139 the following new section:

''SEC. 1139A. CHILD HEALTH QUALITY MEASURES.

''(a) DEVELOPMENT OF AN INITIAL CORE SET OF HEALTH CARE QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

''(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall identify and publish for general comment an initial, recommended core set of child health quality measures for use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contracts with such programs, and providers of items and services under such programs.

''(2) IDENTIFICATION OF INITIAL CORE MEASURES.—In consultation with the individuals and entities described in subsection (b)(3), the Secretary shall identify existing quality of care measures for children that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time.

''(3) RECOMMENDATIONS AND DISSEMINATION.—Based on such existing and identified measures, the Secretary shall publish an initial core set of child health quality measures that includes (but is not limited to) the following:

''(A) The duration of children's health insurance coverage over a 12-month time period.

''(B) The availability of a full range of—

''(i) preventive services, treatments, and services for acute conditions, including services to promote healthy birth and prevent and treat premature birth; and

''(ii) treatments to correct or ameliorate the effects of chronic physical and mental conditions in infants, young children, school-age children, and adolescents.

''(C) The availability of care in a range of ambulatory and inpatient health care settings in which such care is furnished.

''(D) The types of measures that, taken together, can be used to estimate the overall national quality of health care for children and to perform comparative analyses of pediatric health care quality and racial, ethnic, and socioeconomic disparities in child health and health care for children.

''(4) ENCOURAGE VOLUNTARY AND STANDARDIZED REPORTING.—Not later than 2 years after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary, in consultation with States, shall develop a standardized format for reporting information and procedures and approaches that encourage States to use the initial core measurement set to voluntarily report information regarding the quality of pediatric health care under titles XIX and XXI.

''(5) ADOPTION OF BEST PRACTICES IN IMPLEMENTING QUALITY PROGRAMS.—The Secretary shall disseminate information to States regarding best practices among States with respect to measuring and reporting on the quality of health care for children, and shall facilitate the adoption of such best practices. In developing best practices approaches, the Secretary shall give particular attention to State measurement techniques that ensure the timeliness and accuracy of provider reporting, encourage provider reporting compliance, encourage successful quality improvement strategies, and improve efficiency in data collection using health information technology.

''(6) REPORTS TO CONGRESS.—Not later than January 1, 2010, and every 3 years thereafter, the Secretary shall report to Congress on—

''(A) the status of the Secretary's efforts to improve—

''(i) quality related to the duration and stability of health insurance coverage for children under titles XIX and XXI;

''(ii) the quality of children's health care under such titles, including preventive health services, health care for acute conditions, chronic health care, and health services to ameliorate the effects of physical and mental conditions and to aid in growth and development of infants, young children, school-age children, and adolescents with special health care needs; and

''(iii) the quality of children's health care under such titles across the domains of quality, including clinical quality, health care safety, family experience with health care, health care in the most integrated setting, and elimination of racial, ethnic, and socioeconomic disparities in health and health care;

''(B) the status of voluntary reporting by States under titles XIX and XXI, utilizing the initial core quality measurement set; and

''(C) any recommendations for legislative changes needed to improve the quality of care provided to children under titles XIX and XXI, including recommendations for quality reporting by States.

''(7) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States to assist them in adopting and utilizing core child health quality measures in administering the State plans under titles XIX and XXI.

''(8) DEFINITION OF CORE SET.—In this section, the term 'core set' means a group of valid, reliable, and evidence-based quality measures that, taken together—

''(A) provide information regarding the quality of health coverage and health care for children;

''(B) address the needs of children throughout the developmental age span; and

''(C) allow purchasers, families, and health care providers to understand the quality of care in relation to the preventive needs of children, treatments aimed at managing and resolving acute conditions, and diagnostic and treatment services whose purpose is to correct or ameliorate physical, mental, or developmental conditions that could, if untreated or poorly treated, become chronic.

''(b) ADVANCING AND IMPROVING PEDIATRIC QUALITY MEASURES.—

''(1) ESTABLISHMENT OF PEDIATRIC QUALITY MEASURES PROGRAM.—Not later than January 1, 2010, the Secretary shall establish a pediatric quality measures program to—

''(A) improve and strengthen the initial core child health care quality measures established by the Secretary under subsection (a);

''(B) expand on existing pediatric quality measures used by public and private health care purchasers and advance the development of such new and emerging quality measures; and

''(C) increase the portfolio of evidence-based, consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers.

''(2) EVIDENCE-BASED MEASURES.—The measures developed under the pediatric quality measures program shall, at a minimum, be—

''(A) evidence-based and, where appropriate, risk adjusted;

''(B) designed to identify and eliminate racial and ethnic disparities in child health and the provision of health care;

''(C) designed to ensure that the data required for such measures is collected and reported in a standard format that permits comparison of quality and data at a State, plan, and provider level;

''(D) periodically updated; and

''(E) responsive to the child health needs, services, and domains of health care quality described in clauses (i), (ii), and (iii) of subsection (a)(6)(A).

''(3) PROCESS FOR PEDIATRIC QUALITY MEASURES PROGRAM.—In identifying gaps in existing pediatric quality measures and establishing priorities for development and advancement of such measures, the Secretary shall consult with—

''(A) States;

''(B) pediatricians, children's hospitals, and other primary and specialized pediatric health care professionals (including members of the allied health professions) who specialize in the care and treatment of children, particularly children with special physical, mental, and developmental health care needs;

''(C) dental professionals, including pediatric dental professionals;

''(D) health care providers that furnish primary health care to children and families who live in urban and rural medically underserved communities or who are members of distinct population sub-groups at heightened risk for poor health outcomes;

''(E) national organizations representing consumers and purchasers of children's health care;

''(F) national organizations and individuals with expertise in pediatric health quality measurement; and

''(G) voluntary consensus standards setting organizations and other organizations involved in the advancement of evidence-based measures of health care.

''(4) DEVELOPING, VALIDATING, AND TESTING A PORTFOLIO OF PEDIATRIC QUALITY MEASURES.—As part of the program to advance pediatric quality measures, the Secretary shall—

''(A) award grants and contracts for the development, testing, and validation of new, emerging, and innovative evidence-based measures for children's health care services across the domains of quality described in clauses (i), (ii), and (iii) of subsection (a)(6)(A); and

''(B) award grants and contracts for—

''(i) the development of consensus on evidence-based measures for children's health care services;

''(ii) the dissemination of such measures to public and private purchasers of health care for children; and

''(iii) the updating of such measures as necessary.

''(5) REVISING, STRENGTHENING, AND IMPROVING INITIAL CORE MEASURES.—Beginning no later than January 1, 2012, and annually thereafter, the Secretary shall publish recommended changes to the core measures described in subsection (a) that shall reflect the testing, validation, and consensus process for the development of pediatric quality measures described in subsection paragraphs (1) through (4).

''(6) DEFINITION OF PEDIATRIC QUALITY MEASURE.—In this subsection, the term 'pediatric quality measure' means a measurement of clinical care that is capable of being examined through the collection and analysis of relevant information, that is developed in order to assess 1 or more aspects of pediatric health care quality in various institutional and ambulatory health care settings, including the structure of the clinical care system, the process of care, the outcome of care, or patient experiences in care.

''(c) ANNUAL STATE REPORTS REGARDING STATE-SPECIFIC QUALITY OF CARE MEASURES APPLIED UNDER MEDICAID OR CHIP.—

''(1) ANNUAL STATE REPORTS.—Each State with a State plan approved under title XIX or a State child health plan approved under title XXI shall annually report to the Secretary on the—

''(A) State-specific child health quality measures applied by the States under such plans, including measures described in subparagraphs (A) and (B) of subsection (a)(6); and

''(B) State-specific information on the quality of health care furnished to children under such plans, including information collected through external quality reviews of managed care organizations under section 1932 of the Social Security Act (42 U.S.C. 1396u–4) and benchmark plans under sections 1937 and 2103 of such Act (42 U.S.C. 1396u–7, 1397cc).

''(2) PUBLICATION.—Not later than September 30, 2009, and annually thereafter, the Secretary shall collect, analyze, and make publicly available the information reported by States under paragraph (1).

''(d) DEMONSTRATION PROJECTS FOR IMPROVING THE QUALITY OF CHILDREN'S HEALTH CARE AND THE USE OF HEALTH INFORMATION TECHNOLOGY.—

''(1) IN GENERAL.—During the period of fiscal years 2008 through 2012, the Secretary shall award not more than 10 grants to States and child health providers to conduct demonstration projects to evaluate promising ideas for improving the quality of children's health care provided under title XIX or XXI, including projects to—

''(A) experiment with, and evaluate the use of, new measures of the quality of children's health care under such titles (including testing the validity and suitability for reporting of such measures);

''(B) promote the use of health information technology in care delivery for children under such titles;

''(C) evaluate provider-based models which improve the delivery of children's health care services under such titles, including care management for children with chronic conditions and the use of evidence-based approaches to improve the effectiveness, safety, and efficiency of health care services for children; or

''(D) demonstrate the impact of the model electronic health record format for children developed and disseminated under subsection (f) on improving pediatric health, including the effects of chronic childhood health conditions, and pediatric health care quality as well as reducing health care costs.

''(2) REQUIREMENTS.—In awarding grants under this subsection, the Secretary shall ensure that—

''(A) only 1 demonstration project funded under a grant awarded under this subsection shall be conducted in a State; and

''(B) demonstration projects funded under grants awarded under this subsection shall be conducted evenly between States with large urban areas and States with large rural areas.

''(3) AUTHORITY FOR MULTISTATE PROJECTS.—A demonstration project conducted with a grant awarded under this subsection may be conducted on a multistate basis, as needed.

''(4) FUNDING.—$20,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(e) CHILDHOOD OBESITY DEMONSTRATION PROJECT.—

''(1) AUTHORITY TO CONDUCT DEMONSTRATION.—The Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity by awarding grants to eligible entities to carry out such project. Such model shall—

''(A) identify, through self-assessment, behavioral risk factors for obesity among children;

''(B) identify, through self-assessment, needed clinical preventive and screening benefits among those children identified as target individuals on the basis of such risk factors;

''(C) provide ongoing support to such target individuals and their families to reduce risk factors and promote the appropriate use of preventive and screening benefits; and

''(D) be designed to improve health outcomes, satisfaction, quality of life, and appropriate use of items and services for which medical assistance is available under title XIX or child health assistance is available under title XXI among such target individuals.

''(2) ELIGIBILITY ENTITIES.—For purposes of this subsection, an eligible entity is any of the following:

''(A) A city, county, or Indian tribe.

''(B) A local or tribal educational agency.

''(C) An accredited university, college, or community college.

''(D) A Federally-qualified health center.

''(E) A local health department.

''(F) A health care provider.

''(G) A community-based organization.

''(H) Any other entity determined appropriate by the Secretary, including a consortia or partnership of entities described in any of subparagraphs (A) through (G).

''(3) USE OF FUNDS.—An eligible entity awarded a grant under this subsection shall use the funds made available under the grant to—

''(A) carry out community-based activities related to reducing childhood obesity, including by—

''(i) forming partnerships with entities, including schools and other facilities providing recreational services, to establish programs for after school and weekend community activities that are designed to reduce childhood obesity;

''(ii) forming partnerships with daycare facilities to establish programs that promote healthy eating behaviors and physical activity; and

''(iii) developing and evaluating community educational activities targeting good nutrition and promoting healthy eating behaviors;

''(B) carry out age-appropriate school-based activities that are designed to reduce childhood obesity, including by—

''(i) developing and testing educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, which may include—

''(I) after hours physical activity programs; and

''(II) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problem-solving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

''(ii) providing education and training to educational professionals regarding how to promote a healthy lifestyle and a healthy school environment for children;

''(iii) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

''(iv) planning and implementing healthy lifestyle classes or programs for parents or guardians, with an emphasis on healthy eating behaviors and physical activity for children;

''(C) carry out educational, counseling, promotional, and training activities through the local health care delivery systems including by—

''(i) promoting healthy eating behaviors and physical activity services to treat or prevent eating disorders, being overweight, and obesity;

''(ii) providing patient education and counseling to increase physical activity and promote healthy eating behaviors;

''(iii) training health professionals on how to identify and treat obese and overweight individuals which may include nutrition and physical activity counseling; and

''(iv) providing community education by a health professional on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; and

''(D) provide, through qualified health professionals, training and supervision for community health workers to—

''(i) educate families regarding the relationship between nutrition, eating habits, physical activity, and obesity;

''(ii) educate families about effective strategies to improve nutrition, establish healthy eating patterns, and establish appropriate levels of physical activity; and

''(iii) educate and guide parents regarding the ability to model and communicate positive health behaviors.

''(4) PRIORITY.—In awarding grants under paragraph (1), the Secretary shall give priority to awarding grants to eligible entities—

''(A) that demonstrate that they have previously applied successfully for funds to carry out activities that seek to promote individual and community health and to prevent the incidence of chronic disease and that can cite published and peer-reviewed research demonstrating that the activities that the entities propose to carry out with funds made available under the grant are effective;

''(B) that will carry out programs or activities that seek to accomplish a goal or goals set by the State in the Healthy People 2010 plan of the State;

''(C) that provide non-Federal contributions, either in cash or in-kind, to the costs of funding activities under the grants;

''(D) that develop comprehensive plans that include a strategy for extending program activities developed under grants in the years following the fiscal years for which they receive grants under this subsection;

''(E) located in communities that are medically underserved, as determined by the Secretary;

''(F) located in areas in which the average poverty rate is at least 150 percent or higher of the average poverty rate in the State involved, as determined by the Secretary; and

''(G) that submit plans that exhibit multisectoral, cooperative conduct that includes the involvement of a broad range of stakeholders, including—

''(i) community-based organizations;

''(ii) local governments;

''(iii) local educational agencies;

''(iv) the private sector;

''(v) State or local departments of health;

''(vi) accredited colleges, universities, and community colleges;

''(vii) health care providers;

''(viii) State and local departments of transportation and city planning; and

''(ix) other entities determined appropriate by the Secretary.

''(5) PROGRAM DESIGN.—

''(A) INITIAL DESIGN.—Not later than 1 year after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary shall design the demonstration project. The demonstration should draw upon promising, innovative models and incentives to reduce behavioral risk factors. The Administrator of the Centers for Medicare & Medicaid Services shall consult with the Director of the Centers for Disease Control and Prevention, the Director of the Office of Minority Health, the heads of other agencies in the Department of Health and Human Services, and such professional organizations, as the Secretary determines to be appropriate, on the design, conduct, and evaluation of the demonstration.

''(B) NUMBER AND PROJECT AREAS.—Not later than 2 years after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary shall award 1 grant that is specifically designed to determine whether programs similar to programs to be conducted by other grantees under this subsection should be implemented with respect to the general population of children who are eligible for child health assistance under State child health plans under title XXI in order to reduce the incidence of childhood obesity among such population.

''(6) REPORT TO CONGRESS.—Not later than 3 years after the date the Secretary implements the demonstration project under this subsection, the Secretary shall submit to Congress a report that describes the project, evaluates the effectiveness and cost effectiveness of the project, evaluates the beneficiary satisfaction under the project, and includes any such other information as the Secretary determines to be appropriate.

''(7) DEFINITIONS.—In this subsection:

''(A) FEDERALLY-QUALIFIED HEALTH CENTER.—The term 'Federally-qualified health center' has the meaning given that term in section 1905(l)(2)(B).

''(B) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given that term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(C) SELF-ASSESSMENT.—The term 'self-assessment' means a form that—

''(i) includes questions regarding—

''(I) behavioral risk factors;

''(II) needed preventive and screening services; and

''(III) target individuals' preferences for receiving follow-up information;

''(ii) is assessed using such computer generated assessment programs; and

''(iii) allows for the provision of such ongoing support to the individual as the Secretary determines appropriate.

''(D) ONGOING SUPPORT.—The term 'ongoing support' means—

''(i) to provide any target individual with information, feedback, health coaching, and recommendations regarding—

''(I) the results of a self-assessment given to the individual;

''(II) behavior modification based on the self-assessment; and

''(III) any need for clinical preventive and screening services or treatment including medical nutrition therapy;

''(ii) to provide any target individual with referrals to community resources and programs available to assist the target individual in reducing health risks; and

''(iii) to provide the information described in clause (i) to a health care provider, if designated by the target individual to receive such information.

''(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, $25,000,000 for the period of fiscal years 2008 through 2012.

''(f) DEVELOPMENT OF MODEL ELECTRONIC HEALTH RECORD FORMAT FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

''(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall establish a program to encourage the development and dissemination of a model electronic health record format for children enrolled in the State plan under title XIX or the State child health plan under title XXI that is—

''(A) subject to State laws, accessible to parents, caregivers, and other consumers for the sole purpose of demonstrating compliance with school or leisure activity requirements, such as appropriate immunizations or physicals;

''(B) designed to allow interoperable exchanges that conform with Federal and State privacy and security requirements;

''(C) structured in a manner that permits parents and caregivers to view and understand the extent to which the care their children receive is clinically appropriate and of high quality; and

''(D) capable of being incorporated into, and otherwise compatible with, other standards developed for electronic health records.

''(2) FUNDING.—$5,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(g) STUDY OF PEDIATRIC HEALTH AND HEALTH CARE QUALITY MEASURES.—

''(1) IN GENERAL.—Not later than July 1, 2009, the Institute of Medicine shall study and report to Congress on the extent and quality of efforts to measure child health status and the quality of health care for children across the age span and in relation to preventive care, treatments for acute conditions, and treatments aimed at ameliorating or correcting physical, mental, and developmental conditions in children. In conducting such study and preparing such report, the Institute of Medicine shall—

''(A) consider all of the major national population-based reporting systems sponsored by the Federal Government that are currently in place, including reporting requirements under Federal grant programs and national population surveys and estimates conducted directly by the Federal Government;

''(B) identify the information regarding child health and health care quality that each system is designed to capture and generate, the study and reporting periods covered by each system, and the extent to which the information so generated is made widely available through publication;

''(C) identify gaps in knowledge related to children's health status, health disparities among subgroups of children, the effects of social conditions on children's health status and use and effectiveness of health care, and the relationship between child health status and family income, family stability and preservation, and children's school readiness and educational achievement and attainment; and

''(D) make recommendations regarding improving and strengthening the timeliness, quality, and public transparency and accessibility of information about child health and health care quality.

''(2) FUNDING.—Up to $1,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(h) RULE OF CONSTRUCTION.—Notwithstanding any other provision in this section, no evidence based quality measure developed, published, or used as a basis of measurement or reporting under this section may be used to establish an irrebuttable presumption regarding either the medical necessity of care or the maximum permissible coverage for any individual child who is eligible for and receiving medical assistance under title XIX or child health assistance under title XXI .

''(i) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2008 through 2012, $45,000,000 for the purpose of carrying out this section (other than subsection (e)). Funds appropriated under this subsection shall remain available until expended.''.

(b) INCREASED MATCHING RATE FOR COLLECTING AND REPORTING ON CHILD HEALTH MEASURES.—Section 1903(a)(3)(A) (42 U.S.C. 1396b(a)(3)(A)), is amended—

(1) by striking ''and'' at the end of clause (i); and

(2) by adding at the end the following new clause:

''(iii) an amount equal to the Federal medical assistance percentage (as defined in section 1905(b)) of so much of the sums expended during such quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to such developments or modifications of systems of the type described in clause (i) as are necessary for the efficient collection and reporting on child health measures; and''.

SEC. 502. IMPROVED INFORMATION REGARDING ACCESS TO COVERAGE UNDER CHIP.

(a) INCLUSION OF PROCESS AND ACCESS MEASURES IN ANNUAL STATE REPORTS.—Section 2108 (42 U.S.C. 1397hh) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking ''The State'' and inserting ''Subject to subsection (e), the State''; and

(2) by adding at the end the following new subsection:

''(e) INFORMATION REQUIRED FOR INCLUSION IN STATE ANNUAL REPORT.—The State shall include the following information in the annual report required under subsection (a):

''(1) Eligibility criteria, enrollment, and retention data (including data with respect to continuity of coverage or duration of benefits).

''(2) Data regarding the extent to which the State uses process measures with respect to determining the eligibility of children under the State child health plan, including measures such as 12-month continuous eligibility, self-declaration of income for applications or renewals, or presumptive eligibility.

''(3) Data regarding denials of eligibility and redeterminations of eligibility.

''(4) Data regarding access to primary and specialty services, access to networks of care, and care coordination provided under the State child health plan, using quality care and consumer satisfaction measures included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

''(5) If the State provides child health assistance in the form of premium assistance for the purchase of coverage under a group health plan, data regarding the provision of such assistance, including the extent to which employer-sponsored health insurance coverage is available for children eligible for child health assistance under the State child health plan, the range of the monthly amount of such assistance provided on behalf of a child or family, the number of children or families provided such assistance on a monthly basis, the income of the children or families provided such assistance, the benefits and cost-sharing protection provided under the State child health plan to supplement the coverage purchased with such premium assistance, the effective strategies the State engages in to reduce any administrative barriers to the provision of such assistance, and, the effects, if any, of the provision of such assistance on preventing the coverage provided under the State child health plan from substituting for coverage provided under employer-sponsored health insurance offered in the State.

''(6) To the extent applicable, a description of any State activities that are designed to reduce the number of uncovered children in the State, including through a State health insurance connector program or support for innovative private health coverage initiatives.''.

(b) GAO STUDY AND REPORT ON ACCESS TO PRIMARY AND SPECIALITY SERVICES.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of children's access to primary and specialty services under Medicaid and CHIP, including—

(A) the extent to which providers are willing to treat children eligible for such programs;

(B) information on such children's access to networks of care;

(C) geographic availability of primary and specialty services under such programs;

(D) the extent to which care coordination is provided for children's care under Medicaid and CHIP; and

(E) as appropriate, information on the degree of availability of services for children under such programs.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report to the appropriate committees of Congress on the study conducted under paragraph (1) that includes recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to children's care under Medicaid and CHIP that may exist.

SEC. 503. APPLICATION OF CERTAIN MANAGED CARE QUALITY SAFEGUARDS TO CHIP.

Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by section 204(b), is amended by redesignating subparagraph (E) (as added by such section) as subparagraph (F) and by inserting after subparagraph (D) the following new subparagraph:

''(E) Subsections (a)(4), (a)(5), (b), (c), (d), and (e) of section 1932 (relating to requirements for managed care).''.

TITLE VI—MISCELLANEOUS

SEC. 601. TECHNICAL CORRECTION REGARDING CURRENT STATE AUTHORITY UNDER MEDICAID.

(a) IN GENERAL.—Only with respect to expenditures for medical assistance under a State Medicaid plan, including any waiver of such plan, for fiscal years 2007 and 2008, a State may elect, notwithstanding the fourth sentence of subsection (b) of section 1905 of the Social Security Act (42 U.S.C. 1396d) or subsection (u) of such section—

(1) to cover individuals described in section 1902(a)(10)(A)(ii)(IX) of the Social Security Act and, at its option, to apply less restrictive methodologies to such individuals under section 1902(r)(2) of such Act or 1931(b)(2)(C) of such Act and thereby receive Federal financial participation for medical assistance for such individuals under title XIX of the Social Security Act; or

(2) to receive Federal financial participation for expenditures for medical assistance under title XIX of such Act for children described in paragraph (2)(B) or (3) of section 1905(u) of such Act based on the Federal medical assistance percentage, as otherwise determined based on the first and third sentences of subsection (b) of section 1905 of the Social Security Act, rather than on the basis of an enhanced FMAP (as defined in section 2105(b) of such Act).

(b) REPEAL.—Effective October 1, 2008, subsection (a) is repealed.

(c) HOLD HARMLESS.—No State that elects the option described in subsection (a) shall be treated as not having been authorized to make such election and to receive Federal financial participation for expenditures for medical assistance described in that subsection for fiscal years 2007 and 2008 as a result of the repeal of the subsection under subsection (b).

SEC. 602. PAYMENT ERROR RATE MEASUREMENT ("PERM").

(a) EXPENDITURES RELATED TO COMPLIANCE WITH REQUIREMENTS.—

(1) ENHANCED PAYMENTS.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 401(a), is amended by adding at the end the following new paragraph:

''(11) ENHANCED PAYMENTS.—Notwithstanding subsection (b), the enhanced FMAP with respect to payments under subsection (a) for expenditures related to the administration of the payment error rate measurement (PERM) requirements applicable to the State child health plan in accordance with the Improper Payments Information Act of 2002 and parts 431 and 457 of title 42, Code of Federal Regulations (or any related or successor guidance or regulations) shall in no event be less than 90 percent.''.

(2) EXCLUSION OF FROM CAP ON ADMINISTRATIVE EXPENDITURES.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)C)), as amended by section 402(b), is amended by adding at the end the following:

''(v) PAYMENT ERROR RATE MEASUREMENT (PERM) EXPENDITURES.—Expenditures related to the administration of the payment error rate measurement (PERM) requirements applicable to the State child health plan in accordance with the Improper Payments Information Act of 2002 and parts 431 and 457 of title 42, Code of Federal Regulations (or any related or successor guidance or regulations).''.

(b) FINAL RULE REQUIRED TO BE IN EFFECT FOR ALL STATES.—Notwithstanding parts 431 and 457 of title 42, Code of Federal Regulations (as in effect on the date of enactment of this Act), the Secretary shall not calculate or publish any national or State-specific error rate based on the application of the payment error rate measurement (in this section referred to as ''PERM'') requirements to CHIP until after the date that is 6 months after the date on which a final rule implementing such requirements in accordance with the requirements of subsection (c) is in effect for all States. Any calculation of a national error rate or a State specific error rate after such final rule in effect for all States may only be inclusive of errors, as defined in such final rule or in guidance issued within a reasonable time frame after the effective date for such final rule that includes detailed guidance for the specific methodology for error determinations.

(c) REQUIREMENTS FOR FINAL RULE.—For purposes of subsection (b), the requirements of this subsection are that the final rule implementing the PERM requirements shall include—

(1) clearly defined criteria for errors for both States and providers;

(2) a clearly defined process for appealing error determinations by review contractors; and

(3) clearly defined responsibilities and deadlines for States in implementing any corrective action plans.

(d) OPTION FOR APPLICATION OF DATA FOR CERTAIN STATES UNDER THE INTERIM FINAL RULE.—

(1) OPTION FOR STATES IN FIRST APPLICATION CYCLE.—After the final rule implementing the PERM requirements in accordance with the requirements of subsection (c) is in effect for all States, a State for which the PERM requirements were first in effect under an interim final rule for fiscal year 2007 may elect to accept any payment error rate determined in whole or in part for the State on the basis of data for that fiscal year or may elect to not have any payment error rate determined on the basis of such data and, instead, shall be treated as if fiscal year 2010 were the first fiscal year for which the PERM requirements apply to the State.

(2) OPTION FOR STATES IN SECOND APPLICATION CYCLE.—If such final rule is not in effect for all States by July 1, 2008, a State for which the PERM requirements were first in effect under an interim final rule for fiscal year 2008 may elect to accept any payment error rate determined in whole or in part for the State on the basis of data for that fiscal year or may elect to not have any payment error rate determined on the basis of such data and, instead, shall be treated as if fiscal year 2011 were the first fiscal year for which the PERM requirements apply to the State.

(e) HARMONIZATION OF MEQC AND PERM.—

(1) REDUCTION OF REDUNDANCIES.—The Secretary shall review the Medicaid Eligibility Quality Control (in this subsection referred to as the ''MEQC'') requirements with the PERM requirements and coordinate consistent implementation of both sets of requirements, while reducing redundancies.

(2) STATE OPTION TO APPLY PERM DATA.—A State may elect, for purposes of determining the erroneous excess payments for medical assistance ratio applicable to the State for a fiscal year under section 1903(u) of the Social Security Act (42 U.S.C. 1396b(u)) to substitute data resulting from the application of the PERM requirements to the State after the final rule implementing such requirements is in effect for all States for data obtained from the application of the MEQC requirements to the State with respect to a fiscal year.

(f) IDENTIFICATION OF IMPROVED STATE-SPECIFIC SAMPLE SIZES.—The Secretary shall establish State-specific sample sizes for application of the PERM requirements with respect to State child health plans for fiscal years beginning with fiscal year 2009, on the basis of such information as the Secretary determines appropriate. In establishing such sample sizes, the Secretary shall, to the greatest extent practicable—

(1) minimize the administrative cost burden on States under Medicaid and CHIP; and

(2) maintain State flexibility to manage such programs.

SEC. 603. ELIMINATION OF COUNTING MEDICAID CHILD PRESUMPTIVE ELIGIBILITY COSTS AGAINST TITLE XXI ALLOTMENT.

Section 2105(a)(1) (42 U.S.C. 1397ee(a)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking ''(or, in the case of expenditures described in subparagraph (B), the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)))''; and

(2) by striking subparagraph (B) and inserting the following new subparagraph:

''(B) [reserved]''.

SEC. 604. IMPROVING DATA COLLECTION.

(a) INCREASED APPROPRIATION.—Section 2109(b)(2) (42 U.S.C. 1397ii(b)(2)) is amended by striking ''$10,000,000 for fiscal year 2000'' and inserting ''$20,000,000 for fiscal year 2008''.

(b) USE OF ADDITIONAL FUNDS.—Section 2109(b) (42 U.S.C. 1397ii(b)), as amended by subsection (a), is amended—

(1) by redesignating paragraph (2) as paragraph (4); and

(2) by inserting after paragraph (1), the following new paragraphs:

''(2) ADDITIONAL REQUIREMENTS.—In addition to making the adjustments required to produce the data described in paragraph (1), with respect to data collection occurring for fiscal years beginning with fiscal year 2008, in appropriate consultation with the Secretary of Health and Human Services, the Secretary of Commerce shall do the following:

''(A) Make appropriate adjustments to the Current Population Survey to develop more accurate State-specific estimates of the number of children enrolled in health coverage under title XIX or this title.

''(B) Make appropriate adjustments to the Current Population Survey to improve the survey estimates used to compile the State-specific and national number of low-income children without health insurance for purposes of determining allotments under subsections (c) and (i) of section 2104 and making payments to States from the CHIP Incentive Bonuses Pool established under subsection (j) of such section, the CHIP Contingency Fund established under subsection (k) of such section, and, to the extent applicable to a State, from the block grant set aside under section 2111(b)(2)(B)(i) for each of fiscal years 2010 through 2012.

''(C) Include health insurance survey information in the American Community Survey related to children.

''(D) Assess whether American Community Survey estimates, once such survey data are first available, produce more reliable estimates than the Current Population Survey with respect to the purposes described in subparagraph (B).

''(E) On the basis of the assessment required under subparagraph (D), recommend to the Secretary of Health and Human Services whether American Community Survey estimates should be used in lieu of, or in some combination with, Current Population Survey estimates for the purposes described in subparagraph (B).

''(F) Continue making the adjustments described in the last sentence of paragraph (1) with respect to expansion of the sample size used in State sampling units, the number of sampling units in a State, and using an appropriate verification element.

''(3) AUTHORITY FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES TO TRANSITION TO THE USE OF ALL, OR SOME COMBINATION OF, ACS ESTIMATES UPON RECOMMENDATION OF THE SECRETARY OF COMMERCE.—If, on the basis of the assessment required under paragraph (2)(D), the Secretary of Commerce recommends to the Secretary of Health and Human Services that American Community Survey estimates should be used in lieu of, or in some combination with, Current Population Survey estimates for the purposes described in paragraph (2)(B), the Secretary of Health and Human Services may provide for a period during which the Secretary may transition from carrying out such purposes through the use of Current Population Survey estimates to the use of American Community Survey estimates (in lieu of, or in combination with the Current Population Survey estimates, as recommended), provided that any such transition is implemented in a manner that is designed to avoid adverse impacts upon States with approved State child health plans under this title.''.

SEC. 605. DEFICIT REDUCTION ACT TECHNICAL CORRECTIONS.

(a) STATE FLEXIBILITY IN BENEFIT PACKAGES.—

(1) CLARIFICATION OF REQUIREMENT TO PROVIDE EPSDT SERVICES FOR ALL CHILDREN IN BENCHMARK BENEFIT PACKAGES.—Section 1937(a)(1) (42 U.S.C. 1396u–7(a)(1)), as inserted by section 6044(a) of the Deficit Reduction Act of 2005 (Public Law 109–171, 120 Stat. 88), is amended—

(A) in subparagraph (A)—

(i) in the matter before clause (i), by striking ''enrollment in coverage that provides'' and inserting ''coverage that'';

(ii) in clause (i), by inserting ''provides'' after ''(i)''; and

(iii) by striking clause (ii) and inserting the following:

''(ii) for any individual described in section 1905(a)(4)(B) who is eligible under the State plan in accordance with paragraphs (10) and (17) of section 1902(a), consists of the items and services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with the requirements of section 1902(a)(43).'';

(B) in subparagraph (C)—

(i) in the heading, by striking ''WRAP-AROUND'' and inserting ''ADDITIONAL''; and

(ii) by striking ''wrap-around or''; and

(C) by adding at the end the following new subparagraph:

''(E) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as—

''(i) requiring a State to offer all or any of the items and services required by subparagraph (A)(ii) through an issuer of benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2); or

''(ii) preventing a State from offering all or any of the items and services required by subparagraph (A)(ii) through an issuer of benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2).''.

(2) CORRECTION OF REFERENCE TO CHILDREN IN FOSTER CARE RECEIVING CHILD WELFARE SERVICES.—Section 1937(a)(2)(B)(viii) (42 U.S.C. 1396u–7(a)(2)(B)(viii), as inserted by section 6044(a) of the Deficit Reduction Act of 2005, is amended by striking ''aid or assistance is made available under part B of title IV to children in foster care and individuals'' and inserting ''child welfare services are made available under part B of title IV on the basis of being a child in foster care or''.

(3) TRANSPARENCY.—Section 1937 (42 U.S.C. 1396u–7), as inserted by section 6044(a) of the Deficit Reduction Act of 2005, is amended by adding at the end the following:

''(c) PUBLICATION OF PROVISIONS AFFECTED.—Not later than 30 days after the date the Secretary approves a State plan amendment to provide benchmark benefits in accordance with subsections (a) and (b), the Secretary shall publish in the Federal Register and on the Internet website of the Centers for Medicare & Medicaid Services, a list of the provisions of this title that the Secretary has determined do not apply in order to enable the State to carry out such plan amendment and the reason for each such determination.''.

(4) EFFECTIVE DATE.—The amendments made by this subsection shall take effect as if included in the amendment made by section 6044(a) of the Deficit Reduction Act of 2005.

SEC. 606. ELIMINATION OF CONFUSING PROGRAM REFERENCES.

Section 704 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, as enacted into law by division B of Public Law 106–113 (113 Stat. 1501A–402) is repealed.

SEC. 607. MENTAL HEALTH PARITY IN CHIP PLANS.

(a) ASSURANCE OF PARITY.—Section 2103(c) (42 U.S.C. 1397cc(c)) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4), the following:

''(5) MENTAL HEALTH SERVICES PARITY.—

''(A) IN GENERAL.—In the case of a State child health plan that provides both medical and surgical benefits and mental health or substance abuse benefits, such plan shall ensure that the financial requirements and treatment limitations applicable to such mental health or substance abuse benefits are no more restrictive than the financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the plan.

''(B) DEEMED COMPLIANCE.—To the extent that a State child health plan includes coverage with respect to an individual described in section 1905(a)(4)(B) and covered under the State plan under section 1902(a)(10)(A) of the services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with section 1902(a)(43), such plan shall be deemed to satisfy the requirements of subparagraph (A).''.

(b) CONFORMING AMENDMENTS.—Section 2103 (42 U.S.C. 1397cc) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking ''subsection (c)(5)'' and inserting ''paragraphs (5) and (6) of subsection (c)''; and

(2) in subsection (c)(2), by striking subparagraph (B) and redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively.

SEC. 608. DENTAL HEALTH GRANTS.

(a) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et seq.), as amended by section 201, is amended by adding at the end the following:

''SEC. 2114. DENTAL HEALTH GRANTS.

''(a) AUTHORITY TO AWARD GRANTS.—

''(1) IN GENERAL.—From the amount appropriated under subsection (f), the Secretary shall award grants from amounts to eligible States for the purpose of carrying out programs and activities that are designed to improve the availability of dental services and strengthen dental coverage for targeted low-income children enrolled in State child health plans.

''(2) ELIGIBLE STATE.—In this section, the term 'eligible State' means a State with an approved State child health plan under this title that submits an application under subsection (b) that is approved by Secretary.

''(b) APPLICATION.—An eligible State that desires to receive a grant under this paragraph shall submit an application to the Secretary in such form and manner, and containing such information, as the Secretary may require. Such application shall include—

''(1) a detailed description of—

''(A) the dental services (if any) covered under the State child health plan; and

''(B) how the State intends to improve dental coverage and services during fiscal years 2008 through 2012;

''(2) a detailed description of the programs and activities proposed to be conducted with funds awarded under the grant;

''(3) quality and outcomes performance measures to evaluate the effectiveness of such activities; and

''(4) an assurance that the State shall—

''(A) conduct an assessment of the effectiveness of such activities against such performance measures; and

''(B) cooperate with the collection and reporting of data and other information determined as a result of conducting such assessments to the Secretary, in such form and manner as the Secretary shall require.

''(c) USE OF FUNDS.—The programs and activities described in subsection (a)(1) may include the provision of enhanced dental coverage under the State child health plan.

''(d) MAINTENANCE OF EFFORT FOR STATES AWARDED GRANTS; NO STATE MATCH REQUIRED.—In the case of a State that is awarded a grant under this section—

''(1) the State share of funds expended for dental services under the State child health plan shall not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded; and

''(2) no State matching funds shall be required for the State to receive a grant under this section.

''(e) ANNUAL REPORT.—The Secretary shall submit an annual report to the appropriate committees of Congress regarding the grants awarded under this section that includes—

''(1) State specific descriptions of the programs and activities conducted with funds awarded under such grants; and

''(2) information regarding the assessments required of States under subsection (b)(4).

''(f) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated, $200,000,000 for the period of fiscal years 2008 through 2012, to remain available until expended, for the purpose of awarding grants to States under this section. Amounts appropriated and paid under the authority of this section shall be in addition to amounts appropriated under section 2104 and paid to States in accordance with section 2105.''.

(b) IMPROVED ACCESSIBILITY OF DENTAL PROVIDER INFORMATION MORE ACCESSIBLE TO ENROLLEES UNDER MEDICAID AND CHIP.—The Secretary shall—

(1) work with States, pediatric dentists, and other dental providers to include on the Insure Kids Now website (http://www.insurekidsnow.gov/) and hotline (1–877–KIDS–NOW) a current and accurate list of all dentists and other dental providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and

(2) work with States to include a description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website.

(c) GAO STUDY AND REPORT ON ACCESS TO ORAL HEALTH CARE, INCLUDING PREVENTIVE AND RESTORATIVE SERVICES.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of children's access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including—

(A) the extent to which providers are willing to treat children eligible for such programs;

(B) information on such children's access to networks of care;

(C) geographic availability of oral health care, including preventive and restorative services, under such programs; and

(D) as appropriate, information on the degree of availability of oral health care, including preventive and restorative services, for children under such programs.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report to the appropriate committees of Congress on the study conducted under paragraph (1) that includes recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to oral health care, including preventive and restorative services, under Medicaid and CHIP that may exist.

(d) INCLUSION OF STATUS OF EFFORTS TO IMPROVE DENTAL CARE IN REPORTS ON THE QUALITY OF CHILDREN'S HEALTH CARE UNDER MEDICAID AND CHIP.—Section 1139A(a)(6)(ii), as added by section 501(a), is amended by inserting ''dental care,'' after ''preventive health services,''.

SEC. 609. APPLICATION OF PROSPECTIVE PAYMENT SYSTEM FOR SERVICES PROVIDED BY FEDERALLY-QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

(a) APPLICATION OF PROSPECTIVE PAYMENT SYSTEM.—

(1) IN GENERAL.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by sections 204(b) and 503, is amended by inserting after subparagraph (A) the following new subparagraph (and redesignating the succeeding subparagraphs accordingly):

''(B) Section 1902(bb) (relating to payment for services provided by Federally-qualified health centers and rural health clinics).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to services provided on or after October 1, 2008.

(b) TRANSITION GRANTS.—

(1) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary for fiscal year 2008, $5,000,000, to remain available until expended, for the purpose of awarding grants to States with State child health plans under CHIP that are operated separately from the State Medicaid plan under title XIX of the Social Security Act (including any waiver of such plan), or in combination with the State Medicaid plan, for expenditures related to transitioning to compliance with the requirement of section 2107(e)(1)(B) of the Social Security Act (as added by subsection (a)) to apply the prospective payment system established under section 1902(bb) of the such Act (42 U.S.C. 1396a(bb)) to services provided by Federally-qualified health centers and rural health clinics.

(2) MONITORING AND REPORT.—The Secretary shall monitor the impact of the application of such prospective payment system on the States described in paragraph (1) and, not later than October 1, 2010, shall report to Congress on any effect on access to benefits, provider payment rates, or scope of benefits offered by such States as a result of the application of such payment system.

SEC. 610. SUPPORT FOR INJURED SERVICEMEMBERS.

(a) SHORT TITLE.—This section may be cited as the ''Support for Injured Servicemembers Act''.

(b) SERVICEMEMBER FAMILY LEAVE.—

(1) DEFINITIONS.—Section 101 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) is amended by adding at the end the following:

''(14) ACTIVE DUTY.—The term 'active duty' means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code.

''(15) COVERED SERVICEMEMBER.—The term 'covered servicemember' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

''(16) MEDICAL HOLD OR MEDICAL HOLDOVER STATUS.—The term 'medical hold or medical holdover status' means—

''(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

''(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member's unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

''(17) NEXT OF KIN.—The term 'next of kin', used with respect to an individual, means the nearest blood relative of that individual.

''(18) SERIOUS INJURY OR ILLNESS.—The term 'serious injury or illness', in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.''.

(2) ENTITLEMENT TO LEAVE.—Section 102(a) of such Act (29 U.S.C. 2612(a)) is amended by adding at the end the following:

''(3) SERVICEMEMBER FAMILY LEAVE.—Subject to section 103, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

''(4) COMBINED LEAVE TOTAL.—During the single 12-month period described in paragraph (3), an eligible employee shall be entitled to a combined total of 26 workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.''.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 102(b) of such Act (29 U.S.C. 2612(b)) is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking ''section 103(b)(5)'' and inserting ''subsection (b)(5) or (f) (as appropriate) of section 103''; and

(II) by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''; and

(ii) in paragraph (2), by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(B) SUBSTITUTION OF PAID LEAVE.—Section 102(d) of such Act (29 U.S.C. 2612(d)) is amended—

(i) in paragraph (1)—

(I) by inserting ''(or 26 workweeks in the case of leave provided under subsection (a)(3))'' after ''12 workweeks'' the first place it appears; and

(II) by inserting ''(or 26 workweeks, as appropriate)'' after ''12 workweeks'' the second place it appears; and

(ii) in paragraph (2)(B), by adding at the end the following: ''An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, family leave, or medical or sick leave of the employee for leave provided under subsection (a)(3) for any part of the 26-week period of such leave under such subsection.''.

(C) NOTICE.—Section 102(e)(2) of such Act (29 U.S.C. 2612(e)(2)) is amended by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(D) SPOUSES EMPLOYED BY SAME EMPLOYER.—Section 102(f) of such Act (29 U.S.C. 2612(f)) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), and aligning the margins of the subparagraphs with the margins of section 102(e)(2)(A);

(ii) by striking ''In any'' and inserting the following:

''(1) IN GENERAL.—In any''; and

(iii) by adding at the end the following:

''(2) SERVICEMEMBER FAMILY LEAVE.—

''(A) IN GENERAL.—The aggregate number of workweeks of leave to which both that husband and wife may be entitled under subsection (a) may be limited to 26 workweeks during the single 12-month period described in subsection (a)(3) if the leave is—

''(i) leave under subsection (a)(3); or

''(ii) a combination of leave under subsection (a)(3) and leave described in paragraph (1).

''(B) BOTH LIMITATIONS APPLICABLE.—If the leave taken by the husband and wife includes leave described in paragraph (1), the limitation in paragraph (1) shall apply to the leave described in paragraph (1).''.

(E) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

''(f) CERTIFICATION FOR SERVICEMEMBER FAMILY LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.''.

(F) FAILURE TO RETURN.—Section 104(c) of such Act (29 U.S.C. 2614(c)) is amended—

(i) in paragraph (2)(B)(i), by inserting ''or under section 102(a)(3)'' before the semicolon; and

(ii) in paragraph (3)(A)—

(I) in clause (i), by striking ''or'' at the end;

(II) in clause (ii), by striking the period and inserting ''; or''; and

(III) by adding at the end the following:

''(iii) a certification issued by the health care provider of the servicemember being cared for by the employee, in the case of an employee unable to return to work because of a condition specified in section 102(a)(3).''.

(G) ENFORCEMENT.—Section 107 of such Act (29 U.S.C. 2617) is amended, in subsection (a)(1)(A)(i)(II), by inserting ''(or 26 weeks, in a case involving leave under section 102(a)(3))'' after ''12 weeks''.

(H) INSTRUCTIONAL EMPLOYEES.—Section 108 of such Act (29 U.S.C. 2618) is amended, in subsections (c)(1), (d)(2), and (d)(3), by inserting ''or under section 102(a)(3)'' after ''section 102(a)(1)''.

(c) SERVICEMEMBER FAMILY LEAVE FOR CIVIL SERVICE EMPLOYEES.—

(1) DEFINITIONS.—Section 6381 of title 5, United States Code, is amended—

(A) in paragraph (5), by striking ''and'' at the end;

(B) in paragraph (6), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(7) the term 'active duty' means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code;

''(8) the term 'covered servicemember' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness;

''(9) the term 'medical hold or medical holdover status' means—

''(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

''(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member's unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces;

''(10) the term 'next of kin', used with respect to an individual, means the nearest blood relative of that individual; and

''(11) the term 'serious injury or illness', in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.''.

(2) ENTITLEMENT TO LEAVE.—Section 6382(a) of such title is amended by adding at the end the following:

''(3) Subject to section 6383, an employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 administrative workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

''(4) During the single 12-month period described in paragraph (3), an employee shall be entitled to a combined total of 26 administrative workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.''.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 6382(b) of such title is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking ''section 6383(b)(5)'' and inserting ''subsection (b)(5) or (f) (as appropriate) of section 6383''; and

(II) by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''; and

(ii) in paragraph (2), by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(B) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by adding at the end the following: ''An employee may elect to substitute for leave under subsection (a)(3) any of the employee's accrued or accumulated annual or sick leave under subchapter I for any part of the 26-week period of leave under such subsection.''.

(C) NOTICE.—Section 6382(e) of such title is amended by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(D) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

''(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.''.

SEC. 611. MILITARY FAMILY JOB PROTECTION.

(a) SHORT TITLE.—This section may be cited as the ''Military Family Job Protection Act''.

(b) PROHIBITION ON DISCRIMINATION IN EMPLOYMENT AGAINST CERTAIN FAMILY MEMBERS CARING FOR RECOVERING MEMBERS OF THE ARMED FORCES.—A family member of a recovering servicemember described in subsection (c) shall not be denied retention in employment, promotion, or any benefit of employment by an employer on the basis of the family member's absence from employment as described in that subsection, for a period of not more than 52 workweeks.

(c) COVERED FAMILY MEMBERS.—A family member described in this subsection is a family member of a recovering servicemember who is—

(1) on invitational orders while caring for the recovering servicemember;

(2) a non-medical attendee caring for the recovering servicemember; or

(3) receiving per diem payments from the Department of Defense while caring for the recovering servicemember.

(d) TREATMENT OF ACTIONS.—An employer shall be considered to have engaged in an action prohibited by subsection (b) with respect to a person described in that subsection if the absence from employment of the person as described in that subsection is a motivating factor in the employer's action, unless the employer can prove that the action would have been taken in the absence of the absence of employment of the person.

(e) DEFINITIONS.—In this section:

(1) BENEFIT OF EMPLOYMENT.—The term ''benefit of employment'' has the meaning given such term in section 4303 of title 38, United States Code.

(2) CARING FOR.—The term ''caring for'', used with respect to a recovering servicemember, means providing personal, medical, or convalescent care to the recovering servicemember, under circumstances that substantially interfere with an employee's ability to work.

(3) EMPLOYER.—The term ''employer'' has the meaning given such term in section 4303 of title 38, United States Code, except that the term does not include any person who is not considered to be an employer under title I of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611 et seq.) because the person does not meet the requirements of section 101(4)(A)(i) of such Act (29 U.S.C. 2611(4)(A)(i)).

(4) FAMILY MEMBER.—The term ''family member'', with respect to a recovering servicemember, has the meaning given that term in section 411h(b) of title 37, United States Code.

(5) RECOVERING SERVICEMEMBER.—The term ''recovering servicemember'' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, or is otherwise in medical hold or medical holdover status, for an injury, illness, or disease incurred or aggravated while on active duty in the Armed Forces.

SEC. 612. SENSE OF SENATE REGARDING ACCESS TO AFFORDABLE AND MEANINGFUL HEALTH INSURANCE COVERAGE.

(a) FINDINGS.—The Senate finds the following:

(1) There are approximately 45 million Americans currently without health insurance.

(2) More than half of uninsured workers are employed by businesses with less than 25 employees or are self-employed.

(3) Health insurance premiums continue to rise at more than twice the rate of inflation for all consumer goods.

(4) Individuals in the small group and individual health insurance markets usually pay more for similar coverage than those in the large group market.

(5) The rapid growth in health insurance costs over the last few years has forced many employers, particularly small employers, to increase deductibles and co-pays or to drop coverage completely.

(b) SENSE OF THE SENATE.—The Senate—

(1) recognizes the necessity to improve affordability and access to health insurance for all Americans;

(2) acknowledges the value of building upon the existing private health insurance market; and

(3) affirms its intent to enact legislation this year that, with appropriate protection for consumers, improves access to affordable and meaningful health insurance coverage for employees of small businesses and individuals by—

(A) facilitating pooling mechanisms, including pooling across State lines, and

(B) providing assistance to small businesses and individuals, including financial assistance and tax incentives, for the purchase of private insurance coverage.

SEC. 613. DEMONSTRATION PROJECTS RELATING TO DIABETES PREVENTION.

There is authorized to be appropriated $15,000,000 during the period of fiscal years 2008 through 2012 to fund demonstration projects in up to 10 States over 3 years for voluntary incentive programs to promote children's receipt of relevant screenings and improvements in healthy eating and physical activity with the aim of reducing the incidence of type 2 diabetes. Such programs may involve reductions in cost-sharing or premiums when children receive regular screening and reach certain benchmarks in healthy eating and physical activity. Under such programs, a State may also provide financial bonuses for partnerships with entities, such as schools, which increase their education and efforts with respect to reducing the incidence of type 2 diabetes and may also devise incentives for providers serving children covered under this title and title XIX to perform relevant screening and counseling regarding healthy eating and physical activity. Upon completion of these demonstrations, the Secretary shall provide a report to Congress on the results of the State demonstration projects and the degree to which they helped improve health outcomes related to type 2 diabetes in children in those States.''.

SEC. 614. OUTREACH REGARDING HEALTH INSURANCE OPTIONS AVAILABLE TO CHILDREN.

(a) DEFINITIONS.—In this section—

(1) the terms ''Administration'' and ''Administrator'' means the Small Business Administration and the Administrator thereof, respectively;

(2) the term ''certified development company'' means a development company participating in the program under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

(3) the term ''Medicaid program'' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(4) the term ''Service Corps of Retired Executives'' means the Service Corps of Retired Executives authorized by section 8(b)(1) of the Small Business Act (15 U.S.C. 637(b)(1));

(5) the term ''small business concern'' has the meaning given that term in section 3 of the Small Business Act (15 U.S.C. 632);

(6) the term ''small business development center'' means a small business development center described in section 21 of the Small Business Act (15 U.S.C. 648);

(7) the term ''State'' has the meaning given that term for purposes of title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(8) the term ''State Children's Health Insurance Program'' means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(9) the term ''task force'' means the task force established under subsection (b)(1); and

(10) the term ''women's business center'' means a women's business center described in section 29 of the Small Business Act (15 U.S.C. 656).

(b) ESTABLISHMENT OF TASK FORCE.—

(1) ESTABLISHMENT.—There is established a task force to conduct a nationwide campaign of education and outreach for small business concerns regarding the availability of coverage for children through private insurance options, the Medicaid program, and the State Children's Health Insurance Program.

(2) MEMBERSHIP.—The task force shall consist of the Administrator, the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury.

(3) RESPONSIBILITIES.—The campaign conducted under this subsection shall include—

(A) efforts to educate the owners of small business concerns about the value of health coverage for children;

(B) information regarding options available to the owners and employees of small business concerns to make insurance more affordable, including Federal and State tax deductions and

credits for health care-related expenses and health insurance expenses and Federal tax exclusion for health insurance options available under employer-sponsored cafeteria plans under section 125 of the Internal Revenue Code of 1986;

(C) efforts to educate the owners of small business concerns about assistance available through public programs; and

(D) efforts to educate the owners and employees of small business concerns regarding the availability of the hotline operated as part of the Insure Kids Now program of the Department of Health and Human Services.

(4) IMPLEMENTATION.—In carrying out this subsection, the task force may—

(A) use any business partner of the Administration, including—

(i) a small business development center;

(ii) a certified development company;

(iii) a women's business center; and

(iv) the Service Corps of Retired Executives;

(B) enter into—

(i) a memorandum of understanding with a chamber of commerce; and

(ii) a partnership with any appropriate small business concern or health advocacy group; and

(C) designate outreach programs at regional offices of the Department of Health and Human Services to work with district offices of the Administration.

(5) WEBSITE.—The Administrator shall ensure that links to information on the eligibility and enrollment requirements for the Medicaid program and State Children's Health Insurance Program of each State are prominently displayed on the website of the Administration.

(6) REPORT.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, and every 2 years thereafter, the Administrator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report on the status of the nationwide campaign conducted under paragraph (1).

(B) CONTENTS.—Each report submitted under subparagraph (A) shall include a status update on all efforts made to educate owners and employees of small business concerns on options for providing health insurance for children through public and private alternatives.

TITLE VII—REVENUE PROVISIONS

SEC. 701. INCREASE IN EXCISE TAX RATE ON TOBACCO PRODUCTS.

(a) CIGARS.—Section 5701(a) of the Internal Revenue Code of 1986 is amended—

(1) by striking ''$1.828 cents per thousand ($1.594 cents per thousand on cigars removed during 2000 or 2001)'' in paragraph (1) and inserting ''$50.00 per thousand'',

(2) by striking ''20.719 percent (18.063 percent on cigars removed during 2000 or 2001)'' in paragraph (2) and inserting ''53.13 percent'', and

(3) by striking ''$48.75 per thousand ($42.50 per thousand on cigars removed during 2000 or 2001)'' in paragraph (2) and inserting ''$3.00 per cigar''.

(b) CIGARETTES.—Section 5701(b) of such Code is amended—

(1) by striking ''$19.50 per thousand ($17 per thousand on cigarettes removed during 2000 or 2001)'' in paragraph (1) and inserting ''$50.00 per thousand'', and

(2) by striking ''$40.95 per thousand ($35.70 per thousand on cigarettes removed during 2000 or 2001)'' in paragraph (2) and inserting ''$104.9999 cents per thousand''.

(c) CIGARETTE PAPERS.—Section 5701(c) of such Code is amended by striking ''1.22 cents (1.06 cents on cigarette papers removed during 2000 or 2001)'' and inserting ''3.13 cents''.

(d) CIGARETTE TUBES.—Section 5701(d) of such Code is amended by striking ''2.44 cents (2.13 cents on cigarette tubes removed during 2000 or 2001)'' and inserting ''6.26 cents''.

(e) SMOKELESS TOBACCO.—Section 5701(e) of such Code is amended—

(1) by striking ''58.5 cents (51 cents on snuff removed during 2000 or 2001)'' in paragraph (1) and inserting ''$1.50'', and

(2) by striking ''19.5 cents (17 cents on chewing tobacco removed during 2000 or 2001)'' in paragraph (2) and inserting ''50 cents''.

(f) PIPE TOBACCO.—Section 5701(f) of such Code is amended by striking ''$1.0969 cents (95.67 cents on pipe tobacco removed during 2000 or 2001)'' and inserting ''$2.8126 cents''.

(g) ROLL-YOUR-OWN TOBACCO.—Section 5701(g) of such Code is amended by striking ''$1.0969 cents (95.67 cents on roll-your-own tobacco removed during 2000 or 2001)'' and inserting ''$8.8889 cents''.

(h) FLOOR STOCKS TAXES.—

(1) IMPOSITION OF TAX.—On tobacco products and cigarette papers and tubes manufactured in or imported into the United States which are removed before January 1, 2008, and held on such date for sale by any person, there is hereby imposed a tax in an amount equal to the excess of—

(A) the tax which would be imposed under section 5701 of the Internal Revenue Code of 1986 on the article if the article had been removed on such date, over

(B) the prior tax (if any) imposed under section 5701 of such Code on such article.

(2) CREDIT AGAINST TAX.—Each person shall be allowed as a credit against the taxes imposed by paragraph (1) an amount equal to $500. Such credit shall not exceed the amount of taxes imposed by paragraph (1) on January 1, 2008, for which such person is liable.

(3) LIABILITY FOR TAX AND METHOD OF PAYMENT.—

(A) LIABILITY FOR TAX.—A person holding tobacco products, cigarette papers, or cigarette tubes on January 1, 2008, to which any tax imposed by paragraph (1) applies shall be liable for such tax.

(B) METHOD OF PAYMENT.—The tax imposed by paragraph (1) shall be paid in such manner as the Secretary shall prescribe by regulations.

(C) TIME FOR PAYMENT.—The tax imposed by paragraph (1) shall be paid on or before April 1, 2008.

(4) ARTICLES IN FOREIGN TRADE ZONES.—Notwithstanding the Act of June 18, 1934 (commonly known as the Foreign Trade Zone Act, 48 Stat. 998, 19 U.S.C. 81a et seq.) or any other provision of law, any article which is located in a foreign trade zone on January 1, 2008, shall be subject to the tax imposed by paragraph (1) if—

(A) internal revenue taxes have been determined, or customs duties liquidated, with respect to such article before such date pursuant to a request made under the 1st proviso of section 3(a) of such Act, or

(B) such article is held on such date under the supervision of an officer of the United States Customs and Border Protection of the Department of Homeland Security pursuant to the 2d proviso of such section 3(a).

(5) DEFINITIONS.—For purposes of this subsection—

(A) IN GENERAL.—Any term used in this subsection which is also used in section 5702 of the Internal Revenue Code of 1986 shall have the same meaning as such term has in such section.

(B) SECRETARY.—The term ''Secretary'' means the Secretary of the Treasury or the Secretary's delegate.

(6) CONTROLLED GROUPS.—Rules similar to the rules of section 5061(e)(3) of such Code shall apply for purposes of this subsection.

(7) OTHER LAWS APPLICABLE.—All provisions of law, including penalties, applicable with respect to the taxes imposed by section 5701 of such Code shall, insofar as applicable and not inconsistent with the provisions of this subsection, apply to the floor stocks taxes imposed by paragraph (1), to the same extent as if such taxes were imposed by such section 5701. The Secretary may treat any person who bore the ultimate burden of the tax imposed by paragraph (1) as the person to whom a credit or refund under such provisions may be allowed or made.

(i) EFFECTIVE DATE.—The amendments made by this section shall apply to articles removed (as defined in section 5702(j) of the Internal Revenue Code of 1986) after December 31, 2007.

SEC. 702. ADMINISTRATIVE IMPROVEMENTS.

(a) PERMIT, REPORT, AND RECORD REQUIREMENTS FOR MANUFACTURERS AND IMPORTERS OF PROCESSED TOBACCO.—

(1) PERMITS.—

(A) APPLICATION.—Section 5712 of the Internal Revenue Code of 1986 is amended by inserting ''or processed tobacco'' after ''tobacco products''.

(B) ISSUANCE.—Section 5713(a) of such Code is amended by inserting ''or processed tobacco'' after ''tobacco products''.

(2) INVENTORIES AND REPORTS.—

(A) INVENTORIES.—Section 5721 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(B) REPORTS.—Section 5722 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(3) RECORDS.—Section 5741 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(4) MANUFACTURER OF PROCESSED TOBACCO.—Section 5702 of such Code is amended by adding at the end the following new subsection:

''(p) MANUFACTURER OF PROCESSED TOBACCO.—

''(1) IN GENERAL.—The term 'manufacturer of processed tobacco' means any person who processes any tobacco other than tobacco products.

''(2) PROCESSED TOBACCO.—The processing of tobacco shall not include the farming or growing of tobacco or the handling of tobacco solely for sale, shipment, or delivery to a manufacturer of tobacco products or processed tobacco.''.

(5) CONFORMING AMENDMENT.—Section 5702(k) of such Code is amended by inserting '', or any processed tobacco,'' after ''nontaxpaid tobacco products or cigarette papers or tubes''.

(6) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on January 1, 2008.

(b) BASIS FOR DENIAL, SUSPENSION, OR REVOCATION OF PERMITS.—

(1) DENIAL.—Paragraph (3) of section 5712 of such Code is amended to read as follows:

''(3) such person (including, in the case of a corporation, any officer, director, or principal stockholder and, in the case of a partnership, a partner)—

''(A) is, by reason of his business experience, financial standing, or trade connections or by reason of previous or current legal proceedings involving a felony violation of any other provision of Federal criminal law relating to tobacco products, cigarette paper, or cigarette tubes, not likely to maintain operations in compliance with this chapter,

''(B) has been convicted of a felony violation of any provision of Federal or State criminal law relating to tobacco products, cigarette paper, or cigarette tubes, or

''(C) has failed to disclose any material information required or made any material false statement in the application therefor.''.

(2) SUSPENSION OR REVOCATION.—Subsection (b) of section 5713 of such Code is amended to read as follows:

''(b) SUSPENSION OR REVOCATION.—

''(1) SHOW CAUSE HEARING.—If the Secretary has reason to believe that any person holding a permit—

''(A) has not in good faith complied with this chapter, or with any other provision of this title involving intent to defraud,

''(B) has violated the conditions of such permit,

''(C) has failed to disclose any material information required or made any material false statement in the application for such permit,

''(D) has failed to maintain his premises in such manner as to protect the revenue,

''(E) is, by reason of previous or current legal proceedings involving a felony violation of any

other provision of Federal criminal law relating to tobacco products, cigarette paper, or cigarette tubes, not likely to maintain operations in compliance with this chapter, or

''(F) has been convicted of a felony violation of any provision of Federal or State criminal law relating to tobacco products, cigarette paper, or cigarette tubes,

the Secretary shall issue an order, stating the facts charged, citing such person to show cause why his permit should not be suspended or revoked.

''(2) ACTION FOLLOWING HEARING.—If, after hearing, the Secretary finds that such person has not shown cause why his permit should not be suspended or revoked, such permit shall be suspended for such period as the Secretary deems proper or shall be revoked.''.

(c) APPLICATION OF INTERNAL REVENUE CODE STATUTE OF LIMITATIONS FOR ALCOHOL AND TOBACCO EXCISE TAXES.—Section 514(a) of the Tariff Act of 1930 (19 U.S.C. 1514(a)) is amended by striking ''and section 520 (relating to refunds)'' and inserting ''section 520 (relating to refunds), and section 6501 of the Internal Revenue Code of 1986 (but only with respect to taxes imposed under chapters 51 and 52 of such Code)''.

(d) EXPANSION OF DEFINITION OF ROLL-YOUR-OWN TOBACCO.—

(1) IN GENERAL.—Section 5702(o) of the Internal Revenue Code of 1986 is amended by inserting ''or cigars, or for use as wrappers thereof'' before the period at the end.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall apply to articles removed (as defined in section 5702(j) of the Internal Revenue Code of 1986) after December 31, 2007.

(e) TIME OF TAX FOR UNLAWFULLY MANUFACTURED TOBACCO PRODUCTS.—Section 5703(b)(2) of such Code is amended by adding at the end the following new subparagraph:

''(F) SPECIAL RULE FOR UNLAWFULLY MANUFACTURED TOBACCO PRODUCTS.—In the case of any tobacco products, cigarette paper, or cigarette tubes produced in the United States at any place other than the premises of a manufacturer of tobacco products, cigarette paper, or cigarette tubes that has filed the bond and obtained the permit required under this chapter, tax shall be due and payable immediately upon manufacture.''.

SEC. 703. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

Subparagraph (B) of section 401(1) of the Tax Increase Prevention and Reconciliation Act of 2005 is amended by striking ''114.50 percent'' and inserting ''113.25 percent''.

TITLE VIII—EFFECTIVE DATE

SEC. 801. EFFECTIVE DATE.

(a) IN GENERAL.—Unless otherwise provided in this Act, subject to subsection (b), the amendments made by this Act shall take effect on October 1, 2007, and shall apply to child health assistance and medical assistance provided on or after that date without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

(b) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX or XXI of the Social Security Act, which the Secretary determines requires State legislation in order for the plan to meet the additional requirements imposed by an amendment made by this Act, the State plan shall not be regarded as failing to comply with the requirements of such Act solely on the basis of its failure to meet these additional requirements before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the preceding sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

MOTION OFFERED BY MR. DINGELL

Mr. DINGELL. Mr. Speaker, pursuant to H. Res. 675, I have a motion at the desk.

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

The text of the motion is as follows:

Mr. DINGELL moves that the House concur in each of the Senate amendments to H.R. 976 with the respective amendment printed in the report of the Committee on Rules accompanying H. Res. 675.

The text of the House amendments to the Senate amendments is as follows:

House amendments to Senate amendments:

In lieu of the matter proposed to be inserted to the text of the Act, insert the following:

SECTION 1. SHORT TITLE; AMENDMENTS TO SOCIAL SECURITY ACT; REFERENCES; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as ''Children's Health Insurance Program Reauthorization Act of 2007''.

(b) AMENDMENTS TO SOCIAL SECURITY ACT.—Except as otherwise specifically provided, whenever in this Act an amendment is expressed in terms of an amendment to or repeal of a section or other provision, the reference shall be considered to be made to that section or other provision of the Social Security Act.

(c) REFERENCES TO CHIP; MEDICAID; SECRETARY.—In this Act:

(1) CHIP.—The term ''CHIP'' means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(2) MEDICAID.—The term ''Medicaid'' means the program for medical assistance established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(d) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; amendments to Social Security Act; references; table of contents.
Sec. 2. Purpose.
Sec. 3. General effective date; exception for State legislation; contingent effective date; reliance on law.

TITLE I—FINANCING

Subtitle A—Funding

Sec. 101. Extension of CHIP.
Sec. 102. Allotments for States and territories for fiscal years 2008 through 2012.
Sec. 103. Child Enrollment Contingency Fund.
Sec. 104. CHIP performance bonus payment to offset additional enrollment costs resulting from enrollment and retention efforts.
Sec. 105. 2-year initial availability of CHIP allotments.
Sec. 106. Redistribution of unused allotments to address State funding shortfalls.
Sec. 107. Option for qualifying States to receive the enhanced portion of the CHIP matching rate for Medicaid coverage of certain children.
Sec. 108. One-time appropriation.
Sec. 109. Improving funding for the territories under CHIP and Medicaid.

Subtitle B—Focus on Low-Income Children and Pregnant Women

Sec. 111. State option to cover low-income pregnant women under CHIP through a State plan amendment.
Sec. 112. Phase-Out of coverage for nonpregnant childless adults under CHIP; conditions for coverage of parents.
Sec. 113. Elimination of counting Medicaid child presumptive eligibility costs against Title XXI allotment.
Sec. 114. Limitation on matching rate for States that propose to cover children with effective family income that exceeds 300 percent of the poverty line.
Sec. 115. State authority under Medicaid.
Sec. 116. Preventing substitution of CHIP coverage for private coverage.

TITLE II—OUTREACH AND ENROLLMENT

Subtitle A—Outreach and Enrollment Activities

Sec. 201. Grants and enhanced administrative funding for outreach and enrollment.
Sec. 202. Increased outreach and enrollment of Indians.
Sec. 203. State option to rely on findings from an Express Lane agency to conduct simplified eligibility determinations.

Subtitle B—Reducing Barriers to Enrollment

Sec. 211. Verification of declaration of citizenship or nationality for purposes of eligibility for Medicaid and CHIP.
Sec. 212. Reducing administrative barriers to enrollment.
Sec. 213. Model of Interstate coordinated enrollment and coverage process.

TITLE III—REDUCING BARRIERS TO PROVIDING PREMIUM ASSISTANCE

Subtitle A—Additional State Option for Providing Premium Assistance

Sec. 301. Additional State option for providing premium assistance.
Sec. 302. Outreach, education, and enrollment assistance.

Subtitle B—Coordinating Premium Assistance With Private Coverage

Sec. 311. Special enrollment period under group health plans in case of termination of Medicaid or CHIP coverage or eligibility for assistance in purchase of employment-based coverage; coordination of coverage.

TITLE IV—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES

Sec. 401. Child health quality improvement activities for children enrolled in Medicaid or CHIP.
Sec. 402. Improved availability of public information regarding enrollment of children in CHIP and Medicaid.
Sec. 403. Application of certain managed care quality safeguards to CHIP.

TITLE V—IMPROVING ACCESS TO BENEFITS

Sec. 501. Dental benefits.
Sec. 502. Mental health parity in CHIP plans.
Sec. 503. Application of prospective payment system for services provided by Federally-Qualified Health Centers and rural health clinics.
Sec. 504. Premium grace period.
Sec. 505. Demonstration projects relating to diabetes prevention.

Sec. 506. Clarification of coverage of services provided through school-based health centers.

TITLE VI—PROGRAM INTEGRITY AND OTHER MISCELLANEOUS PROVISIONS

Subtitle A—Program Integrity and Data Collection

Sec. 601. Payment error rate measurement (''PERM'').
Sec. 602. Improving data collection.
Sec. 603. Updated Federal evaluation of CHIP.
Sec. 604. Access to records for IG and GAO audits and evaluations.
Sec. 605. No Federal funding for illegal aliens.

Subtitle B—Miscellaneous Health Provisions

Sec. 611. Deficit Reduction Act technical corrections.
Sec. 612. References to title XXI.
Sec. 613. Prohibiting initiation of new health opportunity account demonstration programs.
Sec. 614. County medicaid health insuring organizations; GAO report on Medicaid managed care payment rates.
Sec. 615. Adjustment in computation of Medicaid FMAP to disregard an extraordinary employer pension contribution.
Sec. 616. Moratorium on certain payment restrictions.
Sec. 617. Medicaid DSH allotments for Tennessee and Hawaii.
Sec. 618. Clarification treatment of regional medical center.
Sec. 619. Extension of SSI web-based asset demonstration project to the Medicaid program.

Subtitle C—Other Provisions

Sec. 621. Support for injured servicemembers.
Sec. 622. Military family job protection.
Sec. 623. Outreach regarding health insurance options available to children.
Sec. 624. Sense of Senate regarding access to affordable and meaningful health insurance coverage.

TITLE VII—REVENUE PROVISIONS

Sec. 701. Increase in excise tax rate on tobacco products.
Sec. 702. Administrative improvements.
Sec. 703. Time for payment of corporate estimated taxes.

SEC. 2. PURPOSE.

It is the purpose of this Act to provide dependable and stable funding for children's health insurance under titles XXI and XIX of the Social Security Act in order to enroll all six million uninsured children who are eligible, but not enrolled, for coverage today through such titles.

SEC. 3. GENERAL EFFECTIVE DATE; EXCEPTION FOR STATE LEGISLATION; CONTINGENT EFFECTIVE DATE; RELIANCE ON LAW.

(a) GENERAL EFFECTIVE DATE.—Unless otherwise provided in this Act, subject to subsections (b) and (c), this Act (and the amendments made by this Act) shall take effect on October 1, 2007, and shall apply to child health assistance and medical assistance provided on or after that date without regard to whether or not final regulations to carry out this Act (or such amendments) have been promulgated by such date.

(b) EXCEPTION FOR STATE LEGISLATION.—In the case of a State plan under title XIX or State child health plan under XXI of the Social Security Act, which the Secretary of Health and Human Services determines requires State legislation in order for respective plan to meet one or more additional requirements imposed by amendments made by this Act, the respective State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

(c) CONTINGENT EFFECTIVE DATE FOR CHIP FUNDING FOR FISCAL YEAR 2008.—Notwithstanding any other provision of law, if funds are appropriated under any law (other than this Act) to provide allotments to States under CHIP for all (or any portion) of fiscal year 2008—

(1) any amounts that are so appropriated that are not so allotted and obligated before the date of the enactment of this Act are rescinded; and

(2) any amount provided for CHIP allotments to a State under this Act (and the amendments made by this Act) for such fiscal year shall be reduced by the amount of such appropriations so allotted and obligated before such date.

(d) RELIANCE ON LAW.—With respect to amendments made by this Act (other than title VII) that become effective as of a date—

(1) such amendments are effective as of such date whether or not regulations implementing such amendments have been issued; and

(2) Federal financial participation for medical assistance or child health assistance furnished under title XIX or XXI, respectively, of the Social Security Act on or after such date by a State in good faith reliance on such amendments before the date of promulgation of final regulations, if any, to carry out such amendments (or before the date of guidance, if any, regarding the implementation of such amendments) shall not be denied on the basis of the State's failure to comply with such regulations or guidance.

TITLE I—FINANCING

Subtitle A—Funding

SEC. 101. EXTENSION OF CHIP.

Section 2104(a) (42 U.S.C. 1397dd(a)) is amended—

(1) in paragraph (9), by striking ''and'' at the end;

(2) in paragraph (10), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

''(11) for fiscal year 2008, $9,125,000,000;

''(12) for fiscal year 2009, $10,675,000,000;

''(13) for fiscal year 2010, $11,850,000,000;

''(14) for fiscal year 2011, $13,750,000,000; and

''(15) for fiscal year 2012, for purposes of making 2 semi-annual allotments—

''(A) $1,750,000,000 for the period beginning on October 1, 2011, and ending on March 31, 2012, and

''(B) $1,750,000,000 for the period beginning on April 1, 2012, and ending on September 30, 2012.''.

SEC. 102. ALLOTMENTS FOR STATES AND TERRITORIES FOR FISCAL YEARS 2008 THROUGH 2012.

Section 2104 (42 U.S.C. 1397dd) is amended—

(1) in subsection (b)(1), by striking ''subsection (d)'' and inserting ''subsections (d) and (i)'';

(2) in subsection (c)(1), by striking ''subsection (d)'' and inserting ''subsections (d) and (i)(4)''; and

(3) by adding at the end the following new subsection:

''(i) ALLOTMENTS FOR FISCAL YEARS 2008 THROUGH 2012.—

''(1) FOR FISCAL YEAR 2008.—

''(A) FOR THE 50 STATES AND THE DISTRICT OF COLUMBIA.—Subject to the succeeding provisions of this paragraph and paragraph (4), the Secretary shall allot for fiscal year 2008 from the amount made available under subsection (a)(11), to each of the 50 States and the District of Columbia 110 percent of the highest of the following amounts for such State or District:

''(i) The total Federal payments to the State under this title for fiscal year 2007, multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2008.

''(ii) The Federal share of the amount allotted to the State for fiscal year 2007 under subsection (b), multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2008.

''(iii) Only in the case of—

''(I) a State that received a payment, redistribution, or allotment under any of paragraphs (1), (2), or (4) of subsection (h), the amount of the projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary;

''(II) a State whose projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the May 2006 estimates certified by the State to the Secretary, were at least $95,000,000 but not more than $96,000,000 higher than the projected total Federal payments to the State under this title for fiscal year 2007 on the basis of the November 2006 estimates, the amount of the projected total Federal payments to the State under this title for fiscal year 2007 on the basis of the May 2006 estimates; or

''(III) a State whose projected total Federal payments under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary, exceeded all amounts available to the State for expenditure for fiscal year 2007 (including any amounts paid, allotted, or redistributed to the State in prior fiscal years), the amount of the projected total Federal payments to the State under this title for fiscal year 2007, as determined on the basis of the November 2006 estimates certified by the State to the Secretary,

multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2008.

''(iv) The projected total Federal payments to the State under this title for fiscal year 2008, as determined on the basis of the August 2007 projections certified by the State to the Secretary by not later than September 30, 2007.

''(B) FOR THE COMMONWEALTHS AND TERRITORIES.—Subject to the succeeding provisions of this paragraph and paragraph (4), the Secretary shall allot for fiscal year 2008 from the amount made available under subsection (a)(11) to each of the commonwealths and territories described in subsection (c)(3) an amount equal to the highest amount of Federal payments to the commonwealth or territory under this title for any fiscal year occurring during the period of fiscal years 1998 through 2007, multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2008, except that subparagraph (B) thereof shall be applied by substituting 'the United States' for 'the State'.

''(C) DEADLINE AND DATA FOR DETERMINING FISCAL YEAR 2008 ALLOTMENTS.—In computing the amounts under subparagraphs (A) and (B) that determine the allotments to States for fiscal year 2008, the Secretary shall use

the most recent data available to the Secretary before the start of that fiscal year. The Secretary may adjust such amounts and allotments, as necessary, on the basis of the expenditure data for the prior year reported by States on CMS Form 64 or CMS Form 21 not later than November 30, 2007, but in no case shall the Secretary adjust the allotments provided under subparagraph (A) or (B) for fiscal year 2008 after December 31, 2007.

''(D) ADJUSTMENT FOR QUALIFYING STATES.—In the case of a qualifying State described in paragraph (2) of section 2105(g), the Secretary shall permit the State to submit revised projection described in subparagraph (A)(iv) in order to take into account changes in such projections attributable to the application of paragraph (4) of such section.

''(2) FOR FISCAL YEARS 2009 THROUGH 2011.—

''(A) IN GENERAL.—Subject to paragraphs (4) and (6), from the amount made available under paragraphs (12) through (14) of subsection (a) for each of fiscal years 2009 through 2011, respectively, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for each such fiscal year as follows:

''(i) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2009.—For fiscal year 2009, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under paragraph (1) for fiscal year 2008; and

''(II) the amount of any payments made to the State under subsection (j) for fiscal year 2008,

multiplied by the allotment increase factor under paragraph (5) for fiscal year 2009.

''(ii) REBASING IN FISCAL YEAR 2010.—For fiscal year 2010, the allotment of a State is equal to the Federal payments to the State that are attributable to (and countable towards) the total amount of allotments available under this section to the State in fiscal year 2009 (including payments made to the State under subsection (j) for fiscal year 2009 as well as amounts redistributed to the State in fiscal year 2009) multiplied by the allotment increase factor under paragraph (5) for fiscal year 2010.

''(iii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2011.—For fiscal year 2011, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under clause (ii) for fiscal year 2010; and

''(II) the amount of any payments made to the State under subsection (j) for fiscal year 2010,

multiplied by the allotment increase factor under paragraph (5) for fiscal year 2011.

''(3) FOR FISCAL YEAR 2012.—

''(A) FIRST HALF.—Subject to paragraphs (4) and (6), from the amount made available under subparagraph (A) of paragraph (15) of subsection (a) for the semi-annual period described in such paragraph, increased by the amount of the appropriation for such period under section 108 of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the first half ratio (described in subparagraph (D)) of the amount described in subparagraph (C).

''(B) SECOND HALF.—Subject to paragraphs (4) and (6), from the amount made available under subparagraph (B) of paragraph (15) of subsection (a) for the semi-annual period described in such paragraph, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the amount made available under such subparagraph multiplied by the ratio of—

''(i) the amount of the allotment to such State under subparagraph (A); to

''(ii) the total of the amount of all of the allotments made available under such subparagraph.

''(C) FULL YEAR AMOUNT BASED ON REBASED AMOUNT.—The amount described in this subparagraph for a State is equal to the Federal payments to the State that are attributable to (and countable towards) the total amount of allotments available under this section to the State in fiscal year 2011 (including payments made to the State under subsection (j) for fiscal year 2011 as well as amounts redistributed to the State in fiscal year 2011) multiplied by the allotment increase factor under paragraph (5) for fiscal year 2012.

''(D) FIRST HALF RATIO.—The first half ratio described in this subparagraph is the ratio of—

''(i) the sum of—

''(I) the amount made available under subsection (a)(15)(A); and

''(II) the amount of the appropriation for such period under section 108 of the Children's Health Insurance Program Reauthorization Act of 2007; to

''(ii) the sum of the—

''(I) amount described in clause (i); and

''(II) the amount made available under subsection (a)(15)(B).

''(4) PRORATION RULE.—If, after the application of this subsection without regard to this paragraph, the sum of the allotments determined under paragraph (1), (2), or (3) for a fiscal year (or, in the case of fiscal year 2012, for a semi-annual period in such fiscal year) exceeds the amount available under subsection (a) for such fiscal year or period, the Secretary shall reduce each allotment for any State under such paragraph for such fiscal year or period on a proportional basis.

''(5) ALLOTMENT INCREASE FACTOR.—The allotment increase factor under this paragraph for a fiscal year is equal to the product of the following:

''(A) PER CAPITA HEALTH CARE GROWTH FACTOR.—1 plus the percentage increase in the projected per capita amount of National Health Expenditures from the calendar year in which the previous fiscal year ends to the calendar year in which the fiscal year involved ends, as most recently published by the Secretary before the beginning of the fiscal year.

''(B) CHILD POPULATION GROWTH FACTOR.—1 plus the percentage increase (if any) in the population of children in the State from July 1 in the previous fiscal year to July 1 in the fiscal year involved, as determined by the Secretary based on the most recent published estimates of the Bureau of the Census before the beginning of the fiscal year involved, plus 1 percentage point.

''(6) INCREASE IN ALLOTMENT TO ACCOUNT FOR APPROVED PROGRAM EXPANSIONS.—In the case of one of the 50 States or the District of Columbia that—

''(A) has submitted to the Secretary, and has approved by the Secretary, a State plan amendment or waiver request relating to an expansion of eligibility for children or benefits under this title that becomes effective for a fiscal year (beginning with fiscal year 2009 and ending with fiscal year 2012); and

''(B) has submitted to the Secretary, before the August 31 preceding the beginning of the fiscal year, a request for an expansion allotment adjustment under this paragraph for such fiscal year that specifies—

''(i) the additional expenditures that are attributable to the eligibility or benefit expansion provided under the amendment or waiver described in subparagraph (A), as certified by the State and submitted to the Secretary by not later than August 31 preceding the beginning of the fiscal year; and

''(ii) the extent to which such additional expenditures are projected to exceed the allotment of the State or District for the year,

subject to paragraph (4), the amount of the allotment of the State or District under this subsection for such fiscal year shall be increased by the excess amount described in subparagraph (B)(i). A State or District may only obtain an increase under this paragraph for an allotment for fiscal year 2009 or fiscal year 2011.

''(7) AVAILABILITY OF AMOUNTS FOR SEMI-ANNUAL PERIODS IN FISCAL YEAR 2012.—Each semi-annual allotment made under paragraph (3) for a period in fiscal year 2012 shall remain available for expenditure under this title for periods after the end of such fiscal year in the same manner as if the allotment had been made available for the entire fiscal year.''.

SEC. 103. CHILD ENROLLMENT CONTINGENCY FUND.

Section 2104 (42 U.S.C. 1397dd), as amended by section 102, is amended by adding at the end the following new subsection:

''(j) CHILD ENROLLMENT CONTINGENCY FUND.—

''(1) ESTABLISHMENT.—There is hereby established in the Treasury of the United States a fund which shall be known as the 'Child Enrollment Contingency Fund' (in this subsection referred to as the 'Fund'). Amounts in the Fund shall be available without further appropriations for payments under this subsection.

''(2) DEPOSITS INTO FUND.—

''(A) INITIAL AND SUBSEQUENT APPROPRIATIONS.—Subject to subparagraphs (B) and (D), out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Fund—

''(i) for fiscal year 2008, an amount equal to 20 percent of the amount made available under paragraph (11) of subsection (a) for the fiscal year; and

''(ii) for each of fiscal years 2009 through 2011 (and for each of the semi-annual allotment periods for fiscal year 2012) , such sums as are necessary for making payments to eligible States for such fiscal year or period, but not in excess of the aggregate cap described in subparagraph (B).

''(B) AGGREGATE CAP.—The total amount available for payment from the Fund for each of fiscal years 2009 through 2011 (and for each of the semi-annual allotment periods for fiscal year 2012), taking into account deposits made under subparagraph (C), shall not exceed 20 percent of the amount made available under subsection (a) for the fiscal year or period.

''(C) INVESTMENT OF FUND.—The Secretary of the Treasury shall invest, in interest bearing securities of the United States, such currently available portions of the Fund as are not immediately required for payments from the Fund. The income derived from these investments constitutes a part of the Fund.

''(D) AVAILABILITY OF EXCESS FUNDS FOR PERFORMANCE BONUSES.—Any amounts in excess of the aggregate cap described in subparagraph (B) for a fiscal year or period shall be made available for purposes of carrying out section 2105(a)(3) for any succeeding fiscal year and the Secretary of the Treasury shall reduce the amount in the Fund by the amount so made available.

''(3) CHILD ENROLLMENT CONTINGENCY FUND PAYMENTS.—

''(A) IN GENERAL.—If a State's expenditures under this title in fiscal year 2008, fiscal year 2009, fiscal year 2010, fiscal year 2011, or a semi-annual allotment period for fiscal year 2012, exceed the total amount of allotments available under this section to the State in

the fiscal year or period (determined without regard to any redistribution it receives under subsection (f) that is available for expenditure during such fiscal year or period, but including any carryover from a previous fiscal year) and if the average monthly unduplicated number of children enrolled under the State plan under this title (including children receiving health care coverage through funds under this title pursuant to a waiver under section 1115) during such fiscal year or period exceeds its target average number of such enrollees (as determined under subparagraph (B)) for that fiscal year or period, subject to subparagraph (D), the Secretary shall pay to the State from the Fund an amount equal to the product of—

''(i) the amount by which such average monthly caseload exceeds such target number of enrollees; and

''(ii) the projected per capita expenditures under the State child health plan (as determined under subparagraph (C) for the fiscal year), multiplied by the enhanced FMAP (as defined in section 2105(b)) for the State and fiscal year involved (or in which the period occurs).

''(B) TARGET AVERAGE NUMBER OF CHILD ENROLLEES.—In this paragraph, the target average number of child enrollees for a State—

''(i) for fiscal year 2008 is equal to the monthly average unduplicated number of children enrolled in the State child health plan under this title (including such children receiving health care coverage through funds under this title pursuant to a waiver under section 1115) during fiscal year 2007 increased by the population growth for children in that State for the year ending on June 30, 2006 (as estimated by the Bureau of the Census) plus 1 percentage point; or

''(ii) for a subsequent fiscal year (or semi-annual period occurring in a fiscal year) is equal to the target average number of child enrollees for the State for the previous fiscal year increased by the child population growth factor described in subsection (i)(5)(B) for the State for the prior fiscal year.

''(C) PROJECTED PER CAPITA EXPENDITURES.—For purposes of subparagraph (A)(ii), the projected per capita expenditures under a State child health plan—

''(i) for fiscal year 2008 is equal to the average per capita expenditures (including both State and Federal financial participation) under such plan for the targeted low-income children counted in the average monthly caseload for purposes of this paragraph during fiscal year 2007, increased by the annual percentage increase in the projected per capita amount of National Health Expenditures (as estimated by the Secretary) for 2008; or

''(ii) for a subsequent fiscal year (or semi-annual period occurring in a fiscal year) is equal to the projected per capita expenditures under such plan for the previous fiscal year (as determined under clause (i) or this clause) increased by the annual percentage increase in the projected per capita amount of National Health Expenditures (as estimated by the Secretary) for the year in which such subsequent fiscal year ends.

''(D) PRORATION RULE.—If the amounts available for payment from the Fund for a fiscal year or period are less than the total amount of payments determined under subparagraph (A) for the fiscal year or period, the amount to be paid under such subparagraph to each eligible State shall be reduced proportionally.

''(E) TIMELY PAYMENT; RECONCILIATION.—Payment under this paragraph for a fiscal year or period shall be made before the end of the fiscal year or period based upon the most recent data for expenditures and enrollment and the provisions of subsection (e) of section 2105 shall apply to payments under this subsection in the same manner as they apply to payments under such section.

''(F) CONTINUED REPORTING.—For purposes of this paragraph and subsection (f), the State shall submit to the Secretary the State's projected Federal expenditures, even if the amount of such expenditures exceeds the total amount of allotments available to the State in such fiscal year or period.

''(G) APPLICATION TO COMMONWEALTHS AND TERRITORIES.—No payment shall be made under this paragraph to a commonwealth or territory described in subsection (c)(3) until such time as the Secretary determines that there are in effect methods, satisfactory to the Secretary, for the collection and reporting of reliable data regarding the enrollment of children described in subparagraphs (A) and (B) in order to accurately determine the commonwealth's or territory's eligibility for, and amount of payment, under this paragraph.''.

SEC. 104. CHIP PERFORMANCE BONUS PAYMENT TO OFFSET ADDITIONAL ENROLLMENT COSTS RESULTING FROM ENROLLMENT AND RETENTION EFFORTS.

Section 2105(a) (42 U.S.C. 1397ee(a)) is amended by adding at the end the following new paragraphs:

''(3) PERFORMANCE BONUS PAYMENT TO OFFSET ADDITIONAL MEDICAID AND CHIP CHILD ENROLLMENT COSTS RESULTING FROM ENROLLMENT AND RETENTION EFFORTS.—

''(A) IN GENERAL.—In addition to the payments made under paragraph (1), for each fiscal year (beginning with fiscal year 2008 and ending with fiscal year 2012) the Secretary shall pay from amounts made available under subparagraph (E), to each State that meets the condition under paragraph (4) for the fiscal year, an amount equal to the amount described in subparagraph (B) for the State and fiscal year. The payment under this paragraph shall be made, to a State for a fiscal year, as a single payment not later than the last day of the first calendar quarter of the following fiscal year.

''(B) AMOUNT.—Subject to subparagraph (E), the amount described in this subparagraph for a State for a fiscal year is equal to the sum of the following amounts:

''(i) FOR ABOVE BASELINE MEDICAID CHILD ENROLLMENT COSTS.—

''(I) FIRST TIER ABOVE BASELINE MEDICAID ENROLLEES.—An amount equal to the number of first tier above baseline child enrollees (as determined under subparagraph (C)(i)) under title XIX for the State and fiscal year multiplied by 15 percent of the projected per capita State Medicaid expenditures (as determined under subparagraph (D)(i)) for the State and fiscal year under title XIX.

''(II) SECOND TIER ABOVE BASELINE MEDICAID ENROLLEES.—An amount equal to the number of second tier above baseline child enrollees (as determined under subparagraph (C)(ii)) under title XIX for the State and fiscal year multiplied by 60 percent of the projected per capita State Medicaid expenditures (as determined under subparagraph (D)(i)) for the State and fiscal year under title XIX.

''(ii) FOR ABOVE BASELINE CHIP ENROLLMENT COSTS.—

''(I) FIRST TIER ABOVE BASELINE CHIP ENROLLEES.—An amount equal to the number of first tier above baseline child enrollees under this title (as determined under subparagraph (C)(i)) for the State and fiscal year multiplied by 10 percent of the projected per capita State CHIP expenditures (as determined under subparagraph (D)(ii)) for the State and fiscal year under this title.

''(II) SECOND TIER ABOVE BASELINE CHIP ENROLLEES.—An amount equal to the number of second tier above baseline child enrollees under this title (as determined under subparagraph (C)(ii)) for the State and fiscal year multiplied by 40 percent of the projected per capita State CHIP expenditures (as determined under subparagraph (D)(ii)) for the State and fiscal year under this title.

''(C) NUMBER OF FIRST AND SECOND TIER ABOVE BASELINE CHILD ENROLLEES; BASELINE NUMBER OF CHILD ENROLLEES.—For purposes of this paragraph:

''(i) FIRST TIER ABOVE BASELINE CHILD ENROLLEES.—The number of first tier above baseline child enrollees for a State for a fiscal year under this title or title XIX is equal to the number (if any, as determined by the Secretary) by which—

''(I) the monthly average unduplicated number of qualifying children (as defined in subparagraph (F)) enrolled during the fiscal year under the State child health plan under this title or under the State plan under title XIX, respectively; exceeds

''(II) the baseline number of enrollees described in clause (iii) for the State and fiscal year under this title or title XIX, respectively;

but not to exceed 3 percent (in the case of title XIX) or 7.5 percent (in the case of this title) of the baseline number of enrollees described in subclause (II).

''(ii) SECOND TIER ABOVE BASELINE CHILD ENROLLEES.—The number of second tier above baseline child enrollees for a State for a fiscal year under this title or title XIX is equal to the number (if any, as determined by the Secretary) by which—

''(I) the monthly average unduplicated number of qualifying children (as defined in subparagraph (F)) enrolled during the fiscal year under this title or under title XIX, respectively, as described in clause (i)(I); exceeds

''(II) the sum of the baseline number of child enrollees described in clause (iii) for the State and fiscal year under this title or title XIX, respectively, as described in clause (i)(II), and the maximum number of first tier above baseline child enrollees for the State and fiscal year under this title or title XIX, respectively, as determined under clause (i).

''(iii) BASELINE NUMBER OF CHILD ENROLLEES.—Subject to subparagraph (H), the baseline number of child enrollees for a State under this title or title XIX—

''(I) for fiscal year 2008 is equal to the monthly average unduplicated number of qualifying children enrolled in the State child health plan under this title or in the State plan under title XIX, respectively, during fiscal year 2007 increased by the population growth for children in that State for the year ending on June 30, 2006 (as estimated by the Bureau of the Census) plus 1 percentage point; or

''(II) for a subsequent fiscal year is equal to the baseline number of child enrollees for the State for the previous fiscal year under this title or title XIX, respectively, increased by the population growth for children in that State for the year ending on June 30 before the beginning of the fiscal year (as estimated by the Bureau of the Census) plus 1 percentage point.

''(D) PROJECTED PER CAPITA STATE EXPENDITURES.—For purposes of subparagraph (B)—

''(i) PROJECTED PER CAPITA STATE MEDICAID EXPENDITURES.—The projected per capita State Medicaid expenditures for a State and fiscal year under title XIX is equal to the average per capita expenditures (including both State and Federal financial participation) for children under the State plan under such title, including under waivers but not including such children eligible for assistance by virtue of the receipt of benefits under title XVI, for the most recent fiscal year for which actual data are available (as determined by the Secretary), increased (for each subsequent fiscal year up to and including the fiscal year involved) by the annual

percentage increase in per capita amount of National Health Expenditures (as estimated by the Secretary) for the calendar year in which the respective subsequent fiscal year ends and multiplied by a State matching percentage equal to 100 percent minus the Federal medical assistance percentage (as defined in section 1905(b)) for the fiscal year involved.

''(ii) PROJECTED PER CAPITA STATE CHIP EXPENDITURES.—The projected per capita State CHIP expenditures for a State and fiscal year under this title is equal to the average per capita expenditures (including both State and Federal financial participation) for children under the State child health plan under this title, including under waivers, for the most recent fiscal year for which actual data are available (as determined by the Secretary), increased (for each subsequent fiscal year up to and including the fiscal year involved) by the annual percentage increase in per capita amount of National Health Expenditures (as estimated by the Secretary) for the calendar year in which the respective subsequent fiscal year ends and multiplied by a State matching percentage equal to 100 percent minus the enhanced FMAP (as defined in section 2105(b)) for the fiscal year involved.

''(E) AMOUNTS AVAILABLE FOR PAYMENTS.—

''(i) INITIAL APPROPRIATION.—Out of any money in the Treasury not otherwise appropriated, there are appropriated $3,000,000,000 for fiscal year 2008 for making payments under this paragraph, to be available until expended.

''(ii) TRANSFERS.—Notwithstanding any other provision of this title, the following amounts shall also be available, without fiscal year limitation, for making payments under this paragraph:

''(I) UNOBLIGATED NATIONAL ALLOTMENT.—

''(aa) FISCAL YEARS 2008 THROUGH 2011.—As of December 31 of fiscal year 2008, and as of December 31 of each succeeding fiscal year through fiscal year 2011, the portion, if any, of the amount appropriated under subsection (a) for such fiscal year that is unobligated for allotment to a State under subsection (i) for such fiscal year or set aside under subsection (a)(3) or (b)(2) of section 2111 for such fiscal year.

''(bb) FIRST HALF OF FISCAL YEAR 2012.—As of December 31 of fiscal year 2012, the portion, if any, of the sum of the amounts appropriated under subsection (a)(15)(A) and under section 108 of the Children's Health Insurance Reauthorization Act of 2007 for the period beginning on October 1, 2011, and ending on March 31, 2012, that is unobligated for allotment to a State under subsection (i) for such fiscal year or set aside under subsection (b)(2) of section 2111 for such fiscal year.

''(cc) SECOND HALF OF FISCAL YEAR 2012.—As of June 30 of fiscal year 2012, the portion, if any, of the amount appropriated under subsection (a)(15)(B) for the period beginning on April 1, 2012, and ending on September 30, 2012, that is unobligated for allotment to a State under subsection (i) for such fiscal year or set aside under subsection (b)(2) of section 2111 for such fiscal year.

''(II) UNEXPENDED ALLOTMENTS NOT USED FOR REDISTRIBUTION.—As of November 15 of each of fiscal years 2009 through 2012, the total amount of allotments made to States under section 2104 for the second preceding fiscal year (third preceding fiscal year in the case of the fiscal year 2006 and 2007 allotments) that is not expended or redistributed under section 2104(f) during the period in which such allotments are available for obligation.

''(III) EXCESS CHILD ENROLLMENT CONTINGENCY FUNDS.—As of October 1 of each of fiscal years 2009 through 2012, any amount in excess of the aggregate cap applicable to the Child Enrollment Contingency Fund for the fiscal year under section 2104(j).

''(IV) UNEXPENDED TRANSITIONAL COVERAGE BLOCK GRANT FOR NONPREGNANT CHILDLESS ADULTS.—As of October 1, 2009, any amounts set aside under section 2111(a)(3) that are not expended by September 30, 2009.

''(iii) PROPORTIONAL REDUCTION.—If the sum of the amounts otherwise payable under this paragraph for a fiscal year exceeds the amount available for the fiscal year under this subparagraph, the amount to be paid under this paragraph to each State shall be reduced proportionally.

''(F) QUALIFYING CHILDREN DEFINED.—For purposes of this subsection, the term 'qualifying children' means, with respect to this title or title XIX, children who meet the eligibility criteria (including income, categorical eligibility, age, and immigration status criteria) in effect as of July 1, 2007, for enrollment under this title or title XIX, respectively, taking into account criteria applied as of such date under this title or title XIX, respectively, pursuant to a waiver under section 1115.

''(G) APPLICATION TO COMMONWEALTHS AND TERRITORIES.—The provisions of subparagraph (H) of section 2104(j)(3) shall apply with respect to payments under this paragraph in the same manner as such provisions apply to payment under such section.

''(H) APPLICATION TO STATES THAT IMPLEMENT A MEDICAID EXPANSION FOR CHILDREN AFTER FISCAL YEAR 2007.—In the case of a State that provides coverage under paragraph (1) or (2) of section 115(b) of the Children's Health Insurance Program Reauthorization Act of 2007 for any fiscal year after fiscal year 2007—

''(i) any child enrolled in the State plan under title XIX through the application of such an election shall be disregarded from the determination for the State of the monthly average unduplicated number of qualifying children enrolled in such plan during the first 3 fiscal years in which such an election is in effect; and

''(ii) in determining the baseline number of child enrollees for the State for any fiscal year subsequent to such first 3 fiscal years, the baseline number of child enrollees for the State under this title or title XIX for the third of such fiscal years shall be the monthly average unduplicated number of qualifying children enrolled in the State child health plan under this title or in the State plan under title XIX, respectively, for such third fiscal year.

''(4) ENROLLMENT AND RETENTION PROVISIONS FOR CHILDREN.—For purposes of paragraph (3)(A), a State meets the condition of this paragraph for a fiscal year if it is implementing at least 4 of the following enrollment and retention provisions (treating each subparagraph as a separate enrollment and retention provision) throughout the entire fiscal year:

''(A) CONTINUOUS ELIGIBILITY.—The State has elected the option of continuous eligibility for a full 12 months for all children described in section 1902(e)(12) under title XIX under 19 years of age, as well as applying such policy under its State child health plan under this title.

''(B) LIBERALIZATION OF ASSET REQUIREMENTS.—The State meets the requirement specified in either of the following clauses:

''(i) ELIMINATION OF ASSET TEST.—The State does not apply any asset or resource test for eligibility for children under title XIX or this title.

''(ii) ADMINISTRATIVE VERIFICATION OF ASSETS.—The State—

''(I) permits a parent or caretaker relative who is applying on behalf of a child for medical assistance under title XIX or child health assistance under this title to declare and certify by signature under penalty of perjury information relating to family assets for purposes of determining and redetermining financial eligibility; and

''(II) takes steps to verify assets through means other than by requiring documentation from parents and applicants except in individual cases of discrepancies or where otherwise justified.

''(C) ELIMINATION OF IN-PERSON INTERVIEW REQUIREMENT.—The State does not require an application of a child for medical assistance under title XIX (or for child health assistance under this title), including an application for renewal of such assistance, to be made in person nor does the State require a face-to-face interview, unless there are discrepancies or individual circumstances justifying an in-person application or face-to-face interview.

''(D) USE OF JOINT APPLICATION FOR MEDICAID AND CHIP.—The application form and supplemental forms (if any) and information verification process is the same for purposes of establishing and renewing eligibility for children for medical assistance under title XIX and child health assistance under this title.

''(E) AUTOMATIC RENEWAL (USE OF ADMINISTRATIVE RENEWAL).—

''(i) IN GENERAL.—The State provides, in the case of renewal of a child's eligibility for medical assistance under title XIX or child health assistance under this title, a preprinted form completed by the State based on the information available to the State and notice to the parent or caretaker relative of the child that eligibility of the child will be renewed and continued based on such information unless the State is provided other information. Nothing in this clause shall be construed as preventing a State from verifying, through electronic and other means, the information so provided.

''(ii) SATISFACTION THROUGH DEMONSTRATED USE OF EX PARTE PROCESS.—A State shall be treated as satisfying the requirement of clause (i) if renewal of eligibility of children under title XIX or this title is determined without any requirement for an in-person interview, unless sufficient information is not in the State's possession and cannot be acquired from other sources (including other State agencies) without the participation of the applicant or the applicant's parent or caretaker relative.

''(F) PRESUMPTIVE ELIGIBILITY FOR CHILDREN.—The State is implementing section 1920A under title XIX as well as, pursuant to section 2107(e)(1), under this title.

''(G) EXPRESS LANE.—The State is implementing the option described in section 1902(e)(13) under title XIX as well as, pursuant to section 2107(e)(1), under this title.''.

SEC. 105. 2-YEAR INITIAL AVAILABILITY OF CHIP ALLOTMENTS.

Section 2104(e) (42 U.S.C. 1397dd(e)) is amended to read as follows:

''(e) AVAILABILITY OF AMOUNTS ALLOTTED.—

''(1) IN GENERAL.—Except as provided in paragraph (2), amounts allotted to a State pursuant to this section—

''(A) for each of fiscal years 1998 through 2007, shall remain available for expenditure by the State through the end of the second succeeding fiscal year; and

''(B) for fiscal year 2008 and each fiscal year thereafter, shall remain available for expenditure by the State through the end of the succeeding fiscal year.

''(2) AVAILABILITY OF AMOUNTS REDISTRIBUTED.—Amounts redistributed to a State under subsection (f) shall be available for expenditure by the State through the end of the fiscal year in which they are redistributed.''.

SEC. 106. REDISTRIBUTION OF UNUSED ALLOTMENTS TO ADDRESS STATE FUNDING SHORTFALLS.

(a) FISCAL YEAR 2005 ALLOTMENTS.—

(1) IN GENERAL.—Notwithstanding section 2104(f) of the Social Security Act (42 U.S.C. 1397dd(f)), subject to paragraph (2), with respect to fiscal year 2008, the Secretary shall provide for a redistribution under such section from the allotments for fiscal year 2005 under subsection (b) and (c) of such section that are not expended by the end of fiscal year 2007, to each State described in clause (iii) of section 2104(i)(1)(A) of the Social Security Act, as added by section 102, of an amount that bears the same ratio to such unexpended fiscal year 2005 allotments as the ratio of the fiscal year 2007 allotment determined for each such State under subsection (b) of section 2104 of such Act for fiscal year 2007 (without regard to any amounts paid, allotted, or redistributed to the State under section 2104 for any preceding fiscal year) bears to the total amount of the fiscal year 2007 allotments for all such States (as so determined).

(2) CONTINGENCY.—Paragraph (1) shall not apply if the redistribution described in such paragraph has occurred as of the date of the enactment of this Act.

(b) ALLOTMENTS FOR SUBSEQUENT FISCAL YEARS.—Section 2104(f) (42 U.S.C. 1397dd(f)) is amended—

(1) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—The Secretary'';

(2) by striking ''States that have fully expended the amount of their allotments under this section.'' and inserting ''States that the Secretary determines with respect to the fiscal year for which unused allotments are available for redistribution under this subsection, are shortfall States described in paragraph (2) for such fiscal year, but not to exceed the amount of the shortfall described in paragraph (2)(A) for each such State (as may be adjusted under paragraph (2)(C)).''; and

(3) by adding at the end the following new paragraph:

''(2) SHORTFALL STATES DESCRIBED.—

''(A) IN GENERAL.—For purposes of paragraph (1), with respect to a fiscal year, a shortfall State described in this subparagraph is a State with a State child health plan approved under this title for which the Secretary estimates on the basis of the most recent data available to the Secretary, that the projected expenditures under such plan for the State for the fiscal year will exceed the sum of—

''(i) the amount of the State's allotments for any preceding fiscal years that remains available for expenditure and that will not be expended by the end of the immediately preceding fiscal year;

''(ii) the amount (if any) of the child enrollment contingency fund payment under subsection (j); and

''(iii) the amount of the State's allotment for the fiscal year.

''(B) PRORATION RULE.—If the amounts available for redistribution under paragraph (1) for a fiscal year are less than the total amounts of the estimated shortfalls determined for the year under subparagraph (A), the amount to be redistributed under such paragraph for each shortfall State shall be reduced proportionally.

''(C) RETROSPECTIVE ADJUSTMENT.—The Secretary may adjust the estimates and determinations made under paragraph (1) and this paragraph with respect to a fiscal year as necessary on the basis of the amounts reported by States not later than November 30 of the succeeding fiscal year, as approved by the Secretary.''.

SEC. 107. OPTION FOR QUALIFYING STATES TO RECEIVE THE ENHANCED PORTION OF THE CHIP MATCHING RATE FOR MEDICAID COVERAGE OF CERTAIN CHILDREN.

Section 2105(g) (42 U.S.C. 1397ee(g)) is amended—

(1) in paragraph (1)(A), by inserting ''subject to paragraph (4),'' after ''Notwithstanding any other provision of law,''; and

(2) by adding at the end the following new paragraph:

''(4) OPTION FOR ALLOTMENTS FOR FISCAL YEARS 2008 THROUGH 2012.—

''(A) PAYMENT OF ENHANCED PORTION OF MATCHING RATE FOR CERTAIN EXPENDITURES.—In the case of expenditures described in subparagraph (B), a qualifying State (as defined in paragraph (2)) may elect to be paid from the State's allotment made under section 2104 for any of fiscal years 2008 through 2012 (insofar as the allotment is available to the State under subsections (e) and (i) of such section) an amount each quarter equal to the additional amount that would have been paid to the State under title XIX with respect to such expenditures if the enhanced FMAP (as determined under subsection (b)) had been substituted for the Federal medical assistance percentage (as defined in section 1905(b)).

''(B) EXPENDITURES DESCRIBED.—For purposes of subparagraph (A), the expenditures described in this subparagraph are expenditures made after the date of the enactment of this paragraph and during the period in which funds are available to the qualifying State for use under subparagraph (A), for the provision of medical assistance to individuals residing in the State who are eligible for medical assistance under the State plan under title XIX or under a waiver of such plan and who have not attained age 19 (or, if a State has so elected under the State plan under title XIX, age 20 or 21), and whose family income equals or exceeds 133 percent of the poverty line but does not exceed the Medicaid applicable income level.''.

SEC. 108. ONE-TIME APPROPRIATION.

There is appropriated to the Secretary, out of any money in the Treasury not otherwise appropriated, $12,500,000,000 to accompany the allotment made for the period beginning on October 1, 2011, and ending on March 31, 2012, under section 2104(a)(15)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(15)(A)) (as added by section 101), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(i) of the Social Security Act (42 U.S.C. 1397dd(i)), as added by section 102, for the first 6 months of fiscal year 2012 in the same manner as allotments are provided under subsection (a)(15)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(15)(A).

SEC. 109. IMPROVING FUNDING FOR THE TERRITORIES UNDER CHIP AND MEDICAID.

(a) REMOVAL OF FEDERAL MATCHING PAYMENTS FOR DATA REPORTING SYSTEMS FROM THE OVERALL LIMIT ON PAYMENTS TO TERRITORIES UNDER TITLE XIX.—Section 1108(g) (42 U.S.C. 1308(g)) is amended by adding at the end the following new paragraph:

''(4) EXCLUSION OF CERTAIN EXPENDITURES FROM PAYMENT LIMITS.—With respect to fiscal years beginning with fiscal year 2008, if Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa qualify for a payment under subparagraph (A)(i), (B), or (F) of section 1903(a)(3) for a calendar quarter of such fiscal year, the payment shall not be taken into account in applying subsection (f) (as increased in accordance with paragraphs (1), (2), and (3) of this subsection) to such commonwealth or territory for such fiscal year.''.

(b) GAO STUDY AND REPORT.—Not later than September 30, 2009, the Comptroller General of the United States shall submit a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding Federal funding under Medicaid and CHIP for Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands. The report shall include the following:

(1) An analysis of all relevant factors with respect to—

(A) eligible Medicaid and CHIP populations in such commonwealths and territories;

(B) historical and projected spending needs of such commonwealths and territories and the ability of capped funding streams to respond to those spending needs;

(C) the extent to which Federal poverty guidelines are used by such commonwealths and territories to determine Medicaid and CHIP eligibility; and

(D) the extent to which such commonwealths and territories participate in data collection and reporting related to Medicaid and CHIP, including an analysis of territory participation in the Current Population Survey versus the American Community Survey.

(2) Recommendations regarding methods for the collection and reporting of reliable data regarding the enrollment under Medicaid and CHIP of children in such commonwealths and territories

(3) Recommendations for improving Federal funding under Medicaid and CHIP for such commonwealths and territories.

Subtitle B—Focus on Low-Income Children and Pregnant Women

SEC. 111. STATE OPTION TO COVER LOW-INCOME PREGNANT WOMEN UNDER CHIP THROUGH A STATE PLAN AMENDMENT.

(a) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et seq.), as amended by section 112(a), is amended by adding at the end the following new section:

''SEC. 2112. OPTIONAL COVERAGE OF TARGETED LOW-INCOME PREGNANT WOMEN THROUGH A STATE PLAN AMENDMENT.

''(a) IN GENERAL.—Subject to the succeeding provisions of this section, a State may elect through an amendment to its State child health plan under section 2102 to provide pregnancy-related assistance under such plan for targeted low-income pregnant women.

''(b) CONDITIONS.—A State may only elect the option under subsection (a) if the following conditions are satisfied:

''(1) MINIMUM INCOME ELIGIBILITY LEVELS FOR PREGNANT WOMEN AND CHILDREN.—The State has established an income eligibility level—

''(A) for pregnant women under subsection (a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), or (l)(1)(A) of section 1902 that is at least 185 percent (or such higher percent as the State has in effect with regard to pregnant women under this title) of the poverty line applicable to a family of the size involved, but in no case lower than the percent in effect under any such subsection as of July 1, 2007; and

''(B) for children under 19 years of age under this title (or title XIX) that is at least 200 percent of the poverty line applicable to a family of the size involved.

''(2) NO CHIP INCOME ELIGIBILITY LEVEL FOR PREGNANT WOMEN LOWER THAN THE STATE'S MEDICAID LEVEL.—The State does not apply an effective income level for pregnant women under the State plan amendment that is lower than the effective income level (expressed as a percent of the poverty line

and considering applicable income disregards) specified under subsection (a)(10)(A)(i)(III), (a)(10)(A)(i)(IV), or (l)(1)(A) of section 1902, on the date of enactment of this paragraph to be eligible for medical assistance as a pregnant woman.

''(3) NO COVERAGE FOR HIGHER INCOME PREGNANT WOMEN WITHOUT COVERING LOWER INCOME PREGNANT WOMEN.—The State does not provide coverage for pregnant women with higher family income without covering pregnant women with a lower family income.

''(4) APPLICATION OF REQUIREMENTS FOR COVERAGE OF TARGETED LOW-INCOME CHILDREN.—The State provides pregnancy-related assistance for targeted low-income pregnant women in the same manner, and subject to the same requirements, as the State provides child health assistance for targeted low-income children under the State child health plan, and in addition to providing child health assistance for such women.

''(5) NO PREEXISTING CONDITION EXCLUSION OR WAITING PERIOD.—The State does not apply any exclusion of benefits for pregnancy-related assistance based on any preexisting condition or any waiting period (including any waiting period imposed to carry out section 2102(b)(3)(C)) for receipt of such assistance.

''(6) APPLICATION OF COST-SHARING PROTECTION.—The State provides pregnancy-related assistance to a targeted low-income woman consistent with the cost-sharing protections under section 2103(e) and applies the limitation on total annual aggregate cost sharing imposed under paragraph (3)(B) of such section to the family of such a woman.

''(7) NO WAITING LIST FOR CHILDREN.—The State does not impose, with respect to the enrollment under the State child health plan of targeted low-income children during the quarter, any enrollment cap or other numerical limitation on enrollment, any waiting list, any procedures designed to delay the consideration of applications for enrollment, or similar limitation with respect to enrollment.

''(c) OPTION TO PROVIDE PRESUMPTIVE ELIGIBILITY.—A State that elects the option under subsection (a) and satisfies the conditions described in subsection (b) may elect to apply section 1920 (relating to presumptive eligibility for pregnant women) to the State child health plan in the same manner as such section applies to the State plan under title XIX.

''(d) DEFINITIONS.—For purposes of this section:

''(1) PREGNANCY-RELATED ASSISTANCE.—The term 'pregnancy-related assistance' has the meaning given the term 'child health assistance' in section 2110(a) and includes any medical assistance that the State would provide for a pregnant woman under the State plan under title XIX during the period described in paragraph (2)(A).

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' means a woman—

''(A) during pregnancy and through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends;

''(B) whose family income exceeds 185 percent (or, if higher, the percent applied under subsection (b)(1)(A)) of the poverty line applicable to a family of the size involved, but does not exceed the income eligibility level established under the State child health plan under this title for a targeted low-income child; and

''(C) who satisfies the requirements of paragraphs (1)(A), (1)(C), (2), and (3) of section 2110(b) in the same manner as a child applying for child health assistance would have to satisfy such requirements.

''(e) AUTOMATIC ENROLLMENT FOR CHILDREN BORN TO WOMEN RECEIVING PREGNANCY-RELATED ASSISTANCE.—If a child is born to a targeted low-income pregnant woman who was receiving pregnancy-related assistance under this section on the date of the child's birth, the child shall be deemed to have applied for child health assistance under the State child health plan and to have been found eligible for such assistance under such plan or to have applied for medical assistance under title XIX and to have been found eligible for such assistance under such title, as appropriate, on the date of such birth and to remain eligible for such assistance until the child attains 1 year of age. During the period in which a child is deemed under the preceding sentence to be eligible for child health or medical assistance, the child health or medical assistance eligibility identification number of the mother shall also serve as the identification number of the child, and all claims shall be submitted and paid under such number (unless the State issues a separate identification number for the child before such period expires).

''(f) STATES PROVIDING ASSISTANCE THROUGH OTHER OPTIONS.—

''(1) CONTINUATION OF OTHER OPTIONS FOR PROVIDING ASSISTANCE.—The option to provide assistance in accordance with the preceding subsections of this section shall not limit any other option for a State to provide—

''(A) child health assistance through the application of sections 457.10, 457.350(b)(2), 457.622(c)(5), and 457.626(a)(3) of title 42, Code of Federal Regulations (as in effect after the final rule adopted by the Secretary and set forth at 67 Fed. Reg. 61956–61974 (October 2, 2002)), or

''(B) pregnancy-related services through the application of any waiver authority (as in effect on June 1, 2007).

''(2) CLARIFICATION OF AUTHORITY TO PROVIDE POSTPARTUM SERVICES.—Any State that provides child health assistance under any authority described in paragraph (1) may continue to provide such assistance, as well as postpartum services, through the end of the month in which the 60-day period (beginning on the last day of the pregnancy) ends, in the same manner as such assistance and postpartum services would be provided if provided under the State plan under title XIX, but only if the mother would otherwise satisfy the eligibility requirements that apply under the State child health plan (other than with respect to age) during such period.

''(3) NO INFERENCE.—Nothing in this subsection shall be construed—

''(A) to infer congressional intent regarding the legality or illegality of the content of the sections specified in paragraph (1)(A); or

''(B) to modify the authority to provide pregnancy-related services under a waiver specified in paragraph (1)(B).''.

(b) ADDITIONAL CONFORMING AMENDMENTS.—

(1) NO COST SHARING FOR PREGNANCY-RELATED BENEFITS.—Section 2103(e)(2) (42 U.S.C. 1397cc(e)(2)) is amended—

(A) in the heading, by inserting ''**OR PREGNANCY-RELATED ASSISTANCE**'' after ''**PREVENTIVE SERVICES**''; and

(B) by inserting before the period at the end the following: ''or for pregnancy-related assistance''.

(2) NO WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) in clause (i), by striking '', and'' at the end and inserting a semicolon;

(B) in clause (ii), by striking the period at the end and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(iii) may not apply a waiting period (including a waiting period to carry out paragraph (3)(C)) in the case of a targeted low-income pregnant woman provided pregnancy-related assistance under section 2112.''.

SEC. 112. PHASE-OUT OF COVERAGE FOR NON-PREGNANT CHILDLESS ADULTS UNDER CHIP; CONDITIONS FOR COVERAGE OF PARENTS.

(a) PHASE-OUT RULES.—

(1) IN GENERAL.—Title XXI (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following new section:

''SEC. 2111. PHASE-OUT OF COVERAGE FOR NON-PREGNANT CHILDLESS ADULTS; CONDITIONS FOR COVERAGE OF PARENTS.

''(a) TERMINATION OF COVERAGE FOR NON-PREGNANT CHILDLESS ADULTS.—

''(1) NO NEW CHIP WAIVERS; AUTOMATIC EXTENSIONS AT STATE OPTION THROUGH FISCAL YEAR 2008.—Notwithstanding section 1115 or any other provision of this title, except as provided in this subsection—

''(A) the Secretary shall not on or after the date of the enactment of the Children's Health Insurance Program Reauthorization Act of 2007, approve or renew a waiver, experimental, pilot, or demonstration project that would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to a nonpregnant childless adult; and

''(B) notwithstanding the terms and conditions of an applicable existing waiver, the provisions of paragraphs (2) and (3) shall apply for purposes of any fiscal year beginning on or after October 1, 2008, in determining the period to which the waiver applies, the individuals eligible to be covered by the waiver, and the amount of the Federal payment under this title.

''(2) TERMINATION OF CHIP COVERAGE UNDER APPLICABLE EXISTING WAIVERS AT THE END OF FISCAL YEAR 2008.—

''(A) IN GENERAL.—No funds shall be available under this title for child health assistance or other health benefits coverage that is provided to a nonpregnant childless adult under an applicable existing waiver after September 30, 2008.

''(B) EXTENSION UPON STATE REQUEST.—If an applicable existing waiver described in subparagraph (A) would otherwise expire before October 1, 2008, and the State requests an extension of such waiver, the Secretary shall grant such an extension, but only through September 30, 2008.

''(C) APPLICATION OF ENHANCED FMAP.—The enhanced FMAP determined under section 2105(b) shall apply to expenditures under an applicable existing waiver for the provision of child health assistance or other health benefits coverage to a nonpregnant childless adult during fiscal year 2008.

''(3) OPTIONAL 1-YEAR TRANSITIONAL COVERAGE BLOCK GRANT FUNDED FROM STATE ALLOTMENT.—Subject to paragraph (4)(B), each State for which coverage under an applicable existing waiver is terminated under paragraph (2)(A) may elect to provide nonpregnant childless adults who were provided child health assistance or health benefits coverage under the applicable existing waiver at any time during fiscal year 2008 with such assistance or coverage during fiscal year 2009, as if the authority to provide such assistance or coverage under an applicable existing waiver was extended through that fiscal year, but subject to the following terms and conditions:

''(A) BLOCK GRANT SET ASIDE FROM STATE ALLOTMENT.—The Secretary shall set aside for the State an amount equal to the Federal share of the State's projected expenditures

under the applicable existing waiver for providing child health assistance or health benefits coverage to all nonpregnant childless adults under such waiver for fiscal year 2008 (as certified by the State and submitted to the Secretary by not later than August 31, 2008, and without regard to whether any such individual lost coverage during fiscal year 2008 and was later provided child health assistance or other health benefits coverage under the waiver in that fiscal year), increased by the annual adjustment for fiscal year 2009 determined under section 2104(i)(5)(A). The Secretary may adjust the amount set aside under the preceding sentence, as necessary, on the basis of the expenditure data for fiscal year 2008 reported by States on CMS Form 64 or CMS Form 21 not later than November 30, 2008, but in no case shall the Secretary adjust such amount after December 31, 2008.

''(B) NO COVERAGE FOR NONPREGNANT CHILDLESS ADULTS WHO WERE NOT COVERED DURING FISCAL YEAR 2008.—

''(i) FMAP APPLIED TO EXPENDITURES.—The Secretary shall pay the State for each quarter of fiscal year 2009, from the amount set aside under subparagraph (A), an amount equal to the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) of expenditures in the quarter for providing child health assistance or other health benefits coverage to a nonpregnant childless adult but only if such adult was enrolled in the State program under this title during fiscal year 2008 (without regard to whether the individual lost coverage during fiscal year 2008 and was reenrolled in that fiscal year or in fiscal year 2009).

''(ii) FEDERAL PAYMENTS LIMITED TO AMOUNT OF BLOCK GRANT SET-ASIDE.—No payments shall be made to a State for expenditures described in this subparagraph after the total amount set aside under subparagraph (A) for fiscal year 2009 has been paid to the State.

''(4) STATE OPTION TO APPLY FOR MEDICAID WAIVER TO CONTINUE COVERAGE FOR NONPREGNANT CHILDLESS ADULTS.—

''(A) IN GENERAL.—Each State for which coverage under an applicable existing waiver is terminated under paragraph (2)(A) may submit, not later than June 30, 2009, an application to the Secretary for a waiver under section 1115 of the State plan under title XIX to provide medical assistance to a nonpregnant childless adult whose coverage is so terminated (in this subsection referred to as a 'Medicaid nonpregnant childless adults waiver').

''(B) DEADLINE FOR APPROVAL.—The Secretary shall make a decision to approve or deny an application for a Medicaid nonpregnant childless adults waiver submitted under subparagraph (A) within 90 days of the date of the submission of the application. If no decision has been made by the Secretary as of September 30, 2009, on the application of a State for a Medicaid nonpregnant childless adults waiver that was submitted to the Secretary by June 30, 2009, the application shall be deemed approved.

''(C) STANDARD FOR BUDGET NEUTRALITY.—The budget neutrality requirement applicable with respect to expenditures for medical assistance under a Medicaid nonpregnant childless adults waiver shall—

''(i) in the case of fiscal year 2010, allow expenditures for medical assistance under title XIX for all such adults to not exceed the total amount of payments made to the State under paragraph (3)(B) for fiscal year 2009, increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for calendar year 2010 over calendar year 2009, as most recently published by the Secretary; and

''(ii) in the case of any succeeding fiscal year, allow such expenditures to not exceed the amount in effect under this subparagraph for the preceding fiscal year, increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for the calendar year that begins during the fiscal year involved over the preceding calendar year, as most recently published by the Secretary.

''(b) RULES AND CONDITIONS FOR COVERAGE OF PARENTS OF TARGETED LOW-INCOME CHILDREN.—

''(1) TWO-YEAR TRANSITION PERIOD; AUTOMATIC EXTENSION AT STATE OPTION THROUGH FISCAL YEAR 2009.—

''(A) NO NEW CHIP WAIVERS.—Notwithstanding section 1115 or any other provision of this title, except as provided in this subsection—

''(i) the Secretary shall not on or after the date of the enactment of the Children's Health Insurance Program Reauthorization Act of 2007 approve or renew a waiver, experimental, pilot, or demonstration project that would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to a parent of a targeted low-income child; and

''(ii) notwithstanding the terms and conditions of an applicable existing waiver, the provisions of paragraphs (2) and (3) shall apply for purposes of any fiscal year beginning on or after October 1, 2009, in determining the period to which the waiver applies, the individuals eligible to be covered by the waiver, and the amount of the Federal payment under this title.

''(B) EXTENSION UPON STATE REQUEST.—If an applicable existing waiver described in subparagraph (A) would otherwise expire before October 1, 2009, and the State requests an extension of such waiver, the Secretary shall grant such an extension, but only, subject to paragraph (2)(A), through September 30, 2009.

''(C) APPLICATION OF ENHANCED FMAP.—The enhanced FMAP determined under section 2105(b) shall apply to expenditures under an applicable existing waiver for the provision of child health assistance or other health benefits coverage to a parent of a targeted low-income child during fiscal years 2008 and 2009.

''(2) RULES FOR FISCAL YEARS 2010 THROUGH 2012.—

''(A) PAYMENTS FOR COVERAGE LIMITED TO BLOCK GRANT FUNDED FROM STATE ALLOTMENT.—Any State that provides child health assistance or health benefits coverage under an applicable existing waiver for a parent of a targeted low-income child may elect to continue to provide such assistance or coverage through fiscal year 2010, 2011, or 2012, subject to the same terms and conditions that applied under the applicable existing waiver, unless otherwise modified in subparagraph (B).

''(B) TERMS AND CONDITIONS.—

''(i) BLOCK GRANT SET ASIDE FROM STATE ALLOTMENT.—If the State makes an election under subparagraph (A), the Secretary shall set aside for the State for each such fiscal year an amount equal to the Federal share of 110 percent of the State's projected expenditures under the applicable existing waiver for providing child health assistance or health benefits coverage to all parents of targeted low-income children enrolled under such waiver for the fiscal year (as certified by the State and submitted to the Secretary by not later than August 31 of the preceding fiscal year). In the case of fiscal year 2012, the set aside for any State shall be computed separately for each period described in subparagraphs (A) and (B) of section 2104(a)(15) and any reduction in the allotment for either such period under section 2104(i)(4) shall be allocated on a pro rata basis to such set aside.

''(ii) PAYMENTS FROM BLOCK GRANT.—The Secretary shall pay the State from the amount set aside under clause (i) for the fiscal year, an amount for each quarter of such fiscal year equal to the applicable percentage determined under clause (iii) or (iv) for expenditures in the quarter for providing child health assistance or other health benefits coverage to a parent of a targeted low-income child.

''(iii) ENHANCED FMAP ONLY IN FISCAL YEAR 2010 FOR STATES WITH SIGNIFICANT CHILD OUTREACH OR THAT ACHIEVE CHILD COVERAGE BENCHMARKS; FMAP FOR ANY OTHER STATES.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2010 is equal to—

''(I) the enhanced FMAP determined under section 2105(b) in the case of a State that meets the outreach or coverage benchmarks described in any of subparagraphs (A), (B), or (C) of paragraph (3) for fiscal year 2009; or

''(II) the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) in the case of any other State.

''(iv) AMOUNT OF FEDERAL MATCHING PAYMENT IN 2011 OR 2012.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2011 or 2012 is equal to—

''(I) the REMAP percentage if—

''(aa) the applicable percentage for the State under clause (iii) was the enhanced FMAP for fiscal year 2009; and

''(bb) the State met either of the coverage benchmarks described in subparagraph (B) or (C) of paragraph (3) for the preceding fiscal year; or

''(II) the Federal medical assistance percentage (as so determined) in the case of any State to which subclause (I) does not apply.

For purposes of subclause (I), the REMAP percentage is the percentage which is the sum of such Federal medical assistance percentage and a number of percentage points equal to one-half of the difference between such Federal medical assistance percentage and such enhanced FMAP.

''(v) NO FEDERAL PAYMENTS OTHER THAN FROM BLOCK GRANT SET ASIDE.—No payments shall be made to a State for expenditures described in clause (ii) after the total amount set aside under clause (i) for a fiscal year has been paid to the State.

''(vi) NO INCREASE IN INCOME ELIGIBILITY LEVEL FOR PARENTS.—No payments shall be made to a State from the amount set aside under clause (i) for a fiscal year for expenditures for providing child health assistance or health benefits coverage to a parent of a targeted low-income child whose family income exceeds the income eligibility level applied under the applicable existing waiver to parents of targeted low-income children on the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007.

''(3) OUTREACH OR COVERAGE BENCHMARKS.—For purposes of paragraph (2), the outreach or coverage benchmarks described in this paragraph are as follows:

''(A) SIGNIFICANT CHILD OUTREACH CAMPAIGN.—The State—

''(i) was awarded a grant under section 2113 for fiscal year 2009;

''(ii) implemented 1 or more of the enrollment and retention provisions described in section 2105(a)(4) for such fiscal year; or

''(iii) has submitted a specific plan for outreach for such fiscal year.

''(B) HIGH-PERFORMING STATE.—The State, on the basis of the most timely and accurate published estimates of the Bureau of the Census, ranks in the lowest ⅓ of States in terms of the State's percentage of low-income children without health insurance.

''(C) STATE INCREASING ENROLLMENT OF LOW-INCOME CHILDREN.—The State qualified for a performance bonus payment under section 2105(a)(3)(B) for the most recent fiscal year applicable under such section.

''(4) RULES OF CONSTRUCTION.—Nothing in this subsection shall be construed as prohibiting a State from submitting an application to the Secretary for a waiver under section 1115 of the State plan under title XIX to provide medical assistance to a parent of a targeted low-income child that was provided child health assistance or health benefits coverage under an applicable existing waiver.

''(c) APPLICABLE EXISTING WAIVER.—For purposes of this section—

''(1) IN GENERAL.—The term 'applicable existing waiver' means a waiver, experimental, pilot, or demonstration project under section 1115, grandfathered under section 6102(c)(3) of the Deficit Reduction Act of 2005, or otherwise conducted under authority that—

''(A) would allow funds made available under this title to be used to provide child health assistance or other health benefits coverage to—

''(i) a parent of a targeted low-income child;

''(ii) a nonpregnant childless adult; or

''(iii) individuals described in both clauses (i) and (ii); and

''(B) was in effect during fiscal year 2007.

''(2) DEFINITIONS.—

''(A) PARENT.—The term 'parent' includes a caretaker relative (as such term is used in carrying out section 1931) and a legal guardian.

''(B) NONPREGNANT CHILDLESS ADULT.—The term 'nonpregnant childless adult' has the meaning given such term by section 2107(f).''.

(2) CONFORMING AMENDMENTS.—

(A) Section 2107(f) (42 U.S.C. 1397gg(f)) is amended—

(i) by striking '', the Secretary'' and inserting '':

''(1) The Secretary'';

(ii) in the first sentence, by inserting ''or a parent (as defined in section 2111(c)(2)(A)), who is not pregnant, of a targeted low-income child'' before the period;

(iii) by striking the second sentence; and

(iv) by adding at the end the following new paragraph:

''(2) The Secretary may not approve, extend, renew, or amend a waiver, experimental, pilot, or demonstration project with respect to a State after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007 that would waive or modify the requirements of section 2111.''.

(B) Section 6102(c) of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 131) is amended by striking ''Nothing'' and inserting ''Subject to section 2111 of the Social Security Act, as added by section 112 of the Children's Health Insurance Program Reauthorization Act of 2007, nothing''.

(b) GAO STUDY AND REPORT.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of whether—

(A) the coverage of a parent, a caretaker relative (as such term is used in carrying out section 1931), or a legal guardian of a targeted low-income child under a State health plan under title XXI of the Social Security Act increases the enrollment of, or the quality of care for, children, and

(B) such parents, relatives, and legal guardians who enroll in such a plan are more likely to enroll their children in such a plan or in a State plan under title XIX of such Act.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall report the results of the study to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives, including recommendations (if any) for changes in legislation.

SEC. 113. ELIMINATION OF COUNTING MEDICAID CHILD PRESUMPTIVE ELIGIBILITY COSTS AGAINST TITLE XXI ALLOTMENT.

(a) IN GENERAL.—Section 2105(a)(1) (42 U.S.C. 1397ee(a)(1)) is amended—

(1) in the matter preceding subparagraph (A), by striking ''(or, in the case of expenditures described in subparagraph (B), the Federal medical assistance percentage (as defined in the first sentence of section 1905(b)))''; and

(2) by striking subparagraph (B) and inserting the following new subparagraph:

''(B) [reserved]''.

(b) AMENDMENTS TO MEDICAID.—

(1) ELIGIBILITY OF A NEWBORN.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended in the first sentence by striking ''so long as the child is a member of the woman's household and the woman remains (or would remain if pregnant) eligible for such assistance''.

(2) APPLICATION OF QUALIFIED ENTITIES TO PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN UNDER MEDICAID.—Section 1920(b) (42 U.S.C. 1396r–1(b)) is amended by adding after paragraph (2) the following flush sentence:

''The term 'qualified provider' also includes a qualified entity, as defined in section 1920A(b)(3).''.

SEC. 114. LIMITATION ON MATCHING RATE FOR STATES THAT PROPOSE TO COVER CHILDREN WITH EFFECTIVE FAMILY INCOME THAT EXCEEDS 300 PERCENT OF THE POVERTY LINE.

(a) FMAP APPLIED TO EXPENDITURES.—Section 2105(c) (42 U.S.C. 1397ee(c)) is amended by adding at the end the following new paragraph:

''(8) LIMITATION ON MATCHING RATE FOR EXPENDITURES FOR CHILD HEALTH ASSISTANCE PROVIDED TO CHILDREN WHOSE EFFECTIVE FAMILY INCOME EXCEEDS 300 PERCENT OF THE POVERTY LINE.—

''(A) FMAP APPLIED TO EXPENDITURES.—Except as provided in subparagraph (B), for fiscal years beginning with fiscal year 2008, the Federal medical assistance percentage (as determined under section 1905(b) without regard to clause (4) of such section) shall be substituted for the enhanced FMAP under subsection (a)(1) with respect to any expenditures for providing child health assistance or health benefits coverage for a targeted low-income child whose effective family income would exceed 300 percent of the poverty line but for the application of a general exclusion of a block of income that is not determined by type of expense or type of income.

''(B) EXCEPTION.—Subparagraph (A) shall not apply to any State that, on the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, has an approved State plan amendment or waiver to provide, or has enacted a State law to submit a State plan amendment to provide, expenditures described in such subparagraph under the State child health plan.''.

(b) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed as—

(1) changing any income eligibility level for children under title XXI of the Social Security Act; or

(2) changing the flexibility provided States under such title to establish the income eligibility level for targeted low-income children under a State child health plan and the methodologies used by the State to determine income or assets under such plan.

SEC. 115. STATE AUTHORITY UNDER MEDICAID.

(a) STATE AUTHORITY TO EXPAND INCOME OR RESOURCE ELIGIBILITY LEVELS FOR CHILDREN.—Nothing in this Act, the amendments made by this Act, or title XIX of the Social Security Act, including paragraph (2)(B) of section 1905(u) of such Act, shall be construed as limiting the flexibility afforded States under such title to increase the income or resource eligibility levels for children under a State plan or waiver under such title.

(b) STATE AUTHORITY TO RECEIVE PAYMENTS UNDER MEDICAID FOR PROVIDING MEDICAL ASSISTANCE TO CHILDREN ELIGIBLE AS A RESULT OF AN INCOME OR RESOURCE ELIGIBILITY LEVEL EXPANSION.—A State may, notwithstanding the fourth sentence of subsection (b) of section 1905 of the Social Security Act (42 U.S.C. 1396d) or subsection (u) of such section—

(1) cover individuals described in section 1902(a)(10)(A)(ii)(IX) of the Social Security Act and thereby receive Federal financial participation for medical assistance for such individuals under title XIX of the Social Security Act; or

(2) receive Federal financial participation for expenditures for medical assistance under Medicaid for children described in paragraph (2)(B) or (3) of section 1905(u) of such Act based on the Federal medical assistance percentage, as otherwise determined based on the first and third sentences of subsection (b) of section 1905 of the Social Security Act, rather than on the basis of an enhanced FMAP (as defined in section 2105(b) of such Act).

SEC. 116. PREVENTING SUBSTITUTION OF CHIP COVERAGE FOR PRIVATE COVERAGE.

(a) FINDINGS.—

(1) Congress agrees with the President that low-income children should be the first priority of all States in providing child health assistance under CHIP.

(2) Congress agrees with the President and the Congressional Budget Office that the substitution of CHIP coverage for private coverage occurs more frequently for children in families at higher income levels.

(3) Congress agrees with the President that it is appropriate that States that expand CHIP eligibility to children at higher income levels should have achieved a high level of health benefits coverage for low-income children and should implement strategies to address such substitution.

(4) Congress concludes that the policies specified in this section (and the amendments made by this section) are the appropriate policies to address these issues.

(b) ANALYSES OF BEST PRACTICES AND METHODOLOGY IN ADDRESSING CROWD-OUT.—

(1) GAO REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives and the Secretary a report describing the best practices by States in addressing the issue of CHIP crowd-out. Such report shall include analyses of—

(A) the impact of different geographic areas, including urban and rural areas, on CHIP crowd-out;

(B) the impact of different State labor markets on CHIP crowd-out;

(C) the impact of different strategies for addressing CHIP crowd-out;

(D) the incidence of crowd-out for children with different levels of family income; and

(E) the relationship (if any) between changes in the availability and affordability of dependent coverage under employer-sponsored health insurance and CHIP crowd-out.

(2) IOM REPORT ON METHODOLOGY.—The Secretary shall enter into an arrangement with the Institute of Medicine under which the Institute submits to the Committee on

Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives and the Secretary, not later than 18 months after the date of the enactment of this Act, a report on—

(A) the most accurate, reliable, and timely way to measure—

(i) on a State-by-State basis, the rate of public and private health benefits coverage among low-income children with family income that does not exceed 200 percent of the poverty line; and

(ii) CHIP crowd-out, including in the case of children with family income that exceeds 200 percent of the poverty line; and

(B) the least burdensome way to gather the necessary data to conduct the measurements described in subparagraph (A).

Out of any money in the Treasury not otherwise appropriated, there are hereby appropriated $2,000,000 to carry out this paragraph for the period ending September 30, 2009.

(3) INCORPORATION OF DEFINITIONS.—In this section, the terms ''CHIP crowd-out'', ''children'', ''poverty line'', and ''State'' have the meanings given such terms for purposes of CHIP.

(4) DEFINITION OF CHIP CROWD-OUT.—Section 2110(c) (42 U.S.C. 1397jj(c)) is amended by adding at the end the following:

''(9) CHIP CROWD-OUT.—The term 'CHIP crowd-out' means the substitution of—

''(A) health benefits coverage for a child under this title, for

''(B) health benefits coverage for the child other than under this title or title XIX.''.

(c) DEVELOPMENT OF BEST PRACTICE RECOMMENDATIONS.—Section 2107 (42 U.S.C. 1397gg) is amended by adding at the end the following:

''(g) DEVELOPMENT OF BEST PRACTICE RECOMMENDATIONS.—Within 6 months after the date of receipt of the reports under subsections (a) and (b) of section 116 of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary, in consultation with States, including Medicaid and CHIP directors in States, shall publish in the Federal Register, and post on the public website for the Department of Health and Human Services—

''(1) recommendations regarding best practices for States to use to address CHIP crowd-out; and

''(2) uniform standards for data collection by States to measure and report—

''(A) health benefits coverage for children with family income below 200 percent of the poverty line; and

''(B) on CHIP crowd-out, including for children with family income that exceeds 200 percent of the poverty line.

The Secretary, in consultation with States, including Medicaid and CHIP directors in States, may from time to time update the best practice recommendations and uniform standards set published under paragraphs (1) and (2) and shall provide for publication and posting of such updated recommendations and standards.''.

(d) REQUIREMENT TO ADDRESS CHIP CROWD-OUT; SECRETARIAL REVIEW.—Section 2106 (42 U.S.C. 1397ff) is amended by adding at the end the following:

''(f) REQUIREMENT TO ADDRESS CHIP CROWD-OUT; SECRETARIAL REVIEW.—

''(1) IN GENERAL.—Each State that, on or after the best practice application date described in paragraph (3), submits a plan amendment (or waiver request) to provide for eligibility for child health assistance under the State child health plan for higher income children described in section 2105(c)(9)(D) (relating to children whose effective family income exceeds 300 percent of the poverty line) shall include with such plan amendment or request a description of how the State—

''(A) will address CHIP crowd-out for such children; and

''(B) will incorporate recommended best practices referred to in such paragraph.

''(2) APPLICATION TO CERTAIN STATES.—Each State that, as of the best practice application date described in paragraph (3), has a State child health plan that provides (whether under the plan or through a waiver) for eligibility for child health assistance for children referred to in paragraph (1) shall submit to the Secretary, not later than 6 months after the date of such application, a State plan amendment describing how the State—

''(A) will address CHIP crowd-out for such children; and

''(B) will incorporate recommended best practices referred to in such paragraph.

''(3) BEST PRACTICE APPLICATION DATE.—The best practice application date described in this paragraph is the date that is 6 months after the date of publication of recommendations regarding best practices under section 2107(g)(1).

''(4) SECRETARIAL REVIEW.—The Secretary shall—

''(A) review each State plan amendment or waiver request submitted under paragraph (1) or (2);

''(B) determine whether the amendment or request incorporates recommended best practices referred to in paragraph (3);

''(C) determine whether the State meets the enrollment targets required under reference section 2105(c)(9)(C); and

''(D) notify the State of such determinations.''.

(e) LIMITATION ON PAYMENTS FOR STATES COVERING HIGHER INCOME CHILDREN.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 114(a), is amended by adding at the end the following new subsection:

''(9) LIMITATION ON PAYMENTS FOR STATES COVERING HIGHER INCOME CHILDREN.—

''(A) DETERMINATIONS.—

''(i) IN GENERAL.—The Secretary shall determine, for each State that is a higher income eligibility State as of April 1 of 2010 and each subsequent year, whether the State meets the target rate of coverage of low-income children required under subparagraph (C) and shall notify the State in that month of such determination.

''(ii) DETERMINATION OF FAILURE.—If the Secretary determines in such month that a higher income eligibility State does not meet such target rate of coverage, subject to subparagraph (E), no payment shall be made as of October 1 of such year on or after October 1, 2010, under this section for child health assistance provided for higher-income children (as defined in subparagraph (D)) under the State child health plan unless and until the State establishes it is in compliance with such requirement.

''(B) HIGHER INCOME ELIGIBILITY STATE.—A higher income eligibility State described in this clause is a State that—

''(i) applies under its State child health plan an eligibility income standard for targeted low-income children that exceeds 300 percent of the poverty line; or

''(ii) because of the application of a general exclusion of a block of income that is not determined by type of expense or type of income, applies an effective income standard under the State child health plan for such children that exceeds 300 percent of the poverty line.

''(C) REQUIREMENT FOR TARGET RATE OF COVERAGE OF LOW-INCOME CHILDREN.—

''(i) IN GENERAL.—The requirement of this subparagraph for a State is that the rate of health benefits coverage (both private and public) for low-income children in the State is not statistically significantly (at a p=0.05 level) less than the target rate of coverage specified in clause (ii).

''(ii) TARGET RATE.—The target rate of coverage specified in this clause is the average rate (determined by the Secretary) of health benefits coverage (both private and public) as of January 1, 2010, among the 10 of the 50 States and the District of Columbia with the highest percentage of health benefits coverage (both private and public) for low-income children.

''(iii) STANDARDS FOR DATA.— In applying this subparagraph, rates of health benefits coverage for States shall be determined using the uniform standards identified by the Secretary under section 2107(g)(2).

''(D) HIGHER-INCOME CHILD.—For purposes of this paragraph, the term 'higher income child' means, with respect to a State child health plan, a targeted low-income child whose family income—

''(i) exceeds 300 percent of the poverty line; or

''(ii) would exceed 300 percent of the poverty line if there were not taken into account any general exclusion described in subparagraph (B)(ii).

''(E) NOTICE AND OPPORTUNITY TO COMPLY WITH TARGET RATE.—If the Secretary makes a determination described in subparagraph (A)(ii) in April of a year, the Secretary—

''(i) shall provide the State with the opportunity to submit and implement a corrective action plan for the State to come into compliance with the requirement of subparagraph (C) before October 1 of such year;

''(ii) shall not effect a denial of payment under subparagraph (A) on the basis of such determination before October 1 of such year; and

''(iii) shall not effect such a denial if the Secretary determines that there is a reasonable likelihood that the implementation of such a correction action plan will bring the State into compliance with the requirement of subparagraph (C).''.

(f) TREATMENT OF MEDICAL SUPPORT ORDERS.—Section 2102(b) (42 U.S.C. 1397bb(c)) is amended by adding at the end the following::

''(5) TREATMENT OF MEDICAL SUPPORT ORDERS.—

''(A) IN GENERAL.—Nothing in this title shall be construed to allow the Secretary to require that a State deny eligibility for child health assistance to a child who is otherwise eligible on the basis of the existence of a valid medical support order being in effect.

''(B) STATE ELECTION.—A State may elect to limit eligibility for child health assistance to a targeted low-income child on the basis of the existence of a valid medical support order on the child's behalf, but only if the State does not deny such eligibility for a child on such basis if the child asserts that the order is not being complied with for any of the reasons described in subparagraph (C) unless the State demonstrates that none of such reasons applies in the case involved.

''(C) REASONS FOR NONCOMPLIANCE.—The reasons described in this subparagraph for noncompliance with a medical support order with respect to a child are that the child is not being provided health benefits coverage pursuant to such order because—

''(i) of failure of the noncustodial parent to comply with the order;

''(ii) of the failure of an employer, group health plan or health insurance issuer to comply with such order; or

''(iii) the child resides in a geographic area in which benefits under the health benefits coverage are generally unavailable.''.

(g) EFFECTIVE DATE OF AMENDMENTS; CONSISTENCY OF POLICIES.—The amendments made by this section shall take effect as if enacted on August 16, 2007. The Secretary may not impose (or continue in effect) any requirement, prevent the implementation of

any provision, or condition the approval of any provision under any State child health plan, State plan amendment, or waiver request on the basis of any policy or interpretation relating to CHIP crowd-out or medical support order other than under the amendments made by this section.

TITLE II—OUTREACH AND ENROLLMENT

Subtitle A—Outreach and Enrollment Activities

SEC. 201. GRANTS AND ENHANCED ADMINISTRATIVE FUNDING FOR OUTREACH AND ENROLLMENT.

(a) GRANTS.—Title XXI (42 U.S.C. 1397aa et seq.), as amended by section 107, is amended by adding at the end the following:

"SEC. 2113. GRANTS TO IMPROVE OUTREACH AND ENROLLMENT.

''(a) OUTREACH AND ENROLLMENT GRANTS; NATIONAL CAMPAIGN.—

''(1) IN GENERAL.—From the amounts appropriated under subsection (g), subject to paragraph (2), the Secretary shall award grants to eligible entities during the period of fiscal years 2008 through 2012 to conduct outreach and enrollment efforts that are designed to increase the enrollment and participation of eligible children under this title and title XIX.

''(2) TEN PERCENT SET ASIDE FOR NATIONAL ENROLLMENT CAMPAIGN.—An amount equal to 10 percent of such amounts shall be used by the Secretary for expenditures during such period to carry out a national enrollment campaign in accordance with subsection (h).

''(b) PRIORITY FOR AWARD OF GRANTS.—

''(1) IN GENERAL.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities that—

''(A) propose to target geographic areas with high rates of—

''(i) eligible but unenrolled children, including such children who reside in rural areas; or

''(ii) racial and ethnic minorities and health disparity populations, including those proposals that address cultural and linguistic barriers to enrollment; and

''(B) submit the most demonstrable evidence required under paragraphs (1) and (2) of subsection (c).

''(2) TEN PERCENT SET ASIDE FOR OUTREACH TO INDIAN CHILDREN.—An amount equal to 10 percent of the funds appropriated under subsection (g) shall be used by the Secretary to award grants to Indian Health Service providers and urban Indian organizations receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.) for outreach to, and enrollment of, children who are Indians.

''(c) APPLICATION.—An eligible entity that desires to receive a grant under subsection (a) shall submit an application to the Secretary in such form and manner, and containing such information, as the Secretary may decide. Such application shall include—

''(1) evidence demonstrating that the entity includes members who have access to, and credibility with, ethnic or low-income populations in the communities in which activities funded under the grant are to be conducted;

''(2) evidence demonstrating that the entity has the ability to address barriers to enrollment, such as lack of awareness of eligibility, stigma concerns and punitive fears associated with receipt of benefits, and other cultural barriers to applying for and receiving child health assistance or medical assistance;

''(3) specific quality or outcomes performance measures to evaluate the effectiveness of activities funded by a grant awarded under this section; and

''(4) an assurance that the eligible entity shall—

''(A) conduct an assessment of the effectiveness of such activities against the performance measures;

''(B) cooperate with the collection and reporting of enrollment data and other information in order for the Secretary to conduct such assessments; and

''(C) in the case of an eligible entity that is not the State, provide the State with enrollment data and other information as necessary for the State to make necessary projections of eligible children and pregnant women.

''(d) DISSEMINATION OF ENROLLMENT DATA AND INFORMATION DETERMINED FROM EFFECTIVENESS ASSESSMENTS; ANNUAL REPORT.—The Secretary shall—

''(1) make publicly available the enrollment data and information collected and reported in accordance with subsection (c)(4)(B); and

''(2) submit an annual report to Congress on the outreach and enrollment activities conducted with funds appropriated under this section.

''(e) MAINTENANCE OF EFFORT FOR STATES AWARDED GRANTS; NO STATE MATCH REQUIRED.—In the case of a State that is awarded a grant under this section—

''(1) the State share of funds expended for outreach and enrollment activities under the State child health plan shall not be less than the State share of such funds expended in the fiscal year preceding the first fiscal year for which the grant is awarded; and

''(2) no State matching funds shall be required for the State to receive a grant under this section.

''(f) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means any of the following:

''(A) A State with an approved child health plan under this title.

''(B) A local government.

''(C) An Indian tribe or tribal consortium, a tribal organization, an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.), or an Indian Health Service provider.

''(D) A Federal health safety net organization.

''(E) A national, State, local, or community-based public or nonprofit private organization, including organizations that use community health workers or community-based doula programs.

''(F) A faith-based organization or consortia, to the extent that a grant awarded to such an entity is consistent with the requirements of section 1955 of the Public Health Service Act (42 U.S.C. 300x–65) relating to a grant award to nongovernmental entities.

''(G) An elementary or secondary school.

''(2) FEDERAL HEALTH SAFETY NET ORGANIZATION.—The term 'Federal health safety net organization' means—

''(A) a Federally-qualified health center (as defined in section 1905(l)(2)(B));

''(B) a hospital defined as a disproportionate share hospital for purposes of section 1923;

''(C) a covered entity described in section 340B(a)(4) of the Public Health Service Act (42 U.S.C. 256b(a)(4)); and

''(D) any other entity or consortium that serves children under a federally funded program, including the special supplemental nutrition program for women, infants, and children (WIC) established under section 17 of the Child Nutrition Act of 1966 (42 U.S.C. 1786), the Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801 et seq.), the school lunch program established under the Richard B. Russell National School Lunch Act, and an elementary or secondary school.

''(3) INDIANS; INDIAN TRIBE; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—The terms 'Indian', 'Indian tribe', 'tribal organization', and 'urban Indian organization' have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(4) COMMUNITY HEALTH WORKER.—The term 'community health worker' means an individual who promotes health or nutrition within the community in which the individual resides—

''(A) by serving as a liaison between communities and health care agencies;

''(B) by providing guidance and social assistance to community residents;

''(C) by enhancing community residents' ability to effectively communicate with health care providers;

''(D) by providing culturally and linguistically appropriate health or nutrition education;

''(E) by advocating for individual and community health or nutrition needs; and

''(F) by providing referral and followup services.

''(g) APPROPRIATION.—There is appropriated, out of any money in the Treasury not otherwise appropriated, $100,000,000 for the period of fiscal years 2008 through 2012, for the purpose of awarding grants under this section. Amounts appropriated and paid under the authority of this section shall be in addition to amounts appropriated under section 2104 and paid to States in accordance with section 2105, including with respect to expenditures for outreach activities in accordance with subsections (a)(1)(D)(iii) and (c)(2)(C) of that section.

''(h) NATIONAL ENROLLMENT CAMPAIGN.—From the amounts made available under subsection (a)(2), the Secretary shall develop and implement a national enrollment campaign to improve the enrollment of underserved child populations in the programs established under this title and title XIX. Such campaign may include—

''(1) the establishment of partnerships with the Secretary of Education and the Secretary of Agriculture to develop national campaigns to link the eligibility and enrollment systems for the assistance programs each Secretary administers that often serve the same children;

''(2) the integration of information about the programs established under this title and title XIX in public health awareness campaigns administered by the Secretary;

''(3) increased financial and technical support for enrollment hotlines maintained by the Secretary to ensure that all States participate in such hotlines;

''(4) the establishment of joint public awareness outreach initiatives with the Secretary of Education and the Secretary of Labor regarding the importance of health insurance to building strong communities and the economy;

''(5) the development of special outreach materials for Native Americans or for individuals with limited English proficiency; and

''(6) such other outreach initiatives as the Secretary determines would increase public awareness of the programs under this title and title XIX.''.

(b) ENHANCED ADMINISTRATIVE FUNDING FOR TRANSLATION OR INTERPRETATION SERVICES UNDER CHIP AND MEDICAID.—

(1) CHIP.—Section 2105(a)(1) (42 U.S.C. 1397ee(a)(1)), as amended by section 113, is amended—

(A) in the matter preceding subparagraph (A), by inserting ''(or, in the case of expenditures described in subparagraph (D)(iv), the higher of 75 percent or the sum of the enhanced FMAP plus 5 percentage points)'' after ''enhanced FMAP''; and

(B) in subparagraph (D)—

(i) in clause (iii), by striking ''and'' at the end;

(ii) by redesignating clause (iv) as clause (v); and

(iii) by inserting after clause (iii) the following new clause:

''(iv) for translation or interpretation services in connection with the enrollment of, retention of, and use of services under this title by, individuals for whom English is not their primary language (as found necessary by the Secretary for the proper and efficient administration of the State plan); and''.

(2) MEDICAID.—

(A) USE OF MEDICAID FUNDS.—Section 1903(a)(2) (42 U.S.C. 1396b(a)(2)) is amended by adding at the end the following new subparagraph:

''(E) an amount equal to 75 percent of so much of the sums expended during such quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to translation or interpretation services in connection with the enrollment of, retention of, and use of services under this title by, children of families for whom English is not the primary language; plus''.

(B) USE OF COMMUNITY HEALTH WORKERS FOR OUTREACH ACTIVITIES.—

(i) IN GENERAL.—Section 2102(c)(1) of such Act (42 U.S.C. 1397bb(c)(1)) is amended by inserting ''(through community health workers and others)'' after ''Outreach''.

(ii) IN FEDERAL EVALUATION.—Section 2108(c)(3)(B) of such Act (42 U.S.C. 1397hh(c)(3)(B)) is amended by inserting ''(such as through community health workers and others)'' after ''including practices''.

SEC. 202. INCREASED OUTREACH AND ENROLLMENT OF INDIANS.

(a) IN GENERAL.—Section 1139 (42 U.S.C. 1320b–9) is amended to read as follows:

''SEC. 1139. IMPROVED ACCESS TO, AND DELIVERY OF, HEALTH CARE FOR INDIANS UNDER TITLES XIX AND XXI.

''(a) AGREEMENTS WITH STATES FOR MEDICAID AND CHIP OUTREACH ON OR NEAR RESERVATIONS TO INCREASE THE ENROLLMENT OF INDIANS IN THOSE PROGRAMS.—

''(1) IN GENERAL.—In order to improve the access of Indians residing on or near a reservation to obtain benefits under the Medicaid and State children's health insurance programs established under titles XIX and XXI, the Secretary shall encourage the State to take steps to provide for enrollment on or near the reservation. Such steps may include outreach efforts such as the outstationing of eligibility workers, entering into agreements with the Indian Health Service, Indian Tribes, Tribal Organizations, and Urban Indian Organizations to provide outreach, education regarding eligibility and benefits, enrollment, and translation services when such services are appropriate.

''(2) CONSTRUCTION.—Nothing in paragraph (1) shall be construed as affecting arrangements entered into between States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations for such Service, Tribes, or Organizations to conduct administrative activities under such titles.

''(b) REQUIREMENT TO FACILITATE COOPERATION.—The Secretary, acting through the Centers for Medicare & Medicaid Services, shall take such steps as are necessary to facilitate cooperation with, and agreements between, States and the Indian Health Service, Indian Tribes, Tribal Organizations, or Urban Indian Organizations with respect to the provision of health care items and services to Indians under the programs established under title XIX or XXI.

''(c) DEFINITION OF INDIAN; INDIAN TRIBE; INDIAN HEALTH PROGRAM; TRIBAL ORGANIZATION; URBAN INDIAN ORGANIZATION.—In this section, the terms 'Indian', 'Indian Tribe', 'Indian Health Program', 'Tribal Organization', and 'Urban Indian Organization' have the meanings given those terms in section 4 of the Indian Health Care Improvement Act.''.

(b) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2) (42 U.S.C. 1397ee(c)(2)) is amended by adding at the end the following:

''(C) NONAPPLICATION TO CERTAIN EXPENDITURES.—The limitation under subparagraph (A) shall not apply with respect to the following expenditures:

''(i) EXPENDITURES TO INCREASE OUTREACH TO, AND THE ENROLLMENT OF, INDIAN CHILDREN UNDER THIS TITLE AND TITLE XIX.—Expenditures for outreach activities to families of Indian children likely to be eligible for child health assistance under the plan or medical assistance under the State plan under title XIX (or under a waiver of such plan), to inform such families of the availability of, and to assist them in enrolling their children in, such plans, including such activities conducted under grants, contracts, or agreements entered into under section 1139(a).''.

SEC. 203. STATE OPTION TO RELY ON FINDINGS FROM AN EXPRESS LANE AGENCY TO CONDUCT SIMPLIFIED ELIGIBILITY DETERMINATIONS.

(a) APPLICATION UNDER MEDICAID AND CHIP PROGRAMS.—

(1) MEDICAID.—Section 1902(e) (42 U.S.C. 1396a(e)) is amended by adding at the end the following:

''(13) EXPRESS LANE OPTION.—

''(A) IN GENERAL.—

''(i) OPTION TO USE A FINDING FROM AN EXPRESS LANE AGENCY.—At the option of the State, the State plan may provide that in determining eligibility under this title for a child (as defined in subparagraph (G)), the State may rely on a finding made within a reasonable period (as determined by the State) from an Express Lane agency (as defined in subparagraph (F)) when it determines whether a child satisfies one or more components of eligibility for medical assistance under this title. The State may rely on a finding from an Express Lane agency notwithstanding sections 1902(a)(46)(B) and 1137(d) and any differences in budget unit, disregard, deeming or other methodology, if the following requirements are met:

''(I) PROHIBITION ON DETERMINING CHILDREN INELIGIBLE FOR COVERAGE.—If a finding from an Express Lane agency would result in a determination that a child does not satisfy an eligibility requirement for medical assistance under this title and for child health assistance under title XXI, the State shall determine eligibility for assistance using its regular procedures.

''(II) NOTICE REQUIREMENT.—For any child who is found eligible for medical assistance under the State plan under this title or child health assistance under title XXI and who is subject to premiums based on an Express Lane agency's finding of such child's income level, the State shall provide notice that the child may qualify for lower premium payments if evaluated by the State using its regular policies and of the procedures for requesting such an evaluation.

''(III) COMPLIANCE WITH SCREEN AND ENROLL REQUIREMENT.—The State shall satisfy the requirements under (A) and (B) of section 2102(b)(3) (relating to screen and enroll) before enrolling a child in child health assistance under title XXI. At its option, the State may fulfill such requirements in accordance with either option provided under subparagraph (C) of this paragraph.

''(IV) VERIFICATION OF CITIZENSHIP OR NATIONALITY STATUS.—The State shall satisfy the requirements of section 1902(a)(46)(B) or 2105(c)(10), as applicable for verifications of citizenship or nationality status.

''(V) CODING.—The State meets the requirements of subparagraph (E).

''(ii) OPTION TO APPLY TO RENEWALS AND REDETERMINATIONS.—The State may apply the provisions of this paragraph when conducting initial determinations of eligibility, redeterminations of eligibility, or both, as described in the State plan.

''(B) RULES OF CONSTRUCTION.—Nothing in this paragraph shall be construed—

''(i) to limit or prohibit a State from taking any actions otherwise permitted under this title or title XXI in determining eligibility for or enrolling children into medical assistance under this title or child health assistance under title XXI; or

''(ii) to modify the limitations in section 1902(a)(5) concerning the agencies that may make a determination of eligibility for medical assistance under this title.

''(C) OPTIONS FOR SATISFYING THE SCREEN AND ENROLL REQUIREMENT.—

''(i) IN GENERAL.—With respect to a child whose eligibility for medical assistance under this title or for child health assistance under title XXI has been evaluated by a State agency using an income finding from an Express Lane agency, a State may carry out its duties under subparagraphs (A) and (B) of section 2102(b)(3) (relating to screen and enroll) in accordance with either clause (ii) or clause (iii).

''(ii) ESTABLISHING A SCREENING THRESHOLD.—

''(I) IN GENERAL.—Under this clause, the State establishes a screening threshold set as a percentage of the Federal poverty level that exceeds the highest income threshold applicable under this title to the child by a minimum of 30 percentage points or, at State option, a higher number of percentage points that reflects the value (as determined by the State and described in the State plan) of any differences between income methodologies used by the program administered by the Express Lane agency and the methodologies used by the State in determining eligibility for medical assistance under this title.

''(II) CHILDREN WITH INCOME NOT ABOVE THRESHOLD.—If the income of a child does not exceed the screening threshold, the child is deemed to satisfy the income eligibility criteria for medical assistance under this title regardless of whether such child would otherwise satisfy such criteria.

''(III) CHILDREN WITH INCOME ABOVE THRESHOLD.—If the income of a child exceeds the screening threshold, the child shall be considered to have an income above the Medicaid applicable income level described in section 2110(b)(4) and to satisfy the requirement under section 2110(b)(1)(C) (relating to the requirement that CHIP matching funds be used only for children not eligible for Medicaid). If such a child is enrolled in child health assistance under title XXI, the State shall provide the parent, guardian, or custodial relative with the following:

''(aa) Notice that the child may be eligible to receive medical assistance under the State plan under this title if evaluated for such assistance under the State's regular procedures and notice of the process through which a parent, guardian, or custodial relative can request that the State evaluate the child's eligibility for medical assistance under this title using such regular procedures.

''(bb) A description of differences between the medical assistance provided under this title and child health assistance under title XXI, including differences in cost-sharing requirements and covered benefits.

''(iii) TEMPORARY ENROLLMENT IN CHIP PENDING SCREEN AND ENROLL.—

''(I) IN GENERAL.—Under this clause, a State enrolls a child in child health assistance under title XXI for a temporary period if the child appears eligible for such assistance based on an income finding by an Express Lane agency.

''(II) DETERMINATION OF ELIGIBILITY.—During such temporary enrollment period, the State shall determine the child's eligibility for child health assistance under title XXI or for medical assistance under this title in accordance with this clause.

''(III) PROMPT FOLLOW UP.—In making such a determination, the State shall take prompt action to determine whether the child should be enrolled in medical assistance under this title or child health assistance under title XXI pursuant to subparagraphs (A) and (B) of section 2102(b)(3) (relating to screen and enroll).

''(IV) REQUIREMENT FOR SIMPLIFIED DETERMINATION.—In making such a determination, the State shall use procedures that, to the maximum feasible extent, reduce the burden imposed on the individual of such determination. Such procedures may not require the child's parent, guardian, or custodial relative to provide or verify information that already has been provided to the State agency by an Express Lane agency or another source of information unless the State agency has reason to believe the information is erroneous.

''(V) AVAILABILITY OF CHIP MATCHING FUNDS DURING TEMPORARY ENROLLMENT PERIOD.—Medical assistance for items and services that are provided to a child enrolled in title XXI during a temporary enrollment period under this clause shall be treated as child health assistance under such title.

''(D) OPTION FOR AUTOMATIC ENROLLMENT.—

''(i) IN GENERAL.—The State may initiate and determine eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan without a program application from, or on behalf of, the child based on data obtained from sources other than the child (or the child's family), but a child can only be automatically enrolled in the State Medicaid plan or the State CHIP plan if the child or the family affirmatively consents to being enrolled through affirmation and signature on an Express Lane agency application, if the requirement of clause (ii) is met.

''(ii) INFORMATION REQUIREMENT.—The requirement of this clause is that the State informs the parent, guardian, or custodial relative of the child of the services that will be covered, appropriate methods for using such services, premium or other cost sharing charges (if any) that apply, medical support obligations (under section 1912(a)) created by enrollment (if applicable), and the actions the parent, guardian, or relative must take to maintain enrollment and renew coverage.

''(E) CODING; APPLICATION TO ENROLLMENT ERROR RATES.—

''(i) IN GENERAL.—For purposes of subparagraph (A)(iv), the requirement of this subparagraph for a State is that the State agrees to—

''(I) assign such codes as the Secretary shall require to the children who are enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency for the duration of the State's election under this paragraph;

''(II) annually provide the Secretary with a statistically valid sample (that is approved by Secretary) of the children enrolled in such plans through reliance on such a finding by conducting a full Medicaid eligibility review of the children identified for such sample for purposes of determining an eligibility error rate (as described in clause (iv)) with respect to the enrollment of such children (and shall not include such children in any data or samples used for purposes of complying with a Medicaid Eligibility Quality Control (MEQC) review or a payment error rate measurement (PERM) requirement);

''(III) submit the error rate determined under subclause (II) to the Secretary;

''(IV) if such error rate exceeds 3 percent for either of the first 2 fiscal years in which the State elects to apply this paragraph, demonstrate to the satisfaction of the Secretary the specific corrective actions implemented by the State to improve upon such error rate; and

''(V) if such error rate exceeds 3 percent for any fiscal year in which the State elects to apply this paragraph, a reduction in the amount otherwise payable to the State under section 1903(a) for quarters for that fiscal year, equal to the total amount of erroneous excess payments determined for the fiscal year only with respect to the children included in the sample for the fiscal year that are in excess of a 3 percent error rate with respect to such children.

''(ii) NO PUNITIVE ACTION BASED ON ERROR RATE.—The Secretary shall not apply the error rate derived from the sample under clause (i) to the entire population of children enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency, or to the population of children enrolled in such plans on the basis of the State's regular procedures for determining eligibility, or penalize the State on the basis of such error rate in any manner other than the reduction of payments provided for under clause (i)(V).

''(iii) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as relieving a State that elects to apply this paragraph from being subject to a penalty under section 1903(u), for payments made under the State Medicaid plan with respect to ineligible individuals and families that are determined to exceed the error rate permitted under that section (as determined without regard to the error rate determined under clause (i)(II)).

''(iv) ERROR RATE DEFINED.—In this subparagraph, the term 'error rate' means the rate of erroneous excess payments for medical assistance (as defined in section 1903(u)(1)(D)) for the period involved, except that such payments shall be limited to individuals for which eligibility determinations are made under this paragraph and except that in applying this paragraph under title XXI, there shall be substituted for references to provisions of this title corresponding provisions within title XXI.

''(F) EXPRESS LANE AGENCY.—

''(i) IN GENERAL.—In this paragraph, the term 'Express Lane agency' means a public agency that—

''(I) is determined by the State Medicaid agency or the State CHIP agency (as applicable) to be capable of making the determinations of one or more eligibility requirements described in subparagraph (A)(i);

''(II) is identified in the State Medicaid plan or the State CHIP plan; and

''(III) notifies the child's family—

''(aa) of the information which shall be disclosed in accordance with this paragraph;

''(bb) that the information disclosed will be used solely for purposes of determining eligibility for medical assistance under the State Medicaid plan or for child health assistance under the State CHIP plan; and

''(cc) that the family may elect to not have the information disclosed for such purposes; and

''(IV) enters into, or is subject to, an interagency agreement to limit the disclosure and use of the information disclosed.

''(ii) INCLUSION OF SPECIFIC PUBLIC AGENCIES.—Such term includes the following:

''(I) A public agency that determines eligibility for assistance under any of the following:

''(aa) The temporary assistance for needy families program funded under part A of title IV.

''(bb) A State program funded under part D of title IV.

''(cc) The State Medicaid plan.

''(dd) The State CHIP plan.

''(ee) The Food Stamp Act of 1977 (7 U.S.C. 2011 et seq.).

''(ff) The Head Start Act (42 U.S.C. 9801 et seq.).

''(gg) The Richard B. Russell National School Lunch Act (42 U.S.C. 1751 et seq.).

''(hh) The Child Nutrition Act of 1966 (42 U.S.C. 1771 et seq.).

''(ii) The Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.).

''(jj) The Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11301 et seq.).

''(kk) The United States Housing Act of 1937 (42 U.S.C. 1437 et seq.).

''(ll) The Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.).

''(II) A State-specified governmental agency that has fiscal liability or legal responsibility for the accuracy of the eligibility determination findings relied on by the State.

''(III) A public agency that is subject to an interagency agreement limiting the disclosure and use of the information disclosed for purposes of determining eligibility under the State Medicaid plan or the State CHIP plan.

''(iii) EXCLUSIONS.—Such term does not include an agency that determines eligibility for a program established under the Social Services Block Grant established under title XX or a private, for-profit organization.

''(iv) RULES OF CONSTRUCTION.—Nothing in this paragraph shall be construed as—

''(I) exempting a State Medicaid agency from complying with the requirements of section 1902(a)(4) relating to merit-based personnel standards for employees of the State Medicaid agency and safeguards against conflicts of interest); or

''(II) authorizing a State Medicaid agency that elects to use Express Lane agencies under this subparagraph to use the Express Lane option to avoid complying with such requirements for purposes of making eligibility determinations under the State Medicaid plan.

''(v) ADDITIONAL DEFINITIONS.—In this paragraph:

''(I) STATE.—The term 'State' means 1 of the 50 States or the District of Columbia.

''(II) STATE CHIP AGENCY.—The term 'State CHIP agency' means the State agency responsible for administering the State CHIP plan.

''(III) STATE CHIP PLAN.—The term 'State CHIP plan' means the State child health plan established under title XXI and includes any waiver of such plan.

''(IV) STATE MEDICAID AGENCY.—The term 'State Medicaid agency' means the State agency responsible for administering the State Medicaid plan.

''(V) STATE MEDICAID PLAN.—The term 'State Medicaid plan' means the State plan established under title XIX and includes any waiver of such plan.

''(G) CHILD DEFINED.—For purposes of this paragraph, the term 'child' means an individual under 19 years of age, or, at the option of a State, such higher age, not to exceed 21 years of age, as the State may elect.

''(H) APPLICATION.—This paragraph shall not apply to with respect to eligibility determinations made after September 30, 2012.''.

(2) CHIP.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)) is amended by redesignating

subparagraphs (B), (C), and (D) as subparagraphs (C), (D), and (E), respectively, and by inserting after subparagraph (A) the following new subparagraph:

''(B) Section 1902(e)(13) (relating to the State option to rely on findings from an Express Lane agency to help evaluate a child's eligibility for medical assistance).''.

(b) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary shall conduct, by grant, contract, or interagency agreement, a comprehensive, independent evaluation of the option provided under the amendments made by subsection (a). Such evaluation shall include an analysis of the effectiveness of the option, and shall include—

(A) obtaining a statistically valid sample of the children who were enrolled in the State Medicaid plan or the State CHIP plan through reliance on a finding made by an Express Lane agency and determining the percentage of children who were erroneously enrolled in such plans;

(B) determining whether enrolling children in such plans through reliance on a finding made by an Express Lane agency improves the ability of a State to identify and enroll low-income, uninsured children who are eligible but not enrolled in such plans;

(C) evaluating the administrative costs or savings related to identifying and enrolling children in such plans through reliance on such findings, and the extent to which such costs differ from the costs that the State otherwise would have incurred to identify and enroll low-income, uninsured children who are eligible but not enrolled in such plans; and

(D) any recommendations for legislative or administrative changes that would improve the effectiveness of enrolling children in such plans through reliance on such findings.

(2) REPORT TO CONGRESS.—Not later than September 30, 2011, the Secretary shall submit a report to Congress on the results of the evaluation under paragraph (1).

(3) FUNDING.—

(A) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary to carry out the evaluation under this subsection $5,000,000 for the period of fiscal years 2008 through 2011.

(B) BUDGET AUTHORITY.—Subparagraph (A) constitutes budget authority in advance of appropriations Act and represents the obligation of the Federal Government to provide for the payment of such amount to conduct the evaluation under this subsection.

(c) ELECTRONIC TRANSMISSION OF INFORMATION.—Section 1902 (42 U.S.C. 1396a) is amended by adding at the end the following new subsection:

''(dd) ELECTRONIC TRANSMISSION OF INFORMATION.—If the State agency determining eligibility for medical assistance under this title or child health assistance under title XXI verifies an element of eligibility based on information from an Express Lane Agency (as defined in subsection (e)(13)(F)), or from another public agency, then the applicant's signature under penalty of perjury shall not be required as to such element. Any signature requirement for an application for medical assistance may be satisfied through an electronic signature, as defined in section 1710(1) of the Government Paperwork Elimination Act (44 U.S.C. 3504 note). The requirements of subparagraphs (A) and (B) of section 1137(d)(2) may be met through evidence in digital or electronic form.''.

(d) AUTHORIZATION OF INFORMATION DISCLOSURE.—

(1) IN GENERAL.—Title XIX is amended—

(A) by redesignating section 1939 as section 1940; and

(B) by inserting after section 1938 the following new section:

''SEC. 1939. AUTHORIZATION TO RECEIVE RELEVANT INFORMATION.

''(a) IN GENERAL.—Notwithstanding any other provision of law, a Federal or State agency or private entity in possession of the sources of data directly relevant to eligibility determinations under this title (including eligibility files maintained by Express Lane agencies described in section 1902(e)(13)(F), information described in paragraph (2) or (3) of section 1137(a), vital records information about births in any State, and information described in sections 453(i) and 1902(a)(25)(I)) is authorized to convey such data or information to the State agency administering the State plan under this title, to the extent such conveyance meets the requirements of subsection (b).

''(b) REQUIREMENTS FOR CONVEYANCE.—Data or information may be conveyed pursuant to subsection (a) only if the following requirements are met:

''(1) The individual whose circumstances are described in the data or information (or such individual's parent, guardian, caretaker relative, or authorized representative) has either provided advance consent to disclosure or has not objected to disclosure after receiving advance notice of disclosure and a reasonable opportunity to object.

''(2) Such data or information are used solely for the purposes of—

''(A) identifying individuals who are eligible or potentially eligible for medical assistance under this title and enrolling or attempting to enroll such individuals in the State plan; and

''(B) verifying the eligibility of individuals for medical assistance under the State plan.

''(3) An interagency or other agreement, consistent with standards developed by the Secretary—

''(A) prevents the unauthorized use, disclosure, or modification of such data and otherwise meets applicable Federal requirements safeguarding privacy and data security; and

''(B) requires the State agency administering the State plan to use the data and information obtained under this section to seek to enroll individuals in the plan.

''(c) PENALTIES FOR IMPROPER DISCLOSURE.—

''(1) CIVIL MONEY PENALTY.—A private entity described in the subsection (a) that publishes, discloses, or makes known in any manner, or to any extent not authorized by Federal law, any information obtained under this section is subject to a civil money penalty in an amount equal to $10,000 for each such unauthorized publication or disclosure. The provisions of section 1128A (other than subsections (a) and (b) and the second sentence of subsection (f)) shall apply to a civil money penalty under this paragraph in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).

''(2) CRIMINAL PENALTY.—A private entity described in the subsection (a) that willfully publishes, discloses, or makes known in any manner, or to any extent not authorized by Federal law, any information obtained under this section shall be fined not more than $10,000 or imprisoned not more than 1 year, or both, for each such unauthorized publication or disclosure.

''(d) RULE OF CONSTRUCTION.—The limitations and requirements that apply to disclosure pursuant to this section shall not be construed to prohibit the conveyance or disclosure of data or information otherwise permitted under Federal law (without regard to this section).''.

(2) CONFORMING AMENDMENT TO TITLE XXI.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by subsection (a)(2), is amended by adding at the end the following new subparagraph:

''(F) Section 1939 (relating to authorization to receive data directly relevant to eligibility determinations).''.

(3) CONFORMING AMENDMENT TO PROVIDE ACCESS TO DATA ABOUT ENROLLMENT IN INSURANCE FOR PURPOSES OF EVALUATING APPLICATIONS AND FOR CHIP.—Section 1902(a)(25)(I)(i) (42 U.S.C. 1396a(a)(25)(I)(i)) is amended—

(A) by inserting ''(and, at State option, individuals who apply or whose eligibility for medical assistance is being evaluated in accordance with section 1902(e)(13)(D))'' after ''with respect to individuals who are eligible''; and

(B) by inserting ''under this title (and, at State option, child health assistance under title XXI)'' after ''the State plan''.

(e) AUTHORIZATION FOR STATES ELECTING EXPRESS LANE OPTION TO RECEIVE CERTAIN DATA DIRECTLY RELEVANT TO DETERMINING ELIGIBILITY AND CORRECT AMOUNT OF ASSISTANCE.—The Secretary shall enter into such agreements as are necessary to permit a State that elects the Express Lane option under section 1902(e)(13) of the Social Security Act to receive data directly relevant to eligibility determinations and determining the correct amount of benefits under a State child health plan under CHIP or a State plan under Medicaid from the following:

(1) The National Directory of New Hires established under section 453(i) of the Social Security Act (42 U.S.C. 653(i)).

(2) Data regarding enrollment in insurance that may help to facilitate outreach and enrollment under the State Medicaid plan, the State CHIP plan, and such other programs as the Secretary may specify.

(f) EFFECTIVE DATE.—The amendments made by this section are effective on January 1, 2008.

Subtitle B—Reducing Barriers to Enrollment

SEC. 211. VERIFICATION OF DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID AND CHIP.

(a) STATE OPTION TO VERIFY DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID THROUGH VERIFICATION OF NAME AND SOCIAL SECURITY NUMBER.—

(1) ALTERNATIVE TO DOCUMENTATION REQUIREMENT.—

(A) IN GENERAL.—Section 1902 (42 U.S.C. 1396a), as amended by section 203(c), is amended—

(i) in subsection (a)(46)—

(I) by inserting ''(A)'' after ''(46)'';

(II) by adding ''and'' after the semicolon; and

(III) by adding at the end the following new subparagraph:

''(B) provide, with respect to an individual declaring to be a citizen or national of the United States for purposes of establishing eligibility under this title, that the State shall satisfy the requirements of—

''(i) section 1903(x); or

''(ii) subsection (ee);''; and

(ii) by adding at the end the following new subsection:

''(ee)(1) For purposes of subsection (a)(46)(B)(ii), the requirements of this subsection with respect to an individual declaring to be a citizen or national of the United States for purposes of establishing eligibility under this title, are, in lieu of requiring the individual to present satisfactory documentary evidence of citizenship or nationality under section 1903(x) (if the individual is not described in paragraph (2) of that section), as follows:

''(A) The State submits the name and social security number of the individual to the Commissioner of Social Security as part of the program established under paragraph (2).

''(B) If the State receives notice from the Commissioner of Social Security that the name or social security number of the individual is invalid—

''(i) the State makes a reasonable effort to identify and address the causes of such invalid match, including through typographical or other clerical errors, by contacting the individual to confirm the accuracy of the name or social security number, respectively, submitted, and by taking such additional actions as the Secretary, through regulation or other guidance, or the State may identify, and continues to provide the individual with medical assistance while making such effort; and

''(ii) in the case that the name or social security number of the individual remains invalid after such reasonable efforts, the State—

''(I) notifies the individual of such fact;

''(II) provides the individual with a period of 90 days from the date on which the notice required under subclause (I) is received by the individual to either present satisfactory documentary evidence of citizenship or nationality (as defined in section 1903(x)(3)) or cure the invalid determination with the Commissioner of Social Security (and continues to provide the individual with medical assistance during such 90-day period); and

''(III) disenrolls the individual from the State plan under this title within 30 days after the end of such 90-day period if no such documentary evidence is presented or if such invalid determination is not cured.

''(2)(A) Each State electing to satisfy the requirements of this subsection for purposes of section 1902(a)(46)(B) shall establish a program under which the State submits each month to the Commissioner of Social Security for verification the name and social security number of each individual newly enrolled in the State plan under this title that month who is not described in section 1903(x)(2).

''(B) In establishing the State program under this paragraph, the State may enter into an agreement with the Commissioner of Social Security—

''(i) to provide for the electronic submission and verification, through an on-line system or otherwise, of the name and social security number of an individual enrolled in the State plan under this title;

''(ii) to submit to the Commissioner the names and social security numbers of such individuals on a batch basis, provided that such batches are submitted at least on a monthly basis; or

''(iii) to provide for the verification of the names and social security numbers of such individuals through such other method as agreed to by the State and the Commissioner and approved by the Secretary, provided that such method is no more burdensome for individuals to comply with than any burdens that may apply under a method described in clause (i) or (ii).

''(C) The program established under this paragraph shall provide that, in the case of any individual who is required to submit a social security number to the State under subparagraph (A) and who is unable to provide the State with such number, shall be provided with at least the reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality (as defined in section 1903(x)(3)) as is provided under clauses (i) and (ii) of section 1137(d)(4)(A) to an individual for the submittal to the State of evidence indicating a satisfactory immigration status.

''(3)(A) The State agency implementing the plan approved under this title shall, at such times and in such form as the Secretary may specify, provide information on the percentage each month that the invalid names and numbers submitted bears to the total submitted for verification. For purposes of the previous sentence, a name or social security number of an individual shall be treated as invalid and included in the determination of such percentage only if—

''(i) the name or social security number, respectively, submitted by the individual does not match Social Security Administration records;

''(ii) the inconsistency between the name or number, respectively, so submitted and the Social Security Administration records could not be resolved by the State;

''(iii) the individual was provided with a reasonable period of time to resolve the inconsistency with the Social Security Administration or provide satisfactory documentation of citizenship and did not successfully resolve such inconsistency; and

''(iv) payment has been made for an item or service furnished to the individual under this title.

''(B) If, for any fiscal year, the average monthly percentage determined under subparagraph (A) is greater than 3 percent—

''(i) the State shall develop and adopt a corrective plan to review its procedures for verifying the identities of individuals seeking to enroll in the State plan under this title and to identify and implement changes in such procedures to improve their accuracy; and

''(ii) pay to the Secretary an amount equal to the amount which bears the same ratio to the total payments under the State plan for the fiscal year for providing medical assistance to individuals who provided invalid information as the number of individuals with invalid information in excess of 3 percent of such total submitted bears to the total number of individuals with invalid information.

''(C) The Secretary may waive, in certain limited cases, all or part of the payment under subparagraph (B)(ii) if the State is unable to reach the allowable error rate despite a good faith effort by such State.

''(D) This paragraph shall not apply to a State for a fiscal year if there is an agreement described in paragraph (2)(B) in effect as of the close of the fiscal year.

''(4) Nothing in this subsection shall affect the rights of any individual under this title to appeal any disenrollment from a State plan.''.

(B) COSTS OF IMPLEMENTING AND MAINTAINING SYSTEM.—Section 1903(a)(3) (42 U.S.C. 1396b(a)(3)) is amended—

(i) by striking ''plus'' at the end of subparagraph (E) and inserting ''and'', and

(ii) by adding at the end the following new subparagraph:

''(F)(i) 90 percent of the sums expended during the quarter as are attributable to the design, development, or installation of such mechanized verification and information retrieval systems as the Secretary determines are necessary to implement section 1902(ee) (including a system described in paragraph (2)(B) thereof), and

''(ii) 75 percent of the sums expended during the quarter as are attributable to the operation of systems to which clause (i) applies, plus''.

(2) LIMITATION ON WAIVER AUTHORITY.—Notwithstanding any provision of section 1115 of the Social Security Act (42 U.S.C. 1315), or any other provision of law, the Secretary may not waive the requirements of section 1902(a)(46)(B) of such Act (42 U.S.C. 1396a(a)(46)(B)) with respect to a State.

(3) CONFORMING AMENDMENTS.—Section 1903 (42 U.S.C. 1396b) is amended—

(A) in subsection (i)(22), by striking ''subsection (x)'' and inserting ''section 1902(a)(46)(B)''; and

(B) in subsection (x)(1), by striking ''subsection (i)(22)'' and inserting ''section 1902(a)(46)(B)(i)''.

(b) CLARIFICATION OF REQUIREMENTS RELATING TO PRESENTATION OF SATISFACTORY DOCUMENTARY EVIDENCE OF CITIZENSHIP OR NATIONALITY.—

(1) ACCEPTANCE OF DOCUMENTARY EVIDENCE ISSUED BY A FEDERALLY RECOGNIZED INDIAN TRIBE.—Section 1903(x)(3)(B) (42 U.S.C. 1396b(x)(3)(B)) is amended—

(A) by redesignating clause (v) as clause (vi); and

(B) by inserting after clause (iv), the following new clause:

''(v)(I) Except as provided in subclause (II), a document issued by a federally recognized Indian tribe evidencing membership or enrollment in, or affiliation with, such tribe (such as a tribal enrollment card or certificate of degree of Indian blood).

''(II) With respect to those federally recognized Indian tribes located within States having an international border whose membership includes individuals who are not citizens of the United States, the Secretary shall, after consulting with such tribes, issue regulations authorizing the presentation of such other forms of documentation (including tribal documentation, if appropriate) that the Secretary determines to be satisfactory documentary evidence of citizenship or nationality for purposes of satisfying the requirement of this subsection.''.

(2) REQUIREMENT TO PROVIDE REASONABLE OPPORTUNITY TO PRESENT SATISFACTORY DOCUMENTARY EVIDENCE.—Section 1903(x) (42 U.S.C. 1396b(x)) is amended by adding at the end the following new paragraph:

''(4) In the case of an individual declaring to be a citizen or national of the United States with respect to whom a State requires the presentation of satisfactory documentary evidence of citizenship or nationality under section 1902(a)(46)(B)(i), the individual shall be provided at least the reasonable opportunity to present satisfactory documentary evidence of citizenship or nationality under this subsection as is provided under clauses (i) and (ii) of section 1137(d)(4)(A) to an individual for the submittal to the State of evidence indicating a satisfactory immigration status.''.

(3) CHILDREN BORN IN THE UNITED STATES TO MOTHERS ELIGIBLE FOR MEDICAID.—

(A) CLARIFICATION OF RULES.—Section 1903(x) (42 U.S.C. 1396b(x)), as amended by paragraph (2), is amended—

(i) in paragraph (2)—

(I) in subparagraph (C), by striking ''or'' at the end;

(II) by redesignating subparagraph (D) as subparagraph (E); and

(III) by inserting after subparagraph (C) the following new subparagraph:

''(D) pursuant to the application of section 1902(e)(4) (and, in the case of an individual who is eligible for medical assistance on such basis, the individual shall be deemed to have provided satisfactory documentary evidence of citizenship or nationality and shall not be required to provide further documentary evidence on any date that occurs during or after the period in which the individual is eligible for medical assistance on such basis); or''; and

(ii) by adding at the end the following new paragraph:

''(5) Nothing in subparagraph (A) or (B) of section 1902(a)(46), the preceding paragraphs of this subsection, or the Deficit Reduction Act of 2005, including section 6036 of such Act, shall be construed as changing the requirement of section 1902(e)(4) that a child born in the United States to an alien mother for whom medical assistance for the delivery of such child is available as treatment of an emergency medical condition pursuant to

subsection (v) shall be deemed eligible for medical assistance during the first year of such child's life.''.

(B) STATE REQUIREMENT TO ISSUE SEPARATE IDENTIFICATION NUMBER.—Section 1902(e)(4) (42 U.S.C. 1396a(e)(4)) is amended by adding at the end the following new sentence: ''Notwithstanding the preceding sentence, in the case of a child who is born in the United States to an alien mother for whom medical assistance for the delivery of the child is made available pursuant to section 1903(v), the State immediately shall issue a separate identification number for the child upon notification by the facility at which such delivery occurred of the child's birth.''.

(4) TECHNICAL AMENDMENTS.—Section 1903(x)(2) (42 U.S.C. 1396b(x)) is amended—

(A) in subparagraph (B)—

(i) by realigning the left margin of the matter preceding clause (i) 2 ems to the left; and

(ii) by realigning the left margins of clauses (i) and (ii), respectively, 2 ems to the left; and

(B) in subparagraph (C)—

(i) by realigning the left margin of the matter preceding clause (i) 2 ems to the left; and

(ii) by realigning the left margins of clauses (i) and (ii), respectively, 2 ems to the left.

(c) APPLICATION OF DOCUMENTATION SYSTEM TO CHIP.—

(1) IN GENERAL.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by sections 114(a) and 116(c), is amended by adding at the end the following new paragraph:

''(10) CITIZENSHIP DOCUMENTATION REQUIREMENTS.—

''(A) IN GENERAL.—No payment may be made under this section with respect to an individual who has, or is, declared to be a citizen or national of the United States for purposes of establishing eligibility under this title unless the State meets the requirements of section 1902(a)(46)(B) with respect to the individual.

''(B) ENHANCED PAYMENTS.—Notwithstanding subsection (b), the enhanced FMAP with respect to payments under subsection (a) for expenditures described in clause (i) or (ii) of section 1903(a)(3)(F) necessary to comply with subparagraph (A) shall in no event be less than 90 percent and 75 percent, respectively.''.

(2) NONAPPLICATION OF ADMINISTRATIVE EXPENDITURES CAP.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)(C)), as amended by section 202(b), is amended by adding at the end the following:

''(ii) EXPENDITURES TO COMPLY WITH CITIZENSHIP OR NATIONALITY VERIFICATION REQUIREMENTS.—Expenditures necessary for the State to comply with paragraph (9)(A).''.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the amendments made by this section shall take effect on October 1, 2008.

(B) TECHNICAL AMENDMENTS.—The amendments made by—

(i) paragraphs (1), (2), and (3) of subsection (b) shall take effect as if included in the enactment of section 6036 of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 80); and

(ii) paragraph (4) of subsection (b) shall take effect as if included in the enactment of section 405 of division B of the Tax Relief and Health Care Act of 2006 (Public Law 109–432; 120 Stat. 2996).

(2) RESTORATION OF ELIGIBILITY.—In the case of an individual who, during the period that began on July 1, 2006, and ends on October 1, 2008, was determined to be ineligible for medical assistance under a State Medicaid plan, including any waiver of such plan, solely as a result of the application of subsections (i)(22) and (x) of section 1903 of the Social Security Act (as in effect during such period), but who would have been determined eligible for such assistance if such subsections, as amended by subsection (b), had applied to the individual, a State may deem the individual to be eligible for such assistance as of the date that the individual was determined to be ineligible for such medical assistance on such basis.

(3) SPECIAL TRANSITION RULE FOR INDIANS.—During the period that begins on July 1, 2006, and ends on the effective date of final regulations issued under subclause (II) of section 1903(x)(3)(B)(v) of the Social Security Act (42 U.S.C. 1396b(x)(3)(B)(v)) (as added by subsection (b)(1)(B)), an individual who is a member of a federally-recognized Indian tribe described in subclause (II) of that section who presents a document described in subclause (I) of such section that is issued by such Indian tribe, shall be deemed to have presented satisfactory evidence of citizenship or nationality for purposes of satisfying the requirement of subsection (x) of section 1903 of such Act.

SEC. 212. REDUCING ADMINISTRATIVE BARRIERS TO ENROLLMENT.

Section 2102(b) (42 U.S.C. 1397bb(b)) is amended—

(1) by redesignating paragraph (4) as paragraph (5); and

(2) by inserting after paragraph (3) the following new paragraph:

''(4) REDUCTION OF ADMINISTRATIVE BARRIERS TO ENROLLMENT.—

''(A) IN GENERAL.—Subject to subparagraph (B), the plan shall include a description of the procedures used to reduce administrative barriers to the enrollment of children and pregnant women who are eligible for medical assistance under title XIX or for child health assistance or health benefits coverage under this title. Such procedures shall be established and revised as often as the State determines appropriate to take into account the most recent information available to the State identifying such barriers.

''(B) DEEMED COMPLIANCE IF JOINT APPLICATION AND RENEWAL PROCESS THAT PERMITS APPLICATION OTHER THAN IN PERSON.—A State shall be deemed to comply with subparagraph (A) if the State's application and renewal forms and supplemental forms (if any) and information verification process is the same for purposes of establishing and renewing eligibility for children and pregnant women for medical assistance under title XIX and child health assistance under this title, and such process does not require an application to be made in person or a face-to-face interview.''.

SEC. 213. MODEL OF INTERSTATE COORDINATED ENROLLMENT AND COVERAGE PROCESS.

(a) IN GENERAL.—In order to assure continuity of coverage of low-income children under the Medicaid program and the State Children's Health Insurance Program (CHIP), not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with State Medicaid and CHIP directors and organizations representing program beneficiaries, shall develop a model process for the coordination of the enrollment, retention, and coverage under such programs of children who, because of migration of families, emergency evacuations, natural or other disasters, public health emergencies, educational needs, or otherwise, frequently change their State of residency or otherwise are temporarily located outside of the State of their residency.

(b) REPORT TO CONGRESS.—After development of such model process, the Secretary of Health and Human Services shall submit to Congress a report describing additional steps or authority needed to make further improvements to coordinate the enrollment, retention, and coverage under CHIP and Medicaid of children described in subsection (a).

TITLE III—REDUCING BARRIERS TO PROVIDING PREMIUM ASSISTANCE

Subtitle A—Additional State Option for Providing Premium Assistance

SEC. 301. ADDITIONAL STATE OPTION FOR PROVIDING PREMIUM ASSISTANCE.

(a) CHIP.—

(1) IN GENERAL.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by sections 114(a), 116(c), and 211(c), is amended by adding at the end the following:

''(11) STATE OPTION TO OFFER PREMIUM ASSISTANCE.—

''(A) IN GENERAL.—A State may elect to offer a premium assistance subsidy (as defined in subparagraph (C)) for qualified employer-sponsored coverage (as defined in subparagraph (B)) to all targeted low-income children who are eligible for child health assistance under the plan and have access to such coverage in accordance with the requirements of this paragraph. No subsidy shall be provided to a targeted low-income child under this paragraph unless the child (or the child's parent) voluntarily elects to receive such a subsidy. A State may not require such an election as a condition of receipt of child health assistance.

''(B) QUALIFIED EMPLOYER-SPONSORED COVERAGE.—

''(i) IN GENERAL.—Subject to clause (ii), in this paragraph, the term 'qualified employer-sponsored coverage' means a group health plan or health insurance coverage offered through an employer—

''(I) that qualifies as creditable coverage as a group health plan under section 2701(c)(1) of the Public Health Service Act;

''(II) for which the employer contribution toward any premium for such coverage is at least 40 percent; and

''(III) that is offered to all individuals in a manner that would be considered a nondiscriminatory eligibility classification for purposes of paragraph (3)(A)(ii) of section 105(h) of the Internal Revenue Code of 1986 (but determined without regard to clause (i) of subparagraph (B) of such paragraph).

''(ii) EXCEPTION.—Such term does not include coverage consisting of—

''(I) benefits provided under a health flexible spending arrangement (as defined in section 106(c)(2) of the Internal Revenue Code of 1986); or

''(II) a high deductible health plan (as defined in section 223(c)(2) of such Code), without regard to whether the plan is purchased in conjunction with a health savings account (as defined under section 223(d) of such Code).

''(C) PREMIUM ASSISTANCE SUBSIDY.—

''(i) IN GENERAL.—In this paragraph, the term 'premium assistance subsidy' means, with respect to a targeted low-income child, the amount equal to the difference between the employee contribution required for enrollment only of the employee under qualified employer-sponsored coverage and the employee contribution required for enrollment of the employee and the child in such coverage, less any applicable premium cost-sharing applied under the State child health plan (subject to the limitations imposed under section 2103(e), including the requirement to count the total amount of the employee contribution required for enrollment of the employee and the child in such coverage toward the annual aggregate cost-sharing limit applied under paragraph (3)(B) of such section).

''(ii) STATE PAYMENT OPTION.—A State may provide a premium assistance subsidy either

as reimbursement to an employee for out-of-pocket expenditures or, subject to clause (iii), directly to the employee's employer.

''(iii) EMPLOYER OPT-OUT.—An employer may notify a State that it elects to opt-out of being directly paid a premium assistance subsidy on behalf of an employee. In the event of such a notification, an employer shall withhold the total amount of the employee contribution required for enrollment of the employee and the child in the qualified employer-sponsored coverage and the State shall pay the premium assistance subsidy directly to the employee.

''(iv) TREATMENT AS CHILD HEALTH ASSISTANCE.—Expenditures for the provision of premium assistance subsidies shall be considered child health assistance described in paragraph (1)(C) of subsection (a) for purposes of making payments under that subsection.

''(D) APPLICATION OF SECONDARY PAYOR RULES.—The State shall be a secondary payor for any items or services provided under the qualified employer-sponsored coverage for which the State provides child health assistance under the State child health plan.

''(E) REQUIREMENT TO PROVIDE SUPPLEMENTAL COVERAGE FOR BENEFITS AND COST-SHARING PROTECTION PROVIDED UNDER THE STATE CHILD HEALTH PLAN.—

''(i) IN GENERAL.—Notwithstanding section 2110(b)(1)(C), the State shall provide for each targeted low-income child enrolled in qualified employer-sponsored coverage, supplemental coverage consisting of—

''(I) items or services that are not covered, or are only partially covered, under the qualified employer-sponsored coverage; and

''(II) cost-sharing protection consistent with section 2103(e).

''(ii) RECORD KEEPING REQUIREMENTS.—For purposes of carrying out clause (i), a State may elect to directly pay out-of-pocket expenditures for cost-sharing imposed under the qualified employer-sponsored coverage and collect or not collect all or any portion of such expenditures from the parent of the child.

''(F) APPLICATION OF WAITING PERIOD IMPOSED UNDER THE STATE.—Any waiting period imposed under the State child health plan prior to the provision of child health assistance to a targeted low-income child under the State plan shall apply to the same extent to the provision of a premium assistance subsidy for the child under this paragraph.

''(G) OPT-OUT PERMITTED FOR ANY MONTH.—A State shall establish a process for permitting the parent of a targeted low-income child receiving a premium assistance subsidy to disenroll the child from the qualified employer-sponsored coverage and enroll the child in, and receive child health assistance under, the State child health plan, effective on the first day of any month for which the child is eligible for such assistance and in a manner that ensures continuity of coverage for the child.

''(H) APPLICATION TO PARENTS.—If a State provides child health assistance or health benefits coverage to parents of a targeted low-income child in accordance with section 2111(b), the State may elect to offer a premium assistance subsidy to a parent of a targeted low-income child who is eligible for such a subsidy under this paragraph in the same manner as the State offers such a subsidy for the enrollment of the child in qualified employer-sponsored coverage, except that—

''(i) the amount of the premium assistance subsidy shall be increased to take into account the cost of the enrollment of the parent in the qualified employer-sponsored coverage or, at the option of the State if the State determines it cost-effective, the cost of the enrollment of the child's family in such coverage; and

''(ii) any reference in this paragraph to a child is deemed to include a reference to the parent or, if applicable under clause (i), the family of the child.

''(I) ADDITIONAL STATE OPTION FOR PROVIDING PREMIUM ASSISTANCE.—

''(i) IN GENERAL.—A State may establish an employer-family premium assistance purchasing pool for employers with less than 250 employees who have at least 1 employee who is a pregnant woman eligible for assistance under the State child health plan (including through the application of an option described in section 2112(f)) or a member of a family with at least 1 targeted low-income child and to provide a premium assistance subsidy under this paragraph for enrollment in coverage made available through such pool.

''(ii) ACCESS TO CHOICE OF COVERAGE.—A State that elects the option under clause (i) shall identify and offer access to not less than 2 private health plans that are health benefits coverage that is equivalent to the benefits coverage in a benchmark benefit package described in section 2103(b) or benchmark-equivalent coverage that meets the requirements of section 2103(a)(2) for employees described in clause (i).

''(iii) CLARIFICATION OF PAYMENT FOR ADMINISTRATIVE EXPENDITURES.—Nothing in this subparagraph shall be construed as permitting payment under this section for administrative expenditures attributable to the establishment or operation of such pool, except to the extent that such payment would otherwise be permitted under this title.

''(J) NO EFFECT ON PREMIUM ASSISTANCE WAIVER PROGRAMS.—Nothing in this paragraph shall be construed as limiting the authority of a State to offer premium assistance under section 1906 or 1906A, a waiver described in paragraph (2)(B) or (3), a waiver approved under section 1115, or other authority in effect prior to the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007.

''(K) NOTICE OF AVAILABILITY.—If a State elects to provide premium assistance subsidies in accordance with this paragraph, the State shall—

''(i) include on any application or enrollment form for child health assistance a notice of the availability of premium assistance subsidies for the enrollment of targeted low-income children in qualified employer-sponsored coverage;

''(ii) provide, as part of the application and enrollment process under the State child health plan, information describing the availability of such subsidies and how to elect to obtain such a subsidy; and

''(iii) establish such other procedures as the State determines necessary to ensure that parents are fully informed of the choices for receiving child health assistance under the State child health plan or through the receipt of premium assistance subsidies.

''(L) APPLICATION TO QUALIFIED EMPLOYER-SPONSORED BENCHMARK COVERAGE.—If a group health plan or health insurance coverage offered through an employer is certified by an actuary as health benefits coverage that is equivalent to the benefits coverage in a benchmark benefit package described in section 2103(b) or benchmark-equivalent coverage that meets the requirements of section 2103(a)(2), the State may provide premium assistance subsidies for enrollment of targeted low-income children in such group health plan or health insurance coverage in the same manner as such subsidies are provided under this paragraph for enrollment in qualified employer-sponsored coverage, but without regard to the requirement to provide supplemental coverage for benefits and cost-sharing protection provided under the State child health plan under subparagraph (E).

''(M) SATISFACTION OF COST-EFFECTIVENESS TEST.—Premium assistance subsidies for qualified employer-sponsored coverage offered under this paragraph shall be deemed to meet the requirement of subparagraph (A) of paragraph (3).''.

(2) DETERMINATION OF COST-EFFECTIVENESS FOR PREMIUM ASSISTANCE OR PURCHASE OF FAMILY COVERAGE.—

(A) IN GENERAL.—Section 2105(c)(3)(A) (42 U.S.C. 1397ee(c)(3)(A)) is amended by striking ''relative to'' and all that follows through the comma and inserting ''relative to

''(i) the amount of expenditures under the State child health plan, including administrative expenditures, that the State would have made to provide comparable coverage of the targeted low-income child involved or the family involved (as applicable); or

''(ii) the aggregate amount of expenditures that the State would have made under the State child health plan, including administrative expenditures, for providing coverage under such plan for all such children or families.''.

(B) NONAPPLICATION TO PREVIOUSLY APPROVED COVERAGE.—The amendment made by subparagraph (A) shall not apply to coverage the purchase of which has been approved by the Secretary under section 2105(c)(3) of the Social Security Act prior to the date of enactment of this Act.

(b) MEDICAID.—Title XIX is amended by inserting after section 1906 the following new section:

''PREMIUM ASSISTANCE OPTION FOR CHILDREN

''SEC. 1906A. (a) IN GENERAL.—A State may elect to offer a premium assistance subsidy (as defined in subsection (c)) for qualified employer-sponsored coverage (as defined in subsection (b)) to all individuals under age 19 who are entitled to medical assistance under this title (and to the parent of such an individual) who have access to such coverage if the State meets the requirements of this section.

''(b) QUALIFIED EMPLOYER-SPONSORED COVERAGE.—

''(1) IN GENERAL.—Subject to paragraph (2)), in this paragraph, the term 'qualified employer-sponsored coverage' means a group health plan or health insurance coverage offered through an employer—

''(A) that qualifies as creditable coverage as a group health plan under section 2701(c)(1) of the Public Health Service Act;

''(B) for which the employer contribution toward any premium for such coverage is at least 40 percent; and

''(C) that is offered to all individuals in a manner that would be considered a non-discriminatory eligibility classification for purposes of paragraph (3)(A)(ii) of section 105(h) of the Internal Revenue Code of 1986 (but determined without regard to clause (i) of subparagraph (B) of such paragraph).

''(2) EXCEPTION.—Such term does not include coverage consisting of—

''(A) benefits provided under a health flexible spending arrangement (as defined in section 106(c)(2) of the Internal Revenue Code of 1986); or

''(B) a high deductible health plan (as defined in section 223(c)(2) of such Code), without regard to whether the plan is purchased in conjunction with a health savings account (as defined under section 223(d) of such Code).

''(3) TREATMENT AS THIRD PARTY LIABILITY.—The State shall treat the coverage provided under qualified employer-sponsored coverage as a third party liability under section 1902(a)(25).

''(c) PREMIUM ASSISTANCE SUBSIDY.—In this section, the term 'premium assistance subsidy' means the amount of the employee contribution for enrollment in the qualified employer-sponsored coverage by the individual under age 19 or by the individual's family. Premium assistance subsidies under this section shall be considered, for purposes of section 1903(a), to be a payment for medical assistance.

''(d) VOLUNTARY PARTICIPATION.—

''(1) EMPLOYERS.—Participation by an employer in a premium assistance subsidy offered by a State under this section shall be voluntary. An employer may notify a State that it elects to opt-out of being directly paid a premium assistance subsidy on behalf of an employee.

''(2) BENEFICIARIES.—No subsidy shall be provided to an individual under age 19 under this section unless the individual (or the individual's parent) voluntarily elects to receive such a subsidy. A State may not require such an election as a condition of receipt of medical assistance. State may not require, as a condition of an individual under age 19 (or the individual's parent) being or remaining eligible for medical assistance under this title, apply for enrollment in qualified employer-sponsored coverage under this section.

''(3) OPT-OUT PERMITTED FOR ANY MONTH.—A State shall establish a process for permitting the parent of an individual under age 19 receiving a premium assistance subsidy to disenroll the individual from the qualified employer-sponsored coverage.

''(e) REQUIREMENT TO PAY PREMIUMS AND COST-SHARING AND PROVIDE SUPPLEMENTAL COVERAGE.—In the case of the participation of an individual under age 19 (or the individual's parent) in a premium assistance subsidy under this section for qualified employer-sponsored coverage, the State shall provide for payment of all enrollee premiums for enrollment in such coverage and all deductibles, coinsurance, and other cost-sharing obligations for items and services otherwise covered under the State plan under this title (exceeding the amount otherwise permitted under section 1916 or, if applicable, section 1916A). The fact that an individual under age 19 (or a parent) elects to enroll in qualified employer-sponsored coverage under this section shall not change the individual's (or parent's) eligibility for medical assistance under the State plan, except insofar as section 1902(a)(25) provides that payments for such assistance shall first be made under such coverage.''.

(c) GAO STUDY AND REPORT.—Not later than January 1, 2009, the Comptroller General of the United States shall study cost and coverage issues relating to any State premium assistance programs for which Federal matching payments are made under title XIX or XXI of the Social Security Act, including under waiver authority, and shall submit a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives on the results of such study.

SEC. 302. OUTREACH, EDUCATION, AND ENROLLMENT ASSISTANCE.

(a) REQUIREMENT TO INCLUDE DESCRIPTION OF OUTREACH, EDUCATION, AND ENROLLMENT EFFORTS RELATED TO PREMIUM ASSISTANCE SUBSIDIES IN STATE CHILD HEALTH PLAN.—Section 2102(c) (42 U.S.C. 1397bb(c)) is amended by adding at the end the following new paragraph:

''(3) PREMIUM ASSISTANCE SUBSIDIES.—In the case of a State that provides for premium assistance subsidies under the State child health plan in accordance with paragraphs (2)(B), (3), or (10) of section 2105(c), or a waiver approved under section 1115, outreach, education, and enrollment assistance for families of children likely to be eligible for such subsidies, to inform such families of the availability of, and to assist them in enrolling their children in, such subsidies, and for employers likely to provide coverage that is eligible for such subsidies, including the specific, significant resources the State intends to apply to educate employers about the availability of premium assistance subsidies under the State child health plan.''.

(b) NONAPPLICATION OF 10 PERCENT LIMIT ON OUTREACH AND CERTAIN OTHER EXPENDITURES.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)(C)), as amended by section 301(c)(2), is amended by adding at the end the following new clause:

''(iv) EXPENDITURES FOR OUTREACH TO INCREASE THE ENROLLMENT OF CHILDREN UNDER THIS TITLE AND TITLE xix THROUGH PREMIUM ASSISTANCE SUBSIDIES.—Expenditures for outreach activities to families of children likely to be eligible for premium assistance subsidies in accordance with paragraphs (2)(B), (3), or (10), or a waiver approved under section 1115, to inform such families of the availability of, and to assist them in enrolling their children in, such subsidies, and to employers likely to provide qualified employer-sponsored coverage (as defined in subparagraph (B) of such paragraph), but not to exceed an amount equal to 1.25 percent of the maximum amount permitted to be expended under subparagraph (A) for items described in subsection (a)(1)(D).''.

Subtitle B—Coordinating Premium Assistance With Private Coverage

SEC. 311. SPECIAL ENROLLMENT PERIOD UNDER GROUP HEALTH PLANS IN CASE OF TERMINATION OF MEDICAID OR CHIP COVERAGE OR ELIGIBILITY FOR ASSISTANCE IN PURCHASE OF EMPLOYMENT-BASED COVERAGE; COORDINATION OF COVERAGE.

(a) AMENDMENTS TO INTERNAL REVENUE CODE OF 1986.—Section 9801(f) of the Internal Revenue Code of 1986 (relating to special enrollment periods) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES RELATING TO MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) EMPLOYEE OUTREACH AND DISCLOSURE.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents. For purposes of compliance with this clause, the employer may use any State-specific model notice developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II)).

''(II) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF PLAN MATERIALS TO EMPLOYEE.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of materials notifying the employee of health plan eligibility, concurrent with materials provided to the employee in connection with an open season or election process conducted under the plan, or concurrent with the furnishing of the summary plan description as provided in section 104(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1024).

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of a participant or beneficiary of a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 311(b)(1)(C) of the Children's Health Insurance Program Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

(b) CONFORMING AMENDMENTS.—

(1) AMENDMENTS TO EMPLOYEE RETIREMENT INCOME SECURITY ACT.—

(A) IN GENERAL.—Section 701(f) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES FOR APPLICATION IN CASE OF MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent

under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan (or health insurance coverage) not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan or health insurance coverage, under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan or health insurance coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) COORDINATION WITH MEDICAID AND CHIP.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents.

''(II) MODEL NOTICE.—Not later than 1 year after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary and the Secretary of Health and Human Services, in consultation with Directors of State Medicaid agencies under title XIX of the Social Security Act and Directors of State CHIP agencies under title XXI of such Act, shall jointly develop national and State-specific model notices for purposes of subparagraph (A). The Secretary shall provide employers with such model notices so as to enable employers to timely comply with the requirements of subparagraph (A). Such model notices shall include information regarding how an employee may contact the State in which the employee resides for additional information regarding potential opportunities for such premium assistance, including how to apply for such assistance.

''(III) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF PLAN MATERIALS TO EMPLOYEE.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of materials notifying the employee of health plan eligibility, concurrent with materials provided to the employee in connection with an open season or election process conducted under the plan, or concurrent with the furnishing of the summary plan description as provided in section 104(b)..

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of a participant or beneficiary of a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 311(b)(1)(C) of the Children's Health Insurance Program Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

(B) CONFORMING AMENDMENT.—Section 102(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1022(b)) is amended—

(i) by striking ''and the remedies'' and inserting '', the remedies''; and

(ii) by inserting before the period the following: '', and if the employer so elects for purposes of complying with section 701(f)(3)(B)(i), the model notice applicable to the State in which the participants and beneficiaries reside''.

(C) WORKING GROUP TO DEVELOP MODEL COVERAGE COORDINATION DISCLOSURE FORM.—

(i) MEDICAID, CHIP, AND EMPLOYER-SPONSORED COVERAGE COORDINATION WORKING GROUP.—

(I) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Secretary of Health and Human Services and the Secretary of Labor shall jointly establish a Medicaid, CHIP, and Employer-Sponsored Coverage Coordination Working Group (in this subparagraph referred to as the ''Working Group''). The purpose of the Working Group shall be to develop the model coverage coordination disclosure form described in subclause (II) and to identify the impediments to the effective coordination of coverage available to families that include employees of employers that maintain group health plans and members who are eligible for medical assistance under title XIX of the Social Security Act or child health assistance or other health benefits coverage under title XXI of such Act.

(II) MODEL COVERAGE COORDINATION DISCLOSURE FORM DESCRIBED.—The model form described in this subclause is a form for plan administrators of group health plans to complete for purposes of permitting a State to determine the availability and cost-effectiveness of the coverage available under such plans to employees who have family members who are eligible for premium assistance offered under a State plan under title XIX or XXI of such Act and to allow for coordination of coverage for enrollees of such plans. Such form shall provide the following information in addition to such other information as the Working Group determines appropriate:

(aa) A determination of whether the employee is eligible for coverage under the group health plan.

(bb) The name and contract information of the plan administrator of the group health plan.

(cc) The benefits offered under the plan.

(dd) The premiums and cost-sharing required under the plan.

(ee) Any other information relevant to coverage under the plan.

(ii) MEMBERSHIP.—The Working Group shall consist of not more than 30 members and shall be composed of representatives of—

(I) the Department of Labor;

(II) the Department of Health and Human Services;

(III) State directors of the Medicaid program under title XIX of the Social Security Act;

(IV) State directors of the State Children's Health Insurance Program under title XXI of the Social Security Act;

(V) employers, including owners of small businesses and their trade or industry representatives and certified human resource and payroll professionals;

(VI) plan administrators and plan sponsors of group health plans (as defined in section 607(1) of the Employee Retirement Income Security Act of 1974);

(VII) health insurance issuers; and

(VIII) children and other beneficiaries of medical assistance under title XIX of the Social Security Act or child health assistance or other health benefits coverage under title XXI of such Act.

(iii) COMPENSATION.—The members of the Working Group shall serve without compensation.

(iv) ADMINISTRATIVE SUPPORT.—The Department of Health and Human Services and the Department of Labor shall jointly provide appropriate administrative support to the Working Group, including technical assistance. The Working Group may use the services and facilities of either such Department, with or without reimbursement, as jointly determined by such Departments.

(v) REPORT.—

(I) REPORT BY WORKING GROUP TO THE SECRETARIES.—Not later than 18 months after the date of the enactment of this Act, the Working Group shall submit to the Secretary of Labor and the Secretary of Health and Human Services the model form described in clause (i)(II) along with a report containing recommendations for appropriate measures to address the impediments to the effective coordination of coverage between group health plans and the State plans under titles XIX and XXI of the Social Security Act.

(II) REPORT BY SECRETARIES TO THE CONGRESS.—Not later than 2 months after receipt of the report pursuant to subclause (I), the Secretaries shall jointly submit a report to each House of the Congress regarding the recommendations contained in the report under such subclause.

(vi) TERMINATION.—The Working Group shall terminate 30 days after the date of the issuance of its report under clause (v).

(D) EFFECTIVE DATES.—The Secretary of Labor and the Secretary of Health and Human Services shall develop the initial model notices under section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974, and the Secretary of Labor shall provide such notices to employers, not later than the date that is 1 year after the date of enactment of this Act, and each employer shall provide the initial annual notices to such employer's employees beginning with the first plan year that begins after the date on which such initial model notices are first issued. The model coverage coordination disclosure form developed under subparagraph (C) shall apply with respect to requests made by States beginning with the first plan year that begins after the date on which such model coverage coordination disclosure form is first issued.

(E) ENFORCEMENT.—Section 502 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132) is amended—

(i) in subsection (a)(6), by striking ''or (8)'' and inserting ''(8), or (9)''; and

(ii) in subsection (c), by redesignating paragraph (9) as paragraph (10), and by inserting after paragraph (8) the following:

''(9)(A) The Secretary may assess a civil penalty against any employer of up to $100 a day from the date of the employer's failure to meet the notice requirement of section 701(f)(3)(B)(i)(I). For purposes of this subparagraph, each violation with respect to

any single employee shall be treated as a separate violation.

''(B) The Secretary may assess a civil penalty against any plan administrator of up to $100 a day from the date of the plan administrator's failure to timely provide to any State the information required to be disclosed under section 701(f)(3)(B)(ii). For purposes of this subparagraph, each violation with respect to any single participant or beneficiary shall be treated as a separate violation.''.

(2) AMENDMENTS TO PUBLIC HEALTH SERVICE ACT.—Section 2701(f) of the Public Health Service Act (42 U.S.C. 300gg(f)) is amended by adding at the end the following new paragraph:

''(3) SPECIAL RULES FOR APPLICATION IN CASE OF MEDICAID AND CHIP.—

''(A) IN GENERAL.—A group health plan, and a health insurance issuer offering group health insurance coverage in connection with a group health plan, shall permit an employee who is eligible, but not enrolled, for coverage under the terms of the plan (or a dependent of such an employee if the dependent is eligible, but not enrolled, for coverage under such terms) to enroll for coverage under the terms of the plan if either of the following conditions is met:

''(i) TERMINATION OF MEDICAID OR CHIP COVERAGE.—The employee or dependent is covered under a Medicaid plan under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility for such coverage and the employee requests coverage under the group health plan (or health insurance coverage) not later than 60 days after the date of termination of such coverage.

''(ii) ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP.—The employee or dependent becomes eligible for assistance, with respect to coverage under the group health plan or health insurance coverage, under such Medicaid plan or State child health plan (including under any waiver or demonstration project conducted under or in relation to such a plan), if the employee requests coverage under the group health plan or health insurance coverage not later than 60 days after the date the employee or dependent is determined to be eligible for such assistance.

''(B) COORDINATION WITH MEDICAID AND CHIP.—

''(i) OUTREACH TO EMPLOYEES REGARDING AVAILABILITY OF MEDICAID AND CHIP COVERAGE.—

''(I) IN GENERAL.—Each employer that maintains a group health plan in a State that provides medical assistance under a State Medicaid plan under title XIX of the Social Security Act, or child health assistance under a State child health plan under title XXI of such Act, in the form of premium assistance for the purchase of coverage under a group health plan, shall provide to each employee a written notice informing the employee of potential opportunities then currently available in the State in which the employee resides for premium assistance under such plans for health coverage of the employee or the employee's dependents. For purposes of compliance with this subclause, the employer may use any State-specific model notice developed in accordance with section 701(f)(3)(B)(i)(II) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181(f)(3)(B)(i)(II)).

''(II) OPTION TO PROVIDE CONCURRENT WITH PROVISION OF PLAN MATERIALS TO EMPLOYEE.—An employer may provide the model notice applicable to the State in which an employee resides concurrent with the furnishing of materials notifying the employee of health plan eligibility, concurrent with materials provided to the employee in connection with an open season or election process conducted under the plan, or concurrent with the furnishing of the summary plan description as provided in section 104(b) of the Employee Retirement Income Security Act of 1974.

''(ii) DISCLOSURE ABOUT GROUP HEALTH PLAN BENEFITS TO STATES FOR MEDICAID AND CHIP ELIGIBLE INDIVIDUALS.—In the case of an enrollee in a group health plan who is covered under a Medicaid plan of a State under title XIX of the Social Security Act or under a State child health plan under title XXI of such Act, the plan administrator of the group health plan shall disclose to the State, upon request, information about the benefits available under the group health plan in sufficient specificity, as determined under regulations of the Secretary of Health and Human Services in consultation with the Secretary that require use of the model coverage coordination disclosure form developed under section 311(b)(1)(C) of the Children's Health Insurance Reauthorization Act of 2007, so as to permit the State to make a determination (under paragraph (2)(B), (3), or (10) of section 2105(c) of the Social Security Act or otherwise) concerning the cost-effectiveness of the State providing medical or child health assistance through premium assistance for the purchase of coverage under such group health plan and in order for the State to provide supplemental benefits required under paragraph (10)(E) of such section or other authority.''.

TITLE IV—STRENGTHENING QUALITY OF CARE AND HEALTH OUTCOMES

SEC. 401. CHILD HEALTH QUALITY IMPROVEMENT ACTIVITIES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.

(a) DEVELOPMENT OF CHILD HEALTH QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—Title XI (42 U.S.C. 1301 et seq.) is amended by inserting after section 1139 the following new section:

''SEC. 1139A. CHILD HEALTH QUALITY MEASURES.

''(a) DEVELOPMENT OF AN INITIAL CORE SET OF HEALTH CARE QUALITY MEASURES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

''(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall identify and publish for general comment an initial, recommended core set of child health quality measures for use by State programs administered under titles XIX and XXI, health insurance issuers and managed care entities that enter into contracts with such programs, and providers of items and services under such programs.

''(2) IDENTIFICATION OF INITIAL CORE MEASURES.—In consultation with the individuals and entities described in subsection (b)(3), the Secretary shall identify existing quality of care measures for children that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time.

''(3) RECOMMENDATIONS AND DISSEMINATION.—Based on such existing and identified measures, the Secretary shall publish an initial core set of child health quality measures that includes (but is not limited to) the following:

''(A) The duration of children's health insurance coverage over a 12-month time period.

''(B) The availability and effectiveness of a full range of—

''(i) preventive services, treatments, and services for acute conditions, including services to promote healthy birth, prevent and treat premature birth, and detect the presence or risk of physical or mental conditions that could adversely affect growth and development; and

''(ii) treatments to correct or ameliorate the effects of physical and mental conditions, including chronic conditions, in infants, young children, school-age children, and adolescents.

''(C) The availability of care in a range of ambulatory and inpatient health care settings in which such care is furnished.

''(D) The types of measures that, taken together, can be used to estimate the overall national quality of health care for children, including children with special needs, and to perform comparative analyses of pediatric health care quality and racial, ethnic, and socioeconomic disparities in child health and health care for children.

''(4) ENCOURAGE VOLUNTARY AND STANDARDIZED REPORTING.—Not later than 2 years after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary, in consultation with States, shall develop a standardized format for reporting information and procedures and approaches that encourage States to use the initial core measurement set to voluntarily report information regarding the quality of pediatric health care under titles XIX and XXI.

''(5) ADOPTION OF BEST PRACTICES IN IMPLEMENTING QUALITY PROGRAMS.—The Secretary shall disseminate information to States regarding best practices among States with respect to measuring and reporting on the quality of health care for children, and shall facilitate the adoption of such best practices. In developing best practices approaches, the Secretary shall give particular attention to State measurement techniques that ensure the timeliness and accuracy of provider reporting, encourage provider reporting compliance, encourage successful quality improvement strategies, and improve efficiency in data collection using health information technology.

''(6) REPORTS TO CONGRESS.—Not later than January 1, 2010, and every 3 years thereafter, the Secretary shall report to Congress on—

''(A) the status of the Secretary's efforts to improve—

''(i) quality related to the duration and stability of health insurance coverage for children under titles XIX and XXI;

''(ii) the quality of children's health care under such titles, including preventive health services, health care for acute conditions, chronic health care, and health services to ameliorate the effects of physical and mental conditions and to aid in growth and development of infants, young children, school-age children, and adolescents with special health care needs; and

''(iii) the quality of children's health care under such titles across the domains of quality, including clinical quality, health care safety, family experience with health care, health care in the most integrated setting, and elimination of racial, ethnic, and socioeconomic disparities in health and health care;

''(B) the status of voluntary reporting by States under titles XIX and XXI, utilizing the initial core quality measurement set; and

''(C) any recommendations for legislative changes needed to improve the quality of care provided to children under titles XIX and XXI, including recommendations for quality reporting by States.

''(7) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States to assist them in adopting and utilizing core child health quality measures in administering the State plans under titles XIX and XXI.

''(8) DEFINITION OF CORE SET.—In this section, the term 'core set' means a group of

valid, reliable, and evidence-based quality measures that, taken together—

''(A) provide information regarding the quality of health coverage and health care for children;

''(B) address the needs of children throughout the developmental age span; and

''(C) allow purchasers, families, and health care providers to understand the quality of care in relation to the preventive needs of children, treatments aimed at managing and resolving acute conditions, and diagnostic and treatment services whose purpose is to correct or ameliorate physical, mental, or developmental conditions that could, if untreated or poorly treated, become chronic.

''(b) ADVANCING AND IMPROVING PEDIATRIC QUALITY MEASURES.—

''(1) ESTABLISHMENT OF PEDIATRIC QUALITY MEASURES PROGRAM.—Not later than January 1, 2010, the Secretary shall establish a pediatric quality measures program to—

''(A) improve and strengthen the initial core child health care quality measures established by the Secretary under subsection (a);

''(B) expand on existing pediatric quality measures used by public and private health care purchasers and advance the development of such new and emerging quality measures; and

''(C) increase the portfolio of evidence-based, consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers.

''(2) EVIDENCE-BASED MEASURES.—The measures developed under the pediatric quality measures program shall, at a minimum, be—

''(A) evidence-based and, where appropriate, risk adjusted;

''(B) designed to identify and eliminate racial and ethnic disparities in child health and the provision of health care;

''(C) designed to ensure that the data required for such measures is collected and reported in a standard format that permits comparison of quality and data at a State, plan, and provider level;

''(D) periodically updated; and

''(E) responsive to the child health needs, services, and domains of health care quality described in clauses (i), (ii), and (iii) of subsection (a)(6)(A).

''(3) PROCESS FOR PEDIATRIC QUALITY MEASURES PROGRAM.—In identifying gaps in existing pediatric quality measures and establishing priorities for development and advancement of such measures, the Secretary shall consult with—

''(A) States;

''(B) pediatricians, children's hospitals, and other primary and specialized pediatric health care professionals (including members of the allied health professions) who specialize in the care and treatment of children, particularly children with special physical, mental, and developmental health care needs;

''(C) dental professionals, including pediatric dental professionals;

''(D) health care providers that furnish primary health care to children and families who live in urban and rural medically underserved communities or who are members of distinct population sub-groups at heightened risk for poor health outcomes;

''(E) national organizations representing children, including children with disabilities and children with chronic conditions;

''(F) national organizations representing consumers and purchasers of children's health care;

''(G) national organizations and individuals with expertise in pediatric health quality measurement; and

''(H) voluntary consensus standards setting organizations and other organizations involved in the advancement of evidence-based measures of health care.

''(4) DEVELOPING, VALIDATING, AND TESTING A PORTFOLIO OF PEDIATRIC QUALITY MEASURES.—As part of the program to advance pediatric quality measures, the Secretary shall—

''(A) award grants and contracts for the development, testing, and validation of new, emerging, and innovative evidence-based measures for children's health care services across the domains of quality described in clauses (i), (ii), and (iii) of subsection (a)(6)(A); and

''(B) award grants and contracts for—

''(i) the development of consensus on evidence-based measures for children's health care services;

''(ii) the dissemination of such measures to public and private purchasers of health care for children; and

''(iii) the updating of such measures as necessary.

''(5) REVISING, STRENGTHENING, AND IMPROVING INITIAL CORE MEASURES.—Beginning no later than January 1, 2012, and annually thereafter, the Secretary shall publish recommended changes to the core measures described in subsection (a) that shall reflect the testing, validation, and consensus process for the development of pediatric quality measures described in subsection paragraphs (1) through (4).

''(6) DEFINITION OF PEDIATRIC QUALITY MEASURE.—In this subsection, the term 'pediatric quality measure' means a measurement of clinical care that is capable of being examined through the collection and analysis of relevant information, that is developed in order to assess 1 or more aspects of pediatric health care quality in various institutional and ambulatory health care settings, including the structure of the clinical care system, the process of care, the outcome of care, or patient experiences in care.

''(7) CONSTRUCTION.—Nothing in this section shall be construed as supporting the restriction of coverage, under title XIX or XXI or otherwise, to only those services that are evidence-based.

''(c) ANNUAL STATE REPORTS REGARDING STATE-SPECIFIC QUALITY OF CARE MEASURES APPLIED UNDER MEDICAID OR CHIP.—

''(1) ANNUAL STATE REPORTS.—Each State with a State plan approved under title XIX or a State child health plan approved under title XXI shall annually report to the Secretary on the—

''(A) State-specific child health quality measures applied by the States under such plans, including measures described in subparagraphs (A) and (B) of subsection (a)(6); and

''(B) State-specific information on the quality of health care furnished to children under such plans, including information collected through external quality reviews of managed care organizations under section 1932 of the Social Security Act (42 U.S.C. 1396u–4) and benchmark plans under sections 1937 and 2103 of such Act (42 U.S.C. 1396u–7, 1397cc).

''(2) PUBLICATION.—Not later than September 30, 2009, and annually thereafter, the Secretary shall collect, analyze, and make publicly available the information reported by States under paragraph (1).

''(d) DEMONSTRATION PROJECTS FOR IMPROVING THE QUALITY OF CHILDREN'S HEALTH CARE AND THE USE OF HEALTH INFORMATION TECHNOLOGY.—

''(1) IN GENERAL.—During the period of fiscal years 2008 through 2012, the Secretary shall award not more than 10 grants to States and child health providers to conduct demonstration projects to evaluate promising ideas for improving the quality of children's health care provided under title XIX or XXI, including projects to—

''(A) experiment with, and evaluate the use of, new measures of the quality of children's health care under such titles (including testing the validity and suitability for reporting of such measures);

''(B) promote the use of health information technology in care delivery for children under such titles;

''(C) evaluate provider-based models which improve the delivery of children's health care services under such titles, including care management for children with chronic conditions and the use of evidence-based approaches to improve the effectiveness, safety, and efficiency of health care services for children; or

''(D) demonstrate the impact of the model electronic health record format for children developed and disseminated under subsection (f) on improving pediatric health, including the effects of chronic childhood health conditions, and pediatric health care quality as well as reducing health care costs.

''(2) REQUIREMENTS.—In awarding grants under this subsection, the Secretary shall ensure that—

''(A) only 1 demonstration project funded under a grant awarded under this subsection shall be conducted in a State; and

''(B) demonstration projects funded under grants awarded under this subsection shall be conducted evenly between States with large urban areas and States with large rural areas.

''(3) AUTHORITY FOR MULTISTATE PROJECTS.—A demonstration project conducted with a grant awarded under this subsection may be conducted on a multistate basis, as needed.

''(4) FUNDING.—$20,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(e) CHILDHOOD OBESITY DEMONSTRATION PROJECT.—

''(1) AUTHORITY TO CONDUCT DEMONSTRATION.—The Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a demonstration project to develop a comprehensive and systematic model for reducing childhood obesity by awarding grants to eligible entities to carry out such project. Such model shall—

''(A) identify, through self-assessment, behavioral risk factors for obesity among children;

''(B) identify, through self-assessment, needed clinical preventive and screening benefits among those children identified as target individuals on the basis of such risk factors;

''(C) provide ongoing support to such target individuals and their families to reduce risk factors and promote the appropriate use of preventive and screening benefits; and

''(D) be designed to improve health outcomes, satisfaction, quality of life, and appropriate use of items and services for which medical assistance is available under title XIX or child health assistance is available under title XXI among such target individuals.

''(2) ELIGIBILITY ENTITIES.—For purposes of this subsection, an eligible entity is any of the following:

''(A) A city, county, or Indian tribe.

''(B) A local or tribal educational agency.

''(C) An accredited university, college, or community college.

''(D) A Federally-qualified health center.

''(E) A local health department.

''(F) A health care provider.

''(G) A community-based organization.

''(H) Any other entity determined appropriate by the Secretary, including a consortia or partnership of entities described in any of subparagraphs (A) through (G).

''(3) USE OF FUNDS.—An eligible entity awarded a grant under this subsection shall use the funds made available under the grant to—

''(A) carry out community-based activities related to reducing childhood obesity, including by—

''(i) forming partnerships with entities, including schools and other facilities providing recreational services, to establish programs for after school and weekend community activities that are designed to reduce childhood obesity;

''(ii) forming partnerships with daycare facilities to establish programs that promote healthy eating behaviors and physical activity; and

''(iii) developing and evaluating community educational activities targeting good nutrition and promoting healthy eating behaviors;

''(B) carry out age-appropriate school-based activities that are designed to reduce childhood obesity, including by—

''(i) developing and testing educational curricula and intervention programs designed to promote healthy eating behaviors and habits in youth, which may include—

''(I) after hours physical activity programs; and

''(II) science-based interventions with multiple components to prevent eating disorders including nutritional content, understanding and responding to hunger and satiety, positive body image development, positive self-esteem development, and learning life skills (such as stress management, communication skills, problemsolving and decisionmaking skills), as well as consideration of cultural and developmental issues, and the role of family, school, and community;

''(ii) providing education and training to educational professionals regarding how to promote a healthy lifestyle and a healthy school environment for children;

''(iii) planning and implementing a healthy lifestyle curriculum or program with an emphasis on healthy eating behaviors and physical activity; and

''(iv) planning and implementing healthy lifestyle classes or programs for parents or guardians, with an emphasis on healthy eating behaviors and physical activity for children;

''(C) carry out educational, counseling, promotional, and training activities through the local health care delivery systems including by—

''(i) promoting healthy eating behaviors and physical activity services to treat or prevent eating disorders, being overweight, and obesity;

''(ii) providing patient education and counseling to increase physical activity and promote healthy eating behaviors;

''(iii) training health professionals on how to identify and treat obese and overweight individuals which may include nutrition and physical activity counseling; and

''(iv) providing community education by a health professional on good nutrition and physical activity to develop a better understanding of the relationship between diet, physical activity, and eating disorders, obesity, or being overweight; and

''(D) provide, through qualified health professionals, training and supervision for community health workers to—

''(i) educate families regarding the relationship between nutrition, eating habits, physical activity, and obesity;

''(ii) educate families about effective strategies to improve nutrition, establish healthy eating patterns, and establish appropriate levels of physical activity; and

''(iii) educate and guide parents regarding the ability to model and communicate positive health behaviors.

''(4) PRIORITY.—In awarding grants under paragraph (1), the Secretary shall give priority to awarding grants to eligible entities—

''(A) that demonstrate that they have previously applied successfully for funds to carry out activities that seek to promote individual and community health and to prevent the incidence of chronic disease and that can cite published and peer-reviewed research demonstrating that the activities that the entities propose to carry out with funds made available under the grant are effective;

''(B) that will carry out programs or activities that seek to accomplish a goal or goals set by the State in the Healthy People 2010 plan of the State;

''(C) that provide non-Federal contributions, either in cash or in-kind, to the costs of funding activities under the grants;

''(D) that develop comprehensive plans that include a strategy for extending program activities developed under grants in the years following the fiscal years for which they receive grants under this subsection;

''(E) located in communities that are medically underserved, as determined by the Secretary;

''(F) located in areas in which the average poverty rate is at least 150 percent or higher of the average poverty rate in the State involved, as determined by the Secretary; and

''(G) that submit plans that exhibit multisectoral, cooperative conduct that includes the involvement of a broad range of stakeholders, including—

''(i) community-based organizations;

''(ii) local governments;

''(iii) local educational agencies;

''(iv) the private sector;

''(v) State or local departments of health;

''(vi) accredited colleges, universities, and community colleges;

''(vii) health care providers;

''(viii) State and local departments of transportation and city planning; and

''(ix) other entities determined appropriate by the Secretary.

''(5) PROGRAM DESIGN.—

''(A) INITIAL DESIGN.—Not later than 1 year after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary shall design the demonstration project. The demonstration should draw upon promising, innovative models and incentives to reduce behavioral risk factors. The Administrator of the Centers for Medicare & Medicaid Services shall consult with the Director of the Centers for Disease Control and Prevention, the Director of the Office of Minority Health, the heads of other agencies in the Department of Health and Human Services, and such professional organizations, as the Secretary determines to be appropriate, on the design, conduct, and evaluation of the demonstration.

''(B) NUMBER AND PROJECT AREAS.—Not later than 2 years after the date of enactment of the Children's Health Insurance Program Reauthorization Act of 2007, the Secretary shall award 1 grant that is specifically designed to determine whether programs similar to programs to be conducted by other grantees under this subsection should be implemented with respect to the general population of children who are eligible for child health assistance under State child health plans under title XXI in order to reduce the incidence of childhood obesity among such population.

''(6) REPORT TO CONGRESS.—Not later than 3 years after the date the Secretary implements the demonstration project under this subsection, the Secretary shall submit to Congress a report that describes the project, evaluates the effectiveness and cost effectiveness of the project, evaluates the beneficiary satisfaction under the project, and includes any such other information as the Secretary determines to be appropriate.

''(7) DEFINITIONS.—In this subsection:

''(A) FEDERALLY-QUALIFIED HEALTH CENTER.—The term 'Federally-qualified health center' has the meaning given that term in section 1905(l)(2)(B).

''(B) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given that term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

''(C) SELF-ASSESSMENT.—The term 'self-assessment' means a form that—

''(i) includes questions regarding—

''(I) behavioral risk factors;

''(II) needed preventive and screening services; and

''(III) target individuals' preferences for receiving follow-up information;

''(ii) is assessed using such computer generated assessment programs; and

''(iii) allows for the provision of such ongoing support to the individual as the Secretary determines appropriate.

''(D) ONGOING SUPPORT.—The term 'ongoing support' means—

''(i) to provide any target individual with information, feedback, health coaching, and recommendations regarding—

''(I) the results of a self-assessment given to the individual;

''(II) behavior modification based on the self-assessment; and

''(III) any need for clinical preventive and screening services or treatment including medical nutrition therapy;

''(ii) to provide any target individual with referrals to community resources and programs available to assist the target individual in reducing health risks; and

''(iii) to provide the information described in clause (i) to a health care provider, if designated by the target individual to receive such information.

''(8) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, $25,000,000 for the period of fiscal years 2008 through 2012.

''(f) DEVELOPMENT OF MODEL ELECTRONIC HEALTH RECORD FORMAT FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

''(1) IN GENERAL.—Not later than January 1, 2009, the Secretary shall establish a program to encourage the development and dissemination of a model electronic health record format for children enrolled in the State plan under title XIX or the State child health plan under title XXI that is—

''(A) subject to State laws, accessible to parents, caregivers, and other consumers for the sole purpose of demonstrating compliance with school or leisure activity requirements, such as appropriate immunizations or physicals;

''(B) designed to allow interoperable exchanges that conform with Federal and State privacy and security requirements;

''(C) structured in a manner that permits parents and caregivers to view and understand the extent to which the care their children receive is clinically appropriate and of high quality; and

''(D) capable of being incorporated into, and otherwise compatible with, other standards developed for electronic health records.

''(2) FUNDING.—$5,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(g) STUDY OF PEDIATRIC HEALTH AND HEALTH CARE QUALITY MEASURES.—

''(1) IN GENERAL.—Not later than July 1, 2009, the Institute of Medicine shall study and report to Congress on the extent and quality of efforts to measure child health status and the quality of health care for children across the age span and in relation to preventive care, treatments for acute conditions, and treatments aimed at ameliorating or correcting physical, mental, and developmental conditions in children. In conducting such study and preparing such report, the Institute of Medicine shall—

''(A) consider all of the major national population-based reporting systems sponsored by the Federal Government that are currently in place, including reporting requirements under Federal grant programs and national population surveys and estimates conducted directly by the Federal Government;

''(B) identify the information regarding child health and health care quality that each system is designed to capture and generate, the study and reporting periods covered by each system, and the extent to which the information so generated is made widely available through publication;

''(C) identify gaps in knowledge related to children's health status, health disparities among subgroups of children, the effects of social conditions on children's health status and use and effectiveness of health care, and the relationship between child health status and family income, family stability and preservation, and children's school readiness and educational achievement and attainment; and

''(D) make recommendations regarding improving and strengthening the timeliness, quality, and public transparency and accessibility of information about child health and health care quality.

''(2) FUNDING.—Up to $1,000,000 of the amount appropriated under subsection (i) for a fiscal year shall be used to carry out this subsection.

''(h) RULE OF CONSTRUCTION.—Notwithstanding any other provision in this section, no evidence based quality measure developed, published, or used as a basis of measurement or reporting under this section may be used to establish an irrebuttable presumption regarding either the medical necessity of care or the maximum permissible coverage for any individual child who is eligible for and receiving medical assistance under title XIX or child health assistance under title XXI .

''(i) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2008 through 2012, $45,000,000 for the purpose of carrying out this section (other than subsection (e)). Funds appropriated under this subsection shall remain available until expended.''.

(b) INCREASED MATCHING RATE FOR COLLECTING AND REPORTING ON CHILD HEALTH MEASURES.—Section 1903(a)(3)(A) (42 U.S.C. 1396b(a)(3)(A)), is amended—

(1) by striking ''and'' at the end of clause (i); and

(2) by adding at the end the following new clause:

''(iii) an amount equal to the Federal medical assistance percentage (as defined in section 1905(b)) of so much of the sums expended during such quarter (as found necessary by the Secretary for the proper and efficient administration of the State plan) as are attributable to such developments or modifications of systems of the type described in clause (i) as are necessary for the efficient collection and reporting on child health measures; and''.

SEC. 402. IMPROVED AVAILABILITY OF PUBLIC INFORMATION REGARDING ENROLLMENT OF CHILDREN IN CHIP AND MEDICAID.

(a) INCLUSION OF PROCESS AND ACCESS MEASURES IN ANNUAL STATE REPORTS.—Section 2108 (42 U.S.C. 1397hh) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking ''The State'' and inserting ''Subject to subsection (e), the State''; and

(2) by adding at the end the following new subsection:

''(e) INFORMATION REQUIRED FOR INCLUSION IN STATE ANNUAL REPORT.—The State shall include the following information in the annual report required under subsection (a):

''(1) Eligibility criteria, enrollment, and retention data (including data with respect to continuity of coverage or duration of benefits).

''(2) Data regarding the extent to which the State uses process measures with respect to determining the eligibility of children under the State child health plan, including measures such as 12-month continuous eligibility, self-declaration of income for applications or renewals, or presumptive eligibility.

''(3) Data regarding denials of eligibility and redeterminations of eligibility.

''(4) Data regarding access to primary and specialty services, access to networks of care, and care coordination provided under the State child health plan, using quality care and consumer satisfaction measures included in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey.

''(5) If the State provides child health assistance in the form of premium assistance for the purchase of coverage under a group health plan, data regarding the provision of such assistance, including the extent to which employer-sponsored health insurance coverage is available for children eligible for child health assistance under the State child health plan, the range of the monthly amount of such assistance provided on behalf of a child or family, the number of children or families provided such assistance on a monthly basis, the income of the children or families provided such assistance, the benefits and cost-sharing protection provided under the State child health plan to supplement the coverage purchased with such premium assistance, the effective strategies the State engages in to reduce any administrative barriers to the provision of such assistance, and, the effects, if any, of the provision of such assistance on preventing the coverage provided under the State child health plan from substituting for coverage provided under employer-sponsored health insurance offered in the State.

''(6) To the extent applicable, a description of any State activities that are designed to reduce the number of uncovered children in the State, including through a State health insurance connector program or support for innovative private health coverage initiatives.''.

(b) STANDARDIZED REPORTING FORMAT.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall specify a standardized format for States to use for reporting the information required under section 2108(e) of the Social Security Act, as added by subsection (a)(2).

(2) TRANSITION PERIOD FOR STATES.—Each State that is required to submit a report under subsection (a) of section 2108 of the Social Security Act that includes the information required under subsection (e) of such section may use up to 3 reporting periods to transition to the reporting of such information in accordance with the standardized format specified by the Secretary under paragraph (1).

(c) ADDITIONAL FUNDING FOR THE SECRETARY TO IMPROVE TIMELINESS OF DATA REPORTING AND ANALYSIS FOR PURPOSES OF DETERMINING ENROLLMENT INCREASES UNDER MEDICAID AND CHIP.—

(1) APPROPRIATION.—There is appropriated, out of any money in the Treasury not otherwise appropriated, $5,000,000 to the Secretary for fiscal year 2008 for the purpose of improving the timeliness of the data reported and analyzed from the Medicaid Statistical Information System (MSIS) for purposes of providing more timely data on enrollment and eligibility of children under Medicaid and CHIP and to provide guidance to States with respect to any new reporting requirements related to such improvements. Amounts appropriated under this paragraph shall remain available until expended.

(2) REQUIREMENTS.—The improvements made by the Secretary under paragraph (1) shall be designed and implemented (including with respect to any necessary guidance for States to report such information in a complete and expeditious manner) so that, beginning no later than October 1, 2008, data regarding the enrollment of low-income children (as defined in section 2110(c)(4) of the Social Security Act (42 U.S.C. 1397jj(c)(4)) of a State enrolled in the State plan under Medicaid or the State child health plan under CHIP with respect to a fiscal year shall be collected and analyzed by the Secretary within 6 months of submission.

(d) GAO STUDY AND REPORT ON ACCESS TO PRIMARY AND SPECIALITY SERVICES.—

(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of children's access to primary and specialty services under Medicaid and CHIP, including—

(A) the extent to which providers are willing to treat children eligible for such programs;

(B) information on such children's access to networks of care;

(C) geographic availability of primary and specialty services under such programs;

(D) the extent to which care coordination is provided for children's care under Medicaid and CHIP; and

(E) as appropriate, information on the degree of availability of services for children under such programs.

(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives on the study conducted under paragraph (1) that includes recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to children's care under Medicaid and CHIP that may exist.

SEC. 403. APPLICATION OF CERTAIN MANAGED CARE QUALITY SAFEGUARDS TO CHIP.

(a) IN GENERAL.—Section 2103(f) of Social Security Act (42 U.S.C. 1397bb(f)) is amended by adding at the end the following new paragraph:

''(3) COMPLIANCE WITH MANAGED CARE REQUIREMENTS.—The State child health plan shall provide for the application of subsections (a)(4), (a)(5), (b), (c), (d), and (e) of section 1932 (relating to requirements for managed care) to coverage, State agencies, enrollment brokers, managed care entities, and managed care organizations under this title in the same manner as such subsections apply to coverage and such entities and organizations under title XIX.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to contract years for health plans beginning on or after July 1, 2008.

TITLE V—IMPROVING ACCESS TO BENEFITS

SEC. 501. DENTAL BENEFITS.

(a) COVERAGE.—

(1) IN GENERAL.—Section 2103 (42 U.S.C. 1397cc) is amended—

(A) in subsection (a)—

(i) in the matter before paragraph (1), by striking ''subsection (c)(5)'' and inserting ''paragraphs (5) and (7) of subsection (c)''; and

(ii) in paragraph (1), by inserting ''at least'' after ''that is''; and

(B) in subsection (c)—

(i) by redesignating paragraph (5) as paragraph (7); and

(ii) by inserting after paragraph (4), the following:

''(5) DENTAL BENEFITS.—

''(A) IN GENERAL.—The child health assistance provided to a targeted low-income child shall include coverage of dental services necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions.

''(B) PERMITTING USE OF DENTAL BENCHMARK PLANS BY CERTAIN STATES.—A State may elect to meet the requirement of subparagraph (A) through dental coverage that is equivalent to a benchmark dental benefit package described in subparagraph (C).

''(C) BENCHMARK DENTAL BENEFIT PACKAGES.—The benchmark dental benefit packages are as follows:

''(i) FEHBP CHILDREN'S DENTAL COVERAGE.—A dental benefits plan under chapter 89A of title 5, United States Code, that has been selected most frequently by employees seeking dependent coverage, among such plans that provide such dependent coverage, in either of the previous 2 plan years.

''(ii) STATE EMPLOYEE DEPENDENT DENTAL COVERAGE.—A dental benefits plan that is offered and generally available to State employees in the State involved and that has been selected most frequently by employees seeking dependent coverage, among such plans that provide such dependent coverage, in either of the previous 2 plan years.

''(iii) COVERAGE OFFERED THROUGH COMMERCIAL DENTAL PLAN.—A dental benefits plan that has the largest insured commercial, non-medicaid enrollment of dependent covered lives of such plans that is offered in the State involved.''.

(2) ASSURING ACCESS TO CARE.—Section 2102(a)(7)(B) (42 U.S.C. 1397bb(c)(2)) is amended by inserting ''and services described in section 2103(c)(5)'' after ''emergency services''.

(3) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to coverage of items and services furnished on or after October 1, 2008.

(b) DENTAL EDUCATION FOR PARENTS OF NEWBORNS.—The Secretary shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children under a State child health plan under title XXI of the Social Security Act, a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life.

(c) PROVISION OF DENTAL SERVICES THROUGH FQHCS.—

(1) MEDICAID.—Section 1902(a) (42 U.S.C. 1396a(a)) is amended—

(A) by striking ''and'' at the end of paragraph (69);

(B) by striking the period at the end of paragraph (70) and inserting ''; and''; and

(C) by inserting after paragraph (70) the following new paragraph:

''(71) provide that the State will not prevent a Federally-qualified health center from entering into contractual relationships with private practice dental providers in the provision of Federally-qualified health center services.''.

(2) CHIP.—Section 2107(e)(1) (42 U.S.C. 1397g(e)(1)), as amended by subsections (a)(2) and (d)(2) of section 203, is amended by inserting after subparagraph (B) the following new subparagraph (and redesignating the succeeding subparagraphs accordingly):

''(C) Section 1902(a)(71) (relating to limiting FQHC contracting for provision of dental services).''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on January 1, 2008.

(d) REPORTING INFORMATION ON DENTAL HEALTH.—

(1) MEDICAID.—Section 1902(a)(43)(D)(iii) (42 U.S.C. 1396a(a)(43)(D)(iii)) is amended by inserting ''and other information relating to the provision of dental services to such children described in section 2108(e)'' after ''receiving dental services,''.

(2) CHIP.—Section 2108 (42 U.S.C. 1397hh) is amended by adding at the end the following new subsection:

''(e) INFORMATION ON DENTAL CARE FOR CHILDREN.—

''(1) IN GENERAL.—Each annual report under subsection (a) shall include the following information with respect to care and services described in section 1905(r)(3) provided to targeted low-income children enrolled in the State child health plan under this title at any time during the year involved:

''(A) The number of enrolled children by age grouping used for reporting purposes under section 1902(a)(43).

''(B) For children within each such age grouping, information of the type contained in questions 12(a)–(c) of CMS Form 416 (that consists of the number of enrolled targeted low income children who receive any, preventive, or restorative dental care under the State plan).

''(C) For the age grouping that includes children 8 years of age, the number of such children who have received a protective sealant on at least one permanent molar tooth.

''(2) INCLUSION OF INFORMATION ON ENROLLEES IN MANAGED CARE PLANS.—The information under paragraph (1) shall include information on children who are enrolled in managed care plans and other private health plans and contracts with such plans under this title shall provide for the reporting of such information by such plans to the State.''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall be effective for annual reports submitted for years beginning after date of enactment.

(e) IMPROVED ACCESSIBILITY OF DENTAL PROVIDER INFORMATION TO ENROLLEES UNDER MEDICAID AND CHIP.—The Secretary shall—

(1) work with States, pediatric dentists, and other dental providers (including providers that are, or are affiliated with, a school of dentistry) to include, not later than 6 months after the date of the enactment of this Act, on the Insure Kids Now website (http://www.insurekidsnow.gov/) and hotline (1–877–KIDS–NOW) (or on any successor websites or hotlines) a current and accurate list of all such dentists and providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and

(2) work with States to include, not later than 6 months after the date of the enactment of this Act, a description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website, and shall ensure that such list is updated at least annually.

(f) INCLUSION OF STATUS OF EFFORTS TO IMPROVE DENTAL CARE IN REPORTS ON THE QUALITY OF CHILDREN'S HEALTH CARE UNDER MEDICAID AND CHIP.—Section 1139A(a), as added by section 401(a), is amended—

(1) in paragraph (3)(B)(ii), by inserting ''and, with respect to dental care, conditions requiring the restoration of teeth, relief of pain and infection, and maintenance of dental health'' after ''chronic conditions''; and

(2) in paragraph (6)(A)(ii), by inserting ''dental care,'' after ''preventive health services,''.

(g) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States shall provide for a study that examines—

(A) access to dental services by children in underserved areas;

(B) children's access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including—

(i) the extent to which dental providers are willing to treat children eligible for such programs;

(ii) information on such children's access to networks of care, including such networks that serve special needs children; and

(iii) geographic availability of oral health care, including preventive and restorative services, under such programs; and

(C) the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to oral health services and public health overall.

(2) REPORT.—Not later than 18 months year after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1). The report shall include recommendations for such Federal and State legislative and administrative changes as the Comptroller General determines are necessary to address any barriers to access to oral health care, including preventive and restorative services, under Medicaid and CHIP that may exist.

SEC. 502. MENTAL HEALTH PARITY IN CHIP PLANS.

(a) ASSURANCE OF PARITY.—Section 2103(c) (42 U.S.C. 1397cc(c)), as amended by section 501(a)(1)(B), is amended by inserting after paragraph (5), the following:

''(6) MENTAL HEALTH SERVICES PARITY.—

''(A) IN GENERAL.—In the case of a State child health plan that provides both medical and surgical benefits and mental health or substance abuse benefits, such plan shall ensure that the financial requirements and treatment limitations applicable to such mental health or substance abuse benefits are no more restrictive than the financial requirements and treatment limitations applied to substantially all medical and surgical benefits covered by the plan.

''(B) DEEMED COMPLIANCE.—To the extent that a State child health plan includes coverage with respect to an individual described in section 1905(a)(4)(B) and covered under the State plan under section 1902(a)(10)(A) of the services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with section 1902(a)(43), such plan shall be deemed to satisfy the requirements of subparagraph (A).''.

(b) CONFORMING AMENDMENTS.—Section 2103 (42 U.S.C. 1397cc) is amended—

(1) in subsection (a), as amended by section 501(a)(1)(A)(i), in the matter preceding paragraph (1), by inserting ''(6),'' after ''(5)''; and

(2) in subsection (c)(2), by striking subparagraph (B) and redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively.

SEC. 503. APPLICATION OF PROSPECTIVE PAYMENT SYSTEM FOR SERVICES PROVIDED BY FEDERALLY-QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

(a) APPLICATION OF PROSPECTIVE PAYMENT SYSTEM.—

(1) IN GENERAL.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by section 501(c)(2) is amended by inserting after subparagraph (C) the following new subparagraph (and redesignating the succeeding subparagraphs accordingly):

''(D) Section 1902(bb) (relating to payment for services provided by Federally-qualified health centers and rural health clinics).''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to services provided on or after October 1, 2008.

(b) TRANSITION GRANTS.—

(1) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary for fiscal year 2008, $5,000,000, to remain available until expended, for the purpose of awarding grants to States with State child health plans under CHIP that are operated separately from the State Medicaid plan under title XIX of the Social Security Act (including any waiver of such plan), or in combination with the State Medicaid plan, for expenditures related to transitioning to compliance with the requirement of section 2107(e)(1)(D) of the Social Security Act (as added by subsection (a)) to apply the prospective payment system established under section 1902(bb) of the such Act (42 U.S.C. 1396a(bb)) to services provided by Federally-qualified health centers and rural health clinics.

(2) MONITORING AND REPORT.—The Secretary shall monitor the impact of the application of such prospective payment system on the States described in paragraph (1) and, not later than October 1, 2010, shall report to Congress on any effect on access to benefits, provider payment rates, or scope of benefits offered by such States as a result of the application of such payment system.

SEC. 504. PREMIUM GRACE PERIOD.

(a) IN GENERAL.—Section 2103(e)(3) (42 U.S.C. 1397cc(e)(3)) is amended by adding at the end the following new subparagraph:

''(C) PREMIUM GRACE PERIOD.—The State child health plan—

''(i) shall afford individuals enrolled under the plan a grace period of at least 30 days from the beginning of a new coverage period to make premium payments before the individual's coverage under the plan may be terminated; and

''(ii) shall provide to such an individual, not later than 7 days after the first day of such grace period, notice—

''(I) that failure to make a premium payment within the grace period will result in termination of coverage under the State child health plan; and

''(II) of the individual's right to challenge the proposed termination pursuant to the applicable Federal regulations.

For purposes of clause (i), the term 'new coverage period' means the month immediately following the last month for which the premium has been paid.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to new coverage periods beginning on or after January 1, 2009.

SEC. 505. DEMONSTRATION PROJECTS RELATING TO DIABETES PREVENTION.

There is authorized to be appropriated $15,000,000 during the period of fiscal years 2008 through 2012 to fund demonstration projects in up to 10 States over 3 years for voluntary incentive programs to promote children's receipt of relevant screenings and improvements in healthy eating and physical activity with the aim of reducing the incidence of type 2 diabetes. Such programs may involve reductions in cost-sharing or premiums when children receive regular screening and reach certain benchmarks in healthy eating and physical activity. Under such programs, a State may also provide financial bonuses for partnerships with entities, such as schools, which increase their education and efforts with respect to reducing the incidence of type 2 diabetes and may also devise incentives for providers serving children covered under this title and title XIX to perform relevant screening and counseling regarding healthy eating and physical activity. Upon completion of these demonstrations, the Secretary shall provide a report to Congress on the results of the State demonstration projects and the degree to which they helped improve health outcomes related to type 2 diabetes in children in those States.

SEC. 506. CLARIFICATION OF COVERAGE OF SERVICES PROVIDED THROUGH SCHOOL-BASED HEALTH CENTERS.

Section 2103(c) (42 U.S.C. 1397cc(c)), as amended by section 501(a)(1)(B), is amended by adding at the end the following new paragraph:

''(8) AVAILABILITY OF COVERAGE FOR ITEMS AND SERVICES FURNISHED THROUGH SCHOOL-BASED HEALTH CENTERS.—Nothing in this title shall be construed as limiting a State's ability to provide child health assistance for covered items and services that are furnished through school-based health centers.''.

TITLE VI—PROGRAM INTEGRITY AND OTHER MISCELLANEOUS PROVISIONS

Subtitle A—Program Integrity and Data Collection

SEC. 601. PAYMENT ERROR RATE MEASUREMENT ("PERM").

(a) EXPENDITURES RELATED TO COMPLIANCE WITH REQUIREMENTS.—

(1) ENHANCED PAYMENTS.—Section 2105(c) (42 U.S.C. 1397ee(c)), as amended by section 301(a), is amended by adding at the end the following new paragraph:

''(12) ENHANCED PAYMENTS.—Notwithstanding subsection (b), the enhanced FMAP with respect to payments under subsection (a) for expenditures related to the administration of the payment error rate measurement (PERM) requirements applicable to the State child health plan in accordance with the Improper Payments Information Act of 2002 and parts 431 and 457 of title 42, Code of Federal Regulations (or any related or successor guidance or regulations) shall in no event be less than 90 percent.''.

(2) EXCLUSION OF FROM CAP ON ADMINISTRATIVE EXPENDITURES.—Section 2105(c)(2)(C) (42 U.S.C. 1397ee(c)(2)C)), as amended by section 302(b)), is amended by adding at the end the following:

''(iv) PAYMENT ERROR RATE MEASUREMENT (PERM) EXPENDITURES.—Expenditures related to the administration of the payment error rate measurement (PERM) requirements applicable to the State child health plan in accordance with the Improper Payments Information Act of 2002 and parts 431 and 457 of title 42, Code of Federal Regulations (or any related or successor guidance or regulations).''.

(b) FINAL RULE REQUIRED TO BE IN EFFECT FOR ALL STATES.—Notwithstanding parts 431 and 457 of title 42, Code of Federal Regulations (as in effect on the date of enactment of this Act), the Secretary shall not calculate or publish any national or State-specific error rate based on the application of the payment error rate measurement (in this section referred to as ''PERM'') requirements to CHIP until after the date that is 6 months after the date on which a final rule implementing such requirements in accordance with the requirements of subsection (c) is in effect for all States. Any calculation of a national error rate or a State specific error rate after such final rule in effect for all States may only be inclusive of errors, as defined in such final rule or in guidance issued within a reasonable time frame after the effective date for such final rule that includes detailed guidance for the specific methodology for error determinations.

(c) REQUIREMENTS FOR FINAL RULE.—For purposes of subsection (b), the requirements of this subsection are that the final rule implementing the PERM requirements shall—

(1) include—

(A) clearly defined criteria for errors for both States and providers;

(B) a clearly defined process for appealing error determinations by—

(i) review contractors; or

(ii) the agency and personnel described in section 431.974(a)(2) of title 42, Code of Federal Regulations, as in effect on September 1, 2007, responsible for the development, direction, implementation, and evaluation of eligibility reviews and associated activities; and

(C) clearly defined responsibilities and deadlines for States in implementing any corrective action plans; and

(2) provide that the payment error rate determined for a State shall not take into account payment errors resulting from the State's verification of an applicant's self-declaration or self-certification of eligibility for, and the correct amount of, medical assistance or child health assistance, if the State process for verifying an applicant's self-declaration or self-certification satisfies the requirements for such process applicable under regulations promulgated by the Secretary or otherwise approved by the Secretary.

(d) OPTION FOR APPLICATION OF DATA FOR STATES IN FIRST APPLICATION CYCLE UNDER THE INTERIM FINAL RULE.—After the final rule implementing the PERM requirements in accordance with the requirements of subsection (c) is in effect for all States, a State for which the PERM requirements were first in effect under an interim final rule for fiscal year 2007 may elect to accept any payment error rate determined in whole or in part for the State on the basis of data for that fiscal year or may elect to not have any payment error rate determined on the basis of such data and, instead, shall be treated as if fiscal year 2010 were the first fiscal year for which the PERM requirements apply to the State.

(e) HARMONIZATION OF MEQC AND PERM.—

(1) REDUCTION OF REDUNDANCIES.—The Secretary shall review the Medicaid Eligibility Quality Control (in this subsection referred to as the ''MEQC'') requirements with the PERM requirements and coordinate consistent implementation of both sets of requirements, while reducing redundancies.

(2) STATE OPTION TO APPLY PERM DATA.—A State may elect, for purposes of determining the erroneous excess payments for medical assistance ratio applicable to the State for a fiscal year under section 1903(u) of the Social Security Act (42 U.S.C. 1396b(u)) to substitute data resulting from the application of the PERM requirements to the State after the final rule implementing such requirements is in effect for all States for data obtained from the application of the MEQC requirements to the State with respect to a fiscal year.

(3) STATE OPTION TO APPLY MEQC DATA.—For purposes of satisfying the requirements of subpart Q of part 431 of title 42, Code of Federal Regulations, as in effect on September 1, 2007, relating to Medicaid eligibility reviews, a State may elect to substitute data obtained through MEQC reviews conducted in accordance with section 1903(u) of the Social Security Act (42 U.S.C. 1396b(u)) for data required for purposes of PERM requirements, but only if the State MEQC reviews are based on a broad, representative sample of Medicaid applicants or enrollees in the States.

(f) IDENTIFICATION OF IMPROVED STATE-SPECIFIC SAMPLE SIZES.—The Secretary shall establish State-specific sample sizes for application of the PERM requirements with respect to State child health plans for fiscal years beginning with fiscal year 2009, on the basis of such information as the Secretary determines appropriate. In establishing such sample sizes, the Secretary shall, to the greatest extent practicable—

(1) minimize the administrative cost burden on States under Medicaid and CHIP; and

(2) maintain State flexibility to manage such programs.

SEC. 602. IMPROVING DATA COLLECTION.

(a) INCREASED APPROPRIATION.—Section 2109(b)(2) (42 U.S.C. 1397ii(b)(2)) is amended by striking ''$10,000,000 for fiscal year 2000'' and inserting ''$20,000,000 for fiscal year 2008''.

(b) USE OF ADDITIONAL FUNDS.—Section 2109(b) (42 U.S.C. 1397ii(b)), as amended by subsection (a), is amended—

(1) by redesignating paragraph (2) as paragraph (4); and

(2) by inserting after paragraph (1), the following new paragraphs:

''(2) ADDITIONAL REQUIREMENTS.—In addition to making the adjustments required to produce the data described in paragraph (1), with respect to data collection occurring for fiscal years beginning with fiscal year 2008, in appropriate consultation with the Secretary of Health and Human Services, the Secretary of Commerce shall do the following:

''(A) Make appropriate adjustments to the Current Population Survey to develop more accurate State-specific estimates of the number of children enrolled in health coverage under title XIX or this title.

''(B) Make appropriate adjustments to the Current Population Survey to improve the survey estimates used to determine the child population growth factor under section 2104(i)(5)(B) and any other data necessary for carrying out this title.

''(C) Include health insurance survey information in the American Community Survey related to children.

''(D) Assess whether American Community Survey estimates, once such survey data are first available, produce more reliable estimates than the Current Population Survey with respect to the purposes described in subparagraph (B).

''(E) On the basis of the assessment required under subparagraph (D), recommend to the Secretary of Health and Human Services whether American Community Survey estimates should be used in lieu of, or in some combination with, Current Population Survey estimates for the purposes described in subparagraph (B).

''(F) Continue making the adjustments described in the last sentence of paragraph (1) with respect to expansion of the sample size used in State sampling units, the number of sampling units in a State, and using an appropriate verification element.

''(3) AUTHORITY FOR THE SECRETARY OF HEALTH AND HUMAN SERVICES TO TRANSITION TO THE USE OF ALL, OR SOME COMBINATION OF, ACS ESTIMATES UPON RECOMMENDATION OF THE SECRETARY OF COMMERCE.—If, on the basis of the assessment required under paragraph (2)(D), the Secretary of Commerce recommends to the Secretary of Health and Human Services that American Community Survey estimates should be used in lieu of, or in some combination with, Current Population Survey estimates for the purposes described in paragraph (2)(B), the Secretary of Health and Human Services, in consultation with the States, may provide for a period during which the Secretary may transition from carrying out such purposes through the use of Current Population Survey estimates to the use of American Community Survey estimates (in lieu of, or in combination with the Current Population Survey estimates, as recommended), provided that any such transition is implemented in a manner that is designed to avoid adverse impacts upon States with approved State child health plans under this title.''.

SEC. 603. UPDATED FEDERAL EVALUATION OF CHIP.

Section 2108(c) (42 U.S.C. 1397hh(c)) is amended by striking paragraph (5) and inserting the following:

''(5) SUBSEQUENT EVALUATION USING UPDATED INFORMATION.—

''(A) IN GENERAL.—The Secretary, directly or through contracts or interagency agreements, shall conduct an independent subsequent evaluation of 10 States with approved child health plans.

''(B) SELECTION OF STATES AND MATTERS INCLUDED.—Paragraphs (2) and (3) shall apply to such subsequent evaluation in the same manner as such provisions apply to the evaluation conducted under paragraph (1).

''(C) SUBMISSION TO CONGRESS.—Not later than December 31, 2010, the Secretary shall submit to Congress the results of the evaluation conducted under this paragraph.

''(D) FUNDING.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated $10,000,000 for fiscal year 2009 for the purpose of conducting the evaluation authorized under this paragraph. Amounts appropriated under this subparagraph shall remain available for expenditure through fiscal year 2011.''.

SEC. 604. ACCESS TO RECORDS FOR IG AND GAO AUDITS AND EVALUATIONS.

Section 2108(d) (42 U.S.C. 1397hh(d)) is amended to read as follows:

''(d) ACCESS TO RECORDS FOR IG AND GAO AUDITS AND EVALUATIONS.—For the purpose of evaluating and auditing the program established under this title, or title XIX, the Secretary, the Office of Inspector General, and the Comptroller General shall have access to any books, accounts, records, correspondence, and other documents that are related to the expenditure of Federal funds under this title and that are in the possession, custody, or control of States receiving Federal funds under this title or political subdivisions thereof, or any grantee or contractor of such States or political subdivisions.''.

SEC. 605. NO FEDERAL FUNDING FOR ILLEGAL ALIENS.

Nothing in this Act allows Federal payment for individuals who are not legal residents.

Subtitle B—Miscellaneous Health Provisions

SEC. 611. DEFICIT REDUCTION ACT TECHNICAL CORRECTIONS.

(a) CLARIFICATION OF REQUIREMENT TO PROVIDE EPSDT SERVICES FOR ALL CHILDREN IN BENCHMARK BENEFIT PACKAGES UNDER MEDICAID.—Section 1937(a)(1) (42 U.S.C. 1396u–7(a)(1)), as inserted by section 6044(a) of the Deficit Reduction Act of 2005 (Public Law 109–171, 120 Stat. 88), is amended—

(1) in subparagraph (A)—

(A) in the matter before clause (i)—

(i) by striking ''Notwithstanding any other provision of this title'' and inserting ''Notwithstanding section 1902 (a) (1) (relating to statewideness), section 1902 (a)(10)(B)(relating to comparability) and any other provision of this title which would be directly contrary to the authority under this section and subject to subsection (E)''; and

(ii) by striking ''enrollment in coverage that provides'' and inserting ''coverage that'';

(B) in clause (i), by inserting ''provides'' after ''(i)''; and

(C) by striking clause (ii) and inserting the following:

''(ii) for any individual described in section 1905(a)(4)(B) who is eligible under the State plan in accordance with paragraphs (10) and (17) of section 1902(a), consists of the items and services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with the requirements of section 1902(a)(43).'';

(2) in subparagraph (C)—

(A) in the heading, by striking ''**WRAP-AROUND**'' and inserting ''ADDITIONAL''; and

(B) by striking ''wrap-around or''; and

(3) by adding at the end the following new subparagraph:

''(E) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as—

''(i) requiring a State to offer all or any of the items and services required by subparagraph (A)(ii) through an issuer of benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2);

''(ii) preventing a State from offering all or any of the items and services required by subparagraph (A)(ii) through an issuer of benchmark coverage described in subsection (b)(1) or benchmark equivalent coverage described in subsection (b)(2); or

''(iii) affecting a child's entitlement to care and services described in subsections (a)(4)(B) and (r) of section 1905 and provided in accordance with section 1902(a)(43) whether provided through benchmark coverage, benchmark equivalent coverage, or otherwise.''.

(b) CORRECTION OF REFERENCE TO CHILDREN IN FOSTER CARE RECEIVING CHILD WELFARE SERVICES.—Section 1937(a)(2)(B)(viii) (42 U.S.C. 1396u–7(a)(2)(B)(viii), as inserted by section 6044(a) of the Deficit Reduction Act of 2005, is amended by striking ''aid or assistance is made available under part B of title IV to children in foster care and individuals'' and inserting ''child welfare services are made available under part B of title IV on the basis of being a child in foster care or''.

(c) TRANSPARENCY.—Section 1937 (42 U.S.C. 1396u–7), as inserted by section 6044(a) of the Deficit Reduction Act of 2005, is amended by adding at the end the following:

''(c) PUBLICATION OF PROVISIONS AFFECTED.—With respect to a State plan amendment to provide benchmark benefits in accordance with subsections (a) and (b) that is approved by the Secretary, the Secretary shall publish on the Internet website of the Centers for Medicare & Medicaid Services, a list of the provisions of this title that the Secretary has determined do not apply in order to enable the State to carry out the plan amendment and the reason for each such determination on the date such approval is made, and shall publish such list in the Federal Register and not later than 30 days after such date of approval.''.

(d) EFFECTIVE DATE.—The amendments made by subsections (a), (b), and (c) of this section shall take effect as if included in the

amendment made by section 6044(a) of the Deficit Reduction Act of 2005.

SEC. 612. REFERENCES TO TITLE XXI.

Section 704 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999, as enacted into law by division B of Public Law 106–113 (113 Stat. 1501A–402) is repealed.

SEC. 613. PROHIBITING INITIATION OF NEW HEALTH OPPORTUNITY ACCOUNT DEMONSTRATION PROGRAMS.

After the date of the enactment of this Act, the Secretary of Health and Human Services may not approve any new demonstration programs under section 1938 of the Social Security Act (42 U.S.C. 1396u–8).

SEC. 614. COUNTY MEDICAID HEALTH INSURING ORGANIZATIONS; GAO REPORT ON MEDICAID MANAGED CARE PAYMENT RATES.

(a) IN GENERAL.—Section 9517(c)(3) of the Consolidated Omnibus Budget Reconciliation Act of 1985 (42 U.S.C. 1396b note), as added by section 4734 of the Omnibus Budget Reconciliation Act of 1990 and as amended by section 704 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000, is amended—

(1) in subparagraph (A), by inserting '', in the case of any health insuring organization described in such subparagraph that is operated by a public entity established by Ventura County, and in the case of any health insuring organization described in such subparagraph that is operated by a public entity established by Merced County'' after ''described in subparagraph (B)''; and

(2) in subparagraph (C), by striking ''14 percent'' and inserting ''16 percent''.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect on the date of the enactment of this Act.

(c) GAO REPORT ON ACTUARIAL SOUNDNESS OF MEDICAID MANAGED CARE PAYMENT RATES.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit a report to the Committee on Finance of the Senate and the Committee on Energy and Commerce of the House of Representatives analyzing the extent to which State payment rates for medicaid managed care organizations under title XIX of the Social Security Act are actuarially sound.

SEC. 615. ADJUSTMENT IN COMPUTATION OF MEDICAID FMAP TO DISREGARD AN EXTRAORDINARY EMPLOYER PENSION CONTRIBUTION.

(a) IN GENERAL.—Only for purposes of computing the FMAP (as defined in subsection (e)) for a State for a fiscal year (beginning with fiscal year 2006) and applying the FMAP under title XIX of the Social Security Act, any significantly disproportionate employer pension or insurance fund contribution described in subsection (b) shall be disregarded in computing the per capita income of such State, but shall not be disregarded in computing the per capita income for the continental United States (and Alaska) and Hawaii.

(b) SIGNIFICANTLY DISPROPORTIONATE EMPLOYER PENSION AND INSURANCE FUND CONTRIBUTION.—

(1) IN GENERAL.—For purposes of this section, a significantly disproportionate employer pension and insurance fund contribution described in this subsection with respect to a State is any identifiable employer contribution towards pension or other employee insurance funds that is estimated to accrue to residents of such State for a calendar year (beginning with calendar year 2003) if the increase in the amount so estimated exceeds 25 percent of the total increase in personal income in that State for the year involved.

(2) DATA TO BE USED.—For estimating and adjustment a FMAP already calculated as of the date of the enactment of this Act for a State with a significantly disproportionate employer pension and insurance fund contribution, the Secretary shall use the personal income data set originally used in calculating such FMAP.

(3) SPECIAL ADJUSTMENT FOR NEGATIVE GROWTH.—If in any calendar year the total personal income growth in a State is negative, an employer pension and insurance fund contribution for the purposes of calculating the State's FMAP for a calendar year shall not exceed 125 percent of the amount of such contribution for the previous calendar year for the State.

(c) HOLD HARMLESS.—No State shall have its FMAP for a fiscal year reduced as a result of the application of this section.

(d) REPORT.—Not later than May 15, 2008, the Secretary shall submit to the Congress a report on the problems presented by the current treatment of pension and insurance fund contributions in the use of Bureau of Economic Affairs calculations for the FMAP and for Medicaid and on possible alternative methodologies to mitigate such problems.

(e) FMAP DEFINED.—For purposes of this section, the term ''FMAP'' means the Federal medical assistance percentage, as defined in section 1905(b) of the Social Security Act (42 U.S.C. 1396(d)).

SEC. 616. MORATORIUM ON CERTAIN PAYMENT RESTRICTIONS.

Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to May 28, 2008, take any action (through promulgation of regulation, issuance of regulatory guidance, use of federal payment audit procedures, or other administrative action, policy, or practice, including a Medical Assistance Manual transmittal or letter to State Medicaid directors) to restrict coverage or payment under title XIX of the Social Security Act for rehabilitation services, or school-based administration, transportation, or medical services if such restrictions are more restrictive in any aspect than those applied to such coverage or payment as of July 1, 2007.

SEC. 617. MEDICAID DSH ALLOTMENTS FOR TENNESSEE AND HAWAII.

(a) TENNESSEE.—The DSH allotments for Tennessee for each fiscal year beginning with fiscal year 2008 under subsection (f)(3) of section 1923 of the Social Security Act (42 U.S.C. 1396r–4) are deemed to be $30,000,000. The Secretary of Health and Human Services may impose a limitation on the total amount of payments made to hospitals under the TennCare Section 1115 waiver only to the extent that such limitation is necessary to ensure that a hospital does not receive payment in excess of the amounts described in subsection (f) of such section or as necessary to ensure that the waiver remains budget neutral.

(b) HAWAII.—Section 1923(f)(6) (42 U.S.C. 1396r–4(f)(6)) is amended—

(1) in the paragraph heading, by striking ''FOR FISCAL YEAR 2007''; and

(2) in subparagraph (B)—

(A) in clause (i), by striking ''Only with respect to fiscal year 2007'' and inserting ''With respect to each of fiscal years 2007 and 2008'';

(B) by redesignating clause (ii) as clause (iv); and

(C) by inserting after clause (i), the following new clauses:

''(ii) TREATMENT AS A LOW-DSH STATE.—With respect to fiscal year 2009 and each fiscal year thereafter, notwithstanding the table set forth in paragraph (2), the DSH allotment for Hawaii shall be increased in the same manner as allotments for low DSH States are increased for such fiscal year under clauses (ii) and (iii) of paragraph (5)(B).

''(iii) CERTAIN HOSPITAL PAYMENTS.—The Secretary may not impose a limitation on the total amount of payments made to hospitals under the QUEST section 1115 Demonstration Project except to the extent that such limitation is necessary to ensure that a hospital does not receive payments in excess of the amounts described in subsection (g), or as necessary to ensure that such payments under the waiver and such payments pursuant to the allotment provided in this section do not, in the aggregate in any year, exceed the amount that the Secretary determines is equal to the Federal medical assistance percentage component attributable to disproportionate share hospital payment adjustments for such year that is reflected in the budget neutrality provision of the QUEST Demonstration Project.''.

SEC. 618. CLARIFICATION TREATMENT OF REGIONAL MEDICAL CENTER.

(a) IN GENERAL.—Nothing in section 1903(w) of the Social Security Act (42 U.S.C. 1396b(w)) shall be construed by the Secretary of Health and Human Services as prohibiting a State's use of funds as the non-Federal share of expenditures under title XIX of such Act where such funds are transferred from or certified by a publicly-owned regional medical center located in another State and described in subsection (b), so long as the Secretary determines that such use of funds is proper and in the interest of the program under title XIX.

(b) CENTER DESCRIBED.—A center described in this subsection is a publicly-owned regional medical center that—

(1) provides level 1 trauma and burn care services;

(2) provides level 3 neonatal care services;

(3) is obligated to serve all patients, regardless of ability to pay;

(4) is located within a Standard Metropolitan Statistical Area (SMSA) that includes at least 3 States;

(5) provides services as a tertiary care provider for patients residing within a 125-mile radius; and

(6) meets the criteria for a disproportionate share hospital under section 1923 of such Act (42 U.S.C. 1396r–4) in at least one State other than the State in which the center is located.

SEC. 619. EXTENSION OF SSI WEB-BASED ASSET DEMONSTRATION PROJECT TO THE MEDICAID PROGRAM.

(a) IN GENERAL.—Beginning on October 1, 2012, the Secretary of Health and Human Services shall provide for the application to asset eligibility determinations under the Medicaid program under title XIX of the Social Security Act of the automated, secure, web-based asset verification request and response process being applied for determining eligibility for benefits under the Supplemental Security Income (SSI) program under title XVI of such Act under a demonstration project conducted under the authority of section 1631(e)(1)(B)(ii) of such Act (42 U.S.C. 1383(e)(1)(B)(ii)).

(b) LIMITATION.—Such application shall only extend to those States in which such demonstration project is operating and only for the period in which such project is otherwise provided.

(c) RULES OF APPLICATION.—For purposes of carrying out subsection (a), notwithstanding any other provision of law, information obtained from a financial institution that is used for purposes of eligibility determinations under such demonstration project with respect to the Secretary of Health and Human Services under the SSI program may also be shared and used by States for purposes of eligibility determinations under the Medicaid program. In applying section 1631(e)(1)(B)(ii) of the Social Security Act under this subsection, references to the Commissioner of Social Security and benefits

under title XVI of such Act shall be treated as including a reference to a State described in subsection (b) and medical assistance under title XIX of such Act provided by such a State.

Subtitle C—Other Provisions

SEC. 621. SUPPORT FOR INJURED SERVICEMEMBERS.

(a) SHORT TITLE.—This section may be cited as the ''Support for Injured Servicemembers Act''.

(b) SERVICEMEMBER FAMILY LEAVE.—

(1) DEFINITIONS.—Section 101 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) is amended by adding at the end the following:

''(14) ACTIVE DUTY.—The term 'active duty' means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code.

''(15) COVERED SERVICEMEMBER.—The term 'covered servicemember' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

''(16) MEDICAL HOLD OR MEDICAL HOLDOVER STATUS.—The term 'medical hold or medical holdover status' means—

''(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

''(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member's unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces.

''(17) NEXT OF KIN.—The term 'next of kin', used with respect to an individual, means the nearest blood relative of that individual.

''(18) SERIOUS INJURY OR ILLNESS.—The term 'serious injury or illness', in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.''.

(2) ENTITLEMENT TO LEAVE.—Section 102(a) of such Act (29 U.S.C. 2612(a)) is amended by adding at the end the following:

''(3) SERVICEMEMBER FAMILY LEAVE.—Subject to section 103, an eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

''(4) COMBINED LEAVE TOTAL.—During the single 12-month period described in paragraph (3), an eligible employee shall be entitled to a combined total of 26 workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.''.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 102(b) of such Act (29 U.S.C. 2612(b)) is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking ''section 103(b)(5)'' and inserting ''subsection (b)(5) or (f) (as appropriate) of section 103''; and

(II) by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''; and

(ii) in paragraph (2), by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(B) SUBSTITUTION OF PAID LEAVE.—Section 102(d) of such Act (29 U.S.C. 2612(d)) is amended—

(i) in paragraph (1)—

(I) by inserting ''(or 26 workweeks in the case of leave provided under subsection (a)(3))'' after ''12 workweeks'' the first place it appears; and

(II) by inserting ''(or 26 workweeks, as appropriate)'' after ''12 workweeks'' the second place it appears; and

(ii) in paragraph (2)(B), by adding at the end the following: ''An eligible employee may elect, or an employer may require the employee, to substitute any of the accrued paid vacation leave, personal leave, family leave, or medical or sick leave of the employee for leave provided under subsection (a)(3) for any part of the 26-week period of such leave under such subsection.''.

(C) NOTICE.—Section 102(e)(2) of such Act (29 U.S.C. 2612(e)(2)) is amended by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(D) SPOUSES EMPLOYED BY SAME EMPLOYER.—Section 102(f) of such Act (29 U.S.C. 2612(f)) is amended—

(i) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), and aligning the margins of the subparagraphs with the margins of section 102(e)(2)(A);

(ii) by striking ''In any'' and inserting the following:

''(1) IN GENERAL.—In any''; and

(iii) by adding at the end the following:

''(2) SERVICEMEMBER FAMILY LEAVE.—

''(A) IN GENERAL.—The aggregate number of workweeks of leave to which both that husband and wife may be entitled under subsection (a) may be limited to 26 workweeks during the single 12-month period described in subsection (a)(3) if the leave is—

''(i) leave under subsection (a)(3); or

''(ii) a combination of leave under subsection (a)(3) and leave described in paragraph (1).

''(B) BOTH LIMITATIONS APPLICABLE.—If the leave taken by the husband and wife includes leave described in paragraph (1), the limitation in paragraph (1) shall apply to the leave described in paragraph (1).''.

(E) CERTIFICATION.—Section 103 of such Act (29 U.S.C. 2613) is amended by adding at the end the following:

''(f) CERTIFICATION FOR SERVICEMEMBER FAMILY LEAVE.—An employer may require that a request for leave under section 102(a)(3) be supported by a certification issued at such time and in such manner as the Secretary may by regulation prescribe.''.

(F) FAILURE TO RETURN.—Section 104(c) of such Act (29 U.S.C. 2614(c)) is amended—

(i) in paragraph (2)(B)(i), by inserting ''or under section 102(a)(3)'' before the semicolon; and

(ii) in paragraph (3)(A)—

(I) in clause (i), by striking ''or'' at the end;

(II) in clause (ii), by striking the period and inserting ''; or''; and

(III) by adding at the end the following:

''(iii) a certification issued by the health care provider of the servicemember being cared for by the employee, in the case of an employee unable to return to work because of a condition specified in section 102(a)(3).''.

(G) ENFORCEMENT.—Section 107 of such Act (29 U.S.C. 2617) is amended, in subsection (a)(1)(A)(i)(II), by inserting ''(or 26 weeks, in a case involving leave under section 102(a)(3))'' after ''12 weeks''.

(H) INSTRUCTIONAL EMPLOYEES.—Section 108 of such Act (29 U.S.C. 2618) is amended, in subsections (c)(1), (d)(2), and (d)(3), by inserting ''or under section 102(a)(3)'' after ''section 102(a)(1)''.

(c) SERVICEMEMBER FAMILY LEAVE FOR CIVIL SERVICE EMPLOYEES.—

(1) DEFINITIONS.—Section 6381 of title 5, United States Code, is amended—

(A) in paragraph (5), by striking ''and'' at the end;

(B) in paragraph (6), by striking the period and inserting ''; and''; and

(C) by adding at the end the following:

''(7) the term 'active duty' means duty under a call or order to active duty under a provision of law referred to in section 101(a)(13)(B) of title 10, United States Code;

''(8) the term 'covered servicemember' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, is otherwise in medical hold or medical holdover status, or is otherwise on the temporary disability retired list, for a serious injury or illness;

''(9) the term 'medical hold or medical holdover status' means—

''(A) the status of a member of the Armed Forces, including a member of the National Guard or a Reserve, assigned or attached to a military hospital for medical care; and

''(B) the status of a member of a reserve component of the Armed Forces who is separated, whether pre-deployment or post-deployment, from the member's unit while in need of health care based on a medical condition identified while the member is on active duty in the Armed Forces;

''(10) the term 'next of kin', used with respect to an individual, means the nearest blood relative of that individual; and

''(11) the term 'serious injury or illness', in the case of a member of the Armed Forces, means an injury or illness incurred by the member in line of duty on active duty in the Armed Forces that may render the member medically unfit to perform the duties of the member's office, grade, rank, or rating.''.

(2) ENTITLEMENT TO LEAVE.—Section 6382(a) of such title is amended by adding at the end the following:

''(3) Subject to section 6383, an employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember shall be entitled to a total of 26 administrative workweeks of leave during a 12-month period to care for the servicemember. The leave described in this paragraph shall only be available during a single 12-month period.

''(4) During the single 12-month period described in paragraph (3), an employee shall be entitled to a combined total of 26 administrative workweeks of leave under paragraphs (1) and (3). Nothing in this paragraph shall be construed to limit the availability of leave under paragraph (1) during any other 12-month period.''.

(3) REQUIREMENTS RELATING TO LEAVE.—

(A) SCHEDULE.—Section 6382(b) of such title is amended—

(i) in paragraph (1), in the second sentence—

(I) by striking ''section 6383(b)(5)'' and inserting ''subsection (b)(5) or (f) (as appropriate) of section 6383''; and

(II) by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''; and

(ii) in paragraph (2), by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(B) SUBSTITUTION OF PAID LEAVE.—Section 6382(d) of such title is amended by adding at the end the following: ''An employee may elect to substitute for leave under subsection (a)(3) any of the employee's accrued or accumulated annual or sick leave under subchapter I for any part of the 26-week period of leave under such subsection.''.

(C) NOTICE.—Section 6382(e) of such title is amended by inserting ''or under subsection (a)(3)'' after ''subsection (a)(1)''.

(D) CERTIFICATION.—Section 6383 of such title is amended by adding at the end the following:

''(f) An employing agency may require that a request for leave under section 6382(a)(3) be supported by a certification issued at such time and in such manner as the Office of Personnel Management may by regulation prescribe.''.

SEC. 622. MILITARY FAMILY JOB PROTECTION.

(a) SHORT TITLE.—This section may be cited as the ''Military Family Job Protection Act''.

(b) PROHIBITION ON DISCRIMINATION IN EMPLOYMENT AGAINST CERTAIN FAMILY MEMBERS CARING FOR RECOVERING MEMBERS OF THE ARMED FORCES.—A family member of a recovering servicemember described in subsection (c) shall not be denied retention in employment, promotion, or any benefit of employment by an employer on the basis of the family member's absence from employment as described in that subsection, for a period of not more than 52 workweeks.

(c) COVERED FAMILY MEMBERS.—A family member described in this subsection is a family member of a recovering servicemember who is—

(1) on invitational orders while caring for the recovering servicemember;

(2) a non-medical attendee caring for the recovering servicemember; or

(3) receiving per diem payments from the Department of Defense while caring for the recovering servicemember.

(d) TREATMENT OF ACTIONS.—An employer shall be considered to have engaged in an action prohibited by subsection (b) with respect to a person described in that subsection if the absence from employment of the person as described in that subsection is a motivating factor in the employer's action, unless the employer can prove that the action would have been taken in the absence of the absence of employment of the person.

(e) DEFINITIONS.—In this section:

(1) BENEFIT OF EMPLOYMENT.—The term ''benefit of employment'' has the meaning given such term in section 4303 of title 38, United States Code.

(2) CARING FOR.—The term ''caring for'', used with respect to a recovering servicemember, means providing personal, medical, or convalescent care to the recovering servicemember, under circumstances that substantially interfere with an employee's ability to work.

(3) EMPLOYER.—The term ''employer'' has the meaning given such term in section 4303 of title 38, United States Code, except that the term does not include any person who is not considered to be an employer under title I of the Family and Medical Leave Act of 1993 (29 U.S.C. 2611 et seq.) because the person does not meet the requirements of section 101(4)(A)(i) of such Act (29 U.S.C. 2611(4)(A)(i)).

(4) FAMILY MEMBER.—The term ''family member'', with respect to a recovering servicemember, has the meaning given that term in section 411h(b) of title 37, United States Code.

(5) RECOVERING SERVICEMEMBER.—The term ''recovering servicemember'' means a member of the Armed Forces, including a member of the National Guard or a Reserve, who is undergoing medical treatment, recuperation, or therapy, or is otherwise in medical hold or medical holdover status, for an injury, illness, or disease incurred or aggravated while on active duty in the Armed Forces.

SEC. 623. OUTREACH REGARDING HEALTH INSURANCE OPTIONS AVAILABLE TO CHILDREN.

(a) DEFINITIONS.—In this section—

(1) the terms ''Administration'' and ''Administrator'' means the Small Business Administration and the Administrator thereof, respectively;

(2) the term ''certified development company'' means a development company participating in the program under title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.);

(3) the term ''Medicaid program'' means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.);

(4) the term ''Service Corps of Retired Executives'' means the Service Corps of Retired Executives authorized by section 8(b)(1) of the Small Business Act (15 U.S.C. 637(b)(1));

(5) the term ''small business concern'' has the meaning given that term in section 3 of the Small Business Act (15 U.S.C. 632);

(6) the term ''small business development center'' means a small business development center described in section 21 of the Small Business Act (15 U.S.C. 648);

(7) the term ''State'' has the meaning given that term for purposes of title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(8) the term ''State Children's Health Insurance Program'' means the State Children's Health Insurance Program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.);

(9) the term ''task force'' means the task force established under subsection (b)(1); and

(10) the term ''women's business center'' means a women's business center described in section 29 of the Small Business Act (15 U.S.C. 656).

(b) ESTABLISHMENT OF TASK FORCE.—

(1) ESTABLISHMENT.—There is established a task force to conduct a nationwide campaign of education and outreach for small business concerns regarding the availability of coverage for children through private insurance options, the Medicaid program, and the State Children's Health Insurance Program.

(2) MEMBERSHIP.—The task force shall consist of the Administrator, the Secretary of Health and Human Services, the Secretary of Labor, and the Secretary of the Treasury.

(3) RESPONSIBILITIES.—The campaign conducted under this subsection shall include—

(A) efforts to educate the owners of small business concerns about the value of health coverage for children;

(B) information regarding options available to the owners and employees of small business concerns to make insurance more affordable, including Federal and State tax deductions and credits for health care-related expenses and health insurance expenses and Federal tax exclusion for health insurance options available under employer-sponsored cafeteria plans under section 125 of the Internal Revenue Code of 1986;

(C) efforts to educate the owners of small business concerns about assistance available through public programs; and

(D) efforts to educate the owners and employees of small business concerns regarding the availability of the hotline operated as part of the Insure Kids Now program of the Department of Health and Human Services.

(4) IMPLEMENTATION.—In carrying out this subsection, the task force may—

(A) use any business partner of the Administration, including—

(i) a small business development center;

(ii) a certified development company;

(iii) a women's business center; and

(iv) the Service Corps of Retired Executives;

(B) enter into—

(i) a memorandum of understanding with a chamber of commerce; and

(ii) a partnership with any appropriate small business concern or health advocacy group; and

(C) designate outreach programs at regional offices of the Department of Health and Human Services to work with district offices of the Administration.

(5) WEBSITE.—The Administrator shall ensure that links to information on the eligibility and enrollment requirements for the Medicaid program and State Children's Health Insurance Program of each State are prominently displayed on the website of the Administration.

(6) REPORT.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, and every 2 years thereafter, the Administrator shall submit to the Committee on Small Business and Entrepreneurship of the Senate and the Committee on Small Business of the House of Representatives a report on the status of the nationwide campaign conducted under paragraph (1).

(B) CONTENTS.—Each report submitted under subparagraph (A) shall include a status update on all efforts made to educate owners and employees of small business concerns on options for providing health insurance for children through public and private alternatives.

SEC. 624. SENSE OF SENATE REGARDING ACCESS TO AFFORDABLE AND MEANINGFUL HEALTH INSURANCE COVERAGE.

(a) FINDINGS.—The Senate finds the following:

(1) There are approximately 45 million Americans currently without health insurance.

(2) More than half of uninsured workers are employed by businesses with less than 25 employees or are self-employed.

(3) Health insurance premiums continue to rise at more than twice the rate of inflation for all consumer goods.

(4) Individuals in the small group and individual health insurance markets usually pay more for similar coverage than those in the large group market.

(5) The rapid growth in health insurance costs over the last few years has forced many employers, particularly small employers, to increase deductibles and co-pays or to drop coverage completely.

(b) SENSE OF THE SENATE.—The Senate—

(1) recognizes the necessity to improve affordability and access to health insurance for all Americans;

(2) acknowledges the value of building upon the existing private health insurance market; and

(3) affirms its intent to enact legislation this year that, with appropriate protection for consumers, improves access to affordable and meaningful health insurance coverage for employees of small businesses and individuals by—

(A) facilitating pooling mechanisms, including pooling across State lines, and

(B) providing assistance to small businesses and individuals, including financial assistance and tax incentives, for the purchase of private insurance coverage.

TITLE VII—REVENUE PROVISIONS

SEC. 701. INCREASE IN EXCISE TAX RATE ON TOBACCO PRODUCTS.

(a) CIGARS.—Section 5701(a) of the Internal Revenue Code of 1986 is amended—

(1) by striking ''$1.828 cents per thousand ($1.594 cents per thousand on cigars removed during 2000 or 2001)'' in paragraph (1) and inserting ''$50.00 per thousand'',

(2) by striking ''20.719 percent (18.063 percent on cigars removed during 2000 or 2001)'' in paragraph (2) and inserting ''52.988 percent'', and

(3) by striking ''$48.75 per thousand ($42.50 per thousand on cigars removed during 2000 or 2001)'' in paragraph (2) and inserting ''$3.00 per cigar''.

(b) CIGARETTES.—Section 5701(b) of such Code is amended—

(1) by striking ''$19.50 per thousand ($17 per thousand on cigarettes removed during 2000

or 2001)'' in paragraph (1) and inserting ''$50.00 per thousand'', and

(2) by striking ''$40.95 per thousand ($35.70 per thousand on cigarettes removed during 2000 or 2001)'' in paragraph (2) and inserting ''$105.00 per thousand''.

(c) CIGARETTE PAPERS.—Section 5701(c) of such Code is amended by striking ''1.22 cents (1.06 cents on cigarette papers removed during 2000 or 2001)'' and inserting ''3.13 cents''.

(d) CIGARETTE TUBES.—Section 5701(d) of such Code is amended by striking ''2.44 cents (2.13 cents on cigarette tubes removed during 2000 or 2001)'' and inserting ''6.26 cents''.

(e) SMOKELESS TOBACCO.—Section 5701(e) of such Code is amended—

(1) by striking ''58.5 cents (51 cents on snuff removed during 2000 or 2001)'' in paragraph (1) and inserting ''$1.50'', and

(2) by striking ''19.5 cents (17 cents on chewing tobacco removed during 2000 or 2001)'' in paragraph (2) and inserting ''50 cents''.

(f) PIPE TOBACCO.—Section 5701(f) of such Code is amended by striking ''$1.0969 cents (95.67 cents on pipe tobacco removed during 2000 or 2001)'' and inserting ''$2.8126 cents''.

(g) ROLL-YOUR-OWN TOBACCO.—Section 5701(g) of such Code is amended by striking ''$1.0969 cents (95.67 cents on roll-your-own tobacco removed during 2000 or 2001)'' and inserting ''$8.8889 cents''.

(h) FLOOR STOCKS TAXES.—

(1) IMPOSITION OF TAX.—On tobacco products (other than cigars described in section 5701(a)(2) of the Internal Revenue Code of 1986) and cigarette papers and tubes manufactured in or imported into the United States which are removed before January 1, 2008, and held on such date for sale by any person, there is hereby imposed a tax in an amount equal to the excess of—

(A) the tax which would be imposed under section 5701 of such Code on the article if the article had been removed on such date, over

(B) the prior tax (if any) imposed under section 5701 of such Code on such article.

(2) CREDIT AGAINST TAX.—Each person shall be allowed as a credit against the taxes imposed by paragraph (1) an amount equal to $500. Such credit shall not exceed the amount of taxes imposed by paragraph (1) on January 1, 2008, for which such person is liable.

(3) LIABILITY FOR TAX AND METHOD OF PAYMENT.—

(A) LIABILITY FOR TAX.—A person holding tobacco products, cigarette papers, or cigarette tubes on January 1, 2008, to which any tax imposed by paragraph (1) applies shall be liable for such tax.

(B) METHOD OF PAYMENT.—The tax imposed by paragraph (1) shall be paid in such manner as the Secretary shall prescribe by regulations.

(C) TIME FOR PAYMENT.—The tax imposed by paragraph (1) shall be paid on or before April 1, 2008.

(4) ARTICLES IN FOREIGN TRADE ZONES.—Notwithstanding the Act of June 18, 1934 (commonly known as the Foreign Trade Zone Act, 48 Stat. 998, 19 U.S.C. 81a et seq.) or any other provision of law, any article which is located in a foreign trade zone on January 1, 2008, shall be subject to the tax imposed by paragraph (1) if—

(A) internal revenue taxes have been determined, or customs duties liquidated, with respect to such article before such date pursuant to a request made under the 1st proviso of section 3(a) of such Act, or

(B) such article is held on such date under the supervision of an officer of the United States Customs and Border Protection of the Department of Homeland Security pursuant to the 2d proviso of such section 3(a).

(5) DEFINITIONS.—For purposes of this subsection—

(A) IN GENERAL.—Any term used in this subsection which is also used in section 5702 of the Internal Revenue Code of 1986 shall have the same meaning as such term has in such section.

(B) SECRETARY.—The term ''Secretary'' means the Secretary of the Treasury or the Secretary's delegate.

(6) CONTROLLED GROUPS.—Rules similar to the rules of section 5061(e)(3) of such Code shall apply for purposes of this subsection.

(7) OTHER LAWS APPLICABLE.—All provisions of law, including penalties, applicable with respect to the taxes imposed by section 5701 of such Code shall, insofar as applicable and not inconsistent with the provisions of this subsection, apply to the floor stocks taxes imposed by paragraph (1), to the same extent as if such taxes were imposed by such section 5701. The Secretary may treat any person who bore the ultimate burden of the tax imposed by paragraph (1) as the person to whom a credit or refund under such provisions may be allowed or made.

(i) EFFECTIVE DATE.—The amendments made by this section shall apply to articles removed (as defined in section 5702(j) of the Internal Revenue Code of 1986) after December 31, 2007.

SEC. 702. ADMINISTRATIVE IMPROVEMENTS.

(a) PERMIT, REPORT, AND RECORD REQUIREMENTS FOR MANUFACTURERS AND IMPORTERS OF PROCESSED TOBACCO.—

(1) PERMITS.—

(A) APPLICATION.—Section 5712 of the Internal Revenue Code of 1986 is amended by inserting ''or processed tobacco'' after ''tobacco products''.

(B) ISSUANCE.—Section 5713(a) of such Code is amended by inserting ''or processed tobacco'' after ''tobacco products''.

(2) INVENTORIES AND REPORTS.—

(A) INVENTORIES.—Section 5721 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(B) REPORTS.—Section 5722 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(3) RECORDS.—Section 5741 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products''.

(4) MANUFACTURER OF PROCESSED TOBACCO.—Section 5702 of such Code is amended by adding at the end the following new subsection:

''(p) MANUFACTURER OF PROCESSED TOBACCO.—

''(1) IN GENERAL.—The term 'manufacturer of processed tobacco' means any person who processes any tobacco other than tobacco products.

''(2) PROCESSED TOBACCO.—The processing of tobacco shall not include the farming or growing of tobacco or the handling of tobacco solely for sale, shipment, or delivery to a manufacturer of tobacco products or processed tobacco.''.

(5) CONFORMING AMENDMENT.—Section 5702(k) of such Code is amended by inserting '', or any processed tobacco,'' after ''nontax-paid tobacco products or cigarette papers or tubes''.

(6) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on January 1, 2008.

(b) BASIS FOR DENIAL, SUSPENSION, OR REVOCATION OF PERMITS.—

(1) DENIAL.—Paragraph (3) of section 5712 of such Code is amended to read as follows:

''(3) such person (including, in the case of a corporation, any officer, director, or principal stockholder and, in the case of a partnership, a partner)—

''(A) is, by reason of his business experience, financial standing, or trade connections or by reason of previous or current legal proceedings involving a felony violation of any other provision of Federal criminal law relating to tobacco products, cigarette paper, or cigarette tubes, not likely to maintain operations in compliance with this chapter,

''(B) has been convicted of a felony violation of any provision of Federal or State criminal law relating to tobacco products, cigarette paper, or cigarette tubes, or

''(C) has failed to disclose any material information required or made any material false statement in the application therefor.''.

(2) SUSPENSION OR REVOCATION.—Subsection (b) of section 5713 of such Code is amended to read as follows:

''(b) SUSPENSION OR REVOCATION.—

''(1) SHOW CAUSE HEARING.—If the Secretary has reason to believe that any person holding a permit—

''(A) has not in good faith complied with this chapter, or with any other provision of this title involving intent to defraud,

''(B) has violated the conditions of such permit,

''(C) has failed to disclose any material information required or made any material false statement in the application for such permit,

''(D) has failed to maintain his premises in such manner as to protect the revenue,

''(E) is, by reason of previous or current legal proceedings involving a felony violation of any other provision of Federal criminal law relating to tobacco products, cigarette paper, or cigarette tubes, not likely to maintain operations in compliance with this chapter, or

''(F) has been convicted of a felony violation of any provision of Federal or State criminal law relating to tobacco products, cigarette paper, or cigarette tubes,

the Secretary shall issue an order, stating the facts charged, citing such person to show cause why his permit should not be suspended or revoked.

''(2) ACTION FOLLOWING HEARING.—If, after hearing, the Secretary finds that such person has not shown cause why his permit should not be suspended or revoked, such permit shall be suspended for such period as the Secretary deems proper or shall be revoked.''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on the date of the enactment of this Act.

(c) APPLICATION OF INTERNAL REVENUE CODE STATUTE OF LIMITATIONS FOR ALCOHOL AND TOBACCO EXCISE TAXES.—

(1) IN GENERAL.—Section 514(a) of the Tariff Act of 1930 (19 U.S.C. 1514(a)) is amended by striking ''and section 520 (relating to refunds)'' and inserting ''section 520 (relating to refunds), and section 6501 of the Internal Revenue Code of 1986 (but only with respect to taxes imposed under chapters 51 and 52 of such Code)''.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall apply to articles imported after the date of the enactment of this Act.

(d) EXPANSION OF DEFINITION OF ROLL-YOUR-OWN TOBACCO.—

(1) IN GENERAL.—Section 5702(o) of the Internal Revenue Code of 1986 is amended by inserting ''or cigars, or for use as wrappers thereof'' before the period at the end.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall apply to articles removed (as defined in section 5702(j) of the Internal Revenue Code of 1986) after December 31, 2007.

(e) TIME OF TAX FOR UNLAWFULLY MANUFACTURED TOBACCO PRODUCTS.—

(1) IN GENERAL.—Section 5703(b)(2) of such Code is amended by adding at the end the following new subparagraph:

''(F) SPECIAL RULE FOR UNLAWFULLY MANUFACTURED TOBACCO PRODUCTS.—In the case of

any tobacco products, cigarette paper, or cigarette tubes produced in the United States at any place other than the premises of a manufacturer of tobacco products, cigarette paper, or cigarette tubes that has filed the bond and obtained the permit required under this chapter, tax shall be due and payable immediately upon manufacture.''.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall take effect on the date of the enactment of this Act.

SEC. 703. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

Subparagraph (B) of section 401(1) of the Tax Increase Prevention and Reconciliation Act of 2005 is amended by striking ''114.75 percent'' and inserting ''113.75 percent''.

In lieu of the matter proposed to be inserted to the title of the Act, insert the following: ''An Act to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes.''.

The SPEAKER pro tempore. Pursuant to House Resolution 675, the gentleman from Michigan (Mr. DINGELL), the gentleman from Texas (Mr. BARTON), the gentleman from New York (Mr. RANGEL), and the gentleman from Louisiana (Mr. MCCRERY) each will control 15 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. DINGELL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include therein extraneous matter on the bill under consideration.

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

There was no objection.

Mr. DINGELL. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I rise in support of H.R. 976, the Children's Health Insurance Program Reauthorization Act of 2007.

Ten years ago a Republican Congress and a Democratic President passed a landmark program to reach children who had fallen through the cracks of the health care system. These kids weren't poor enough to qualify for Medicaid, and their parents, most of whom worked, couldn't afford health insurance on their own.

Today this program provides health care for 6 million children across the Nation. Those 6 million kids today are in jeopardy because this successful program will expire September 30. The legislation before us will continue helping these 6 million of our children and extend health care to 4 million more of our young people.

This bill is for parents like Ms. Molina, a mother of two children who worked two part-time jobs but still could not afford health insurance. CHIP got her kids treatment for dental work, two sprained ankles, one broken arm, and a severe burn.

It's for parents like Ms. Mingeldorff, the mother of a child born 25 weeks prematurely who would have had to turn down a job without health insurance because it would have made her ineligible for Medicaid.

This bill is for every child who needs a vaccination, a cavity filled, chemotherapy, insulin, antidepressants, or other life-sustaining health care.

I urge my colleagues to vote for the children in your district and to remember this legislation will provide health care for 6 million who are now deriving that and 4 million more. The issue here is are you for or against health care for the kids under the SCHIP program?

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

Mr. DEAL of Georgia. Mr. Speaker, on behalf of the House Energy and Commerce Committee, I reserve the balance of my time at this point.

Mr. RANGEL. Mr. Speaker, I yield myself 3 minutes.

My friends, this is almost an historic occasion because, like the President of the United States said, it is our intention to extend health care to cover 10 million kids.

I don't care how you cut it. You can call it socialized medicine. You can say it's outside of the budget. But when you go home, the question basically is going to be were you with the kids or were you not? It is not just the human and right thing to do, but from a fiscal point of view, how many billions of dollars do we save by providing preventative care to these youngsters? And certainly from a tax writer's point of view, how many of these kids are going to grow to be productive workers so that they can pay taxes and make a contribution to this great Republic?

□ 1845

I don't know how you're going to explain how the kids can go to emergency wards if they get ill, as the President of the United States has indicated; but I know one thing, those of us who have kids and grandkids want the very best for them, and we do have this occasion now.

Now, there are a lot of complaints from the other side that they did not participate in the writing of this bill. Having been in the minority for so long, let me say that every one of you on the Republican side that did not participate, that complained, you have good cause. You were not involved. And I might heartily add, neither were Members on the Democratic side involved.

If you really want to find out who called the shots on this bill, which is not the House bill, it's those people on the other side of the Capitol that believe that everything that has to pass the Senate, that you need 60 votes for. And that's the long and the short of it. So, you may call it the Democratic majority, as I once did, but they're being held hostage by the Republican minority.

And so I participated in terms of seeing what they wanted to do. And believe me, what they said to the House of Representatives, Republicans and Democrats alike, take it or leave it. And so if you want to join with me in looking for someone to criticize, after the debate we can meet in the lobby and talk about it.

But you had an opportunity to vote for a better bill; it was here. And for those who are concerned that legal immigrants can't get services, I hope you voted for the House bill because it was in there. But if you really want to complain about it being un-American, walk with me to the other side, and we'll find the culprits who did it, and they're not Democrats.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

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

Mr. Speaker, the debate this evening should not be about who is for insurance for children and who is against health insurance for children. The fact is that all of us, Democrats and Republicans alike, want SCHIP to be reauthorized. We will vote tomorrow, I believe, for a temporary extension of the program, and I predict that there will be a huge bipartisan vote in favor of extending the program to give this House more time to develop a true bipartisan reauthorization, long-term reauthorization of the SCHIP program.

I do expect, Mr. Speaker, this bill to pass tonight, but I also expect the President to veto this bill, and I expect his veto to be sustained by this House. At that point, I'm very hopeful that, for the first time in this process, the minority in this House will be included in discussions about how we should reauthorize the SCHIP program, because to this point, frankly, we have not been included at all. We have not been asked for our recommendations for a reauthorization; we were not even given a substitute when this matter came to the floor originally here in the House of Representatives.

So perhaps after the President vetoes and we sustain the veto, then maybe we will be brought into the room and we will have a chance to discuss with the majority what we think is the appropriate level of reauthorization for funding for this program and perhaps some of our ideas with respect to limiting those eligible for this program to the universe of people who were originally intended to be helped by the program, that is, low-income children whose family incomes are too high to qualify for Medicaid but too low to buy a policy in the individual market outside of the workplace.

So, Mr. Speaker, this evening I suggest that, rather than point fingers and say you're against kids and we're for kids, you're for tobacco, we're against tobacco, that we get through this debate and then get through the next step of the process, which I hope will be more bipartisan and more cooperative, to allow us to get a real reauthorization that we can all support as we did in the mid-1990s when we created this program.

Now, we only got this bill, this so-called compromise, last night, so we've been diligently going through it all night and all day today. We're not sure of everything that's in this bill, but I can enumerate a number of things that we believe to be facts and I think are important in this debate for this particular bill.

First of all is the matter of funding. This bill is not even close to being fully funded. Budget gimmicks are replete. The proposal assumes that funding will drop to about one-fourth of the funding in the year 2013, and then another $5 million cut after that. We all know that's not going to happen. But that was done, and I understand, just to make the budget numbers work; but Members ought to know what they're voting for.

Another thing that we're told by the Congressional Budget Office, a nonpartisan arm of the House and the Senate, is that under this proposal 2 million children will move from private health insurance to government health insurance. Now, surely that's not what we want. We don't want the SCHIP program, do we, to move children from private insurance into government insurance? That wasn't the intent of this program when it started.

And on the tax side, on the pay-for side, this bill proposes that we pay for a program with clearly growing requirements, growing needs with a funding source that is going to be declining, depleting, the tobacco tax. As you raise the tax on tobacco, you exacerbate the trend that has been evident in this country for a number of years of declining use of tobacco.

So to propose funding a growing program with a declining revenue source is, I would submit, irresponsible fiscal policy.

I have a few other speakers who are going to talk about some of the other weaknesses in this legislation.

At this time, I would reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey, the chairman of the subcommittee, Mr. PALLONE.

Mr. PALLONE. I want to thank my chairman, Mr. DINGELL, Mr. RANGEL, Mr. STARK, and all who worked, including on the Senate side, to put this bill together.

It does pain me a great deal, though, to hear my Republican colleagues, and specifically the ranking member of the Ways and Means Committee, basically advocate for the President's veto of this legislation. And I say that because I know that 10 years ago, when we established the SCHIP program, it was bipartisan, President Clinton, Speaker Gingrich. And the fact of the matter is it was done for practical reasons because we knew there were kids, as was said by the gentleman from Louisiana, who were not getting health care on the job, but whose incomes, because their parents were working, were too high to be eligible for Medicaid.

Now, all we're doing today is being as practical as we were 10 years ago. We know that there are 6 million kids, almost twice who were enrolled in the program, who are eligible for this program under the same eligibility requirements as 10 years ago who are not enrolled in the program because we don't have enough money to pay for it and we haven't had enough outreach to get them enrolled.

There is nothing new here. This is the same block grant that Speaker Gingrich and President Clinton advocated 10 years ago. But practically speaking, we know that for the first time in the last 2 years the number of uninsured kids is now going up instead of going down, so we have to do something about it. And we sat down with the Republicans in the Senate, with the Democrats in the Senate and the Democrats here in the House, and we came up with a solution, which was the tobacco tax. Now, this is fully funded. And the tobacco tax is a great way to pay for it because if you tax people who are smoking and they smoke less, then we have less health problems, and it's directly related to trying to provide health insurance. So don't tell me it's not paid for. It is paid for. It's paid for in a good way. There is no change in eligibility here. We are simply trying to cover the same kids that are eligible but not enrolled.

And if you go along with the President's veto of this legislation, what you're saying is that not only the kids that are not enrolled, but even those who are now in the program won't be able to get their health insurance. Shame on you for that.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself 3½ minutes.

We're debating the reauthorization of a bill that has been in place for 10 years. It would seem to me that, in doing so, we should learn from the mistakes that were made in the initial legislation and attempt to correct them. I believe the legislation before us tonight overlooks that opportunity.

We have seen the House version that passed here earlier, and we have now seen a Senate version; and the one before us tonight is very similar to the Senate version of this legislation. But it appears to me that we have some questions to ask about that. CBO says that there are 300,000 fewer uninsured low-income children who will be enrolled under the bill before us today than would have been enrolled under the original Senate bill, and yet the amount of money that is being spent is almost exactly the same, an additional $35 billion over the next 5 years. When you couple that $35 billion with the baseline budgeting and the amount of money that States will have to put into the program, we find that we're going to be spending about $60 billion over the next 5 years for a program that for the first 10 years was only a $40 billion program. And when you do include that State funding into the mix, it will be $200 billion over the next 10 years.

Now, who are we going to insure by putting this substantial amount of new money into the program? Once again, the Congressional Budget Office attempts to answer that question. They say that there will be an additional 800,000 children, currently SCHIP eligible, being enrolled in the program by the year 2012. And if that is truly the focus, which it should be the focus of the program, then what are we getting by spending an additional $60 billion? If you divide $60 billion by the additional 800,000 children, that means that this bill is going to require that we spend $74,000 per child. Now, I know the government can throw money away, but I believe that is certainly an excessive amount of money.

Now, who are these children that are going to be the new enrollees? Once again, CBO tells us that, of the additional children who are going to be potentially enrolled, that about half of them are children who already have private health insurance, a 50 percent crowd-out of the existing insurance market.

Now, they also tell us that we ought to be concerned about the fact that if there are potentially going to be as many as 2 million children who will have been moved out of their private insurance into this government-subsidized program, we're also told that Medicaid and also SCHIP generally pay less than the private insurance market pays, that means that the health care providers, the doctors and the hospitals, are going to have to absorb another 2 million patients who are going to be reimbursing them at a lower rate. Another error in the original program, it was for children, and yet we know that four States currently have more adults than children in their program.

Under this bill before us, CBO estimates that in the next 5 years there will still be 780,000 adults enrolled in the Children's Health Care Program.

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

PARLIAMENTARY INQUIRY

Mr. RANGEL. I have a parliamentary inquiry, Mr. Speaker.

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

Mr. RANGEL. Does it violate any of the House rules if I refer to the bill before this House as the ''Republican-controlled Senate'' bill?

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

Mr. RANGEL. Well, does it violate any of the House rules if I refer to this bill as a bill that is a Senate bill controlled by the Republicans on the other side of the House? I want to make it clear it's not a House bill.

The SPEAKER pro tempore. If a point of order is made against the gentleman's referring to the bill in that manner, the Speaker will rule on the matter.

□ 1900

Mr. RANGEL. Mr. Speaker, I yield myself such time as I may consume because I want to share a lot of complaints about what those Republicans did to a good, decent House bill. So if you want to join with me with your criticism, don't criticize anyone here. It is not my fault that your leaders were excluded from the so-called ''conference.'' We had no conference.

I know how it feels to have been in the minority, having been there for a decade. So I share with you why you were left out. But had I been in charge, and not the Senate, I would have wanted you there, your judgment. Even if it was just to read the bill over and over and over, at least you would have been participating.

I yield to the chairman of the Health Subcommittee. No one is in a better position to let you know that this is not the House bill. As hard as he worked to reform Medicare, to make certain that we preserved it, to reform that bill, to get $5 billion for the people in the rural areas, to help the aged poor, and really to help the doctors that work hard every day and deserve a decent reimbursement, that, my friends, was in the House bill. But our friends on the other side, the Republicans said, ''No, take it or leave it.''

Mr. Speaker, I yield 2 minutes to the gentleman that worked hard for the House bill, the gentleman from California (Mr. STARK).

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

Mr. STARK. Mr. Speaker, as my distinguished chairman has suggested, this is a modest proposal, with all due respect to Mr. Swift. I am not proud of the bill or the process. I would say to my distinguished ranking member from the Ways and Means Committee that they were accorded every opportunity at every point to participate in this bill, and they know it. They were not excluded until they decided they did not want to help us pass the CHAMP bill, which was a far better bill.

At this point, I have to thank my colleagues on both sides of the aisle who have helped us pass a bill that would have added a million additional children. It was a far better bill for children. It would have expanded coverage to legal immigrant children. It was better also for senior citizens. But I also have to thank our leadership and the commitment of Speaker PELOSI to suggest that when we come back, after, as we expect this bill will be vetoed, we will remember that there were a tremendous number of proposals in here which would have helped not only children, but seniors, financial help for low-income seniors, mental health parity for Medicare, improved Medicare benefits and health benefits, preventive care, rural health parity, consumer protections in part D, improved dialysis procedures, protection of Medicare from privatization, and the preservation of the Medicare system by doing away with the excessive spending in Medicare Advantage.

The allegiance of groups like AARP, the AMA, Families USA, the Alliance for Retired Americans, the National Committee to Preserve Medicare and Social Security, the AHA, all of whom helped us pass CHAMP, all have been ignored in the bill before us today.

I want to make it perfectly clear, I had no part in backing away from not only my commitments, the commitments of many of my colleagues, to these groups or to America's seniors. I know the Speaker will help us return to that commitment and pass those procedures in the future.

Mr. Speaker, I rise in support of H.R. 976, the Children's Health Insurance Program Reauthorization Act.

As many of my colleagues have made clear, this bill is far better than what President Bush prefers. It will provide $35 billion in new funds for the CHIP program, which will enable 6.6 million children to keep their health care at the end of the month and provide coverage to nearly 4 million currently uninsured children.

President Bush proclaims to want a ''clean extension'' of the CHIP program, but don't believe him on this any more than you did on weapons of mass destruction, ''mission accomplished'' or take your pick of lies he's told. He knows full well that his proposal would mean taking health care away from needy children.

The CHIP program is a block grant so it provides a capped amount of funding to States each year. The existing program is broken. We've already had to pass legislation this year to provide additional funds to keep more than 13 States from dropping children from their CHIP roles. If the President has his way, those States will soon have to take away their health coverage anyway.

That's why I'll vote for this bill today. It is better than the status quo—and far better than the direction President Bush wants to take us all with regard to health coverage.

But, I am not proud of this bill or this process.

On August 1st, we passed a far better bill through the House of Representatives.

First, the Children's Health Insurance and Medicare Protection Act, CHAMP, was better for children. It invested $50 billion into the program and covered more than a million children. CHAMP also allowed States to use Federal funds to appropriately expand coverage to legal immigrant children and corrected a misguided regulation issued by the Bush administration on citizenship documentation that forced thousands of American children to lose their health coverage through Medicaid.

However, not only was the CHAMP Act better for children, it also provided overdue and much needed improvements to senior citizens and people with disabilities on Medicare. In the House, we combined children with seniors and created a bill that improved the health of our youngest and most needy and our oldest.

Unfortunately, Senate Republicans refused to allow our bills to go to conference. They refused to even consider attaching any Medicare provisions to the CHIP reauthorization. As a result, we are here today with a reduced CHIP package that cedes most of the House CHIP reauthorization bill to the Senate's preferred language.

I'm also not certain about whether we will really take up Medicare later this year and adopt the important Medicare improvements we passed in the House.

All of the following provisions from the CHAMP Act are now at risk: financial help for low-income seniors, Medicare mental health parity, improved Medicare preventive health benefits, prevention of the pending physician payment cuts, rural health parity, consumer protections in Part D, improved dialysis procedures, protection of Medicare from privatization through massive overpayments to private plans, and preservation of the Medicare system.

In my opinion, the allegiance of groups like AARP, the AMA, Families USA, the Alliance for Retired Americans, the National Committee to Preserve Medicare, and Social Security and the AHA—which helped us pass CHAMP—have been ignored in the bill before us today.

I want to close by making it perfectly clear that I had no part in backing away from my commitments to any Members of Congress, these groups, or to America's seniors in requesting your support for our broader CHAMP Act. I will do everything I can to see all sections of CHAMP become law. I urge my colleagues in the House and advocates across the country to urge leaders in both the House and the Senate to do the same.

Mr. MCCRERY. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Michigan (Mr. CAMP), the distinguished member of the Ways and Means Committee, the ranking member of the Health Subcommittee.

Mr. CAMP of Michigan. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, this bill clearly isn't about helping low-income children. If it were, it would have support from both parties and the President would be eagerly waiting to sign it into law. This is a missed opportunity. Virtually everyone supports providing health insurance to low-income children. But when a Federal health program for children starts covering not only families, but childless adults making three and four times the poverty level, it has clearly lost its focus.

It is clear that Democrats want taxpayers to fund, and the Federal Government to directly provide, health care benefits to millions of more Americans, even for those families making over $80,000 a year. They are using SCHIP as a vehicle and the children it is intended to cover as a shield to get one step closer to total Government control over our health care system. The current plan to expand SCHIP is in dire need of a second opinion. Instead of moving further and further away from the core mission, we should be reforming the program to ensure it is truly helping America's uninsured children.

The nonpartisan Congressional Budget Office stipulates that the proposed expansion would cover an additional 5.8 million Americans at a cost of $35 billion. Alarmingly, more than one out of every three individuals already has private insurance. The bill before us does little more than move children and upper-income families from private insurance plans to taxpayer-funded

plans. That is a prescription for the type of government largess that stifles economies and unduly burdens taxpayers. It is not a prescription for reducing the number of uninsured Americans.

State's and children's advocates should take a second look at this bill. Because of shoddy funding sources, this bill is likely to harm more States and health care programs than it helps. A Heritage Foundation study showed that as many as 28 States, including Michigan, stand to have a net loss of $10 to $700 million in revenue.

This bill is designed poorly, funded poorly, and will do little to help lower-income Americans obtain health coverage. The President should veto this bill. Congress should work in a bipartisan fashion, as we did nearly 10 years ago when the program was created, to make certain that children in America have access to a health care system.

Mr. DINGELL. Mr. Speaker, I yield to the distinguished gentlewoman from California (Ms. ESHOO) 1 minute.

Ms. ESHOO. Mr. Speaker, I thank the chairman of the Energy and Commerce Committee for his devotion to this issue during his entire career in the Congress. I don't think that this is a complicated question that is here before us today. I think that it is very clear. It is very clear in terms of the values of the American people. Why wouldn't a Congress, any Congress, offer health insurance for its most vulnerable citizens, the little ones, of our country?

That is what is on the floor today. That is what is on the floor. They are smart, and they are grinning. Grinning. But do you know what? There are going to be the votes for this bill, and the bill is going to pass. And imagine the person that stands at the doctor's door and not allow children to go through: the President of the United States.

This is a bipartisan effort. The people of our country want us to come together for the families of this country, for the betterment of our country, to make an investment. Yes, through taxing tobacco. I would rather tax tobacco and protect the children of our country than to blow $10 billion a month in Iraq. I am proud of the Democrats. I am proud of the Republicans that support it. We should pass this and say a prayer that the President will come out of his cloud and sign the bill.

The SPEAKER pro tempore. Without objection, the gentleman from Texas will claim the time controlled previously by the gentleman from Georgia.

There was no objection.

Mr. BARTON of Texas. Mr. Speaker, I would like to recognize a member of the committee, the gentleman from Arizona (Mr. SHADEGG), for 2 minutes.

Mr. SHADEGG. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of health care for America's poor and near-poor children. I also rise in equally strong opposition to this bill.

For more than a decade, I have introduced into the United States Congress every single year a bill that would give every single child covered by this bill health insurance. Indeed, it would provide to every family covered by this bill a source of money, tax funds, to them and their family, to buy the health insurance they need for them and their children. But make no mistake about it. This bill is a fraud. The American people are smart. They know it is a fraud. This bill is Congress playing fast and loose with the facts. If we are going to have a debate about covering every single American, let's have that debate. But let's not hide it in a debate about children's health care.

The American people are generous to a fault. They want to cover poor children. They want to cover children who are uninsured. The SCHIP program we have was supposed to do just that. But this program is a fraud. It doesn't cover just poor and near-poor. It covers middle-class families. Some will say, ''Oh, it is capped at 300 percent of the Federal poverty level.'' But under the law and the language in the bill, States can define income any way they want. Therefore, there is no cap on income. It doesn't just cover uninsured children. It covers more children who are insured already than those who are uninsured. CBO says that if we pass this bill, 2 million children currently covered by insurance, getting better coverage than they will get under this bill, will lose that coverage and go on SCHIP. Be proud of reducing the quality of the care they get. In fact, this bill isn't even limited to children. Indeed, this bill will cover adults. In Wisconsin today, 75 percent of the SCHIP money is used to cover adults. In Minnesota, it is 61 percent. In Arizona, we do the same.

Mr. Speaker, if we want to have a debate about universal care, I am for that debate. I have got that bill. But don't have a bill that is a fraud. We must be honest in this debate. This bill will hurt children's health care in America.

Mr. RANGEL. Mr. Speaker, I am going to act as if I didn't hear that gentleman call this bill a fraud four times. I was in that back room with Senator GRASSLEY, Senator REID and our dear friend ORRIN HATCH. It's their bill. So you call it what you want. But please don't call it a fraud, because it is a Senate bill. And they are very sensitive over there. So I just want to make that clear.

Mr. Speaker, it is my pleasure to give 1 minute to the gentleman from Illinois (Mr. LAHOOD). I cannot think of a Member of this House that has worked harder in trying to bring civility, no matter what the issue was. I heard he wasn't going to run for reelection. I just want him to know publicly that both sides of the aisle will miss him.

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

Mr. LAHOOD. Mr. Speaker, this is a bill about children and about health care. Now, all of us in this Chamber have the very best health care insurance in the world, bar none. We should be willing to share those kinds of resources with kids in this country. Why should children have to go to an emergency room when they have the flu? Why should children have to go to an emergency room when they have a cold? Why should children have to go to emergency rooms when they are sick? They shouldn't. Not in America. Not where we have the very best health care in the world. My friends, we should give to our children the access to health care that we have, those of us that serve in the House and the Senate.

This is a bipartisan compromise. This is an opportunity to take a Republican initiative, share it, move on and give the opportunity to children. I encourage Members to do that, to play on the Republican initiative that was started years ago and to say, we have a bipartisan opportunity to give good health care to children.

Mr. Speaker, I urge my colleagues, particularly on the Republican side, to vote for this proposal.

I thank the chairman for the time.

The debate about whether or not to reauthorize and expand the State Children's Health Insurance Program should be easy. This legislation is the product of a bipartisan group that worked to produce a compromise that should be acceptable to all of us. With the shortfall we have seen in several states over the past year, reauthorization of the program at current funding levels is unacceptable. Earlier this year, Illinois faced a $247 million SCHIP shortfall. Many other states were a similar situation before the shortfalls were addressed with new appropriations. By passing this bill today, we may be able to prevent future shortfalls which jeopardize those state programs designed to cover the costs for low income families who can't afford adequate health insurance for their children.

Of the estimated six million low-income children who are not eligible for Medicaid, more than 250,000 children were covered by All Kids, Illinois' successful children's insurance program. More than half of those children live in working and middle class families that make too much to qualify for Medicaid but can't afford private insurance. In 2005, more than 25% of all uninsured children in Illinois fell into the $25,000–$35,000 income level range, having nearly doubled from 13% in 2002. At that rate of growth, we must continue to see this program through. With passage of this legislation today, it is estimated that an additional 154,000 Illinois children will be afforded health insurance. An additional 3.8 million children nationwide will be covered.

I urge my colleagues to support this vital piece of legislation. It is imperative that we continue to look out for the future health and well-being of this Nation, and that starts with our children today.

□ 1915

Mr. MCCRERY. Mr. Speaker, before I recognize our next speaker, I yield myself such time as I may consume.

Mr. Speaker, I agree with the gentleman that children ought not have to go to emergency rooms to get care,

that children ought to be able to go to their family doctor; but there's a good way and a not-so-good way to provide that.

This bill provides a government healthcare program for that. We would much rather provide a private health insurance plan for that. I would submit that there is a vast difference in those approaches.

Mr. Speaker, at this time I would yield 2 minutes to the distinguished gentleman from Texas (Mr. SAM JOHNSON), a member of the Ways and Means Committee and ranking member of the Social Security Subcommittee.

(Mr. SAM JOHNSON of Texas asked and was given permission to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Mr. Speaker, I must oppose this bill today, but I have got to make it clear that I do support children's health insurance. I believe this bill flat misses the mark. While well-intentioned, this legislation is a massive expansion of a government-run healthcare program that takes resources away from the very children it was meant to help.

As ranking member of the Social Security Subcommittee on Ways and Means, I am deeply disturbed by the part of this bill that makes it easier for illegal immigrants to be covered under this program. In the last Congress, Republicans worked hard to ensure that everyone in this children's health program are really U.S. citizens. Because of that effort, States now require applicants to show documents like birth certificates, driver's licenses or passports in order to prove U.S. citizenship.

This new legislation weakens this standard. All applicants would simply be asked to provide a Social Security number and a name that would then be verified by the Social Security Administration. This process is ripe for massive fraud and abuse that will leave American tax dollars paying for healthcare for illegal immigrants.

In addition, we have the responsibility here in Congress to spend the taxpayer dollar wisely. I know my constituents don't want the Federal Government doling out billions of dollars to pay for illegal immigrants' health care.

Congress should just pass a responsible extension of this important program before it expires, not play politics with our kids' health care. Americans deserve, want, and need for our children to have good health care, and we need to do it today.

Mr. DINGELL. Mr. Speaker, with affection and respect for my good friend from Texas, I would observe that none of the abuses that he points out have been found in the years in which this legislation has been in place, and there are none of the abuses that he would find here going to come forward.

Mr. Speaker, I am delighted to yield 1 minute to my friend, the distinguished gentlewoman from California (Mrs. CAPPS), a real expert in the field of health care and a caring and concerned practitioner as a nurse. We are grateful that she is with us.

Mrs. CAPPS. Thank you, Chairman DINGELL, for your leadership.

Mr. Speaker, I rise today in strong support of this bill and in support of America's children. We have two choices today: we can vote for this excellent bipartisan bill, which Senator HATCH appropriately called ''an honest compromise which improves a program that works,'' or we can vote against this bill and not only deny millions of children the chance to finally access health care, but strip it away from children who are already covered.

Trust me: as a nurse, I know the power and prudence of providing this health care coverage for our kids. It is indeed an accomplishment that Congress can be proud of.

This bill is responsible, and it's the right thing to do. Make no mistake, it is a compromise bill. But if we fail to pass this bill and even one child loses health coverage, we have failed our most important constituents, our children.

I urge my colleagues, I strongly urge my colleagues to join me in supporting this legislation. Vote ''yes'' to protect children's health. ''Suffer the little children.''

Mr. BARTON of Texas. Mr. Speaker, I would yield myself 2 minutes.

Mr. Speaker, we have spent most of today actually trying to read the bill. I have the bill in front of me. In this 2-minute period, I want to discuss section 605 of the bill. Section 605 of the bill has the title: ''No Federal funding for illegal aliens.'' It is a very brief section, two lines: ''Nothing in this act allows Federal payment for individuals who are not legal residents.'' That is it.

So the title of section 605 would have you believe there's going to be no Federal funding for illegal aliens. When you specifically read the section, it just says nothing in the act allows payment. It doesn't prohibit it.

Now, if the authors of section 605 really don't want illegal aliens to receive funding under this bill, this section ought to read something like this: ''This act prohibits Federal payments for individuals who are not legal residents or citizens.''

Mr. Speaker, I would ask unanimous consent to substitute the language that I just read: ''This act prohibits Federal payments for individuals who are not legal residents or citizens.''

Mr. DINGELL. Reserving the right to object, will the gentleman restate his unanimous consent request?

Mr. BARTON of Texas. Mr. Speaker, my unanimous consent request is to substitute for what is in the bill: ''Nothing in this act allows Federal payment for individuals who are not legal residents,'' that is in the bill, I ask unanimous consent to substitute: ''This act prohibits Federal payments for individuals who are not legal residents or citizens.''

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

Mr. DINGELL. Mr. Speaker, that would contravene the understandings we had with our good friends in the Senate who insisted on this language. I have to object.

The SPEAKER pro tempore. Objection is heard.

Mr. BARTON of Texas. The gentleman from Michigan has objected, and I respect that objection. But what that means is that they want illegal residents of the United States of America to get these benefits. That is what the objection means. So for that reason alone, I would ask that we vote against this bill.

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

Mr. RANGEL. Let me tell you what it means, distinguished ranking member. Distinguished ranking member, what it means is that the deal that we cut, if we change anything over here, the Republicans on the other side are going to drop everything. So we are trying to cooperate with this Republican Senate bill. So even if the distinguished gentlemen here would want to agree, we can't do it. We are held hostage by the other side.

Let us put down our arguments and march over there and correct this thing. But I agree with you, that language should have been corrected with both Houses, but the Republicans objected to any changes or any additions.

Mr. Speaker, I yield 1 minute to the distinguished gentleman from Illinois (Mr. EMANUEL), a member of the Ways and Means Committee who is a leader in the Democratic Party, a leader in our Congress, and a leader in our country. We are proud to have him on this bill.

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

Mr. EMANUEL. Last week the President asked for $200 billion more for the war in Iraq. In the same week, the White House said that the bipartisan plan to give 10 million children health care included ''excessive spending'' and threatened to veto it.

I agree we have excessive spending. In Iraq. For 41 days of the war in Iraq, 10 million U.S. children would get health care; 41 days of the war in Iraq, where we have been at war for over 4½ years.

Make no mistakes, this debate is not about spending. It is about priorities. So it is no surprise that the President finds himself increasingly isolated from Republicans here on Capitol Hill, in the Senate, in the House, and Republicans in the State capitals around America.

This President is isolated from where the American people are. They would like to see 10 million children get their health care.

Just listen to what Republicans have been saying. Senate Republican ORRIN HATCH: ''We're talking about kids who basically don't have coverage. I think the President's had some pretty bad advice.''

Senator CHARLES GRASSLEY, another Republican, said that the bipartisan plan ''breaks the legislative impasse and should have strong support from both Democrats and Republicans.''

From minimum wage, to lobbying reform, to veterans health care, to college education, we have passed bipartisan solutions to problems facing America. That is what this bill does.

Thank you for the Republican support for this Democrat initiative. It is right for America's children. It is time to put them first, 10 million kids.

Mr. MCCRERY. Mr. Speaker, I yield 3 minutes to the gentleman from Wisconsin (Mr. RYAN), another distinguished member of the Ways and Means Committee.

Mr. RYAN of Wisconsin. I thank the gentleman for yielding.

Mr. Speaker, a couple of things: number one, we are not dedicating enough time to this debate. A half-hour is not enough time to debate what this is really all about. This is not just about health care, health insurance for low-income children. If that is all this was about, then we could pass this with 2 minutes of debate, unanimous consent, voice vote, everyone would agree.

That is not what this debate is about. This debate goes far beyond that, and the American people deserve to have a much more honest, much more thorough debate about what really is being discussed here.

This is a misleading bill. This is a misleading debate. This is misleading, number one, because this is really all about whether or not the Federal Government should run health care for most Americans or not.

All of us in this room, Republicans and Democrats, believe that Americans ought to have access to affordable health insurance. All Americans. We all believe that. The question is, should the government run it, or should health care be a decision between patients and their doctors? Let's have a debate about that.

The reason this is a misleading debate is because this bill takes more health insurance away from children with private insurance than it gives to children without insurance. We are taking more people off of private insurance than we are giving to uninsured children. If we wanted to just give uninsured children health insurance, let's do it.

This bill is misleading because it gives children health insurance for 5 years, and then it pushes them off a cliff. I call it the majority's ''bait and switch SCHIP funding.'' It says 5 million children get it now; 5 million children 6 months into 2012 get nothing. $41 billion is hidden out of this bill. Who believes that that is going to happen? In order to contort their way into their PAYGO rule, they are giving on the one hand and taking out with the other.

But what this debate is really about is putting the government in the middle of that decision between the patient and their doctor. I don't want a bureaucrat running health care. I don't want an HMO bureaucrat running health care, and I don't want a government bureaucrat running health care. I want patients running health care with their doctors.

That is what this debate is really about. This debate is about getting more and more and more government in the middle of the health care decisions between patients and their doctors. This is a debate about getting us on that path toward government-run health care. That is a big debate. It deserves more than a half-hour of debate.

And, unfortunately, the majority is misleading the American people by saying this is only about low-income children, when they are bringing us a bill that displaces kids off of private health insurance, goes to virtually to anybody of any income if a State wants to, and goes way beyond the idea of insuring low-income children.

Let's give low-income children health insurance, and let's have a big debate on whether the government ought to be running health care in America or not.

Mr. DINGELL. Mr. Speaker, I would observe an interesting point, and that is the Congressional Budget Office says that we are taking care of 4 million additional kids who are identical in all particulars to those we now care for under SCHIP. There is no vast increase in socialized medicine or anything of that sort, as we hear from the other side.

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

Ms. SOLIS. I thank our chairman of the Energy and Commerce Committee for allowing me to speak this evening.

Mr. Speaker, I rise with a very heavy heart today in support of this so-called Children's Health Insurance Program because I can't afford not to have our children covered. That is what SCHIP has been about for the last 10 years. We need to continue that service to those kids who are covered. It hopefully will not be dropped off, and we can continue to expand the program.

I will tell you that I do have differences with our party, and especially the Republican Senate Members that refused to allow for coverage of legal permanent resident children and pregnant women.

We passed a good bill, the CHAMP Act. We worked very hard, and I thank our leaders of our committee and our Members for allowing us the opportunity to provide interpretive services for hard-to-reach populations, to go out and do the right thing and to get more children enrolled.

□ 1930

This is not the expansion that many of us envisioned that are sitting here tonight, but it is the best we can do. I can tell you, we had a meeting earlier with Speaker PELOSI. She has made a commitment to continue the discussion with us, and we will make that a priority for the people that we represent here in America.

If we can send troops, send our soldiers to defend our country and yet not cover their families and their children, then we have moral corruption going on in this Congress. I support this bill. Again, I say I have a heavy heart.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I want to acknowledge my good friend, Mr. RANGEL, the distinguished chairman of the Ways and Means Committee. I now know who the problem is; it is those big, bad bully Republicans in the Senate. I didn't realize that.

Mr. RANGEL. I can discuss it in some detail.

Mr. BARTON of Texas. It is my time.

The SPEAKER pro tempore (Mr. SCHIFF). The gentleman from Texas controls the time.

Mr. BARTON of Texas. Now that I know what the problem is, I am going to call over there. They are good friends of mine, Mr. HATCH and Mr. GRASSLEY. And tell them that now that we have identified the problem, will they accept the language that Mr. DINGELL objected to, and when we are here next week on the House floor when this bill is vetoed by the President, I would expect my good friend from New York to accept that change in the language.

Mr. RANGEL. If we can get them to open up this, we can do business.

Mr. BARTON of Texas. I know we can. I think my time has expired, but I just want to commend him because now I know where the problem is. It is those big bad bully Republicans and these two wily negotiators, Mr. RANGEL and Mr. DINGELL, who are two of the most distinguished, able legislators in the history of the Congress, have been buffaloed by a couple of scallywags over in the Senate.

Mr. RANGEL. Mr. Speaker, it is my pleasure to yield 1 minute to the gentlewoman from Pennsylvania (Ms. SCHWARTZ) who is an outstanding member of the Ways and Means Committee.

Ms. SCHWARTZ. Mr. Speaker, as one of the original architects of CHIP in Pennsylvania, I have seen firsthand that it is possible to bring together public and private stakeholders and expand health coverage to millions of children, children of working families who cannot afford the increasing cost of coverage.

As the September 30 deadline to reauthorize CHIP quickly approaches, American families are counting on us to ensure health coverage for millions of American children.

The Democratic majority understands the needs of working families and has negotiated for weeks to craft a commonsense compromise legislation before us. This plan has a broad-based coalition of supporters ranging from our Nation's seniors and unions and businesses, insurance companies and health care providers, all of whom have come together to support CHIP.

American families expect action, and 10 million uninsured American children are depending on us. It is time to put children ahead of politics. Vote ''yes.'' Vote for America's children. Tell the President to end his veto threats and vote to make health coverage available and affordable to 10 million American children.

Mr. MCCRERY. Mr. Speaker, due to the imbalance of time remaining, I would at this time withhold calling on a speaker, and I reserve the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. Mr. Speaker, I thank the gentleman for yielding, and I rise to oppose this bill.

As much as anything, I want to say the children's health care bill, you would think would get a little more dignity in the process around here. This is a 299-page bill which we received, ''we,'' minority Republicans, received at 6 p.m. last night, or maybe even later than that. That doesn't give you a lot of time to work on a bill and have any kind of bipartisan deliberations.

Plus, there is no motion to recommit. Now I know that is inside-the-Beltway stuff, but this is important if you are talking children's health care.

What I do know is that in the bill, adults are still allowed to be covered by it. Adults can push poor children out of the way because States are going to politically favor them and let them have the opportunity to be insured.

I know there is a massive tax increase. I know there is very little sympathy for smokers these days, but it is still a tax increase on the backs of the smokers. And in order to get enough money to pay for this, it would require 22 million new smokers in the United States of America.

Now, maybe the Democrat Party is planning to pass out cigarettes at the schools and say to the kids: Hey, look, start smoking so you can finance your own insurance company. And you'll probably be needing it, by the way, wink-wink. But in the meantime, the government gets to grow. The bureaucracy gets to grow. The nanny-state, more like the Nurse Ratchet states, continues to grow at the expense of children. I urge a ''no'' vote on this.

Mr. RANGEL. Mr. Speaker, I think my time along with Mr. MCCRERY's is short. If you can give us the amount of time, I think I am going to pass right now.

The SPEAKER pro tempore. The gentleman from New York has 4½ minutes remaining. The gentleman from Louisiana has 2½ minutes remaining. The gentleman from Texas has 5½ minutes remaining. The gentleman from Michigan has 7½ minutes remaining.

Mr. RANGEL. Mr. Speaker, I reserve the balance of my time.

Mr. DINGELL. Mr. Speaker, I am delighted to yield 1 minute to a very able member of our committee, the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY. Mr. Speaker, I rise today in strong support of H.R. 976. In Oregon alone, 37,000 new children will receive access to health care under this bill. Those children are counting on us to act today before this critical program expires.

Although many speakers before me have focused on the big picture by citing the number of children impacted by this legislation, I implore my colleagues to not lose sight of the small picture: the impact SCHIP has on the life of a single child.

The core purpose of this legislation is to ensure that a single child with the flu can go to the doctor or that a single child with cancer can receive chemotherapy. SCHIP simply allows the interaction between health care providers and the child to occur millions of times over.

I hope the House will put aside petty partisan differences and show strong bipartisan support for H.R. 976, that the President will stand alone if he vetoes this critical piece of legislation.

I can give the President 10 million reasons why he should put down his veto pen once we pass this bill, H.R. 976: the 10 million children who will otherwise go without access to health care if we do not pass this bill. I urge a ''yes'' vote on H.R. 976.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. PENCE).

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

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding.

I rise in opposition to this SCHIP proposal. I see this as a bad deal for America, which is not to say that I oppose a reauthorization of this program or its essential elements. And in the continuing resolution this week, we will see to it that this program does not lapse as a virtue of my vote.

But beyond the budget gimmickry, beyond increasing taxpayer liability for illegal immigrants, this compromise is no deal the American people should accept.

It is interesting that a health insurance program for poor kids doesn't require your kids to be poor. Families with incomes of up to $83,000 a year could be entitled to assistance in health insurance in this program. Also, a State program to provide health insurance for children doesn't require families to have children to participate. This program allows childless adults to continue to receive SCHIP through 2012.

Also, it pays for all of this by raising taxes 61 cents per pack and more on cigars. The headline ought to read, ''Smokers in America to pay for middle class welfare.''

Congress should reject this SCHIP program, continue this program, and reject all of the bad elements of this bad deal.

Mr. RANGEL. Mr. Speaker, I yield 1 minute to Mr. JASON ALTMIRE, a distinguished gentleman from Pennsylvania.

Mr. ALTMIRE. Mr. Speaker, there has been a lot of conversation about how this is a Federal Government program and how this is a move to expand Government's role in health care, so I thought I would take a moment, a minute, to talk about what is really in this bill.

This is an expansion of an existing program created 10 years ago in a Republican Congress. It is a capped block grant. The amount of money is capped. It flows through the States, and almost every State in the country administers the program through the private health insurance market. Through the private market.

This could not be anything further from a big, government-run program. It is administered by the States and contracted out to the private market.

And yes, these are families that have income. They are families that work hard and play by the rules, and they are families that can't afford health care for their children. Is there any better cause in this country that we can work on in this Congress than that issue? I ask my colleagues to support this bill.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, since we have not had a markup and since we have not had a legislative hearing, and I know it is cumbersome to actually refer to specific sections of the bill on the floor, especially of what is portrayed to be a conference report, which this is not, which is not amendable, but I want to go back and talk about this eligibility.

There is a section in the bill, section 203: ''State option to rely on findings from an express lane agency to conduct simplified eligibility determinations.'' On the face of it, that would seem to be a good thing. This section is very complicated. It is 10 to 15 pages long.

But it does say in this section that a parent of a child that might be eligible can self-verify. If you are approached by one of these express lane agencies, it is up to the parent of the child to self-determine, to self-certify that they are indeed eligible. That would appear to be something that we need to work on.

Then it goes on when it defines the actual express lane agencies on page 123 of the bill, in subparagraph (F), it goes through and lists the kind of public agencies that are express lane agencies. They apparently include Medicare part D, Medicaid, Food Stamp Act, Head Start Act, National School Lunch Act, Child Nutrition Act, Stewart B. McKinney Homeless Assistance Act, United States Housing Act, Native American Housing Assistance Act, and so on and so on.

Again on the face of it, those are all agencies that might be of some assistance, but I doubt that their requirements are the same as the requirements for the base bill for SCHIP in

terms of income eligibility and age determination. For example, I doubt that the Stewart B. McKinney Homeless Assistance Act has an age requirement at all.

So again, when the President vetoes this bill and we are back working together on a bipartisan basis, these are the kinds of things I hope to clarify and tighten up.

Mr. DINGELL. Mr. Speaker, it is a pleasure and a privilege for me to yield time to a distinguished member of the Committee on Energy and Commerce, the respected gentlewoman from New Mexico, a very valuable member of our committee (Mrs. WILSON).

□ 1945

Mrs. WILSON of New Mexico. Mr. Speaker, my colleague from New York, Mr. RANGEL, says this is not a House bill; and he's right, it isn't.

When the House first passed its version of this bill, I opposed it, particularly because it funded that House version of the bill through reductions in Medicare spending. This bill is a compromise. It is a much better bill. It's not a great bill, but it's a good bill.

I was a cabinet secretary in New Mexico for children at the time SCHIP was initially implemented. It was established by a Republican Congress and a Democrat President and it works. It gets kids health insurance that they need.

We have big challenges in health care, but this isn't one of them. Don't let the perfect be the enemy of the good. I would ask my colleagues to join together and to support this bill tonight for the good of all of us.

Mr. BARTON of Texas. Mr. Speaker, I yield 1 minute to a distinguished Member from Texas (Mr. HENSARLING).

Mr. MCCRERY. Mr. Speaker, I yield 30 seconds to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. I thank the gentleman for yielding.

Mr. Speaker, let nobody make a mistake about it. I know the Democrats are trying to cast this as a debate about insuring poor children. That's false. We have Medicaid. We could reauthorize the current SCHIP program now in the snap of a finger, but that's not what this is about.

Instead, this is a debate about who will control health care in America. Will it be families and doctors, or will it be government bureaucrats? This is a proxy fight for the Democrats to take that first step towards socialized, government-run health care in America. That's what this is all about, and there should be no mistake about it.

We've got a program for children that insures adults. We've got a program ostensibly to help the poor that can subsidize people making $82,000 a year, and they're going to do all this with a huge tax increase on smokers, and we're going to need 22 million new smokers in 10 years just to pay for it.

If this bill passes not today not tomorrow but at some time, the children of America will suffer. If this program passes, and I hope all the mothers of America are paying very careful attention to this, because if this passes, in the years to come they won't wait minutes or hours to see a doctor of their choice. They will wait weeks and months to see a doctor chosen by a government bureaucrat, and that doctor will not be the doctor of today. It will be somebody who is less competent, less able to take care of their child, and that's what this is all about.

If you care about the children, reject this bill tonight.

Mr. RANGEL. Mr. Speaker, it's my pleasure to yield 1 minute to Dr. STEVE KAGEN, who would share his views with us.

Mr. KAGEN. Mr. Speaker, the vote we will cast today will ask a simple question: Whose side are you on? Are you on the side of the millions of children who lack access to health care? Are you on the side of families who are working hard, but still cannot afford the cost of health insurance today in America? Are you on the side of the American people who demand, who demand that this Congress find a solution to the impossible costs for health care across the country? Or are you on the side of powerful special interests?

The bill before us will cover nearly 38,000 additional uninsured children in Wisconsin, and I'm on their side. Whose side are you on? The American people will remember tonight, how you cast your vote. That question tonight will be answered in your vote, and tonight will answer the needs of those who need us the most, and that's our Nation's children, for they are our future.

Vote ''yes.''

Mr. MCCRERY. Mr. Speaker, I only have one speaker left to close, so I would reserve the balance of my time.

Mr. BARTON of Texas. Mr. Speaker, I also only have one speaker, that's myself, to close. What is the order of closure?

The SPEAKER pro tempore. The Chair will recognize Members to close in the reverse order of opening: Mr. MCCRERY, Mr. RANGEL, Mr. BARTON, and lastly Mr. DINGELL.

Mr. RANGEL. Mr. Speaker, I have two speakers so I think I will reserve my time at this time until we can get a little equality in the time. I think I only have 2½ minutes.

Mr. DINGELL. Mr. Speaker, I yield to the distinguished gentleman from Washington (Mr. INSLEE) 1 minute.

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

Mr. INSLEE. Mr. Speaker, 10 million low-income American children will get health care coverage under this bill to renew SCHIP. Some of us think that is not such a bad thing.

This legislation is especially important to my home State of Washington because it will cut in half the number of uninsured kids in Washington State. It does that by fixing a long-standing inequity that punished Washington and 10 other States because we provided coverage for kids just above the poverty line, and we fix that long-standing inequity tonight.

If you're a Member from the State of Washington, Wisconsin, New Mexico, Connecticut, Wisconsin, Rhode Island, Minnesota, Maryland, New Hampshire, Vermont and Tennessee, vote for this bill and you can go home telling your constituents we fixed this long-term unfairness.

I'd like to thank Chairman DINGELL for including a 100 percent permanent fix in the House SCHIP bill that we passed in early August. I'm grateful that we retained that fix, and I hope we'll make sure that we do this on a permanent basis ultimately.

So we need to pass this bill tonight, extend coverage and fix that inequity.

Mr. DINGELL. Mr. Speaker, I yield to the distinguished gentlewoman from California (Ms. ROYBAL-ALLARD) 1 minute.

Ms. ROYBAL-ALLARD. Mr. Speaker, I hoped I would rise today in strong support of this SCHIP conference agreement that ensures millions of additional children access to health care.

While I am pleased that we are increasing our investment in children's health, I'm deeply disappointed that final product denies health care to legal immigrant children.

The Senate Republicans' failure to include the House-passed Immigrant Children's Health Improvement Act in the conference agreement is a tragically missed opportunity to address existing health disparities among vulnerable legal immigrant children and pregnant women.

More than 20 States, including California, have recognized that increasing access to care for legal immigrant children and pregnant women is good public health policy and cost-effective care.

Unfortunately, this bill ignores that fact.

This debate is not about immigration. This debate is about health care and our moral imperative to value the life of every child and to ensure that race and income do not determine the health status of any child in our wealthy Nation.

Mr. RANGEL. Mr. Speaker, I yield 1 minute to an outstanding member of the Ways and Means Committee from the sovereign State of New Jersey (Mr. PASCRELL).

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

Mr. PASCRELL. Mr. Speaker, 90 million Americans, nearly one-third of our Nation's population, had no health insurance for some or all of the past 2 years. Please let it sink in.

It is shameful that roughly 10 million of these uninsured are children. Ninety percent of those kids live in working households and a majority in two-parent families who simply cannot afford health coverage. Six million children are in imminent danger of losing their

coverage if Congress fails to reauthorize SCHIP now.

We've heard many things this evening and that is, you've stooped to conquer. You accuse the Republicans and Democrats who support this legislation of wanting to do this for illegals. Then you accuse the Republicans and Democrats who support this legislation of supporting socialized medicine. And that wasn't bad enough. You went to the next thing. You accused Democrats and Republicans of encouraging smoking, and then you said that we want to aid the rich and comfort the rich.

Read the legislation. This is good legislation for America. Help the children for a change. Let's come together and vote for this legislation.

Mr. DINGELL. Mr. Speaker, at this time I yield myself 2 minutes.

We have here before us a bill which gives $35 billion to strengthen and improve children's health coverage. It protects 6 million children today covered by SCHIP. It adds an additional 4 million. It is the largest investment in children's health since the passage of the original Children's Health Insurance Program in 1997.

It provides $300 million in outreach grants for the States, community organizations, tribal organizations, and national initiatives. It provides a new express lane initiative for one-stop enrollment. It facilitates enrollments for newborns so coverage starts immediately. It does more than this. It revises the current SCHIP program formula to more accurately attract State need in that it follows the House provisions.

It provides the children enrollment program contingencies adjustment allotments to States to succeed in reaching the eligible but the unenrolled.

It does more. It provides dental coverage for CHIP children. It also provides mental health coverage for children. It provides grant money for diabetes clarification and prevention. It clarifies the coverage of school-based clinic services through the CHIP program. It creates a new option for CHIP programs to subsidize employer options and employer coverage for children whose parents may already have access to coverage.

It does not do any of the things that were charged on the other side because it does not change the law that CHIP now has in place. It just offers additional benefits to children under the SCHIP program.

It is a program which will cover 4 million more kids. It has to be passed by the first of the next month or else all of these kids are going to lose their coverage.

I was at the Governors' meeting in northern Michigan, and the one thing that the Governors were unanimous on is that we need to pass this SCHIP because it is an essential program and an essential part of their program for the care of our kids.

It is a piece of legislation that will make this country better. Take care of our kids. See to it that we do the job that we should in making health care available for all of our kids.

I yield back the balance of my time, excepting I'm going to save time to yield to my dear friend, the majority leader, to close.

The SPEAKER pro tempore. The gentleman reserves the balance of his time.

Mr. MCCRERY. Mr. Speaker, I believe all of the controllers of time are ready to close.

Mr. Speaker, the gentleman that spoke right before me, the distinguished chairman of the Energy and Commerce Committee, said that this bill provides $35 billion for children. This bill actually provides a lot more than that. It's $35 billion in new, additional spending on top of the $25 billion that the program as currently structured spends. So we're more than doubling on paper the cost of this program. And when you consider that there's another, oh, approximately $30 billion that the tax increase in this bill does not cover, we're getting up to tripling, quadrupling the size of this program.

Now, the gentleman earlier said that no abuses such as illegal immigrants gaining benefits have ever been identified. Well, I would refer the gentleman to the 2005 HHS Inspector General report in which the Inspector General says that 47 States allowed self-declaration in the United States citizenship for Medicaid and he asked for those States to give him an audit.

Only one State did that, the State of Oregon. The Secretary of State provided an audit, and in that audit he found out of 812 individuals sampled, who were Medicaid beneficiaries in that State, 25 of them were noneligible noncitizens.

So, Mr. Speaker, under the provisions in this bill, which liberalize the current law treatment of qualification of individuals for this program, we indeed expect to see abuses of this.

So, Mr. Speaker, I urge all of us to vote ''no'' on this so that we can sustain the President's veto if the bill passes and then get together for a true bipartisan compromise on this important program.

The SPEAKER pro tempore. The time of the gentleman has expired.

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Mr. RANGEL. Mr. Speaker, when Congresswoman NANCY PELOSI shattered the glass ceiling and made history as the first woman to become Speaker in the history of the United States Congress, the one picture that remained to commemorate this great event was the children that were there when she was sworn in. It wasn't a symbol of the war or the deficit or the Republicans or Democrats; it was this Congress sharing with the rest of the country our deep commitment to the children of our country. And that is our investment.

Whether you are liberal, conservative, Republican, or Democrat, no one can challenge that our most precious human beings are those who cannot protect themselves. We have this opportunity to join with the Speaker as she closes this argument to set aside the partisanship and to be able to say, no matter what our differences, it was the children, it was the children that prevailed, and I voted with them.

I yield the balance of my time to the Speaker of the House of Representatives, Congresswoman NANCY PELOSI.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding, and I thank the distinguished chairman for recalling to mind that opening day here when I accepted the gavel on behalf of the children of America, all of the children of America. And when we had this debate before in Congress, we talked about perhaps the children listening to this debate, hearing what Members of Congress were saying. And I expressed my hope that they would consider this the children's Congress.

I thank the chairman of the Ways and Means Committee, Mr. RANGEL, for his leadership, and Mr. STARK, the Chair of the Health Subcommittee for helping to make this the children's Congress with this legislation. I thank the distinguished chairman of the Energy and Commerce Committee for his tremendous leadership.

Mr. RANGEL and Mr. DINGELL went into the conversations with the Republican leadership in the Senate on this bill, true champions of America's children, knowing the facts and figures, the provisions, every provision of the bill with such authority as they argued on behalf of America's children so effectively that this legislation before us reflects many of the provisions that were in the House bill. We had to agree to the Senate language in terms of the $35 billion and the pay-for with the tax on tobacco. We had hoped that we could do more in terms of the money allocated for this purpose so that we could cover more children.

As I praise Mr. DINGELL, I also want to acknowledge the fabulous leadership of Mr. PALLONE, Chairman PALLONE of the Subcommittee on Health in the Energy and Commerce Committee. Because of their leadership, we were able to join Senator REID, Chairman BAUCUS, Chairman ROCKEFELLER, Ranking Member GRASSLEY, and Ranking Member HATCH in having a very bipartisan conversation on this subject. The people who were in the room that evening cared about passing a serious piece of legislation to expand health care for America's children. Not to expand the eligibility, as some on the other side of this House would have you believe, but to expand the number of kids who could be served if they met the eligibility. I, myself, had hoped that we could go beyond that and have eligible children in America who were legal immigrants. I was told that that would not fly in the Senate; that is a fight we will hold for another day.

But I am pleased as one who represents a minority majority district

from a majority minority State, where our State is blessed with a beautiful diversity, that of the additional children, nearly 4 million additional children covered, 67 percent of those children are minority children. Two-thirds of those children are children from families who are working hard, playing by the rules, lifting themselves out of poverty. They are the working poor in America. They are those who have aspired to the middle class to change that status and want to stay there. They simply don't make enough money to afford the private health insurance that this SCHIP initiative enables them to do. In fact, 72 percent, my colleagues might be interested to know that 72 percent of the children on this SCHIP program get their health coverage from private health insurance.

There are many misrepresentations, and I think they are probably unwitting because I assume that every person in this Congress cares about insuring as many children in our country as possible. How could it not be so? It is a deeply held value in our country that our children, as President Kennedy said, are our greatest resource and our best hope for the future. We must invest in them. We have a moral responsibility to do so.

When we had the debate on this bill and it first came to the floor, I was delighted in quoting a poem from my youth from Longfellow when he said, ''Between the dark and the daylight, when the night is beginning to lower, comes a pause in the day's occupation that is known as the children's hour.'' This is the children's hour for us in the Congress of the United States.

I quoted Longfellow then, I am reminded of the Bible tonight, and I speak with all of the sincerity and all of the hope to President Bush in the hope that he will change his mind to dig deeply into his heart and think about the children in America who don't have health care. Because, if not, I think that the President is giving new meaning to the words ''suffer, little children.'' Suffer, little children, if your parents can't afford health insurance, but they are working hard and they are not on Medicaid, but you will suffer because they are struggling to give you the best possible future. Suffer, little children, if your family has played by the rules and they have come to this country and you are here as a legal immigrant, because if you are sick, you will not get health care unless your parents can afford private insurance. Suffer, little children, if you are sick because you haven't had the proper nutrition, the proper prevention, the proper early intervention to your affliction, that you should go directly to the emergency room. But until you can get into that emergency room with enough of a serious illness, you will suffer. That is just not right.

I would hope that the President would have had a change of heart and mind since he was Governor of Texas. When he was Governor of Texas, the SCHIP program there, in meeting the needs of the children of Texas, ranked 49th in the country; 49th in the country. Forty-eight States were doing better in meeting the health needs of their children as reflected in the outreach of the SCHIP program. Does that mean that Texas is the 49th wealthiest State in the Union, that the children in that State can all afford private health care? I don't think so, especially since that State, as with mine, is blessed with beautiful diversity and people, again, families who come to America, families who are part of our country, who are struggling to make ends meet to build a better future for their children. And building that better future is what our country is all about, and those newcomers make America more American. I heard the President say that.

We also heard him say that in this term of office that he would enroll every child who is eligible. I am sure our distinguished majority leader will bring that to the attention of this body.

What is interesting about this is that the President, if he persists in vetoing this bill, and by the way, you don't have to be a Latin scholar to know that ''veto'' means ''I forbid.'' With that pen, the President says, I forbid struggling families in America to have health care for their children. I forbid every child to be treated the same if they have an ailment.

How did any one of us decide that we were going to choose, you will have health care and you will not, in a country as great as ours when we are talking about our children? We are talking about our children.

So that is why the Conference of Mayors, the U.S. Conference of Mayors, a bipartisan organization, has overwhelmingly supported this legislation. That is why 43 Governors sent us a letter in July urging us to come to bipartisan agreement on legislation that would reauthorize SCHIP to care for many more children in our country. So when I hear the President say that we don't want to help children, we just want to do politics, I don't think he means that. So I hope he doesn't mean that he is going to veto the bill.

Senator GRASSLEY said of the President: The President's understanding of our bill is wrong. I urge him to reconsider his veto message based on our bill, not something that someone on his staff told him wrongly is in the bill. Actually, he said, ''in my bill,'' Senator GRASSLEY said. And Senator HATCH said: We are talking about kids who basically don't have coverage. I think the President has some pretty bad advice on this.

And I want to also commend Representative Ray LaHood and join you, Mr. Chairman, in saying what a privilege it is to call him ''colleague'' and to serve with him in the Congress, and thank him for his leadership in making a distinction between what is about the children and what is about politics in this House.

I talked about the mayors; I talked about the Governors. Nearly 300 organizations in our country, alphabetically from AARP to YMCA and everything alphabetically in between, Families USA.

I heard someone say the doctors should be making the decisions. The American Medical Association firmly supports this bill. The President of the AMA stood with us in a press conference today to support this legislation. The Society of Pediatrics. Everyone who has anything to do or cares about children in our country knows that this bill is the way to go. It is not everything I want, believe me, it is not the bill I would have written. I would have been far more generous and it would have been paid for in perhaps a different way, but it would have been paid for; because in terms of bringing benefits to our children, we have absolutely no intention of heaping debt onto them.

The Catholic Hospitals Association, again, the list goes on and on about who supports this bill. It is a long list; it is a comprehensive list. And I might include in it that, across the country, overwhelmingly, the American people know and respect the value of taking care of America's children, all of America's children. Two-thirds, two-thirds of those polled among Republican voters, 2–1, they support passing this legislation and having it signed into law.

Why does the President want to isolate himself from caring for America's children? Let's hope and let's pray that a very big, strong bipartisan vote tonight will send him a message to rethink his position.

I see a child in the Chamber. Our constant inspiration of what we do here is supposed to be about the future, and the future demands that we invest in health, the education, and the well-being of our children.

So, my colleagues, vote as if the children are watching. Please vote as if the children are watching, and please send them a message that this is the children's Congress.

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Mr. BARTON of Texas. Mr. Speaker, may I inquire as to how much time I have.

The SPEAKER pro tempore. The gentleman from Texas has 1½ minutes remaining. The gentleman from Michigan has 1 minute remaining.

Mr. BARTON of Texas. Mr. Speaker, I yield myself the balance of the time.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. And since I really have a real minute and a half, I'm going to try to go through this as quickly as possible.

Republicans want to reauthorize the SCHIP program. We do want to refocus it on the original intent of the program, which was near-low-income children in families between 100 and 200 percent of poverty. We understand that

in the 10 years of the program's existence that waivers have been given and there are some States that cover up to 350 percent of poverty, and some States cover adults.

But as our distinguished Speaker just said, Republicans are for the children, and we want to focus the SCHIP funds on those children and those families that don't have private insurance and aren't covered by Medicaid; and we believe that that is children in families somewhere between 100 percent of poverty and 200 percent of poverty.

And when the President rightfully vetoes this bill, and when the House of Representatives rightfully sustains the President's veto, it is my hope that we will get with the other body and the Democratic leadership at the leadership level and Chairman DINGELL and Chairman RANGEL, and we will work out a bipartisan compromise that does cover the health care needs of the needy children of America that currently, in spite of our best efforts, do not have the health insurance and the health coverage that they need.

To make that possible, we have to defeat this bill, or at least get enough votes to sustain the President's veto of this bill, and then work together in the near future to do some of the things that we have talked about on the floor this evening.

Vote ''no'' on the SCHIP bill this evening.

Mr. DINGELL. Mr. Speaker, at this time I yield to the distinguished majority leader the balance of my time for purposes of closing.

Mr. HOYER. Mr. Speaker, for those of us who have served in this body for some period of time, all of us know that the gentleman from Michigan (Mr. DINGELL) has been as focused on health care for all Americans as anybody who's served in this body, with the sole exception, perhaps, of his father. For over half a century, the Dingells have focused on making sure that Americans in the richest land on the face of the Earth had access to health care.

I want to congratulate my friend, Mr. DINGELL, and I want to congratulate his partner, CHARLIE RANGEL, one of the senior Members of this House, chairman of the Ways and Means Committee, who has worked collaboratively with JIM MCCRERY, and I want to congratulate JIM MCCRERY; I'll congratulate him again while he's listening; who has worked, I think, positively with the chairman, and I thank him for that.

I rise in support of this legislation. Today the Members of this body must answer this fundamental question: Will you stand with millions of American children who, through no fault of their own, but they live in families of limited means, have no health insurance? Or will you stand with the few, including at least now President Bush, although I hope he changes his mind, who are ideologically opposed to this legislation, and thus being willing to leave millions of American children stranded without the health insurance coverage they need and that they deserve?

Mr. Speaker, the bottom line is this: we must not sacrifice the health of our children on the altar of a conservative ideology. We must pass this bill.

The fact is, President Bush himself stated on the campaign trail in 2004, in fact, it was at the Republican Convention, and I would hope all my Republican colleagues would listen to the President's quote, if you haven't already seen it and read it. He said this as he addressed the American people asking them for their vote for a second term, which they gave him. He said this: ''In a new term, we will lead an aggressive effort to enroll millions of children who are eligible but not signed up for government health insurance programs.''

President Bush said that as he appealed to the American public for their support for a second term, that he would aggressively pursue a program of adding millions of children, eligible but not included, in the health insurance program.

''We will not allow a lack of attention or information to stand between these children and the health care they need.'' That is what President Bush said to the American public from the convention floor in 2004. We, tonight, are going to give him the opportunity to fulfill that promise to the American public.

Unfortunately, the President is threatening to renege on his campaign promise and to veto this legislation. Let's be clear: this fiscally responsible legislation will ensure that some 10 million children will receive health insurance coverage. That's approximately 4 million more than are covered under the Children's Health Insurance Program today. And so what we consider today is not young Master Snyder, who was on this floor, or Gemma Frost, with whom we met earlier today. Gemma Frost will be covered. Luckily, Master Snyder's father is covered, as all of us are, under a Federal Employee Health Benefit Plan to which our employer contributes. Gemma Frost was not so lucky.

The truth is, those 4 million additional children are eligible under existing guidelines, not new guidelines that we've created. They are the children that were eligible that President Bush talked about in 2004 that he wanted to vigorously assume inclusion in the program. Millions, he referred to.

This legislation does not change eligibility guidelines. It simply strengthens CHIP's financing, increases coverage for low-income children, and improves the quality of care they will receive.

In contrast, under the President's proposal, and I hope my friends would put this fact in juxtaposition to the President's representation in 2004 on the floor of the national convention that you held as your party, his proposal would decrease, by 800,000 children, the numbers that would be covered under CHIP in the future. Now, that's included in the 4 million, so actually it's a net 4 million difference between the proposals.

Ladies and gentlemen, we ought not to retreat from our children's health. We ought not to retreat from working families concerned about the inclusion of their children.

And I suggest to my friends concerned about cost, we ought not to give the answer, they can go to the emergency room. Why not? Because all of us know that is the most expensive intervention in the health care system in America. And so not only do we put our children at risk, but we compound our costs.

It's no wonder, Mr. Speaker, that this legislation has received strong support from Members of both sides of the aisle, as well as a wide range of health care providers, including private insurers, doctors and hospitals.

For example, Senator HATCH has already been quoted, but it bears repeating. He said: ''We're talking about kids who basically don't have coverage. I think the President had some pretty bad advice on this.''

Don't take that bad advice. Let us join hands; let us be together on this issue. You voted on a prescription drug program far more expensive than this one, and unpaid for.

Senator GRASSLEY stated: ''The President's understanding of our bill is wrong.''

That's the former chairman of the Finance Committee, Republican, senior Member of the United States Senate. He says, ''The President's wrong.'' He urges him, he says, ''I urge him to reconsider his veto message.''

Every one of us, as we vote tonight, can send a strong message that will perhaps help him to reconsider that position.

Now, let me say, those who complain that this bill will induce people with private insurance to drop their coverage and enroll in the CHIP program are simply grasping at straws. Why do I say that? The fact is, even America's health insurance lobbying group supports this bill.

Finally, let me mention two other points. First, I am very pleased that this legislation includes a comprehensive dental benefit that will give low-income children the dental care they need and will provide States with flexibility in how they provide such care.

Why do I bring that up?

Dental care is important. A 12-year-old child who lived approximately 8 miles from this Chamber, Deamonte Driver was his name, he was 12 years of age. He had three siblings. He got a toothache. His mother did not have coverage and tried to get coverage, tried to get dental care, and she could not get dental care, and that toothache became an infection in the brain, and Deamonte Driver died just months ago, just 9 or 10 miles from where we stand. That is one of the reasons, one of the

four million reasons that I stand here to say that we need to pass this legislation.

Secondly, I'm very disappointed that the Senate Republicans insisted that we remove the House-passed provision on Medicare, as well as our provision that would have allowed legal immigrants who pay taxes to be eligible.

Why is that of concern?

Because my granddaughter, 5 years of age, who just started kindergarten, she may sit next to one of those children in her kindergarten class, and that child who is legally in the United States may get sick. But if that child cannot access health care and sits next to my granddaughter, my granddaughter is at risk.

We want everybody in this country to be healthy so that the rest of us can be assured that we operate in a healthy environment. That is why we want that provision.

Ladies and gentlemen of this House, Speaker PELOSI was right: I don't believe there's a person in this House that doesn't care about their own children, about their neighbor's children, and about the children of our country. All of us care. We need to come together, however, and see how that care can be transformed into meaningful, tangible help.

Mr. Speaker, we have a rare and wonderful opportunity tonight to do the right thing, to put aside partisanship, to elevate the practical, responsible, and moral solution above the ideological.

Mr. Speaker, I urge my colleagues on both sides of the aisle, let's seize this opportunity. Let's do the right thing. Let's stand with America's children. Let us pass this historic legislation.

Ms. HIRONO. Mr. Speaker, I rise today in support of H.R. 976, the reauthorization of the Children's Health Insurance Program (CHIP).

I believe our nation must show true compassion for the most vulnerable among us, and CHIP is a program that helps millions of low-income American children to receive health care so they can grow up in good health.

Since its creation in 1997, CHIP has been successful in providing vital health care coverage for children in families who cannot afford private insurance yet earn too much to qualify for Medicaid.

There are now 6.6 million children emolled in the program.

Unless we act now, they are in danger of losing their health coverage, as CHIP expires on September 30th.

Leaders in the House and Senate have worked hard to bring this conference bill to the floor.

In supporting the conference bill, I want to note that the bill passed by the House earlier is a stronger bill in its coverage of more children in need and in eliminating the automatic cuts to Medicare reimbursements set to take effect in 2008 and 2009. Eliminating these automatic cuts was at the top of the list of needed legislation by medical and health care groups.

I am hopeful that we will address their concerns through another bill before the cuts go into effect.

I am also deeply disappointed that Senate Republicans insisted on the removal of provisions providing coverage for the children of legal immigrants. Such discrimination based on immigrant status should have no place in a bill providing health care to children.

While work remains to be done, I also want to point out that under this bill we would preserve the coverage of more than 20,000 children in Hawai'i, and in addition 12,000 children in Hawai'i who currently are uninsured would gain coverage.

We would preserve coverage for the 6.6 million children nationwide currently covered by CHIP and extend coverage to an additional 3.8 million children who are eligible for coverage but not enrolled. Thus passing this bill would provide health care coverage for more than 10 million American children.

A new report by Families USA indicates that during a 2-year period almost 35 percent of Americans under age 65 lacked healthcare insurance. Hawai'i is better than average in this regard, but 29 percent of our state's residents under age 65 still lacked insurance at some point during the past 2 years.

I support providing all Americans with high quality, affordable health care, and I hope that Congress will continue to move in that direction. But until we reach that goal, we should take steps that help our most vulnerable populations, including low-income children. This is precisely the group that CHIP will help, if we can get it reauthorized and signed into law.

I support CHIP because it is the compassionate, just, moral and the right thing to do. In fact, it is also highly cost-effective. It costs less than $3.50 a day to cover a child through CHIP. It would be far more expensive for taxpayers to leave these children uninsured and having to pick up the tab for indigent care in emergency rooms.

I urge my colleagues to vote for this bill.

Ms. WOOLSEY. Mr. Speaker, I rise in support of H.R. 976, the Children's Health and Medicare Protection Act. While the bill is not as strong as the House passed version, it has several good provisions that deserve our support. This bill invests $35 billion in our children, providing health insurance for an additional four million children and bringing the total number of children covered by SCHIP to ten million. This bill will also help states provide millions of children with the dental and mental health services they so desperately need.

While this is a very good bill, it is not perfect and I hope it will serve as a starting point in a larger conversation about how we find a way to ensure coverage for everyone, but particularly for children and low income seniors, the most vulnerable amongst us. I look forward to working with my colleagues in the House and Senate to come to an agreement on how to increase coverage to the level the House bill provided. Additionally, I would like to join my colleagues in covering legal immigrant children and pregnant women, which the House bill ensured. Finally, I hope that the House and Senate will agree upon a strong Medicare bill that rolls back payment cuts and addresses payments based solely upon where a physician practices. This has made it incredibly difficult for physicians in Sonoma County to continue to see Medicare patients. The House bill addressed the geographic inequity and is a great starting point for a conversation about how to address this serious issue.

Additionally, as the Chairwoman of the House Subcommittee on Workforce Protections, I am proud to support the language in this bill that will provide military families with the protections they need in the workplace. For the first time since Congress passed the Family and Medical Leave Act (FMLA) fourteen years ago, this bill will amend FMLA to provide the spouse, child, parent, and closest blood relative of an injured service member with six months of unpaid, job protected leave to care for their injured loved ones. Congressman GEORGE MILLER and I worked closely with Senators CHRISTOPHER DODD and HILLARY RODHAM CLINTON to ensure that the provisions of H.R. 3481, the Support for Injured Servicemembers Act, were included as part of the final compromise reached between the House and Senate, and I commend the Democratic Leadership for their strong support for our Nation's wounded warriors and their families. Military families should never have to risk losing their jobs in order to meet the needs of their loved ones, and with this bill, we are one step closer to fulfilling our promise to them.

Passing this bill will mean a real investment for our children and I hope that we consider it a starting point for a conversation about covering every child.

Ms. SCHAKOWSKY. Mr. Speaker, I want to start by thanking Chairman DINGELL as well as the Democratic leadership for working so hard to bring the Children's Health Insurance Program reauthorization bill before us today. H.R. 976 is not a compromise that was easily come by, and it's important to recognize the hard work that has gone into it.

Let's be clear, today each of us is either voting for providing healthcare to more uninsured children, or voting against covering more uninsured kids.

This bill is not the bill that I would have written, nor is it as good as the bill that passed the House. But it will cover the 6.6 million children currently covered by CHIP and will reach an additional 4 million kids. It also provides children with dental coverage and finally puts mental health services on par with other medical benefits covered under the program. This bill will also improve quality improvement, outreach, and enrollment efforts under CHIP, and will target those most in need. It is a good bill that we think will get to the President's desk. Thus, I think the commitment this bill makes to our children should be celebrated.

Yet, we need to push further and pass several provisions that were in the house bill, including meaningful improvements in access to basic health services, including granting access to our legal immigrant children, more affordable prescription drug costs and benefits for senior citizens and people with disabilities, and adequate reimbursements for physicians that provide critical care to the Medicare population.

Incredibly, President Bush has pledged to veto this compromise, bipartisan, bicameral measure. The President and the Congressional Republican leadership say that we cannot afford it. We can't afford to cover children, but we can afford the war in Iraq. The bill to provide health care to children will cost $35 billion over the next 5 years—but we will spend over $50 billion in the next 5 months in Iraq.

While this bill could have been so much more to so many of our constituents, it does

bring us a necessary, moderate expansion of the Children's Health Insurance Program and I urge my colleagues to support it.

Mr. MARKEY. Mr. Speaker, I rise today in strong support of this compromise legislation which will provide healthcare for 10 million low-income American children.

This bill will give 4 million currently uninsured children a healthy start in life.

Yet in a confirmation of the White House's pitiless priorities, President Bush is threatening to veto this bill if we spend any more than $5 billion dollars over 5 years to help poor American children get health care.

This year alone, the President requested 40 times that amount—$200 billion dollars—for the wars in Iraq and Afghanistan, yet he has threatened to veto SCHIP on the basis that it spends too much money on American children.

The President constantly chooses Corporations over Children, spending billions on tax cuts for millionaires and subsidies for his friends in big oil without batting an eyelash. But when it comes to giving our country's poor children health care, he can't find the heart to come up with the money.

Today's debate is a major moment in the history of health care, and a veto will place the President firmly on the wrong side of history.

By vetoing this bill, President Bush will expose himself as a Compassionless Conservative.

By vetoing SCHIP, the President will dash hopes of millions of working families who dreamed that they would be able to provide health care for their sick children.

I urge you to stand with those working families and help their children get the health care they need. Vote yes on this critical legislation.

Mr. UDALL of Colorado. Mr. Speaker, I rise in support of this bill.

Dr. Martin Luther King, Jr. said "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." H.R. 976 does not end health care inequality, but it will provide continued coverage for children not covered by Medicare but whose parents cannot afford to buy insurance and whose employers do not provide it.

These children—currently 6 million of them—are now eligible for coverage under the Children's Health Insurance Program (CHIP)—but that program is set to expire at the end of this month. If Congress does not act, these six million will no longer have access to quality, affordable health insurance. This bill responds to that urgent need.

This legislation would assure continued coverage for those now enrolled and would provide coverage for an additional four million children who currently qualify, but who are not yet enrolled under CHIP.

I believe that health care should be a right, not a privilege, and this act is a step in the right direction toward that goal. So, I will support it although I wish it went further.

Despite claims by some, this bill does not change the basic nature of the CHIP program. Instead, it maintains current eligibility requirements for CHIP. The majority of uninsured children are currently eligible for coverage—but better outreach and adequate funding are needed to identify and enroll them. This bill gives states the tools and incentives necessary to reach millions of uninsured children who are eligible for, but not enrolled in, the program.

Earlier this year, I vote for the "CHAMP" bill to extend CHIP. The House of Representatives passed that bill, and I had hoped the Senate would follow suit. It would have increased funding for the CHIP program to $50 million, instead of the lesser amount provided by this bill. The CHAMP bill would have also addressed major health care issues, first by protecting traditional Medicare and second by addressing the catastrophic 10 percent payment cuts to physicians who serve Medicare patients.

However, the bill before us represents a compromise between the House and the Senate and deserves support today. It will pay for continued CHIP coverage by raising the federal tax by $0.61 per pack of cigarettes and similar amounts on other tobacco products. According to the American Cancer Society, this means that youth smoking will be reduced by seven percent while overall smoking will be reduced by four percent, with the potential that 900,000 lives will be saved.

H.R. 976 has the support of the American Medical Association, American Association of Retired Persons, Catholic Health Association, Healthcare Leadership Council, National Association of Children's Hospitals, American Nurses Association, US Conference of Mayors, NAACP, American Cancer Society Cancer Action Network, and United Way of America.

I am proud to vote for this bill that seeks to protect those that are most vulnerable in our society by increasing health insurance coverage for low-income children. I hope that we have the opportunity to take up the other important Medicare issues addressed in the CHAMP bill soon.

Mr. RAMSTAD. Mr. Speaker, I rise in strong support of H.R. 976, which extends and expands the State Children's Health Insurance Program (SCHIP).

We have a moral obligation to cover all our children so every child in America can grow up healthy. It's the right thing to do; it's also the cost-effective thing to do.

The great Minnesotan Hubert H. Humphrey once said that a key moral test of government is how we treat those who are in the dawn of life, the children. We must not flunk this moral test!

My home state of Minnesota started covering children through its medical assistance program even before SCHIP was created, but we still have far too many children without coverage—73,000 kids.

That's why I strongly support extending and expanding SCHIP. I also hope we can work together to provide greater access to private insurance coverage for America's children and other uninsured Americans.

This SCHIP legislation also avoids cutting any of the payments to Medicare Advantage and other critical programs, as it is financed primarily by a cigarette tax increase. So this bill will cover our children without cutting benefits for our seniors.

I urge my colleagues to support this bill. With an expiration of this crucial program looming on September 30, we cannot afford to wait any longer. It's time to break down the barriers to health care for our kids. It's time to reauthorize SCHIP. It's time that all kids have a chance to grow up healthy.

Like the U.S. Senate, we should pass this SCHIP reauthorization with a strong bipartisan vote.

Let's put children's health first and do the right thing. Let's pass this reauthorization of SCHIP and reduce the number of uninsured children by at least 70 percent.

There is no better investment than to invest in the health and well-being of America's children.

Mr. BACA. Mr. Speaker, I ask unanimous consent to revise and extend my remarks. I support the Children's Health Insurance Program Act.

It's a shame that we live in the richest country of the world, yet 3.8 million children are uninsured. 33,000 of these children are in my District.

This bill is not about politics, it's about helping hardworking families and the poorest among us.

Leaving children uninsured is unacceptable. With health care costs going up, working families are on the edge. Expanding coverage is the only solution.

I am disappointed that this bill does not cover pregnant women and children who are legal permanent residents. This is a health care issue, not an immigration issue.

A simple pre-natal exam can detect future complications and prevent costly visits to the emergency room. This would save tax payers millions of dollars in the end.

No mother who is working here legally and paying taxes should have to choose between buying baby formula and taking her infant to the doctor.

No child should die from a sore throat or be denied access to lifesaving treatments. It costs less than $3.50 a day to cover a child through SCHIP.

This is not the time to play politics, our children must come first. I urge my colleagues to support this bill.

Mr. WELDON of Florida. Mr. Speaker, I rise as a supporter of the State Children Health Insurance Program (SCHIP), which focuses on covering children in families at or below 200 percent of the poverty level ($41,000 per year). I have voted to extend this program and to provide additional resources to ensure that those living in families below 200 percent of the poverty level ($41,000) have access to affordable health insurance through the SCHIP program.

What I cannot support is the Democrat's SCHIP bill, because their bill: 1. Fails to place a priority on first enrolling uninsured children in households earning less than $41,000 per year (200 percent of the federal poverty level); 2. Expands government subsidies to those making nearly $80,000 per year; 3. Spends half of the additional SCHIP dollars to enroll children in the government SCHIP program who were otherwise enrolled in private insurance; and 4. Virtually eliminates all funding for SCHIP beyond 2012 because they have no way to sustain funding for SCHIP beyond that date.

It is fiscally irresponsible to expand this program by enticing millions of children in families earning as much as $82,000 per year to drop private coverage and enroll in the SCHIP program that cannot be sustained. In August, House Democrat leaders forced an earlier version of SCHIP through the House that cut over $150 billion from Medicare and moved that money into SCHIP so that they would have a way to pay for millions of new SCHIP enrollees over the next ten years, including millions of currently insured children from middle and upper middle class families.

Their plan to cut Medicare was rejected not only by Republicans, but by the U.S. Senate,

and most importantly by the public at large. But now the bill before us is simply a bait and switch. They have brought a bill before us today that nearly triples the size of SCHIP over the next five years—including enrolling millions of children currently ensured by private plans—only this time they have chosen to hide from the public how they plan to pay for the program for the next ten years. They ramp up the annual budget of SCHIP to nearly $14 billion a year, and then they simply leave it to a future Congress to find a way to continue paying for the massively expanded SCHIP program. It turns out that their nearly tripling of the federal cigarette taxes still leaves them tens of billions of dollars short. Americans should be on notice that in 2012 the Democrats will ask for another $180 billion to continue SCHIP for another ten years.

Particularly troubling is that by significantly expanding SCHIP enrollment eligibility those in families making upwards of $80,000 per year, the Congressional Budget Office (CBO) estimates that millions of new SCHIP enrollees will be children that move from private coverage to the SCHIP program. By moving children from private insurance onto the government program, this bill essentially enrolls five uninsured children for the price of ten. Enticing millions of children to drop private coverage and sign up for SCHIP is short-sighted and fiscally irresponsible, particularly given that it goes bankrupt in 2012.

What we should be doing is focusing this program on enrolling uninsured children in households earning less than $41,000 per year. Mr. Chairman, our children and the American taxpayers deserve better that what the Democrat leadership has put before us today.

In February of this year, states that had overspent their SCHIP funding grants came to Congress begging for more money to ''insure uninsured poor children.'' The root problem in many of these states was the fact that they had use their federal grant to enroll children in the SCHIP program who were neither poor nor uninsured. New Jersey, for example had used their grant to enroll children in families with incomes of more than $72,000, even though there were and still are over 150,000 children in New Jersey in households earning less than $41,000 who are uninsured.

I offered an amendment in February that would have refocus SCHIP to make sure that children in families under 200 percent of the poverty level were covered first. My amendment was rejected by the liberal majority on the Committee, who stated that they had no intent to refocus SCHIP on lower income children. Rather, they planned to continue expanding the program to those well above the poverty level—to include adults and illegal immigrants—as a step toward universal government-run health care. In today's Washington Post, liberal columnist E.J. Dionne Jr., removes any doubt of this goal by writing: ''This battle [over SCHIP] is central to the long-term goal of universal coverage.''

While the press releases about today's bill focus on uninsured low-income children, the language in the bill is about much more than uninsured low-income children. If the bill before us was focused on low-income uninsured children, I would be voting for it. The bill before us does the opposite. It repeals recent rules requiring states to ensure that at least 95 percent of those under 200 percent of the poverty level are insured under their state SCHIP programs. Democrats leaders in Congress have responded to the rule by arguing that there is no way to ensure a 95 percent enrollment rate of uninsured children in households earning less than $41,000 per year. They argue that since they cannot achieve the goal we should simply expand the program to those in households earning more than $80,000 or more a year.

They use budget gimmicks to say that their bill is balance and paid for through higher cigarette taxes. The Heritage Foundation has estimated that the amount of money Democrats estimate they will raise from higher cigarette taxes comes up billions of dollars short and that over the next 10 years they will have to find 22 million new smokers to bring in the amount of cigarette tax revenue they hope to raise. (It is also noteworthy that lower-income Americans pay a higher percentage of cigarette taxes, but it is middle-income Americans that will receive most of the expanded SCHIP benefits under this bill.)

I am also concerned over provisions included in the bill that repeal the requirement that individuals must prove citizenship in order to enroll in Medicaid and SCHIP. This opens the program to fraud and the enrollment of illegal immigrants. In 2006, the Inspector General (IG) of the Department of Health and Human Services found that 46 states allowed anyone seeking Medicaid or SCHIP to simply state they were citizens. The IG found that 27 states never sought to verify that enrollees were indeed citizens. The Congressional Budget Office (CBO) estimates that repealing this requirement will cost $1.9 billion.

And finally from a Florida perspective, Florida taxpayers come up short. Florida taxpayer will send $700 million more to Washington than we will receive back in SCHIP allocations. Where will Florida taxpayer dollars end up going? Residents of California, New York, Texas, New Mexico, Arizona and New Jersey will be the biggest recipients of Florida tax dollars. Yet, Florida has a higher rate of uninsured children that several of these.

Florida voters will also be asked to foot part of the bill for a $1.2 billion earmark inserted into the 300–page bill at the last minute by the powerful chairman of the committee for his home state of Michigan.

Mr. BARTON of Texas. Mr. Speaker, here we are again.

Once again, we are being forced by the Democratic Leadership of the House to vote on a bill of vital importance to millions of our constituents without the ability to actually analyze its contents.

Once again, Mr. Speaker, we are being forced by the Democratic Leadership to vote less than 24 hours after they introduced a bill that is hundreds of pages long and spends hundreds of billions of the taxpayers' dollars.

Once again, Mr. Speaker, we are being forced to vote on a bill that was concocted in secret and unveiled in the middle of the night.

When this sort of thing happens, everybody wonders what the Majority is trying to hide, and why they need to hide anything.

I truly hope that the Democratic Leadership does not expect me to vote in favor of a 299-page bill that Republicans saw for the first time at 6:36 p.m. yesterday evening. I believe in faith, but not in blind faith.

I challenge the supporters of this bill to come to the floor of this House, look people in the eye, and say that they understand all of the provisions that are actually in this bill. Because I have some questions for you.

Mr. Speaker, it would be a compliment to say that the so-called process which produced this bill is an abuse of our democratic system of government. It was so much worse than garden-variety abuse. It was a travesty and an abomination, and it was pathetic. Yet, I'm sure that some will show up here with a handful of talking points from the staff who actually wrote this legislation, and explain to us that it is not a pathetic abomination, but a wondrous triumph of bipartisanship.

I challenge any Member that would claim that this bill is bipartisan to give me the name of one Republican in the entire House of Representatives who directly participated in these discussions. Name just one.

I know that the authors of this bill certainly did not consult with either Mr. DEAL or myself; I know that they have not included any Members of the Republican Leadership in the House; and I'm not aware of a single Republican Member of the Energy and Commerce Committee or the Ways and Means Committee being invited to participate in this process.

Now we have not had time to analyze this product that the Democrats are going to bring to the floor today but the Congressional Budget Office has. Yesterday at the Rules Committee, it was stated that this bill would put 4.4 million new people on to SCHIP. However, according to the CBO close to a million of those children were already enrolled in Medicaid and over 1.5 million of those newly enrolled in SCHIP were already enrolled in private coverage.

It was also stated last night at the Rules Committee that this bill does not expand eligibility under SCHIP. If that is the case then why does the CBO estimate 1.2 million of the newly enrolled people in SCHIP come from expanding the populations that are eligible for the program? Now those comments last night could have been misstatements because people just really do not know what is in this bill. It is difficult to know what is in a bill that no one has seen.

Mr. Speaker, I wonder if someone can explain to me why the Democratic Leadership has decided to wait until just days before SCHIP expires to bring their reauthorization to the House floor. We have known for well over 10 years that the current SCHIP authorization would expire on September 30, 2007, and the Democratic Leadership in the House and the Senate have known since early November that they would be in charge of actually producing a bill to reauthorize this vital health care program for low-income, uninsured children. Yet, here they are, a full 10 months later, jamming a bill through the House with fewer than three legislative days before the entire program expires and children's health care stops.

Well, Mr. Speaker, I was not sent here by the 6th District of Texas to be quiet and do what the gentle lady from San Francisco instructs me to do. I was sent here to represent my constituents' best interests and I demand the ability to do what I have sworn to do.

We all know that the President has promised to veto this version of the bill, so why are we wasting precious time on a bill that we all know doesn't stand a chance of ever becoming law?

While we are down here on the floor participating in this Theatre of the Absurd, the

Democratic Leadership is in the back rooms trying to figure how they will extend the SCHIP program for another 6 months or a year. We all know this to be a fact, but I guess the Democrats want to pick a fight with the president so they can pretend that he is against children, and only then will they permit everybody to do the right thing and extend SCHIP.

Mr. Speaker, I'm sorry it's come to this. The pettiness of this transparent political strategy to damage and weaken the president is a new low. I regret that the state of political strategy has come to this.

I'd hoped that we would not engage in this game, and it's still not too late to stop it. We could start debating how to best extend the SCHIP program so that we can actually do the job people sent us here to do. We still have a chance to write a responsible, long-term reauthorization of the SCHIP program. Now, it's true that writing a solid, bipartisan bill will not give the president a black eye, but that's the price that Democrats will have to pay. Given that millions of needy children are depending on us, it doesn't seem like a big price.

Mr. VAN HOLLEN. Mr. Speaker, I rise in strong support of the bipartisan, bicameral Children's Health Insurance Program (CHIP) Reauthorization Act of 2007.

The CHIP Reauthorization Act will reauthorize and improve the very successful Children's Health Insurance Program, CHIP, for 5 years. This bipartisan bill will preserve coverage for the 6 million children currently enrolled who otherwise would have no access to health insurance while, according to the non-partisan Congressional Budget Office (CBO), extending coverage to 3.8 million children who are not enrolled in the program. By reauthorizing this very important program, we will strengthen CHIP's financing, improve the quality of health care children receive, and increase health insurance coverage for low-income children.

I am pleased that this bill maintains the guaranteed dental coverage and mental health parity provisions that were in the CHAMP Act. Good oral health care is important to the overall health of children. No family should have to suffer the loss of a child because they lack the access to care, as happened in the tragic case of Deamonte Driver, a 12-year-old Marylander who died earlier this year when an infection from an untreated abscessed tooth spread to his brain.

This legislation increases the tobacco tax by 61 cents to a total of one dollar. Increasing the tobacco tax will save billions in health costs and is one of the most effective ways to reduce tobacco use, especially among young children. The 2000 U.S. Surgeon General's report found that increasing the price of tobacco products will decrease the prevalence of tobacco use, particularly among kids and young adults. In short, raising the tobacco tax will prevent thousands of children from starting to smoke and the proceeds of the tax will be used to provide health coverage for children. That is a win-win result.

The President has said that he will veto this bipartisan bill. Not so long ago in a September 2004 speech, he promised to expand coverage of CHIP to include eligible children who are not yet enrolled in the program.

Now the President has reversed course. In his July 2007 speech in Cleveland, Ohio, he forgot his 2004 pledge and stated, ''I mean, people have access to health care in America. After all, you just go to an emergency room.'' I am disappointed that he will wield his veto pen on such promising legislation. I hope he will reconsider his position and help Congress provide health insurance to millions of America's children.

Mr. Speaker, I urge my colleagues to vote for this much needed bipartisan legislation.

Mr. HONDA. Mr. Speaker, I rise today in support of the Children's Health Insurance Program Reauthorization Act of 2007 and to express my dismay over one particular matter not addressed by today's conference agreement.

Since its creation in 1997, the CHIP's flexibility, in combination with existing Medicaid programs, has proven highly effective in reducing the number of children who are uninsured in the United States. The bill before us today will invest $35 billion in the program over the next 5 years, ensuring that 6.6 million children currently enrolled will continue to have a health program and allowing for the growth in the program predicted over the next 10 years.

I am glad that the bill will allow California and other innovative states to continue to cover families—the health of children is inextricably entwined with that of the family as a whole. I am especially pleased that this bill includes full dental coverage and mental health parity, recognizing that physical health care is only one part of effective health coverage.

Despite the desperately needed reforms contained in this legislation, I am deeply disappointed that the conferees did not include language from the House-passed Children's Health and Medicare Protection, CHAMP, Act that would have given states the option of choosing to waive the five year waiting period for Medicaid and CHIP imposed on pregnant women and children who are legally present in the United States. It is unconscionable that Congress will make pregnant women and innocent children pawns in a raucous and frequently misleading immigration debate. I was proud that the House included language that would allow states to make their own decision on this matter and I am saddened that Congress bowed to reactionary anti-immigrant voices on this particular matter and excluded it from this conference agreement.

Despite my concern, I support this legislation, as I believe that it is too important to allow to lapse. I hope that House leadership will take note of my and others' concerns about the denial of coverage to legally present, otherwise eligible, immigrant children and pregnant women and will work with us to bring this matter to resolution in as swift a manner as possible.

I am glad that the Democratic and Republican leadership have been so active in ensuring that we get this bill to the President before the program expires on September 30th, 2007. With passage of this bill, the health of millions of American children will depend on the stroke of the President's pen. I am sure that I express the sentiments of millions of Americans when I say that I hope the President will make the morally correct choice not to veto healthcare for children when this agreement reaches his desk.

Mr. LEVIN. Mr. Speaker, I rise in strong support of the State Children's Health Insurance Reauthorization Act of 2007. This legislation renews and strengthens a program that provides health insurance to children whose families cannot afford it on the private market.

The legislation we are voting on today will extend children's health insurance to enroll almost 4 million kids that are currently eligible for the program and not yet enrolled. That's in addition to the 6 million low-income children already receiving health care under the SCHIP program nationwide, including 55,000 kids in my home state of Michigan.

I regret that many of the provisions the House included this summer did not make it into the compromise bill. I'm hopeful that we will work with the Senate to approve legislation before the year's end in order to ensure Medicare beneficiary access to physicians and stop the further erosion of Medicare solvency. Nonetheless, I support this legislation and urge my colleagues to vote in support of the compromise bill.

Providing health care for children should not be a partisan issue. The legislation has the support of a large majority of state governors, Republicans and Democrats alike. The bill has broad bipartisan support in the Senate; unfortunately, most of the Republican minority in the House has failed to join us in crafting this compromise and the President has threatened to veto this important legislation. So it comes down to this: Clearly, a majority of the House will vote for the SCHIP bill today; the only real question is whether the House will pass this bill with enough votes to discourage a Presidential veto. Do we stand with the President or with kids who need health care coverage?

Instead of working with Congress to expand health care coverage for children, the President's proposal would actually cause 840,000 kids that are currently covered under SCHIP to lose their benefits, not to mention leave hanging the 4 million children that Congress' bill would bring into the program.

The American people want the children of America covered by health insurance. A bipartisan majority of House and Senate Members are committed to carrying this out. The question remains as to whether or not the Bush Administration will get on board.

Mr. DINGELL. Mr. Speaker, I insert these remarks into the RECORD in response to some unfortunate remarks made on the House floor regarding a provision in the Children's Health Insurance Program Reauthorization Act, H.R. 976. A statement was made suggesting that a certain provision had been inserted in the bill to solely benefit my home State of Michigan, a statement that could not be further from the truth. The provision for which this accusation was made in reality would ensure that all States would not be penalized due to factors in Medicaid funding that are beyond their control.

The Medicaid Federal Medical Assistance Percentage, FMAP, is the formula used to calculate the amount of Federal funding distributed to States to offset Medicaid expenses. The Federal Government's share of a State's Medicaid funding is based on the State's per capita income. Put simply, States with lower per capita incomes receive more Federal Medicaid funding; States with higher per capita incomes receive lower Federal Medicaid funding.

Due to recent changes to accounting rules, the current FMAP formula needs to be updated. Accounting rules that require employers to pre-fund employee pension and insurance funds may cause a State's per capita income to be calculated far higher than it really is. To

comply with the rules, employers may occasionally have to make large transfers to a pension or insurance fund. This money is counted in the calculation of a State's per capita income in the year of the transfer, even though it may not be paid out for years. When this occurs, a State then appears wealthier than it is, causing the State to lose Medicaid funding.

The FMAP adjustment included in the CHIP Reauthorization Act corrects this unfair penalty. It simply ensures that when an employer makes a significantly disproportionate pension or insurance contribution, the State is not denied much-needed Medicaid funding.

This adjustment provision is not limited to any single State. In fact it now applies to three States, Michigan, Indiana and Ohio. It may well be that many more States will have cause to complain about this soon, unless it is corrected. It would apply to any State in any instance where there is a significantly disproportionate employer pension or insurance fund contribution that exceeds 25 percent of a State's increase in personal income for a year.

□ 2030

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 675, the previous question is ordered.

The question is on the motion offered by the gentleman from Michigan (Mr. DINGELL).

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

Mr. RANGEL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on agreeing to the motion will be followed by a 5-minute vote on suspending the rules and agreeing to House Resolution 590.

The vote was taken by electronic device, and there were—yeas 265, nays 159, answered ''present'' 1, not voting 8, as follows:

[Roll No. 906]

YEAS—265

Abercrombie
Ackerman
Allen
Altmire
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bono
Boswell
Boucher
Boyd (FL)
Boyda (KS)
Brady (PA)
Braley (IA)
Brown, Corrine
Buchanan
Butterfield
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Castle
Chandler
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costa
Costello
Courtney
Cramer
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis, Lincoln
Davis, Tom
DeFazio
DeGette
DeLauro
Dent
Dicks
Dingell
Doggett
Donnelly
Doyle
Edwards
Ehlers
Ellison
Ellsworth
Emanuel
Emerson
Engel
English (PA)
Eshoo
Farr
Fattah
Ferguson
Filner
Fossella
Frank (MA)
Gerlach
Giffords
Gilchrest
Gillibrand
Gonzalez
Gordon
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Herseth Sandlin
Higgins
Hinchey
Hinojosa
Hirono
Hobson
Hodes
Holden
Holt
Honda
Hooley
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (GA)
Jones (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick
Kind
King (NY)
Kirk
Klein (FL)
LaHood
Lampson
Langevin
Lantos
Larsen (WA)
Larson (CT)
Latham
LaTourette
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lynch
Mahoney (FL)
Maloney (NY)
Markey
Matheson
Matsui
McCarthy (NY)
McCollum (MN)
McDermott
McGovern
McHugh
McMorris Rodgers
McNerney
McNulty
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor
Payne
Pelosi
Perlmutter
Peterson (MN)
Petri
Platts
Pomeroy
Porter
Price (NC)
Pryce (OH)
Rahall
Ramstad
Rangel
Regula
Rehberg
Reichert
Renzi
Reyes
Richardson
Rodriguez
Ross
Rothman
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shays
Shea-Porter
Sherman
Shuler
Simpson
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Solis
Space
Spratt
Stark
Stupak
Sutton
Tanner
Tauscher
Thompson (CA)
Thompson (MS)
Tiberi
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Upton
Van Hollen
Velázquez
Visclosky
Walsh (NY)
Walz (MN)
Wasserman Schultz
Waters
Watt
Waxman
Weiner
Welch (VT)
Wexler
Wilson (NM)
Wilson (OH)
Wolf
Woolsey
Wu
Wynn
Yarmuth
Young (AK)
Young (FL)

NAYS—159

Aderholt
Akin
Alexander
Bachmann
Bachus
Baker
Barrett (SC)
Bartlett (MD)
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burton (IN)
Buyer
Calvert
Camp (MI)
Campbell (CA)
Cannon
Cantor
Carter
Castor
Chabot
Coble
Cole (OK)
Conaway
Crenshaw
Culberson
Davis (KY)
Davis, David
Deal (GA)
Diaz-Balart, L.
Diaz-Balart, M.
Doolittle
Drake
Dreier
Duncan
Etheridge
Everett
Fallin
Feeney
Flake
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey
Gohmert
Goode
Goodlatte
Granger
Graves
Hall (TX)
Hastert
Hastings (WA)
Hayes
Heller
Hensarling
Hill
Hoekstra
Hulshof
Hunter
Inglis (SC)
Issa
Johnson (IL)
Johnson, Sam
Jones (NC)
Jordan
Keller
King (IA)
Kingston
Kline (MN)
Knollenberg
Kucinich
Kuhl (NY)
Lamborn
Lewis (CA)
Lewis (KY)
Linder
Lucas
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul (TX)
McCotter
McCrery
McHenry
McIntyre
McKeon
Mica
Miller (FL)
Miller, Gary
Musgrave
Myrick
Neugebauer
Nunes
Paul
Pearce
Pence
Peterson (PA)
Pickering
Pitts
Price (GA)
Putnam
Radanovich
Reynolds
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Sali
Saxton
Schmidt
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Smith (NE)
Smith (TX)
Souder
Stearns
Sullivan
Tancredo
Taylor
Terry
Thornberry
Tiahrt
Walberg
Walden (OR)
Wamp
Weldon (FL)
Weller
Westmoreland
Whitfield
Wicker
Wilson (SC)

ANSWERED ''PRESENT''—1

Watson

NOT VOTING—8

Carson
Cubin
Davis, Jo Ann
Delahunt
Herger
Jindal
Johnson, E. B.
Poe

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes remaining to cast their votes.

□ 2053

Messrs. PASTOR, ORTIZ, GRIJALVA, GUTIERREZ and MEEK of Florida changed their vote from ''nay'' to ''yea.''

Mr. REYES and Mrs. NAPOLITANO changed their vote from ''present'' to ''yea.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 3375. An act to extend the trade adjustment assistance program under the Trade Act of 1974 for 3 months.

SUPPORTING THE GOALS AND IDEALS OF NATIONAL DOMESTIC VIOLENCE AWARENESS MONTH

The SPEAKER. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 590, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER. The question is on the motion offered by the gentlewoman from New York (Mrs. MCCARTHY) that the House suspend the rules and agree to the resolution, H. Res. 590, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 395, nays 0, not voting 37, as follows:

[Roll No. 907]

YEAS—395

Abercrombie
Aderholt
Akin
Allen
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baker
Baldwin
Barrett (SC)
Barrow
Bartlett (MD)
Barton (TX)
Bean
Becerra
Berry
Biggert

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

NOT VOTING—37

Ackerman
Alexander
Berkley
Berman
Brown-Waite, Ginny
Cardoza
Carson
Clay
Cooper
Cramer
Cubin
Davis, Jo Ann
Delahunt
Dicks
Frank (MA)
Hastert
Hastings (WA)
Herger
Hooley
Jindal
Johnson, E. B.
Matsui
McDermott
Meeks (NY)
Miller, George
Moran (VA)
Murtha
Poe
Radanovich
Rangel
Roybal-Allard
Scott (VA)
Stark
Van Hollen
Watson
Weldon (FL)
Wexler

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes remaining to cast their votes.

□ 2102

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HONORING FATHER ROBERT BOND ON HIS 75TH BIRTHDAY

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, I rise today in honor of the 75th birthday of my friend and family's former priest, Father Robert Bond. Father Bob, as his parishioners call him, is a retired priest of the Glenmary Home Missioners with a legacy of loving compassion not only for his church but for the unchurched and the less fortunate.

Father Bond currently lives in Micaville, North Carolina, but he previously served in many places including Boone, North Carolina, where he served the flock at St. Elizabeth's Catholic Church for 4 years. During his time at St. Elizabeth's, Father Bond typified the church's call to reach out to those in need and share the love of Christ. He was truly ahead of his time in his faithful efforts to bring the power of God's love to those who might never darken the door of a church.

Perhaps the most significant contribution he made to the community of Boone was his vision for Camp Dogwood in Valle Crucis, North Carolina. Camp Dogwood was a ministry that Father Bond ran for disadvantaged youth. On the power of his vision and the work of many volunteers, Camp Dogwood brightened the days and brought hope to the lives of many underprivileged children in North Carolina. He practiced the ''No Child Left Behind'' concept long before it was a national slogan.

Father Bond's 75th birthday provides a reason to celebrate a life marked by compassion and Christian witness. I wish him many more years of faithful service.

THE NEEDS OF CHILDREN IN AMERICA

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thought I would reflect this evening on the needs of our children in America. Today we just debated a legislative initiative to attempt to respond to the health care needs of our children. The good news was the House bill understood that money was the answer to the uninsured children, $50 billion. We didn't quite get there. But I am committed to coming back so that all children can be insured, legal immigrants who have a right to be here and are documented, their children can be insured. But we have to fight this battle. My question to the President is: Do you care?

And then I want to say to this Congress, another young man is languishing in a jail in Jena, Louisiana. It is time to free Mychel Bell, someone who was inappropriately charged as an adult. He is representing thousands of young people wrongly prosecuted, minority young people, who have not been able to find justice.

So to this Congress, help us free Mychel Bell and the Jena 6. Enough is enough.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. PERLMUTTER). Under the Speaker's announced policy of January 18, 2007, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE CONSTITUTIONAL WAR POWERS RESOLUTION OF 2007

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES of North Carolina. Mr. Speaker, questions of when and how American military forces should be used have become increasingly complex in the 21st century. Threats to international peace and security continue

to evolve. Today the notion of national self-defense has come to include preemptive or preventive military action against those who are perceived to be a threat. A war on terrorism in which the enemy may not always be a specific nation-state has become the primary defense concerns of the United States.

The War Powers Resolution of 1973 was intended to clarify the intent of the constitutional framers and ensure that Congress and the President share in the decision-making process in the event of armed conflict.

Yet, since the enactment of the Resolution, presidents have consistently maintained that the consultation, reporting and congressional authorization requirements of the Resolution are unconstitutional obstacles to executive authority.

Mr. Speaker, the Constitution divides war powers between the legislative and executive branches. Our Constitution states that while the Commander in Chief has the power to conduct war, only Congress has the power to authorize war. Too many times this Congress has abdicated its constitutional duty and allowed Presidents to overstep their constitutional authority.

As James Madison said, and I quote, ''In no part of the Constitution is more wisdom to be found than in the clause which confides the question of war or peace to the legislature and not to the executive department.''

Mr. Speaker, it is time for Congress to meet its constitutional responsibility. The framers sought to decentralize the war powers of the United States and construct a balance between the political branches. Because this balance has been both respected and ignored throughout American history, I have today introduced legislation, H.J. Resolution 53, the Constitutional War Powers Resolution that seeks to establish a clear and national policy for today's post-9/11 world. This resolution is a result of the dedicated work of the Constitutional Project and its War Powers Initiative.

The Constitutional War Powers Resolution improves upon the War Powers Resolution of 1973 in a number of ways. It clearly spells out the powers that the Congress and the President must exercise collectively, as well as the defensive measures that the Commander in Chief may exercise without congressional approval. It also provides a more robust reporting requirement to enable Congress to be more informed and to have great oversight.

By more fully clarifying the war powers of the President and the Congress, the Constitutional War Powers Resolution rededicates Congress to its primary constitutional role of deciding when to use force abroad. This resolution protects and preserves the checks and balances that framers intended in the decision to bring our Nation into war.

Mr. Speaker, I hope many of my colleagues will consider cosponsoring this legislation. I ask the good Lord in heaven to please bless our men and women in uniform and to continue to bless America.

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

CHIP REAUTHORIZATION AND DENTAL HEALTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, I rise tonight to express my appreciation to Speaker PELOSI, Chairman DINGELL and our entire Congress which has passed a bipartisan, bicameral agreement to reauthorize the Children's Health Insurance Program for an additional 5 years.

While I would have preferred a bill with more funding to cover additional children, I am pleased that the $35 billion increase agreed to by House and Senate negotiators will bring health coverage to approximately 10 million children in need, preserving coverage for the 6.6 million who are currently enrolled in a program, while reaching many others who are eligible but not enrolled.

I am especially pleased that the agreement ensures quality dental coverage for all children enrolled in CHIP. This provision became a major initiative for me following the tragic death of a 12-year-old Maryland boy named Deamonte Driver.

Mr. Speaker, Deamonte died February of this year when an untreated tooth infection spread to his brain. Eighty dollars worth of dental care might have saved his life, but Deamonte was poor and homeless. He did not have access to a dentist. Deamonte Driver's case was rare and extreme, but he was by no means alone in his suffering.

According to the Centers for Disease Control and Prevention, dental decay is the second most common chronic childhood disease in this country. And it is preventable. Few public health challenges of this magnitude are so easy to address. We are faced with this problem because we have systematically failed to provide children with the care they need.

Approximately 9 million children are uninsured in this country, but more than twice that amount, 20 million, are without dental insurance. That is why I am so glad that we will not only ensure the health coverage of 10 million children, but ensure that they have access to dental care as well.

Those of us in the Maryland delegation stood up in support of this vitally important initiative; and in a Congress-wide push, we were joined by 60 of our colleagues. On this issue, Democrats and Republicans from both Chambers have put aside differences to draft critically important legislation that will help American children. Unfortunately, we have received nothing but push-back from the administration.

In an arrogant attempt to interfere with the business of Congress, the Centers for Medicare and Medicaid Services sent a letter to States on August 17 that has the potential of drastically limiting some States' ability to implement CHIP. H.R. 976 clarifies States' ability to implement the law, and it also addresses the President's concern that CHIP would not go to cover the Nation's poorest children. On this point, let me be clear: this legislation provides health insurance coverage to poor children, children who were already eligible for the benefit but were not enrolled.

President Bush is playing politics with our children's health by threatening to veto the bipartisan CHIP reauthorization and deny 10 million low-income kids the health care they need and deserve. The President has instead expressed support for his own CHIP proposal, which will result in 84,000 low-income children losing their health care coverage, according to the Congressional Budget Office.

Again, Mr. Speaker, I am pleased that my colleagues sent a strong message to the President by voting in favor of the bicameral CHIP reauthorization.

□ 2115

CONFLICT IN BURMA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. ROHRABACHER) is recognized for 5 minutes.

Mr. ROHRABACHER. Mr. Speaker, tomorrow the Foreign Affairs Committee will mark up legislation dealing with the tumultuous events now taking place in Burma. I am an original cosponsor, and I would ask my colleagues to support the bill.

Mr. Speaker, we may be witnessing an historic event taking place in Burma. Religious leaders are bravely confronting a violent, brutal military dictatorship. The people of Burma are telling the generals who have oppressed them and looted their country for decades to peacefully step aside and let a democratically elected government rule the nation.

Nobel Prize winner Aung San Suu Kyi and her National League for Democracy overwhelmingly won elections back in 1990, but corrupt and brutal generals betrayed their people. They ignored the election results.

The SLORC, which is what the Burmese military regime called itself, then commenced to murder, torture and imprison anyone who would oppose their tyranny. Further, they have plundered Burma's vast natural resources, with the help of their Chinese masters and other foreign looters.

Now, at long last, the people of Burma have a chance. This is their moment. I urge all Burmese soldiers: do not kill your own people to further the greed and corruption of those who have sold out your country to the Chinese.

You are not a vassal state of Beijing. It is your country. Those demonstrating for democracy are your brothers and sisters and your family. Do not turn your weapons on them.

I warn the Burmese military officers: if you slaughter the monks and those calling for democracy, when your regime falls, and it will fall, you will be pursued to every corner of the globe and hunted down like the Nazi criminals before you.

The bamboo ramparts of tyranny are coming down. The American people and free people everywhere are with the brave souls in Burma who are seeking to free themselves from the gangsters who oppress them and steal their wealth.

To the people of Burma: you are not alone. Your cause is our cause. Have courage. We are with you.

END THE OCCUPATION OF IRAQ NOW

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, 9 days ago, 11 innocent Iraqi civilian were killed in an incident involving American military contractors. The circumstances surrounding the tragedy are not clear, but what is clear is that not enough attention has been paid to civilian deaths in Iraq.

By the most conservative count, over 73,000 innocent Iraqi civilians have been killed since the occupation began. Just about everyone agrees that the real figure is much higher, since many deaths aren't even reported. But even if you accept the low 73,000 figure, you can see how catastrophic the occupation has been to Iraqi society.

The population of the United States is about 12 times greater than that of Iraq, so 73,000 Iraqi deaths are comparable to over 875,000 American deaths. That is more than the population of Cleveland and Kansas City combined, or Atlanta and Omaha combined. This 875,000 is more than the population of an entire congressional district.

I would also like to call my colleagues' attention to the article in The Washington Post this morning concerning civilian casualties in Iraq. The article points out that the Pentagon's official count of civilian casualties in Iraq shows an increase over the course of this year. This is in stark contrast to the charts that General Petraeus showed us in his testimony earlier this month, which only showed the narrower category of civilian deaths. This is further evidence, Mr. Speaker, that General Petraeus' testimony was part of an overall administration spin campaign to convince this Congress and the American people to keep their support for ''stay the course'' in Iraq.

Iraqi civilians are also suffering, because the violence has forced over 4 million of them to become refugees. The U.N. referred 11,000 refugee applicants to the United States for processing by the end of this fiscal year. In February, the United States promised to admit 7,000. Then that number was downgraded to 2,000. But, so far, only 1,035 refugees have been admitted, and the fiscal year expires in 5 days. This situation is like so many others we have seen during the occupation of Iraq. The administration makes big promises about what it can achieve, then retreats from its promises, and then fails to deliver altogether.

To make our refugee record even worse, the Government Accountability Office has reported that the number of condolence payments the United States Government pays to families of dead or injured Iraqi civilians plunged by 66 percent from the year 2005 to 2006. The condolence payments are, at most, $2,500, $2,500 per incident. Would any one of us consider $2,500 to be a condolence payment for the death of a beloved child or spouse? No, Mr. Speaker, we wouldn't.

This Congress will have failed America, both morally and politically, if we allow the occupation to continue and ignore the suffering of the innocent. We have only one real tool that we can use to end the occupation, the power of the purse. We must not appropriate another dime for the continuation of the occupation. Instead, we must fully fund the safe, orderly, and responsible withdrawal of our troops and the estimated 180,000 military contractors who constitute an even larger army than our 160,000 troops. This is what the American people sent us here to do, and we have a moral obligation to do it. We have an obligation to bring our troops home.

IMPROVING CHILDREN'S HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. TIM MURPHY) is recognized for 5 minutes.

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, within the past hour, the House voted to pass a bill on the Children's Health Insurance Program, a laudable program that all Members agree is important to help children with their health care needs.

Unfortunately, the debate was filled with much rhetoric, and it is important that we cut through all that rhetoric to understand that despite comments made, neither Republicans nor Democrats nor the White House nor anyone else dislikes children. We all want them to have the best health care they can get, and we will continue to work to make sure that happens. But as that bill was voted on on this floor with a threat of the White House to veto it, feeling it was not an appropriate bill, it appears that there may be enough votes to sustain that veto.

During the coming days or weeks as the Senate also looks at this bill and as it goes to the White House, Congress has a couple of choices. First of all, Congress may take this as an opportunity to gain political points, spending untold hundreds of thousands of dollars on campaign ads attacking each other, perhaps saying that each side doesn't care about children, perhaps trying to sway votes so that the veto is not sustained, accusing people of horrendous things which are not true. Or Congress can do what the American people expect us to do, and use this as an opportunity to make things even better.

Now, I believe there were a lot of good things in that bill, and I think all Members agree that there are important aspects about children's health insurance we need to support. But shouldn't we also use this as an opportunity to make things better?

There are elements in this bill that looked at some things to help with prevention, obesity, case management, health information technology, things that I have been talking about in this Chamber for the last 4 years as important things to help us save money. But let me review a few of these and say what we need to do and what we should be doing as Members of Congress to use this bill that will help several million children with their health care as a vehicle to find real change with health care. Instead of us continuing to come to this Chamber and debate how we are going to finance health care, we should be talking about how to fix health care.

The problem with health care is not just that the costs are too high and people can't afford them. The concern is that there is so much waste in our health care dollars that people cannot afford it, perhaps as much as $400 billion a year wasted on our health care system. If we are able to reduce that waste in health care, we can make health care more affordable, and we wouldn't have to be dealing with how do we find the money to fund children's health insurance or adult health insurance. By fixing the system, we could change that.

For example, health care-acquired infections this year will account for something like $50 billion in waste. This chart next to me indicates that just as of this evening, as of this evening there has been at least this many cases who have picked up infections in America, almost 1.5 million cases here, while some indications are that it may be much more than that. There have been some 66,000 deaths so far this year, one every 5 minutes, and so far spending, some $36 billion in health care-acquired infections which are preventable through hand washing, sterilized equipment, using clean procedures.

Health information technology, if we stop talking about it and work with hospitals to invoke it, can save $162 billion in reducing errors. If we do more with case management, we could reduce the big bulk of dollars spent on people who have chronic illnesses such as heart disease and other problems.

If we worked to reduce maternal smoking, we can reduce premature births, problems with low birth weights, asthma, respiratory distress symptoms, and so many other problems that infants experience, if we work to reduce maternal smoking.

Now, we have a choice here. We can continue to argue as a House over who has the better plan, the Republicans' or Democrats' plan; or we can really get together over these next several days and say we need to fix our broken health care system, not continue to finance it. We need a health care system that is focused on patients and not politics. We need a health care system that is focused on patient safety and patient quality and where patients can choose their doctors and hospitals.

I hope this is not a time that Americans will continue to see politicians beat their chest and say ''my plan is better''; ''no, my plan is better.'' I know if every few minutes a child or an adult is dying from an infection they picked up in a hospital, if we know the chronic illnesses they face continue to be so difficult to manage, and it is odd to me that Medicare and Medicaid will spend thousands of dollars to amputate the foot of someone who has severe diabetes, but won't spend $5 to have some nurse call that person and check up on them with care management, something is wrong and something is broken with that system.

If we really and truly care about children, as I believe we do, if we really and truly care about the health care of Americans, as I believe we all do, shouldn't we be focusing our time instead on how to fix the system and use the compassion in our hearts to roll up our sleeves and work together and stop this continued fighting for the sake of political points.

I believe that is what America wants, I believe that is what America needs, and I believe that is what they sent us here to take care of.

□ 2130

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oregon (Mr. DEFAZIO) is recognized for 5 minutes.

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BUSH ECONOMIC RECORD

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY of New York. Mr. Speaker, the President says his policies are working to make the economy strong and that all Americans are benefiting. But evidence of a slowing economy is building, and anxiety over the state of the economy remains high.

The credit crunch, the worsening housing slump, market volatility and weak consumer confidence point to a gathering storm that could drag down the economy, taking thousands of American jobs with it.

Risks in the housing market and weak business investment point to the growing uncertainty of which way the economy is heading. We are facing a tsunami of defaults and foreclosures in the subprime market which could have broader implications for the overall economy.

RealtyTrac reported that foreclosures in August increased 36 percent since July and 115 percent since this time last year. Expectations are that the next 18 months will be even worse as many subprime loans reset to higher rates.

The ability of American consumers to keep spending may be flagging with the cooling housing market. Consumer spending has been propping up the economy, but high energy prices and a worsening housing slump could force consumers to cut back, putting the economy at even greater risk.

American families are understandably worried about the future because the economy is weakening even before many have shared in the gains from the economic growth we have seen so far.

Employee compensation has lagged far behind productivity in this recovery. Some workers are beginning to see some gains in their paychecks after inflation, but they still have a great deal of lost ground to make up. Median family income has actually fallen by nearly $1,000 since President Bush took office.

The divergence between the ''haves'' and the ''have nots'' in the Bush economy stands in marked contrast to the second term of the Clinton administration when real wage gains were strong up and down the wage ladder, to the wealthy, to the poor, to the middle class.

And our economic foundation is simply not on solid ground. The administration is responsible for the three largest budget deficits on record, including a $413 billion deficit in 2004. The gross Federal debt is now almost $9 trillion, or my colleagues listening tonight, each of us owes $29,000 per person. Every citizen in America owes $29,000 to the Federal debt.

Our current account deficit with the rest of the world, the broadest measure of our trade deficit, rose to a record smashing $856 billion in 2006, the largest ever in the history of our country. The amount of Federal debt owned by foreigners has more than doubled under President Bush, with Japan and China alone holding nearly half of our $2.2 trillion debt. We have become a Nation of debtors vulnerable to the economic and political decisions made half a world away.

Despite 4 years of economic expansion, job growth has been modest. Wages are barely keeping pace with inflation. Employer-provided health insurance coverage is declining, and private pensions are in jeopardy. These are the economic barometers that matter most to American families.

Democrats in Congress are taking action to restore a sense of economic security to the middle class and ensure long-term economic growth for our Nation. We started by presenting a realistic budget plan that adheres to PAYGO principles for bringing down the deficit but that does not shortchange our national defense or our citizens. We are not going to spend money we do not have.

Our priorities include providing health care for millions more uninsured children as we did tonight, adding 10 million uninsured children, providing coverage for them, making investments in veterans' benefits, and restoring crucial funding for first responders and local law enforcement.

In order to spur innovation that will keep America number one, Democrats will increase funding for cutting-edge research, invest more in math and science education, and make college more affordable.

We also have a plan to expand renewable energy and energy efficiency to reduce global warming and dependence on foreign oil.

And Democrats want to bring tax relief to those who need it most, by shielding 19 million middle-income American families from the alternative minimum tax.

Mr. Speaker, after 6 years of irresponsible policies, Democrats are working hard to get our economic house back in order.

CONGRATULATING TEMPLE EMANUEL ON 75TH ANNIVERSARY

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, I rise today to recognize the 75th anniversary of Temple Emanuel in Winston-Salem, North Carolina. Temple Emanuel is a Jewish reform congregation in Winston-Salem known for consistently reaching out beyond the Jewish community to embrace people from all walks of life.

Temple Emanuel is identified in the area as a community with a long history of actively engaging the issues that confront the people of Winston-Salem. Its example clearly illustrates how important the tradition of American religious communities' involvement in civic and community life is in an age of what often seems like increasing individual disengagement. I commend the members of Temple Emanuel for their faithful example of outreach and investment in others.

This ethic is embodied in the leadership of Rabbi Mark Strauss-Cohn. His commitment to service and religious dialogue recently earned him the Everyone Can Help Out Award from the Winston-Salem Foundation for his efforts to bridge religious differences by teaching community classes on Judaism. Rabbi Strauss-Cohn has also led

by example by involving Temple Emanuel in housing projects with Habitat for Humanity and other activities.

Temple Emanuel was founded as a reform congregation in the 1930s. When it was incorporated, it boasted 63 family memberships. Today the congregation has grown to more than 250 families. I look forward to seeing this fine Jewish congregation continue to grow and make a positive impact on its community.

I send my best wishes on this significant anniversary, and wish everyone at Temple Emanuel many more years of celebrating and practicing their Jewish faith and heritage.

HONORING THREE COURAGEOUS ODESSA POLICE OFFICERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. CONAWAY) is recognized for 5 minutes.

Mr. CONAWAY. Mr. Speaker, I am saddened to rise today to honor three courageous police officers from Odessa, Texas who risked and ultimately lost their lives responding to a domestic violence call. Corporal Arlie Jones, Corporal John ''Scott'' Gardner, and Corporal Abel Marquez are true heroes that will be missed by their families and friends, the community of Odessa, and this country.

Corporal Jones was 48 years and had served with the Odessa Police Department for 23 of those years. He is survived by his wife, Rhonda Jones; children, Kathleen Jones, Chelsea Jones, Shanna Foppiano, Mandy Boren, Shonda Boren; and parents, Arlie and Lolly Jones.

Corporal Gardner was only 30 years old and had served the Odessa Police Department for 4 years and 5 months. He is survived by his parents, E.D. and Sally Gardner, and brothers Jack and David Gardner, who both work for the Odessa Fire Department.

Corporal Marquez was only 32 years old and served the Odessa Police Department for 7 years and 1 month. He is survived by his children, Isaac Marquez and Sandra Marquez; his parents, Pete and Epi Marquez; and brothers Pete and Philip Marquez, who also work for the Odessa Police Department.

On September 8, 2007, these three men answered their final call of duty to a frantic domestic violence call, a 911 call. It was not the first time the police had visited this specific residence. But these three men didn't think twice about the danger they were stepping in to; to serve, to protect, and to defend was all that was on their minds that fateful night.

Three days later, members of the Odessa community were busy preparing for the September 11 anniversary ceremony. However, the ceremony was a little different this year. In addition to the 3,000 American flags that traditionally fly in the somber west Texas sky, there were three more flags, one for each of the fallen officers. In an ironic and touching service, the people of west Texas honored all of our fallen heroic first responders, both close and far from home.

The community outpouring of love and support shown for the victims' families has been extraordinary, an obvious display of how these three men lived their lives.

I want to offer my deepest condolences to the families and friends of the victims.

During the month of October, we will observe National Domestic Violence Awareness Month. This year as we work in Congress to pass legislation to provide leadership in the ongoing effort against domestic violence, I will personally remember the three heroes from Odessa, Texas who made the ultimate sacrifice for this cause.

Mr. Speaker, I rise to the floor today to honor these three heroes who have been described by Odessa Police Deputy Chief Lou Orras as ''hard-working and dedicated officers with a passion for law enforcement.'' They will be missed, but never forgotten.

REVISIONS TO ALLOCATION FOR HOUSE COMMITTEES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Mr. Speaker,

Under sections 211, 301(b), and 320(a), of S. Con. Res. 21, the Concurrent Resolution on the Budget for Fiscal Year 2008, I hereby submit for printing in the CONGRESSIONAL RECORD a revision to the budget allocations and aggregates for certain House committees for fiscal years 2007, 2008, and the period of 2008 through 2012. This revision represents an adjustment to certain House committee budget allocations and aggregates for the purposes of sections 302 and 311 of the Congressional Budget Act of 1974, as amended, and in response to the House amendments to the Senate amendments to H.R. 976 made in order by the Committee on Rules (Children's Health Insurance Program Reauthorization Act of 2007). Corresponding tables are attached.

Under section 211 of S. Con. Res. 21, this adjustment to the budget allocations and aggregates applies while the measure is under consideration. The adjustments will take effect upon enactment of the measure. For purposes of the Congressional Budget Act of 1974, as amended, a revised allocation made under section 211 of S. Con. Res. 21 is to be considered as an allocation included in the resolution.

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal Years, in millions of dollars]

House Committee	2007		2008		2008–2012 Total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Energy and Commerce	−1	−1	134	132	89	87
Change in Children's Health Insurance Program Reauthorization Act (H.R. 976):						
Energy and Commerce	0	0	9,098	2,412	47,678	34,907
Revised allocation:						
Energy and Commerce	−1	−1	9,232	2,544	47,767	34,994

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal years—		
	2007	2008 [1]	2008–2012
Current Aggregates: [2]			
Budget authority	2,250,680	2,350,181	(3)
Outlays	2,263,759	2,353,150	(3)
Revenues	1,900,340	2,015,841	11,137,671
Change in Children's Health Insurance Program Reauthorization Act (H.R. 976):			
Budget authority	0	9,098	(3)
Outlays	0	2,412	(3)
Revenues	0	6,210	35,525
Revised Aggregates:			
Budget authority	2,250,680	2,359,279	(3)
Outlays	2,263,759	2,355,562	(3)
Revenues	1,900,340	2,022,051	11,173,196

[1] Pending action by the House Appropriations Committee on spending covered by section 207 (d)(1)(E) (overseas deployments and related activities), resolution assumptions are not included in the current aggregates.
[2] Excludes emergency amounts exempt from enforcement in the budget resolution.
[3] Not applicable because annual appropriations Acts for fiscal years 2009 through 2012 will not be considered until future sessions of Congress.

FOREIGN INTELLIGENCE SURVEILLANCE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 18, 2007, the gentleman from Michigan (Mr. HOEKSTRA) is recognized for 60 minutes as the designee of the minority leader.

Mr. HOEKSTRA. Mr. Speaker, I rise tonight to talk about the Foreign Intelligence Surveillance Act. But before we talk about this very important piece of legislation which the Congress extended in the waning hours before we went on our August recess, I think it is important that we put this in context.

As Members of Congress and as my colleague here, Mrs. WILSON from New Mexico joins me, we serve on the Intelligence Committee. We recognize that the American people have laid upon us the responsibility to do everything in our power to assist and give the intelligence community the tools that it needs to prevent another terrorist attack against the United States.

And make no doubt about it, when you take a look at what bin Laden and others in al Qaeda have said, their intent is to attack us and to attack us again and again.

In 1998, bin Laden, in a series of interviews, was asked about his intentions. One of his quotes was: ''To kill the Americans and their allies, civilians and military, is an individual duty for every Muslim who can do it in any country in which it is possible to do it, in order to liberate the al Aqsa Mosque and the holy mosque from their grip, and in order for their armies to move out of all of the lands of Islam, defeated and unable to threaten any Muslim.'' That was February 28, 1998.

He was asked about the possibility of acquiring chemical or nuclear weapons. His response to those questions, again in 1998, was: ''Acquiring weapons for the defense of Muslims is a religious duty. If I have indeed acquired these weapons, then I thank God for enabling me to do so.''

He goes on in another quote, December 1998, to say: ''If I seek to acquire such weapons, this is a religious duty. How we use them is up to us.''

So we have known of the intentions of bin Laden, al Qaeda and the radical jihadists for a long period of time.

□ 2145

We experienced many of their attacks during the 1990s, whether it was the first attack on the World Trade Center, the attacks against the USS Cole, the attacks against our compounds in Saudi Arabia, or our embassies in Africa. Of course, it all culminated on 9/11 with the attacks in New York, Washington, and the crash in Pennsylvania.

It is exactly these kinds of activities, these attacks against our homeland or against our interests in other parts of the world that we seek to prevent. We want to make sure that the intelligence community works with other intelligence communities around the world, because we recognize that it's not only the United States and our homeland that is vulnerable; but we recognize with the attacks in London, the attacks in Spain, the killing of van Gogh in The Netherlands, the plots that were recently disrupted in Germany, in Denmark, the airline plot that was disrupted a year ago, we recognize that the statements that bin Laden made in 1998 are still the way that they think and what they want to do in 2007.

If you go back, if you go to his most recent statement, or one of his recent statements around the anniversary of 9/11, again here's what bin Laden says: However, there are two solutions for stopping it. The first is from our side, and there he's talking about the radical jihadists, and it is to continue to escalate, to continue to escalate the killing and fighting against you. This is our duty and our brothers are carrying it out, and I ask Allah to grant them resolve in victory.

The second solution is from your side, meaning our side. It has now become clear to you and the entire world the impotence of the democratic system and how it plays with the interest of the peoples and their blood, by sacrificing soldiers and populations to achieve the interests of the major corporations.

He wants to attack and sees it as his religious duty for radical jihadists to attack the West, to attack the United States and to escalate, and as I said earlier, his quote from 1998, he seeks access to chemical and nuclear weapons. He seeks access so that they can determine how to use it.

It's our responsibility, again, to give the intelligence community and give the military the tools necessary to prevent bin Laden, to prevent radical jihadists, to prevent al Qaeda from successfully attacking the United States.

I yield to my colleague from New Mexico to talk a little bit about FISA and perhaps also put some context in why this is so important and why the intelligence community is so important as we try to intercept the communications of foreign terrorists like al Qaeda, like bin Laden, like radical jihadists to prevent these kinds of terrorist attacks from occurring again in the future. I yield to my colleague.

Mrs. WILSON of New Mexico. Mr. Speaker, I thank my colleague from Michigan, and I think it's important tonight to take a moment to stop for a moment.

We've been talking all day and all afternoon about health care, and it is something we both care about, and jobs and education and trying to make our schools better and make sure we have roads that people can drive to work on and that we can build businesses and get products to market. And we're all focused on our lives and trying to raise our kids and do the best we can, but we want to talk about something tonight that's really a serious issue and is something I think worries all of us. But sometimes we just want to set it aside, and we don't want to think about things that could happen to our own families, particularly if we don't feel personally like we can do something about it.

But as government leaders there are things that we can do about it. In fact, I think we have a duty. The first duty that we have as Federal officials is to make sure we protect this country.

This weekend, I have been a merit badge adviser for citizenship in the Nation in Troop 166 in Albuquerque, New Mexico, and had a group of boys that I was just teaching about the Constitution. We were talking about what are the functions of the Federal Government. And I believe that first and foremost our duty is to provide for the common defense.

And by that, we don't mean to clean up after the next disaster or support law enforcement if they prosecute people who conducted a terrorist attack. That's not enough, and that shouldn't be the goal of our government. It is to prevent a terrorist attack on this country. It's to prevent the next disaster. It's to prevent you waking up tomorrow morning, as you did 6 years ago, to watch aircraft fly into the sides of buildings.

I think in some ways maybe as a people our desire to move on with our lives has caused us to become a little complacent about the threats that we continue to face; and, in fact, I think our greatest accomplishment in the last 6 years has been what has not happened. We have not had another terrorist attack on our soil since that cool September morning, and it's not because they haven't tried.

A year ago in August, the British Government arrested 16 people who were within 48 hours of walking on to American airliners at Heathrow Airport and blowing them up simultaneously over the Atlantic. They planned to conceal explosives in things they could carry on in their luggage that looked like toothpaste or hair cream or shampoo, things you'd normally have. That's why all of us now have to put those things in those little quart-size containers so they can make sure there's not enough of anything there that can destroy an airliner, because the people in Heathrow were going to do that. They were going to make the bomb on board.

And if we underestimate the hatred and the cruelty of the people that were going to carry this out, think about this: one of them told the police at Heathrow or British police that he intended to bring his wife and his 6-month-old child with him so he wouldn't attract too much suspicion at the airport. Think about that for a second. These people hate Americans so much, they are so determined to inflict mass casualties on us, that they're willing to kill their own 6-month-old child to do it.

That's the threat that we continue to face; and on September 6, in this

month, in Germany, they arrested three people who had amassed enough explosive material to cause an explosion larger than the London subway bombs. Their likely targets were U.S. military bases in Germany.

Al Qaeda has been successful in the past in conducting a dramatic attack on the United States with mass casualties, huge economic dislocation; and they want to do it again. As Americans we have to accept, perhaps not accept but expect, that it is likely that they will succeed. They may fail in more of their attempts than they succeed at, but they only have to succeed once. America has to get it right 100 percent of the time. They can fail a bunch of times. They just have to get it right once.

There's no question in my mind anyway, and in fact bin Laden has said so, they are trying to acquire chemical, biological, and nuclear materials in order to make their attacks on the West even more dramatic, more devastating, more catastrophic. And there is no doubt in my mind that if they had those weapons they would use them.

Mr. HOEKSTRA. And this is not a partisan issue. The vice chairman of the 9/11 Commission, Lee Hamilton, a Democrat, talking about the objectives of al Qaeda: keep in mind there isn't any doubt here about the intentions of the terrorists. They've made it very clear. They want to get hold of a nuclear weapon. So this is not an idle threat. It's a very serious one. Lee Hamilton, a distinguished Member of this body, former Member of this body, vice chairman of the 9/11 Commission and a Democrat who did a wonderful job in leading the effort of that 9/11 Commission.

One of our colleagues here in the House talked about, again, their intentions and talked a little bit about what his reaction was to September 11. His quote is: It did answer the one question we didn't know about September 11: how far would they go. What September 11 said is they will go as far as they want to, that there's no red line, that there's no sense of decency, no innocence, that our world has changed in a very real way. Those are the words of our colleague from Connecticut, CHRIS SHAYS.

And then if we go back to Lee Hamilton: There is one threat because of the consequences that just rises above all others and that is the possibility of a terrorist getting hold of a nuclear weapon. They've made it very clear that they want to get a hold of a nuclear weapon. It's not an idle threat. It's a serious one. It's our responsibility not as Republicans, not as Democrats. This is an American issue. It's got to be an American priority. It is about preventing a nuclear terrorist attack.

And I yield to my colleague.

Mrs. WILSON of New Mexico. And one of the things that's so deeply troubling is they don't even need to get a nuclear weapon to sell terror across a whole region. It is just nuclear material or a suitcase-sized device that could cause tremendous damage and mass casualties, huge economic dislocation; and that is their intent.

And sometimes you listen to these tapes from bin Laden, and I was sitting in my office reading over the most recent one that he sent out on 9/11 on the anniversary of the terrorist attacks. You read through this and go, man, this guy is nuts. It just sounds nuts, but he is serious, and he has shown the ability to carry out mass attacks in the United States and to inspire followers to try to do the same.

We have to take this threat seriously. So the question is, as a Nation, and this is one of the things I look forward to talking a little bit about with my colleague tonight, all right, if the first duty of the United States Government is to protect America, to protect Americans from all enemies foreign and domestic, so how do we do this? How can we not only be better today than we were 6 years ago on the morning of 9/11? That's not the challenge. How do we be better tomorrow than we are today?

I think the greatest accomplishment we've had over the last 6 years is that we've not had another terrorist attack on our soil; but just because we're one step ahead of them today is not good enough. We have to stay one step ahead of them. How do we make sure our government is doing everything it can to keep America safe?

Mr. HOEKSTRA. Reclaiming my time, and I think that's exactly right, that we take a look at the past but most importantly that we set the right objective, the right milestone looking forward; and I think as a Congress we ought to commit to the principle of prevention.

We need to commit to diplomacy and international cooperation, commit to homeland security. That includes our ports, our borders, not just our skies. Let's commit to a nonpartisan approach that applies the knowledge and wisdom of all of our elected officials. Let's learn from 9/11 the goal and the objective of making sure that we will prevent the next 9/11 from occurring.

I'll yield.

Mrs. WILSON of New Mexico. One of the things that is hard to understand is just how difficult prevention is when you're facing a terrorist threat compared to what we faced during the Cold War.

I served in the military during the Cold War. I served overseas in Europe for most of my time as an officer, graduated from the Air Force Academy and then did my service overseas.

In some ways I kind of look back on this and say as an intelligence problem, the Soviet Union was a very convenient enemy. They had their exercises the same time every year. They came out of the same barracks. They had tables of equipment and standard organizational charts. They used the same radio frequencies, the same rail lines. They were a very predictable, potential enemy. Had they ever attacked us, they would have been very difficult to defeat, but we had no doubt about where they were and what they were doing pretty much, and we had huge systems set up for what we called indications and warning, ballistic missile early warning systems and systems that would launch our air interceptors if bombers came close to the United States. We were very good at looking at what the Soviet Union was doing to immediately protect America.

□ 2200

Mrs. WILSON of New Mexico. The intelligence problem with terrorism is much different. It is more like a Where's Waldo problem. They are hiding among us. They don't have set tables of equipment, they don't have their own dedicated radio systems. They don't live in barracks. They don't have exercises that we can catch or plan for or listen to. But if we can find them, we can stop them. And that is why I believe that good intelligence is the first line of defense on the war on terror.

Mr. HOEKSTRA. Reclaiming my time for just a minute. When we take a look at the threat that we face today, it is a fight against radical jihadists. As my colleague pointed out, this is a fight that is very different than what we fought in the cold war. But even in the cold war we had a very specific strategy laid out and a very specific objective. Now, we need to transform our intelligence community to make sure that it is as good and as quick. Actually, it has to be better and it has to be quicker, than radical jihadists. These people who have perverted their Islamic faith to achieve what they hope will be ultimately a world in which their view of Islam dominates everyone, and you either bend to their will or you are killed. Remember, their objectives are very simple: They want to take down the government in Iraq; they then want to destabilize the region; eliminate the State of Israel; establish their caliphate, Northern Africa, Southern Europe, the Middle East, reaching down into Asia, and they want to put it under sharia law; and, at the same time, they want to continue on in the West.

Remember, that for radical jihadists, as they look at the rest of the world they say, you have three options: you have the option to convert to Islam; you have the option to pay the tax, the hadid, or you will be attacked and you will be killed. And that is how they view the rest of the world. And that is why, when you take a look at the statements of bin Laden, al Qaeda, and other radical jihadist groups, it is why they are so focused and why bin Laden, in one of his latest messages, said that they need to escalate their efforts against the West. They need to escalate the killing. And why, if by the grace of God he is given a nuclear weapon, he will decide whether they

will use it or how they will use it. It is why we need to use every tool at our disposal, tools that we refined and that we learned how to use during the cold war.

We developed a great capability against the former Soviet Union, against other enemies during the cold war, and we ought to now take our knowledge of how these tools worked, how we put them in practice, to make sure that we got the information that kept us safe, that prevented the Soviet Union from ever being able to attack us and attack us successfully. How did we develop those tools to make sure that we got the information that we needed at the same time that we protected American civil liberties, privacy and American rights and the American way of life?

We had a good balance. We got the intelligence that we needed. We kept America safe. We had a period of 50 years where we developed these tools. We developed them at their various intelligence organizations where we refined the practices in such a way that they are now positioned as we target them at different threats, and perhaps a more serious threat than what we have ever seen before, radical jihadists. These are the tools that will enable us to meet our commitment of saying we will do everything we can to prevent a successful attack against the homeland.

I will yield to my colleague.

Mrs. WILSON of New Mexico. My colleague from Michigan and I are talking tonight about something that is pretty important and something perhaps that gets not enough time or attention these days, and that is, how do we better prevent a successful attack on the United States, a successful terrorist attack in particular?

One of our strongest tools in this fight is good intelligence. Now, America spies on its enemies.

Mr. HOEKSTRA. Reclaiming my time. We steal secrets. Correct?

Mrs. WILSON of New Mexico. That is exactly what we do. Other governments try to hide what they are doing and terrorist organizations try to hide what they are doing, and we try to steal those secrets. That is what good intelligence does. We steal those secrets so that we can find out the plans and the capabilities and the intentions of groups that might want to kill us or attack us so that we can stop them.

Mr. HOEKSTRA. If the gentlelady will yield.

Mrs. WILSON of New Mexico. Sure.

Mr. HOEKSTRA. Just to talk a little bit about the difference between the threat that we face with radical jihadists versus what we faced in the former Soviet Union.

You know, when we developed some of these tools, they were targeted against a specific location, an embassy in Washington, D.C. or embassies overseas. We knew who these individuals were; we knew where their locations were. I mean, it is a nation-state. They carried passports of certain countries. We knew where their embassies were and all of those kinds of things. They were relatively easy to identify, and the threat wasn't necessarily imminent.

What we now face with radical jihadists is we have got groups of people who, as we have seen in taking a look at their own words, have a passion for attacking the United States. And there are all different kinds of levels within this group. You have got the radical jihadists who are clearly linked to al Qaeda who take direction from al Qaeda. We call it the al Qaeda Central in the Pakistani-Afghan border region, the Fatah, the federally administered tribal areas. So you have got that network that is committed on a larger scale to attacking the West. And then you also have individual cells that might be franchises of radical jihadists who have aligned their goals and their missions with al Qaeda but may not be directly linked or taking their direction. And then that goes all the way over to the thing that we see with homegrown terrorists, people who may have become radicalized in a local mosque, or individuals that may actually become radicalized through the Internet.

So, the intelligence community needs to be focused on each of these types of threats in different ways, and it is a very difficult threat to get a handle on.

Mrs. WILSON of New Mexico. And probably one of the best ways that we have to get a handle, particularly on the terrorist threats, is what they call communications intelligence. We try to listen to people talking to each other. If you are trying to get people's plans and their intentions, understand more about them, you listen to them when they are talking to each other. That is what communications intelligence does. And we have been trying to collect communications intelligence since we started technical intelligence since the invention of the telegraph.

There were spies during the Civil War. We tried to read communications telegrams, intercept international telegrams during the First World War. So we have been trying to intercept communications to be able to tell what is the enemy going to do.

In New Mexico, probably the best example and the one that people know today is what we tried to do to protect our own communications. Particularly in the Pacific, in the Marine Corps, because we knew the Japanese were listening to our guys in the field talk to each other on the radios back and forth on where they were going and what hill they were going to, what their plans were. They used Navajo communicators because nobody in Japan could translate the Navajo code talkers. So we try to protect our own communications. We also try to intercept those of the enemy, both on the battlefield and more globally.

One of the challenges that we face and one of the things that the gentleman from Michigan and I have been working on for close to 2 years is that our laws for communications, particularly for gathering foreign intelligence from within the United States, have become outdated. There is a law called the Foreign Intelligence Surveillance Act, or FISA, which was initially put in place in 1978. Before that, there was really no statute that dealt with any limitations at all on how you collect foreign intelligence, foreign communications intelligence if you are based here in the United States. That law was a response to excesses of the intelligence community in the 1950s and the 1960s, and Congress put some limitations in place. They said, we are going to have some procedures on how we gather foreign intelligence in the United States.

Now, think about this. 1978. 1978 was the year I graduated from high school. The telephone was on the wall in the kitchen and it had an extra long extension cord. The Internet was not a word in the dictionary. Cell phones were only on Star Trek, and the first personal computer, the first IBM personal computer was invented in 1982, so 4 years after the Foreign Intelligence Surveillance Act was put in place.

So the threat was different. We were looking at collecting foreign intelligence mostly on diplomats who were hiding as spies in embassies like the Soviet embassy here in Washington. So it was a more static enemy and more static communications.

In 1978, almost all long-haul communication went over the air; it was bounced off satellites. Almost all short-haul communication, local calls, were over a wire. When we wrote the law, or when the Congress wrote the law in 1978, it was technology specific. It said, you don't have to do anything special if you are just gathering signals over the air if it is a radio signal or satellite signal. You can tune it in on your tuner similar to your car radio. There is no special privacy protections there. But if you touch a wire, you have to do some special things. So it was technology specific.

Since 1978, we have gone through a revolution in communications technology so that now the situation is completely reversed. Now, almost all long-haul communications that would be of foreign intelligence interest are on a wire; and almost all, or a vast percentage, of short-haul communications are over the air. There are 230 million cell phone customers just in the United States.

This change in technology meant that the foreign intelligence surveillance law was getting more and more out of date, at the same time the threats to the United States were changing, requiring America to be more agile in its intelligence collection than we had to be when faced with the former Soviet Union and the Soviet threats.

I yield back to my colleague from Michigan.

Mr. HOEKSTRA. If you take a look at the information right almost immediately after 9/11, as the President convened the bipartisan leadership of the House and Senate, along with the bipartisan leadership of the Intelligence Committees, they recognized that the FISA law wasn't going to work against this new kind of threat. So almost immediately, as the President consulted with this bipartisan leadership of the Congress, they talked about exactly what is this threat that is out there. And as they took a look at the statements, as we did earlier tonight, of what bin Laden was saying, what others in the al Qaeda organization were saying about we want to attack the West, we may use a nuclear weapon, we made a portable nuclear weapon, or something like that, they were unsure of exactly what the threat would be and they were unsure of what the organizational capabilities of the radical jihadists and al Qaeda were. So they made a decision. They said, we are going to do everything, we are going to unleash the NSA onto radical jihadists and intercept their communications so that we can determine and get a better insight as to exactly what they are doing. Because the President and the leadership, bipartisan leadership, recognized that it was their responsibility, and they made a commitment back then that said, we are going to do everything in our power to make sure that we prevent another attack against the United States.

So they took the policies and the practices, and they made the decision to adapt it and extend it to recognize the changes that had taken place in technology. The current Speaker of the House, NANCY PELOSI, Speaker PELOSI, briefed four times in the first 12 months of this effort, talking about exactly how it was working, who was being targeted, the information that was being collected, the kind of impact that it was having on the threats against the United States and how American's civil liberties were being protected. And consistently over a period of 3 to 4 years, as Members of Congress, we are consulted and briefed on this program. They all walked out of those briefings saying, this is essential, this is a necessary tool to prevent another successful attack against the United States.

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That all changed when the New York Times published the existence of this program. It made America less safe. It tipped the radical jihadists off as to what some of our capabilities might be. They changed the way that they communicated. They changed the way that they operated.

But the end result is this is still an effective tool and a balanced tool that we now need to bring up to date through the legislative process. We did that in August.

I yield to my colleague.

Mrs. WILSON of New Mexico. And one of the ironies here is that because of this law, if we're trying to listen to a foreigner in a foreign country, and we take tremendous risks with our members of the intelligence community and collect that communication overseas, maybe at high risk, may not work, and we collect that communication overseas, you don't have to ask permission from anybody in the American judiciary. You're out there trying to do your job as a military officer or a civilian in the intelligence agencies, trying to steal secrets, listen to communications overseas.

But America dominates telecommunications. It used to be that if somebody from northern Spain was calling southern Spain, the route of that communication went directly from northern Spain to southern Spain. Now, because of global telecommunications networks, that call will go on the least restrictive, fastest path. And these efficiencies are running all of the time, and that call from northern Spain to southern Spain could route all the way around the world, through the United States, through whatever the system figures is the best, fastest path. So we may have situations where somebody in a foreign country is talking to somebody else in the same foreign country, and the communication might be routed through the United States.

And yet just because you touch, when you touch a wire in the United States, under the old law, you had to get a warrant from a court, even if you're listening to a foreigner in a foreign country, even if there are U.S. military forces in that country hunting down insurgents who are trying to kill Americans. It just doesn't make any sense at all.

And as one military officer said recently in Iraq, this doesn't make any sense. If I see an insurgent on the telephone, I can shoot him, but I can't listen to him. That was the problem with the Foreign Intelligence Surveillance Act that we sought to get fixed.

Mr. HOEKSTRA. Reclaiming my time, as the gentlelady recognizes, when Admiral McConnell, the Director of the National Intelligence Agency, the former head of NSA during the Clinton administration, I think, for three or four years testified in front of our committee that on occasion, in military activities involving the security and safety of American soldiers, that there were instances where there was a requirement, the safety and the security, not of the homeland, but of our troops who are in harm's way that it required the intelligence communities to go to a court in the United States to be able to listen to foreigners, terrorists, jihadists to get the information that was necessary to protect our troops. And in a time of war, as we talked about it on an Amber Alert, whether it's 12 hours, whether it's 24 hours or whatever, that's too long. And if you're a soldier under fire, or at risk, you want the intelligence community to have every tool to keep you safe and from preventing the terrorists from being successful where you are because, in your environment for the terrorists to be successful, the terrorist objective is very simple. They are over there, you are over here. You're in a hostile environment. Their objective is to kill you. It becomes very, very real for them.

Mrs. WILSON of New Mexico. The other irony of this is that it depended on what technology they were using to talk to each other. If the terrorists or insurgents trying to kill your military unit in the mountains of Afghanistan were using push-to-talk radios, you could listen to them. But if they were on a wire line phone and you were listening, trying to tap into that communication, if it transited the United States, you needed a warrant from somebody in Washington, D.C. This makes no sense. And it was compromising our ability to protect this country, and it was putting our soldiers in danger overseas.

Now there's one provision I want to talk about because I think it is sometimes misrepresented and given as an excuse for not making any updates to the law, and that's the emergency provision in the Foreign Intelligence Surveillance Act. In the 1978 law, there was an emergency provision that said, in case of an emergency, the Attorney General can stand in the shoes of the FISA Court and can approve wiretapping in the United States, and then get 72 hours to go in front of the court and make their case and get the warrant. The problem is that the Attorney General really does stand in the shoes of the court.

The Director of National Intelligence has testified in open session that an average FISA warrant takes 200 manhours to complete the packet, which is about two or three inches thick, to show probable cause in order to get a warrant. But it's worse than that. If we're talking in the United States, there are things that you can do. If I think that my colleague from Michigan is affiliated with a terrorist organization, the FBI can go out and talk to his neighbors. We can show what kind of affiliations he has with others, who he's communicating with us and so on.

But if you're on the Horn of Africa and you think a particular guy is affiliated with al Qaeda, it's not as though you have a lot of resources there to build your case for probable cause to satisfy some judge in Washington, D.C. And so the standard was not even being met in some cases where we had very good reason to believe that someone was affiliated with a terrorist organization. But everybody, all our analysts are back here, with the limited number of analysts we have with expertise in particular terrorist cells, trying to develop cases to convince judges to allow wiretaps on foreigners in foreign countries simply because the point of access to the communication was in the United States.

And the emergency provision really requires the Attorney General to stand in the shoes of the judge. He has to certify that the probable cause standard is met, that it's all the work to get to that probable cause standard that takes the time in the first place. And in the real world the time has taken too long in cases of real emergencies.

Mr. HOEKSTRA. Reclaiming my time, Mr. Baker, a former official at the Justice Department spent a considerable amount of time with the committee explaining to us exactly how the emergency process works. And so often people have focused on just the last part of the emergency process saying, call the Attorney General and he'll approve it. And that can take, that can be almost done at the speed of light. The Attorney General knows the call's coming, and it's kind of like you can get the approval very quickly. If that were the full extent of the emergency process, it might work. But Mr. Baker, in his testimony, says the emergency process, there are complications to it. I don't mean to sit here today, that you push a button, or it is not like, click, buy now on the Internet. It does take time.

He goes on, so why does it take time? So the intelligence community has to do their investigation, make a judgment about what targets they want to pursue, when they've done that; and when they've reached a point where they realize that they need to do collection immediately, they start talking to us. The ''us'' is the Justice Department.

Going on, he says, then we work through the legal facts, the legal issues, the factual issues, at the same time that they are dealing with the technical stuff that they need to do. Then, when all of that is ready and they tell us we are ready to go, and they say, yes, we resolved all legal issues, we have no problem; then they call the Attorney General. Calling the Attorney General and getting an answer back, it's not like super-time intensive unless a complicated case. Oftentimes we'll go down, prebrief the Attorney General what the case is all about, what the request will be, so that when the call comes, it can happen quickly.

But before that call is made, Mr. Baker goes through, we work through the legal facts, the legal issues, the factual issues at the same time that they are dealing with the technical stuff. Then, when that's all ready, and this is what my colleague from New Mexico is talking about, this is what the two inches of legal documents preparation that needs to be done before these folks in the Justice Department and in the intelligence community feel comfortable enough calling the Attorney General or one of his designees and saying, hey, it's time to go up on an emergency FISA.

Mrs. WILSON of New Mexico. And some of my colleagues have said, well, you know, there are some commonsense cases, I mean, where you should just, you know, we're all reasonable people here. There's some commonsense situations where if you've got insurgents who've captured American soldiers, gee, start listening to their communications and we'll take care of the paper work later. That's a felony under the old foreign intelligence surveillance law. So who in a bureaucracy is willing to commit a felony on the hope that some judge will give them mercy? And I look at this and I think, this is nuts. It is the United States Congress' responsibility to make sure we have the laws in place so that the people who are trying to protect us can prevent the next terrorist attack. We shouldn't have lawyers in Washington going in front of judges or making late-night calls to the Attorney General with somebody overseas on the line trying to explain why Abu terrorist really is an agent of a foreign power.

Mr. HOEKSTRA. Reclaiming my time for just a minute, I think we need to go back to what you said where folks have said, well, you know, common sense just says that if there's an imminent threat, just call him. Don't worry about getting the stuff, and just go or just start listening. Like you said, that's a felony. And in the FISA law——

Mrs. WILSON of New Mexico. It used to be a felony until we fixed it.

Mr. HOEKSTRA. Until we fixed it. But in the FISA, you know, there was not a commonsense exception. I'm sure that there are lots of people in America today who have paid a penalty or whatever, believing that what they were doing was, you know, it's just common sense. And they went in front of a judge or maybe they got called in front of a committee in Congress and they found out that their definition of common sense happened to be very different than maybe what the Members of Congress would have defined common sense; and when they got in a court of law, they found out that there wasn't a common sense objective or a common sense exception and found that they'd violated the law.

I yield to my colleague.

Mrs. WILSON of New Mexico. There is no common sense exception. And there is no start listening now and then do all the paperwork later. The paperwork has to be done before the Attorney General says, okay, go ahead; put the alligator clips on the wire. Then all that's left is to get the judge's signature on all of that close-to-200 man-hours on average of paperwork.

So what we did, and what we, and I actually think this year the problem got worse. It got worse for a couple of reasons. One of them was that the Foreign Intelligence Surveillance Court kept looking at more and more issues, and they found that their court was becoming clogged with huge requests for foreigners, for people who are in foreign countries talking to other people in foreign countries. That is not what this law was for. This law needed to be revised to take it back to its original intent, which was to protect the civil liberties of people in the United States. There are no fourth amendment protections under the Constitution of somebody who's not in the United States, not even related in any way to the United States. That's been long established in law and policy. So why are we wasting all this time with lawyers in Washington getting warrants for foreigners in foreign countries just because they happen to be talking on a wire that transits the United States?

Mr. HOEKSTRA. Just reclaiming my time, because, if we go back and we take a look at since this bill passed in 1978, 1979, FISA originally, I mean, at any time from 1978 to 2007 or before 2001, did we ever pick up American communications?

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Mrs. WILSON of New Mexico. Sure.

Mr. HOEKSTRA. And did the intelligence community develop an elaborate system of protections which we call minimization to protect the civil liberties of Americans if and when that occurred?

Mrs. WILSON of New Mexico. In fact, they are much more explicit than they are in criminal law. Think about this. If the FBI thinks that somebody is running a drug cartel and they have got a wiretap on that person, that person may be calling some of his criminal associates, but he also bumps into hundreds of people who are completely innocent. He calls his kid's teacher at school. He may call a cousin. He may talk to his barber. All those people are innocent. You don't have to go out and get warrants on the innocent people. So, yes, wiretaps bump into innocent people. Intelligence agencies bump into innocent Americans overseas.

I was stationed in Vienna briefly when I was an Air Force captain, and one of my jobs was doing negotiations with the Soviets at the time. We all knew who the guy in the Soviet delegation who was the KGB guy. He came to my apartment for a reception with all the diplomatic corps. And if he had happened to communicate back to Moscow and we were listening in on that conversation and he reported on Captain Wilson and what she was like and whether she would like champagne and strawberries or what she talked about and the American intelligence agencies bumped into that, they would have minimized my participation. If it had no intelligence value, it was completely destroyed. But if it had some, with respect to this KGB guy, they would minimize it. They would hide my identity in a way that they are required to do both by statute and by regulation. And that is a long-established practice in foreign intelligence

Mr. HOEKSTRA. So even before the attacks of 2001 and the implementation of the terrorist surveillance program, for 21 years the intelligence community had developed a strict regimen of here is what we do if our surveillance

touches on an American to make sure that we protect the civil liberties, and that whole process for 23 years has been able to be reviewed by the Intelligence Committees of the House and the Senate, and those procedures from 2001 were extended and applied in the same way under the terrorist surveillance program.

Mrs. WILSON of New Mexico. One of the ironies here is that some of our colleagues on the Intelligence Committee who were worried about this new law said well, can you tell us how often you collect information that is to, from, or about Americans in the normal intelligence collection? Well, that would require the intelligence agencies to go back and mine their databases, much of which, frankly, is not even touched and actually probably violate the privacy of Americans in ways that they do not now do so in order to make a report to the Congress about collection of information that happened to be incidentally about Americans. If the North Koreans called the, pick one, Iranians and are talking about one of our colleagues in the Congress, that's a conversation about an American.

Mr. HOEKSTRA. Let me reclaim my time, Mr. Speaker, and yield to my colleague from Connecticut.

Mr. SHAYS. Mr. Speaker, I thank the gentleman for yielding.

I have been listening to this wonderful dialogue and realizing that I didn't want to interrupt the flow, but one thing I am just struck with is during the Cold War, we knew what our strategy was. It was to contain, to react, and it was mutually assured destruction. I don't think Americans have accepted what the new strategy has to be, and it has to be detect, prevent, preempt, and maybe act unilaterally. If a small group of dedicated scientists can create an altered biological agent that will wipe out humanity as we know it, even Jimmy Carter is not going to wait for permission from anyone.

And my point is, I'm struck by the fact that we make it easier, for instance, to go into a business or a library to catch a common criminal than we do that if we thought a terrorist was potentially using a library even within this country to communicate. And I am just wondering if, in fact, that is true or not. In other words, isn't it true that if I impanel a grand jury, as the attorney, the prosecutor, I can just literally go and demand information from a business or library and get it, but don't we require, when we go after someone who is a terrorist, to literally go to the FISA court, have to swear under oath that the information that we are seeking is important? And I guess my question relates to the fact that, isn't the key to our success with terrorism to break into the cell without the terrorists knowing that we have so that we can then break it down and know what they are going to do before they act?

Mr. HOEKSTRA. Let me reclaim my time for a second and answer a part of that. My colleague from New Mexico touched it. When in a legal proceeding we get a warrant against an individual, or a criminal proceeding here in the United States, we target that individual and all of the calls or all of the communications of that individual then are monitored. Some of these calls may be the kind that the criminal system wanted to intercept, talking to another drug kingpin or whatever. But at the same time they may pick up a call from his mom, his kid's teacher, his dentist, a pizza guy, or whatever, and those are all listened to.

What some folks wanted to do on an alternative to this FISA legislation that we passed in August was a guarantee that when you targeted this foreign terrorist, somebody that we knew was a foreign terrorist and you have to guarantee that that person, whoever he is talking to, is also going to be a foreigner, you kind of sit there and say, wow, how do you do that? This cell phone has an area code of West Michigan; so if someone is calling me and has this number, they are probably calling West Michigan. No, I am in Washington, D.C. And for my BlackBerry, if they call my BlackBerry, it has got a West Michigan number on it, I could be in Europe. You don't know where they are going to call, but they said you have to guarantee that it's going to be foreign to foreign. You can't do that.

Mrs. WILSON of New Mexico. But if the gentleman will yield, it's even worse than that. If the limitation in law said you can only listen to foreign-to-foreign communications and I am trying to listen to your cell phone, how do I know who you are going to call next before you call me? So if you are a foreigner and you call another foreigner, that's fine. But if you call into the United States, I have committed a felony because you just called the United States.

You cannot possibly technically, with very rare exceptions, be able to screen out all communications that a foreign target might do calling into the United States before the communication takes place.

Mr. SHAYS. But the bottom line, if the gentleman will further yield, is that we literally have more protections to the potential terrorists than we do for someone involved in organized crime. We make it more difficult, not easier, to get that information. And yet the stakes are so high.

I was in your State at Los Alamos. Is that actually in your district or your neighbor's?

Mrs. WILSON of New Mexico. It's north.

Mr. SHAYS. What I was struck by was that they showed me a nuclear weapon that they made basically out of material they could have bought at Home Depot. The only thing they needed was weapons-grade material. So I am struck by the stakes being so high, and yet we want to make it harder, not easier, to get the terrorists than to get the organized crime.

Mrs. WILSON of New Mexico. But to me it's even worse than that that my colleague from Connecticut mentions, because somebody who is a criminal in the United States has rights under our Constitution; a terrorist outside of the United States does not. They have no protections under the first ten amendments, the Bill of Rights, and those things. We seek to steal secrets from people who are trying to kill us. We seek to listen to the radio communications of our enemies on the battlefield, and yet if those enemies are now using a phone, a communication on a wire to the United States, we are tying ourselves up in court in Washington, D.C. while they are killing our people. It sets a standard which is completely unreasonable.

Now, the Director of National Intelligence came to us in April of this year and said, I have a problem, a very serious problem. We are starting to go deaf because the Foreign Intelligence Surveillance Act has not been updated. He testified in open session last week about the Protect America Act, which must be made permanent. This fix to the Foreign Intelligence Surveillance Act we passed in August and the President has signed. And he said unless we make this law permanent, we will lose between one-half and two-thirds of our intelligence against the terrorist target. Let me say that again. Unless we make this act permanent, we will lose between one-half and two-thirds of our intelligence on the terrorist target.

Think about that. Are you willing to say two of three conversations from terrorists trying to kill us, that it is okay not to listen to them, it is okay that we go deaf with respect to protecting this country against terrorists? I am not. I believe it's possible to protect the civil liberties of Americans and focus our resources there with respect to the courts while listening to people who are reasonably believed to be in foreign countries who are not Americans, and that is what the Protect America Act did.

Mr. HOEKSTRA. Reclaiming my time, I would like to thank my colleagues for joining me this evening to talk about this very important issue. I thank the generosity of the Speaker.

THE UNITED STATES AIR FORCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

Mr. FRANKS of Arizona. Mr. Speaker, nearly 100 years ago the Department of War made a contract with two all-American men who would revolutionize human life as we know it. Those Ohio-born Wright brothers had a starry-eyed vision, tenacity, and brilliance that transformed their vision from theory to reality when they contracted with the United States Army to build a flying machine for the use of the United States Armed Forces.

Since then the United States Air Force has proven that mortals can

break the sound barrier many times over in heavier-than-air, high-powered aircraft defying, it seems, the very forces of gravity and transcending the previously incontrovertible dimensions of human capacity. Even at this very moment, the Air Force is working to defend our assets in a new frontier of national security: space itself.

Mr. Speaker, this year marks the 60th anniversary of the year in which the United States Air Force became an official separate military service within the Department of Defense. Since then, the ability to protect the forces of freedom all over the world through flight in air, space, and cyberspace has transformed warfare in a way that perhaps only can be truly appreciated by the enemies of liberty.

Air power was born through the courage and resilience with which our noble men and women in the Air Force overcame in the crucibles of World War I, World War II, and the Cold War. And today the courageous airmen and women of this generation are shaping history still as the enemies of liberty feel the just fury of the Air Force in Operation Iraqi Freedom. The U.S. Air Force has risen to meet the challenge of international terrorism by attaining a new level of technological capability to surveil a battle space virtually encompassing the entire planet.

Mr. Speaker, I have the precious honor of representing the Second Congressional District of Arizona, which includes Luke Air Force Base, a vital strategic asset to our national security and the largest fighter wing in the United States Air Force. Luke Air Force Base trains over 95 percent of all U.S. Air Force F–16 pilots and over 50 percent of all U.S. fighter pilots. The commanders at Luke are entrusted with the solemn mission of effectively equipping the Nation's greatest F–16 pilots and maintainers to be deployed as mission-ready war fighters. It is a center and symbol of excellence to the Air Force and a beacon of courage, honor, military strategy, and effectiveness for our armed services throughout America.

As the Nation commends 60 years of noble and selfless service in the cause of the freedom and security of these United States, it is an honor for me to stand here on the floor of the United States House of Representatives and thank Luke Air Force Base and the entire United States Air Force for their selfless dedication and their commitment to the cause of human freedom. None of us can ever fully convey the gratitude that we owe to these warriors who have answered liberty's call to service and sacrifice.

So, Mr. Speaker, may I pause this moment and offer my deepest and heartfelt gratitude, and that of the entire Nation, to the gallant men and women of the United States Air Force who have now, for these 60 years, borne upon their noble wings of freedom the cause of America and the hope of humanity.

God bless them all, Mr. Speaker. Thank you.

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THE POLARIZATION OF WASHINGTON: FACTIONALISM IN AMERICAN POLITICS

The SPEAKER pro tempore (Mr. ALTMIRE). Under the Speaker's announced policy of January 18, 2007, the gentleman from Connecticut (Mr. SHAYS) is recognized for 60 minutes.

Mr. SHAYS. Mr. Speaker, I thank you for giving me this time and recognizing me. Just so folks who are here can kind of plan on their evening, I don't intend to go more than a half an hour, but there are some things that have been on my mind that I wanted to talk about.

In 2004, we passed a law that every school or college that receives Federal dollars must teach about the Constitution on September 17, the day the Constitution was adopted. We call this Constitution Day, or Citizens Day.

I found myself thinking about this from the perspective of my witnessing what is taking place in Iraq, where they're wrestling with their constitution. And so I found myself thinking that we can learn a lot about ourselves and our great Nation by looking at one of the world's oldest civilizations and its people, a people struggling under the most difficult circumstances to construct a governing constitution that will allow them to unite their nation, survive and prosper.

In my first visit to Iraq in April of 2003, I literally had to sneak into the seaport city of Um Qasr near the Kuwait border. The State Department was helping me, but the Department of Defense was trying to track me down and stop me from entering this historic land. As I approached the border, the British guards at the gates were asking for identification. My Save the Children driver, talking with DoD officials by satellite phone, was cooperating with them as little as possible, and I sat quietly in the Land Rover's front seat feeling like an anxious prisoner trying to gain my freedom by escaping into Iraq, not trying to get out.

We did get into this land of the Tigris and Euphrates Rivers, and so began my first of 18 trips seeking to exercise my constitutional responsibility of congressional oversight over a reluctant executive branch.

The irony of this experience was not lost on me. Here I was trying to fulfill my responsibility as the chairman of the National Security Subcommittee of the Oversight and Government Reform Committee, with specific jurisdiction over both the Departments of Defense and State, and one of these Departments, Defense, was trying to prevent me from exercising that responsibility, and the other, State, was trying to help me carry it out.

So why would we want such oversight? The reality is, if more Members of Congress had done proper oversight and gone to Iraq, abuses like Abu Ghraib never would have happened. Some Members would have toured the facility, and one of the soldiers in that dysfunctional Reserve unit would have quietly approached a Member and said, Sir or Ma'am, I don't know the first thing about being a prison guard, and by the way, some pretty bad stuff is going on here. The Members of Congress would more than likely have waited until the soldier left, and then asked some tough questions of the supervisors and demanded to see all of the facility. If he or she had gotten any ''push back,'' they would have come home asking even more questions, and the military would have been forced to look into the issue and take corrective action before things got out of hand.

Abu Ghraib was about a military unit run amuck. With proper oversight, the abuses would have been easy to correct and been corrected without a lot of fanfare or publicity. The press would not have had a story, our Nation's reputation wouldn't have been in question, and a primary recruitment cry of al Qaeda would never have existed.

As it was, Abu Ghraib happened. The press ran the story, with little obligation or inclination to contain it, particularly after part of it was out. Al-Jazeera and al Qaeda used it to inflame the Muslim world, and hundreds of American soldiers, sailors, marines and air men and women died as a result.

In our Constitution, there are checks and balances between the executive and legislative branches, but the fourth estate, the press, is on its own. Our Founding Fathers knew the tension between the legislative and executive branches makes both branches perform better, our country stronger, and our people safer. The fact is, the failure of the first Republican Congress to consistently do aggressive oversight hurt the President, his administration, the country and helped them elect a new Democratic Congress.

The first year I traveled primarily outside the umbrella of the military, staying in places like Um Qasr, Basrah, Al Kut, Arbil, Sulaymaniyah and Khanagin. That year turned out to be an undeniable disaster. Regrettably, the President sided with Defense and Rumsfeld. State and Colin Powell were put on the sideline. Paul Bremer was brought in to rule as a dictator, and I saw firsthand the result of such a government. The voice of everyday Iraqis was not being heard, and predictably one bad decision piled on another.

Following the faithful decision to arbitrarily disband their police, border patrol and army, as I traveled outside the umbrella of the military, I was continually asked by everyday Iraqis, why are you putting my neighbor, why are you putting my uncle, why are you putting my brother, why are you putting my cousin, my nephew, my father, my son, why are you putting my husband out of work? Why can't he at

least guard a hospital? That question still haunts me to this day. You see, Wilfredo Perez, Jr. of Norwalk, the first Fourth Congressional District casualty, was killed guarding a hospital.

I found myself asking, why did we leave 26 million Iraqis no indigenous security in a country larger than New England? Why did we put so many Iraqis out of work, leaving the general population completely defenseless and in the process endangering all our troops?

Yes, one thing is clear. During the first year, the voices of the people of Iraq were never heard. They had no representation, their dictator wasn't even an Iraqi, but an American who had no real sense of their wants and fears, and certainly no sensitivity to their culture. If only we had listened in the beginning and allowed Iraqis, not us, to shape their future.

Their anger was palpable. Americans, if you are here as our guests, you are welcome forever. If you are here as occupiers, we will fight you to the death.

When we transferred power to Iraqis in June of 2004 and allowed them to establish their own government, they, and we, saw what turned out to be 18 months of tangible progress. To their immense credit, in January of 2005 they elected a transitional government, wrote their constitution, ratified that constitution in an October plebiscite, and just 3 months later elected a government under their new constitution.

The year 2006, however, was another matter. The Samarra bombing ignited sectarian violence. It took 4 months just to form the Maliki government. And once in power, Prime Minister Maliki, particularly in the early stages, lacked the political will to get things done.

With this small margin of supporters and belief that the government needed to be more deliberate and not rush the tough decisions, it has been difficult for Iraqis to find common ground based on our timeline on when things need to get done.

But before we become too self-righteous about what Iraqis have done or should have done, it cannot be lost on any of us that our Constitution was preceded by the Articles of Confederation, and 13 years, from 1776 to 1789, of blood, sweat and toil. And even then, we did not get it perfect. If you were black, you were most likely a slave and two-thirds a person. In fact, dialogue about the issue of slavery and how to deal with it was such a non-starter, it wasn't even discussed.

As an American history major in college, I truly loved studying about our Federalist era. I marvel at how so many great men found themselves in one place with such a difficult and monumental task: build a Nation, establish a democracy, create a Republic. We are seeing Iraqis faced with a similar challenge. The meetings of our Founding Fathers in Philadelphia were filled with passion, courage, devotion, great intellect, humor, optimism, experience, and most importantly, a willingness to take chances, build trust, and compromise for a common goal and a greater good.

There was George Washington, Alexander Hamilton, Benjamin Franklin, and of course Connecticut's own Roger Sherman, to name a few. Thomas Jefferson was absent, but he was not absent when it came to the Bill of Rights, demanding its inclusion if Virginia was to be part of the Union.

I haven't identified an Iraqi George Washington, Madison or Franklin, nor have I seen in the Iraqi governing council the dynamics found at our own Nation's Constitutional Convention.

The tension between Virginia and New Englanders seems like child's play compared to the ethnic gravitation of the Kurds towards autonomy, and even more significantly, the sectarian conflict between Shias and Sunnis. One thing is clear to me: while Iraqis wrestle with sectarian violence, they do not wrestle with their nationality identity. They know who they are. They are Iraqis, people of two great rivers, descendants of the Fertile Crescent, where, as they tell me, it all began.

So when I ask an Iraqi, Are you Sunni? They reply, Yes, I'm a Sunni, but I'm married to a Shia. Or when I ask, Are you a Shia? They often respond, I'm a Shia, but my tribe is Sunni, or my son or daughter is married to a Sunni.

In the United States, I am constantly being told Iraq is not a real country. But when I'm in Iraq, I am told, We are Iraqis. We are the cradle of Western civilization. Your roots come from us. We may be Sunni or Shia, but we are all Iraqis. This point was emphasized to me by an Iraqi intern who worked in my office during the 2006 summer. He told me he never thought or identified himself as a Sunni. He always thought of himself as an Iraqi until his family in Baghdad became threatened by Shia militia and sought refuge among other Sunnis. This is not an irrelevant point.

When it comes to the creation of a diverse nation, sectarian and nationalistic tendencies can break a country apart. It was not at all certain our 13 colonies would form a perfect union, but fortunately patriotism trumped nationalism, regional and sectarian tendencies lurking beneath the surface.

While Iraqis don't seem to have the optimism or experience to govern, they have the passion, humor, intellect, devotion and courage that would match the bravest of any of our patriots. As an example, I think of Mithal al Alusi, whose meeting with me in my Washington office a few years back after his two college-age sons were killed 2 months earlier during an attempt on his life. Mithal had attended a conference of Muslims, Christians and Jews in Israel, and upon return to Iraq was taken off the Supreme National De-Ba'athification Commission and stripped of his security. There were already two attempts on his life before the third, which killed his only children. The assassins have made it clear they will not stop trying to kill him until he is dead.

So there he was, sitting in my office, a truly marked man, and I said to him, Mr. al Alusi, you cannot go home. I will do everything I can to enable you to stay in the United States, to which he replied, in true disbelief, I can't leave Iraq, my country needs me.

A year later, I visited Mithal in the so-called government's Green Zone, where we found him a place to live so at least in his home he and his wife could be safe.

□ 2300

During this visit, I noticed there were no pictures of any family members, so I asked him if he would show me a picture of his two sons. He brought out an 8-by-11 color print protected by a thin plastic sheet which he told me he keeps in a file because his wife cannot endure the sadness and pain of looking at her two precious sons. The picture shows Mithal's arms stretched out around both his sons, they are taller than he is, with his head leaning on the shoulder of one of them. It was such a loving image that it breaks my heart to think of it and know that his is not the only Iraqi story of intense devotion, sacrifice and loss.

This great Iraqi patriot, Mithal al Alusi, was elected to the parliament later that year. So how is this new government doing? The Shias, Sunnis and Kurds, in the early stages of government, reminded me of a sixth grade dance where little interaction takes place except for a brave few willing to risk some contact. They interact a lot more now, but as a fledging democracy, the Shias, who constitute 60 percent of the population, understand ''majority rule'' but struggle with the concept of ''minority rights.'' This struggle over minority rights is the center of their differences. The Shias fear repeating history and losing power to the Sunni minority. They believe if this happens, like in the past, we will not be there to help them. And Sunnis fear having little or no power under an unsympathetic majority. In Iraq, it is easy to advocate for majority rule. They get it. The majority rules. But it is very difficult to explain and advocate for the power and freedom that comes to a nation that protects its minorities and makes sure they are not outside the government but an important part of that government.

As I witnessed democracy take root in this ancient land, I will never take for granted the essential nature of ''minority rights.'' Minority rights is the lubricant that makes the whole system work. Without it, democratic governments would come to a grinding halt.

So we have a people that have spent 4 years and 5 months trying to create the perfect union for themselves. With the death of over 3,780 of our troops and over 12,512 seriously wounded, and the

expenditures of over $1.5 trillion, we are losing patience with Iraq. Americans feel justified, given the sacrifice of our military and the expenditure of so much money, to lecture Iraqis how they need to get their act together, forgetting they didn't attack us, we attacked them. And then, we proceeded to eliminate their security, all their police, border patrol and army after Saddam, to add insult to injury, had already let out of jail all the criminals throughout Iraq.

One U.S. politician after another berates the Maliki government and the Sunni, Shia and Kurds for their intransigence and failure to work out their differences and find common ground. I can't help but wonder, who are we to talk? When was the last time Republicans and Democrats, House and Senate, White House and Congress, worked together on any major piece of legislation facing our country? The Senate, once again, has only now begun to pass any of its 11 appropriations bills necessary to fund the government. And by the way, the new funding should be done, but won't be, by October 1. We can't even agree in this Chamber on what to do in Iraq. The irony of that is mind-boggling. We blame Iraqis for not agreeing. And we can't agree.

So what about us? When it comes to Iraq, the former Republican Congress was blatantly partisan. The new Democratic Congress has returned the favor. And a very opinionated press, rather than encouraging Republicans and Democrats, the White House and Congress to come together, has picked sides and marshaled the facts to fit their own conclusions.

It is hard to know, I might add, with a press that is accountable to absolutely no one, where you can go to get the unadulterated facts. The reality is we went into Iraq on a bipartisan basis with two-thirds of the House and three-quarters of the Senate supporting the resolution to use force. The only way we are going to successfully bring most of our troops home is if we come together, find common ground, and compromise.

But I don't think this is likely to happen in the near future since both sides of the aisle seem captive to their so-called party's base. The Republican religious right and the Democratic anti-war impeachment left leave most Americans wondering, who is speaking for us? In this highly intense, politically charged environment, the answer is, practically no one.

The largest number of Americans aren't on the right or the left. The bell curve is pretty much in the middle of the political spectrum. In the past Presidential election, 42 percent of the American people said they were neither red nor blue, Republican nor Democrat, but purple. This leaves Republicans and Democrats with just 29 percent support each. Why is this relevant? The majority of Americans are not being heard or represented.

The majority of Americans are not being heard or represented.

The extremes focus on ideology and berate the fact that, according to them, the Republicans and Democrats are no different from each other. So they keep pushing extreme positions. But the American people are still in the middle of the political spectrum. They want solutions, not ideology. They want problems solved, not ignored. And they are getting neither.

Our Constitution was created by men who knew the meaning of compromise. During their time together, they grew to trust and respect each other. In the process, they gave up hardened views. They allowed themselves to be drawn to the middle of the political spectrum. In the process, they created the United States of America where the people rule and have ruled for 218 years.

The question that confronts all of us today in Congress is, do we have this same capacity, like our Founding Fathers, to grow to trust and respect each other, give up hardened views and find solutions to the plethora of inconvenient truths that confront us? Of this we can be certain. Now is not the time for Congress and the White House to do nothing. There are so many inconvenient truths we must confront, but we won't successfully address any of them until we have honest debate and until compromise and coming to the middle becomes something Americans value again.

Mr. Speaker, I thank you for spending your time with us, and I thank the staff for allowing Members to address this Chamber tonight.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Mr. HOYER) for today after 6 p.m.

Ms. EDDIE BERNICE JOHNSON of Texas (at the request of Mr. HOYER) for today and until 6 p.m. on September 27.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. WATERS, for 5 minutes, today.

Mrs. MCCARTHY of New York, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Ms. FOXX) to revise and extend their remarks and include extraneous material:)

Mr. FRANKS of Arizona, for 5 minutes, today.

Mr. TIM MURPHY of Pennsylvania, for 5 minutes, today.

Mr. POE, for 5 minutes, October 2.

Mr. JONES of North Carolina, for 5 minutes, October 2.

Ms. FOXX, for 5 minutes, today.

Mr. CONAWAY, for 5 minutes, today.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Mrs. MALONEY of New York, for 5 minutes, today.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on September 24, 2007 she presented to the President of the United States, for his approval, the following bill:

H.R. 3528. To provide authority to the Peace Corps to provide separation pay for host country resident personal service contractors of the Peace Corps.

ADJOURNMENT

Mr. SHAYS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 8 minutes p.m.), the House adjourned until tomorrow, Wednesday, September 26, 2007, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

3448. A letter from the Acting Director, Office of Management and Budget, transmitting a copy of proposed legislation that seeks to bring the funding structure for the Commodity Futures Trading Commission (CFTC) into line with the funding of other Federal financial regulators by establishing a fee on the settlement of commodity futures and options contracts overseen by the CFTC; to the Committee on Agriculture.

3449. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Limitations on Tiered Evaluation of Offers [DFARS Case 2006-D009] (RIN: 0750-AF36) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3450. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Reports of Government Property [DFARS Case 2005-D015] (RIN: 0750-AF24) received September 12, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

3451. A letter from the Deputy Secretary, Department of Defense, transmitting the Department's Joint Improvised Explosive Device Defeat Organization second quarter report as required by section 1402 of the John Warner National Defense Authorization Act for fiscal year 2007; to the Committee on Armed Services.

3452. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Changes in Flood Elevation Determinations — received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3453. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Changes in Flood Elevation Determinations [Docket No. FEMA-B-7730 and B-7729] received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3454. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations — received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3455. A letter from the Counsel for Legislation and Regulations, Department of Housing and Urban Development, transmitting the Department's final rule — Government National Mortgage Association: Mortgage-Backed Securities (MBS) Program-Payments to Securityholders; Book-Entry Procedures; and Financial Reporting [Docket No. FR-5063-F-02] (RIN: 2503-AA19) received September 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

3456. A letter from the Northern California Habitat Supervisor, National Oceanic and Atmospheric Administration, transmitting the Administration's comments on the Federal Energy Regulatory Commission's preliminary analysis of the Tuolumne River Fisheries Study Plan for the New Don Pedro Hydroelectric Project; to the Committee on Natural Resources.

3457. A letter from the Secretary, Department of Veterans Affairs, transmitting a copy of a draft bill, ''to enhance the functioning and integration of formerly homeless veterans who reside in permanent housing, and for other purposes''; to the Committee on Veterans' Affairs.

3458. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Determination of Housing Cost Amounts Eligible for Exclusion or Deduction for 2007 [Notice 2007-77] received September 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3459. A letter from the Branch Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Treatment of Certain Nuclear Decommissioning Funds for Purposes of Allocating Purchase Price in Certain Deemed and Actual Asset Acquisitions [TD 9358] (RIN: 1545-BC99) received September 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3460. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Section 7508.-Time for Performing Certain Acts Postponed by Reason of Service in Combat Zone or Contingency Operation (Also Sections 6081, 7508A; 11 U.S.C. 507, 523, 727.) (Rev. Rul. 2007-59) received September 10, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3461. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Section 1045 Application to Partnerships [TD 9353] (RIN: 1545-BC67) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3462. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Disregarded Entities; Employment and Excise Taxes [TD 9356] (RIN: 1545-BE43) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3463. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Expenses for Household and Dependent Care Services Necessary for Gainful Employment [TD 9354] (RIN: 1545-BB86) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3464. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Tier 1 Issue: Government Settlements Directive #2 [LMSB Control No.: LMS-04-0707-050] received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3465. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Transaction of Interest — Contribution of Successor Member Interest [Notice 2007-72] received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3466. A letter from the Chief, Regulations and Publications Branch, Internal Revenue Service, transmitting the Service's final rule — Extension of Transition Relief for Indian Tribal Government Plans [Notice 2007-67] received August 14, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3467. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Weighted Average Interest Rates Update [Notice 2007-68] received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3468. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Elimination of country-by-country reporting to shareholders of foreign taxes paid by regulated investment companies [TD 9357] (RIN: 1545-BE09) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3469. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Transition Relief Regarding the Active Trade or Business Requirement for Certain Transactions [Notice 2007-60] received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3470. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Section 807.-Rules for certain reserves (Also 812) (Rev. Rul. 2007-54) received September 17, 2007, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

3471. A letter from the Administrator, Environmental Protection Agency, transmitting copies of two proposed bills to collect certain fees under the Toxic Substance Control Act (TSCA) and the Federal Insecticide, Fungicide, and Rodentice Act (FIFRA); jointly to the Committees on Agriculture and Energy and Commerce.

3472. A letter from the Board Members, Railroad Retirement Board, transmitting the Board's budget request for fiscal year 2009, in accordance with Section 7(f) of the Railroad Retirement Act, pursuant to 45 U.S.C. 231f(f); jointly to the Committees on Appropriations, Transportation and Infrastructure, and Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Ms. VELÁZQUEZ: Committee on Small Business. H.R. 3567. A bill to amend the Small Business Investment Act of 1958 to expand opportunities for investments in small businesses, and for other purposes (Rept. 110–347). Referred to the Committee of the Whole House on the State of the Union.

Ms. SLAUGHTER: Committee on Rules. House Resolution 677. Resolution providing for consideration of the joint resolution (H.J. Res. 52) making continuing appropriations for the fiscal year 2008, and for other purposes (Rept. 110–348). Referred to the House Calendar.

Ms. SUTTON: Committee on Rules. House Resolution 678. Resolution providing for consideration of the bill (H.R. 2693) to direct the Occupational Safety and Health Administration to issue a standard regulating worker exposure to diacetyl (Rept. 110–349). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions were introduced and severally referred, as follows:

By Mr. RANGEL (for himself, Mr. STARK, Mr. LEVIN, Mr. MCDERMOTT, Mr. POMEROY, Mr. LARSON of Connecticut, Mr. EMANUEL, Mr. BLUMENAUER, Mr. PASCRELL, Ms. BERKLEY, Mr. CROWLEY, Mr. VAN HOLLEN, Mr. MEEK of Florida, Ms. SCHWARTZ, Mr. RAMSTAD, Mr. ENGLISH of Pennsylvania, Mr. ANDREWS, Mr. NADLER, Mrs. MALONEY of New York, Mr. SPACE, and Mr. NEAL of Massachusetts):

H.R. 3648. A bill to amend the Internal Revenue Code of 1986 to exclude discharges of indebtedness on principal residences from gross income, and for other purposes; to the Committee on Ways and Means.

By Mr. FILNER:

H.R. 3649. A bill to require mercenary training to be conducted only on Federal Government property; to the Committee on Armed Services.

By Ms. ROS-LEHTINEN (for herself, Mr. HUNTER, Ms. BERKLEY, Mr. KING of New York, Mr. HOEKSTRA, Mr. CHABOT, Mr. BURTON of Indiana, Mr. SMITH of New Jersey, Mr. POE, Mr. FORTUÑO, Mr. ROYCE, Mr. MCCAUL of Texas, and Mr. TANCREDO):

H.R. 3650. A bill to provide for the continuation of restrictions against the Government of North Korea unless the President certifies to Congress that the Government of North Korea has met certain benchmarks; to the Committee on Foreign Affairs.

By Mr. BISHOP of Utah (for himself, Mr. MATHESON, and Mr. CANNON):

H.R. 3651. A bill to require the conveyance of certain public land within the boundaries of Camp Williams, Utah, to support the training and readiness of the Utah National Guard; to the Committee on Natural Resources.

By Mr. CONYERS (for himself, Ms. LINDA T. SÁNCHEZ of California, Mr. NADLER, Mr. COHEN, Ms. SUTTON, Ms. ZOE LOFGREN of California, and Mr. JOHNSON of Georgia):

H.R. 3652. A bill to amend title 11, United States Code, to improve protections for employees and retirees in business bankruptcies; to the Committee on the Judiciary.

By Mr. BILIRAKIS (for himself, Ms. ROS-LEHTINEN, Mr. WOLF, and Mr. MCCOTTER):

H.R. 3653. A bill to hold the current regime in Iran accountable for its human rights record and to support a transition to democracy in Iran; to the Committee on Foreign Affairs.

By Mr. COOPER (for himself and Mr. WOLF):

H.R. 3654. A bill to establish a commission to develop legislation designed to reform tax policy and entitlement benefit programs and ensure a sound fiscal future for the United States, and for other purposes; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. COOPER (for himself and Mr. WOLF):

H.R. 3655. A bill to establish a Bipartisan Task Force for Responsible Fiscal Action, to assure the economic security of the United States, and to expand future prosperity and growth for all Americans; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ENGLISH of Pennsylvania (for himself and Mr. WELLER):

H.R. 3656. A bill to require States to withhold assistance to applicants for, and recipients of temporary assistance for needy families with respect to whom there is substantial evidence of recent unlawful drug use; to the Committee on Ways and Means.

By Mr. FERGUSON:

H.R. 3657. A bill to amend the Internal Revenue Code of 1986 to allow individuals and businesses a credit against income tax for the purchase of Energy Star compliant air conditioners; to the Committee on Ways and Means.

By Mr. FORTUÑO (for himself, Mr. FALEOMAVAEGA, Ms. BORDALLO, and Mrs. CHRISTENSEN):

H.R. 3658. A bill to amend the Foreign Service Act of 1980 to permit rest and recuperation travel to United States territories for members of the Foreign Service; to the Committee on Foreign Affairs.

By Mr. JONES of North Carolina:

H.R. 3659. A bill to prohibit a school from receiving Federal funds if the school prevents a student from displaying or wearing in a respectful manner a representation of the flag of the United States; to the Committee on Education and Labor.

By Mr. KIND (for himself, Mr. HERGER, Ms. SCHWARTZ, Mr. PLATTS, Mr. PAUL, Mr. CALVERT, Mr. FORTENBERRY, Mrs. EMERSON, Mr. PETRI, Ms. BEAN, and Mr. FORBES):

H.R. 3660. A bill to amend the Internal Revenue Code of 1986 to provide that the deduction for the health insurance costs of self-employed individuals be allowed in determining self-employment tax; to the Committee on Ways and Means.

By Mrs. MCCARTHY of New York (for herself and Mr. KUHL of New York):

H.R. 3661. A bill to conduct 1 or more higher education and career readiness demonstration projects for rural, low-income students; to the Committee on Education and Labor.

By Mr. MCHUGH:

H.R. 3662. A bill to amend the Worker Adjustment and Retraining Notification Act to improve such Act; to the Committee on Education and Labor.

By Mr. GEORGE MILLER of California (for himself, Mr. DINGELL, and Mr. DICKS):

H.R. 3663. A bill to amend the Fish and Wildlife Act of 1956 to establish additional prohibitions on shooting wildlife from aircraft, and for other purposes; to the Committee on Natural Resources.

By Mr. PAUL:

H.R. 3664. A bill to amend the Internal Revenue Code of 1986 to provide that tips shall not be subject to income or employment taxes; to the Committee on Ways and Means.

By Mr. REICHERT (for himself and Mr. ELLSWORTH):

H.R. 3665. A bill to amend chapter 87 of title 18, United States Code, to end the terrorizing effects of the sale of murderabilia on crime victims and their families; to the Committee on the Judiciary.

By Ms. SUTTON:

H.R. 3666. A bill to establish a bipartisan commission to perform a comprehensive examination of the current foreclosure and mortgage lending crisis and to make recommendations for legislative and regulatory changes to address such problems; to the Committee on Financial Services.

By Mr. WELCH of Vermont:

H.R. 3667. A bill to amend the Wild and Scenic Rivers Act to designate a segment of the Missisquoi and Trout Rivers in the State of Vermont for study for potential addition to the National Wild and Scenic Rivers System; to the Committee on Natural Resources.

By Mr. OBEY:

H.J. Res. 52. A joint resolution making continuing appropriations for the fiscal year 2008, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. JONES of North Carolina:

H.J. Res. 53. A joint resolution to amend the War Powers Resolution to ensure the collective judgment of both the Congress and the President will apply to the initiation of hostilities by the Armed Forces, the continued use of the Armed Forces in hostilities, and the participation of the Armed Forces in military operations of the United Nations; to the Committee on Foreign Affairs, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROHRABACHER:

H. Con. Res. 219. Concurrent resolution expressing the sense of Congress that the Government of Iraq should schedule a referendum to determine whether or not the people of Iraq want the Armed Forces of the United States to be withdrawn from Iraq or to remain in Iraq until order is restored to the country; to the Committee on Foreign Affairs.

By Ms. ROS-LEHTINEN (for herself, Mr. LANTOS, Mr. MCCAUL of Texas, Mr. TANCREDO, Mr. ACKERMAN, Mr. CHABOT, Mr. ROHRABACHER, Mr. BURTON of Indiana, Mr. PAYNE, Mr. FORTUÑO, Mr. SESSIONS, Mr. WU, Mr. SCOTT of Georgia, Mr. ENGEL, and Mr. ANDREWS):

H. Res. 676. A resolution declaring that it shall continue to be the policy of the United States, consistent with the Taiwan Relations Act, to make available to Taiwan such defense articles and services as may be necessary for Taiwan to maintain a sufficient self-defense capability; to the Committee on Foreign Affairs.

By Mr. SMITH of New Jersey:

H. Res. 679. A resolution expressing the sense of the House of Representatives regarding the continuing effects of the genocide, crimes against humanity, and war crimes in Bosnia and Herzegovina; to the Committee on Foreign Affairs.

By Mr. CARTER (for himself, Mr. ROGERS of Kentucky, Mr. CALVERT, Mr. LINCOLN DAVIS of Tennessee, Mrs. JO ANN DAVIS of Virginia, Mr. SESSIONS, Mr. DAVID DAVIS of Tennessee, Mr. JONES of North Carolina, Mr. FEENEY, Mr. SOUDER, Mr. KAGEN, Mr. BRADY of Texas, Mr. BROUN of Georgia, Mr. COLE of Oklahoma, Mr. KING of Iowa, Mr. WILSON of South Carolina, Mr. BUCHANAN, Mr. BOOZMAN, Mr. LAMBORN, Mr. PEARCE, Mr. GINGREY, Mr. TANCREDO, Mr. MILLER of Florida, Mr. GALLEGLY, Mr. THORNBERRY, Mr. NEUGEBAUER, Ms. GRANGER, Mr. LEWIS of California, Mr. PORTER, Mr. GERLACH, Mr. MCHENRY, Mr. SMITH of New Jersey, Mr. TERRY, Mr. CANNON, Mr. WOLF, Mr. REYNOLDS, Mr. FERGUSON, Mr. GENE GREEN of Texas, Mr. WALDEN of Oregon, Mr. BILIRAKIS, Mr. FRANKS of Arizona, Mr. DENT, Mr. ADERHOLT, Mr. INGLIS of South Carolina, Mr. HOEKSTRA, Mr. KING of New York, Mr. BURTON of Indiana, Mr. FOSSELLA, Mr. WALSH of New York, Mr. KUHL of New York, Mrs. BLACKBURN, Mr. WICKER, Mr. PUTNAM, Mr. RENZI, Ms. FALLIN, Mr. GARRETT of New Jersey, Mr. REHBERG, Mr. DAVIS of Kentucky, Mr. BOUSTANY, Mr. HENSARLING, Mr. SMITH of Texas, Mr. BOEHNER, Mr. MICA, Mr. BROWN of South Carolina, Mr. CANTOR, Mr. LOBIONDO, Mr. TIBERI, Mr. KLINE of Minnesota, Mr. FRELINGHUYSEN, Mrs. MUSGRAVE, Mr. MCKEON, Mr. PENCE, Mr. WESTMORELAND, Mr. SAM JOHNSON of Texas, Mr. REYES, Ms. FOXX, Mr. UPTON, Mr. WAMP, and Mr. MCCAUL of Texas):

H. Res. 680. A resolution condemning the actions of September 7, 2007, resulting in damage to the Vietnam Veterans War Memorial; to the Committee on Veterans' Affairs.

By Mr. COHEN:

H. Res. 681. A resolution to express the sense of the House of Representatives regarding the Medicare national coverage determination on the treatment of anemia in cancer patients; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 17: Mr. LOBIONDO and Mr. FERGUSON.
H.R. 39: Mr. TOWNS.
H.R. 138: Mr. MCCAUL of Texas.
H.R. 139: Mr. BURGESS.
H.R. 174: Mr. CAPUANO.
H.R. 369: Mr. KENNEDY and Mrs. CAPPS.
H.R. 459: Mr. HIGGINS.
H.R. 619: Mr. WYNN and Mr. BOUCHER.
H.R. 627: Mr. FERGUSON.
H.R. 648: Mr. FERGUSON.
H.R. 690: Mr. SESTAK and Mr. PATRICK MURPHY of Pennsylvania.
H.R. 695: Mr. CARDOZA and Mr. KANJORSKI.
H.R. 707: Mr. BROUN of Georgia.
H.R. 726: Mr. PRICE of North Carolina.
H.R. 728: Mrs. GILLIBRAND.
H.R. 729: Mr. SCHIFF.
H.R. 743: Mr. HOLDEN, Mr. HENSARLING, Mr. BILIRAKIS, Mrs. MYRICK, Mr. BRALEY of Iowa, Mr. SULLIVAN, Mr. DAVIS of Kentucky, Mr. HAYES, Mr. CARNEY, and Mr. PEARCE.
H.R. 748: Mr. HOLT, Mr. WILSON of South Carolina, Mr. HELLER, Mr. ELLSWORTH, and Mr. DAVIS of Alabama.
H.R. 758: Mr. MURPHY of Connecticut.
H.R. 760: Mr. ROTHMAN.
H.R. 819: Mr. TOWNS and Ms. WATERS.
H.R. 854: Ms. CLARKE and Mr. COURTNEY.

H.R. 871: Mr. COHEN.
H.R. 882: Mr. SHAYS.
H.R. 897: Ms. LEE, Mr. RANGEL, and Ms. DELAURO.
H.R. 946: Mr. TIERNEY, Mr. MILLER of North Carolina, and Mr. RYAN of Ohio.
H.R. 1022: Ms. MCCOLLUM of Minnesota.
H.R. 1064: Mr. MCCAUL of Texas.
H.R. 1073: Mr. SIRES.
H.R. 1127: Mr. GRAVES.
H.R. 1166: Mr. FERGUSON.
H.R. 1169: Mr. FERGUSON.
H.R. 1237: Mr. WOLF, Mr. PAYNE, Mr. FORTUÑO, MR. DAVIS of Illinois, Mr. TERRY, and Mr. KIND.
H.R. 1283: Ms. LEE.
H.R. 1312: Ms. WATERS.
H.R. 1346: Mr. NEAL of Massachusetts.
H.R. 1395: Mr. ISSA.
H.R. 1396: Mr. DAVIS of Alabama, Mrs. LOWEY, and Mr. NEAL of Massachusetts.
H.R. 1422: Mr. TERRY.
H.R. 1514: Mr. BRALEY of Iowa.
H.R. 1518: Mr. CAPUANO.
H.R. 1566: Ms. LEE and Ms. EDDIE BERNICE JOHNSON of Texas.
H.R. 1596: Mr. LOBIONDO.
H.R. 1649: Mr. ELLSWORTH.
H.R. 1671: Mr. CAPUANO.
H.R. 1691: Mr. ENGEL.
H.R. 1711: Mr. FERGUSON.
H.R. 1738: Mr. PETERSON of Minnesota, Mr. FERGUSON, and Mr. BARTLETT of Maryland.
H.R. 1742: Mr. STARK.
H.R. 1850: Ms. CLARKE.
H.R. 1876: Mr. PRICE of Georgia.
H.R. 1884: Mr. MURPHY of Connecticut.
H.R. 1956: Mr. HILL.
H.R. 1959: Mr. TERRY.
H.R. 1971: Mr. CAPUANO.
H.R. 1975: Mr. FERGUSON.
H.R. 2033: Mr. RANGEL, Mr. FRANK of Massachusetts, and Mr. WEINER.
H.R. 2053: Mr. CUMMINGS and Mr. RADANOVICH.
H.R. 2061: Ms. SUTTON.
H.R. 2074: Mr. PRICE of North Carolina.
H.R. 2092: Mrs. TAUSCHER, Mr. PASTOR, Mr. NADLER, Mr. SESTAK, Mr. DOGGETT, Ms. LEE, Mr. MEEKS of New York, and Mr. MCCAUL of Texas.
H.R. 2122: Ms. BALDWIN and Ms. CARSON.
H.R. 2164: Mrs. BLACKBURN.
H.R. 2188: Mr. GENE GREEN of Texas.
H.R. 2193: Mr. WEXLER.
H.R. 2262: Mr. GILCHREST, Ms. DEGETTE, Mr. LEWIS of Georgia, Mr. WU, Mr. SERRANO, Mr. SIRES, Ms. WOOLSEY, Mr. GUTIERREZ, and Mr. CHANDLER.
H.R. 2287: Mr. HARE and Mr. FERGUSON.
H.R. 2307: Mr. WEXLER
H.R. 2343: Mr. HARE.
H.R. 2376: Mr. ENGLISH of Pennsylvania.
H.R. 2417: Mr. WILSON of Ohio.
H.R. 2452: Mr. WILSON of South Carolina, Mr. BRALEY of Iowa, and Mr. PASCRELL.
H.R. 2470: Ms. HARMAN and Mr. SCHIFF.
H.R. 2478: Mr. COHEN.
H.R. 2511: Mr. CONAWAY, Mrs. NAPOLITANO, Ms. HARMAN, and Mr. HINCHEY.
H.R. 2517: Mr. POMEROY, Mr. MARIO DIAZ-BALART of Florida, Mrs. DRAKE, Mr. ABERCROMBIE, Mr. JACKSON of Illinois, Mr. BAIRD, Mrs. CAPITO, Mr. KIRK, Mr. MANZULLO, Mr. CASTLE, Ms. GINNY BROWN-WAITE of Florida, Mr. UPTON, Mr. EHLERS, Ms. PRYCE of Ohio, Mr. PLATTS, and Mr. GERLACH.
H.R. 2526: Mr. ROSKAM.
H.R. 2567: Mr. CLAY.
H.R. 2593: Mr. HOLT and Mr. MORAN of Virginia.
H.R. 2596: Mr. BLUMENAUER and Ms. BALDWIN.
H.R. 2609: Mr. SERRANO.
H.R. 2677: Mr. CALVERT.
H.R. 2695: Mrs. BLACKBURN, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. JOHNSON of Georgia, and Mr. BISHOP of Georgia.
H.R. 2702: Mr. SCHIFF, Mrs. NAPOLITANO, Ms. BERKLEY, Mr. FERGUSON, and Mr. SAXTON.
H.R. 2706: Mr. HERGER, Mr. BOEHNER, and Mr. SOUDER.
H.R. 2726: Mrs. MYRICK.
H.R. 2749: Mr. JINDAL and Mr. CAPUANO.
H.R. 2784: Mr. SESSIONS, Mr. ROGERS of Alabama, and Mr. MCKEON.
H.R. 2790: Mr. LATHAM.
H.R. 2805: Mr. KUHL of New York, Mr. SHAYS, Mr. BLUMENAUER, and Ms. BALDWIN.
H.R. 2819: Ms. HARMAN.
H.R. 2842: Ms. SLAUGHTER and Mr. BLUMENAUER.
H.R. 2846: Mr. FERGUSON.
H.R. 2852: Mr. RUPPERSBERGER, Mr. MCHUGH, Mr. BARTLETT of Maryland, Mr. DONNELLY, Mr. PETERSON of Minnesota, Mr. SARBANES, Ms. HIRONO, Mr. BOSWELL, and Mr. VISCLOSKY.
H.R. 2857: Ms. ZOE LOFGREN of California.
H.R. 2878: Mr. JINDAL and Ms. WASSERMAN SCHULTZ.
H.R. 2930: Mrs. BIGGERT and Mr. MCNERNEY.
H.R. 2946: Mr. FERGUSON.
H.R. 2965: Mr. PAYNE, Mrs. TAUSCHER, Mr. BLUMENAUER, Mr. JACKSON of Illinois, Mr. LINCOLN DIAZ-BALART of Florida, Mrs. CAPPS, Ms. LEE, Ms. SCHAKOWSKY, and Mr. GONZALEZ.
H.R. 3005: Mr. ORTIZ, Mr. HOLT, and Mr. ACKERMAN.
H.R. 3026: Mr. COURTNEY, Mr. LATHAM, and Mr. PLATTS.
H.R. 3029: Mr. GALLEGLY.
H.R. 3041: Mr. KENNEDY.
H.R. 3058: Mr. SCOTT of Georgia, Mr. INSLEE, Mr. FILNER, and Mrs. CAPPS.
H.R. 3090: Mr. COLE on Oklahoma.
H.R. 3099: Mr. KIND.
H.R. 3114: Mrs. BOYDA of Kansas, Mrs. MCCARTHY of New York, Ms. LORETTA SANCHEZ of California, Ms. SUTTON, and Ms. ZOE LOFGREN of California.
H.R. 3115: Mr. ACKERMAN.
H.R. 3140: Mr. ARCURI, Mr. ALTMIRE, and Mr. DAVIS of Alabama.
H.R. 3172: Mr. BLUMENAUER and Mr. COHEN.
H.R. 3187: Mr. BLUMENAUER.
H.R. 3191: Mr. GONZALEZ, Ms. LEE, Mr. DOYLE, and Mr. HARE.
H.R. 3212: Mr. HOLT and Mr. KUCINICH.
H.R. 3219: Mr. ENGLISH of Pennsylvania, Mr. CAPUANO, Mr. NEAL of Massachusetts, Mrs. MALONEY of New York, Mr. FARR, Mrs. LOWEY, Ms. MCCOLLUM of Minnesota, Mr. WEXLER, Ms. SLAUGHTER, and Ms. CASTOR.
H.R. 3229: Mr. MARSHALL.
H.R. 3257: Mr. COSTA.
H.R. 3282: Mr. WILSON of South Carolina and Mr. MCHUGH.
H.R. 3337: Ms. BALDWIN.
H.R. 3357: Mr. PICKERING, Mr. DENT, Mr. LEWIS of Kentucky, Mr. LOEBSACK, Mr. THOMPSON of Mississippi, Mr. HINCHEY, Mr. BRALEY of Iowa, and Mr. PATRICK MURPHY of Pennsylvania.
H.R. 3372: Mr. STARK, Mr. DAVIS of Illinois, Ms. ZOE LOFGREN of California, Mr. BLUMENAUER, and Mr. TOWNS.
H.R. 3378: Ms. CARSON and Mr. COHEN.
H.R. 3402: Mr. COHEN.
H.R. 3411: Ms. BERKLEY.
H.R. 3416: Ms. ZOE LOFGREN of California.
H.R. 3423: Ms. WOOLSEY, Ms. BORDALLO, Mrs. MCCARTHY of New York, Mr. DAVIS of Illinois, and Mr. RUSH.
H.R. 3425: Mr. COHEN.
H.R. 3429: Mr. COHEN.
H.R. 3432: Mr. KING of New York, Mr. LAHOOD, Mr. FOSSELLA, Mr. FRELINGHUYSEN, Mr. ROHRABACHER, Mr. WELLER, Mr. FORTENBERRY, Mr. GILCHREST, Mr. WALSH of New York, Mr. DREIER, Mr. ENGLISH of Pennsylvania, Mr. SHAYS, Mr. LANTOS, and Mr. WOLF.
H.R. 3452: Ms. ROYBAL-ALLARD.
H.R. 3453: Ms. DEGETTE, Mr. MATHESON, and Mr. GORDON.
H.R. 3461: Mr. POMEROY.
H.R. 3480: Mr. CARTER, Ms. SUTTON, Mr. SESTAK, Mr. STEARNS, Mr. BURTON of Indiana, Mr. MILLER of Florida, Mr. ENGLISH of Pennsylvania, and Mr. PETERSON of Minnesota.
H.R. 3498: Mr. MCNULTY.
H.R. 3502: Mr. ENGLISH of Pennsylvania.
H.R. 3512: Mr. FORTENBERRY.
H.R. 3521: Ms. NORTON.
H.R. 3524: Mr. LYNCH.
H.R. 3531: Mrs. MYRICK and Mr. SHUSTER.
H.R. 3533: Mr. CLEAVER, Mr. MCHUGH, Ms. SUTTON, Mr. WELCH of Vermont, Mr. MCDERMOTT, Mr. SCHIFF, Mr. BISHOP of Georgia, and Mr. DAVIS of Alabama.
H.R. 3544: Mr. GORDON, Mr. JOHNSON of Illinois, Mr. FERGUSON, Mr. MORAN of Virginia, and Mrs. JONES of Ohio.
H.R. 3547: Mr. ISSA, Mr. COHEN, and Mr. PATRICK MURPHY of Pennsylvania.
H.R. 3553: Mr. UDALL of New Mexico.
H.R. 3558: Mr. ROSS, and Mr. PATRICK MURPHY of Pennsylvania.
H.R. 3566: Mr. JORDAN.
H.R. 3572: Mr. COHEN, Mr. LEWIS of Georgia, and Mr. SCOTT of Georgia.
H.R. 3584: Mr. FOSSELLA, Mr. WILSON of South Carolina, Mr. KNOLLENBERG, Ms. FOXX, Mr. LEWIS of California, Mr. FRANKS of Arizona, and Mrs. BACHMANN.
H.R. 3585: Mrs. JO ANN DAVIS of Virginia and Ms. WASSERMAN SCHULTZ.
H.R. 3609: Mr. JOHNSON of Georgia, Mr. COHEN, Mr. ELLISON, and Mr. NADLER.
H.R. 3610: Mr. WAXMAN.
H.R. 3647: Ms. HERSETH SANDLIN.
H. Con. Res. 10: Mr. JACKSON of Illinois.
H. Con. Res. 32: Mr. ENGLISH of Pennsylvania.
H. Con. Res. 83: Mr. BUCHANAN.
H. Con. Res. 122: Mr. FILNER and Mr. SCHIFF.
H. Con. Res. 137: Mr. MCCAUL of Texas.
H. Con. Res. 176: Mr. BURGESS and Mr. TERRY.
H. Con. Res. 198: Mr. OLVER.
H. Con. Res. 200: Mr. LANGEVIN, Mr. SIRES, Mr. BILIRAKIS, Mr. PENCE, and Mr. MORAN of Virginia.
H. Con. Res. 203: Ms. MATSUI, Mr. ACKERMAN, and Mr. COHEN.
H. Res. 71: Ms. SUTTON.
H. Res. 108: Ms. CASTOR.
H. Res. 212: Mr. EHLERS.
H. Res. 237: Mr. BURTON of Indiana.
H. Res. 356: Mr. LOBIONDO.
H. Res. 405: Mr. PAYNE, Mr. INGLIS of South Carolina, Mr. KENNEDY, Mr. HINCHEY, Mr. HOLT, Mr. ANDREWS, Mr. CARNAHAN, Mr. CAPUANO, Mr. ENGEL, Mr. HODES, and Mr. VAN HOLLEN.
H. Res. 470: Mrs. WILSON of New Mexico.
H. Res. 524: Mrs. CAPPS, Mr. JACKSON of Illinois, Mr. BAKER, Mr. SIRES, Mr. SALAZAR, Mr. POE, Mr. TERRY, Mr. PETRI, Mr. HASTINGS of Florida, Mr. MICHAUD, Mrs. TAUSCHER, Ms. LORETTA SANCHEZ of California, Mr. PITTS, Mr. PASCRELL, Mr. BRADY of Pennsylvania, Ms. SHEA-PORTER, Mr. HARE, Ms. SUTTON, Ms. WATSON, Ms. LEE, Mr. LANTOS, Mr. CARDOZA, Mr. BOSWELL, Mr. HINOJOSA, Ms. SCHAKOWSKY, Mr. MILLER of Florida, Mr. YARMUTH, Mr. DONNELLY, Mr. GENE GREEN of Texas, Mr. BACA, Mr. COHEN, Mr. LAMPSON, Ms. ESHOO, Mr. MCNULTY, Mr. TIM MURPHY of Pennsylvania, Mr. CARNEY, Mr. ROGERS of Alabama, Mrs. MALONEY of New York, Ms. HOOLEY, Mr. MOORE of Kansas, Mr. PLATTS, Mr. SKELTON, Mr. HALL of Texas, Mrs. BIGGERT, Mr. BISHOP of New York, Ms. CLARKE, Mr. JOHNSON of Georgia, Ms. WOOLSEY, Ms. MOORE of Wisconsin, Mr. INSLEE, Mr. HOYER, Mrs. LOWEY, Mr. WELCH of Vermont, Mr. MCGOVERN, Mr. ANDREWS,

Mr. RUPPERSBERGER, Mr. PALLONE, Mr. WALDEN of Oregon, Ms. SCHWARTZ, Mr. DAVIS of Alabama, Mr. ISRAEL, Mr. HINCHEY, Mrs. EMERSON, Mr. REYES, Mr. ALTMIRE, Mr. LYNCH, Mr. WAXMAN, Ms. ROS-LEHTINEN, Mrs. BONO, Mr. KIRK, Mr. PENCE, Mr. PRICE of Georgia, Mr. HILL, Mr. CAPUANO, Mr. WU, Mr. PERLMUTTER, Ms. HIRONO, Mr. CLYBURN, Mr. KING of New York, Ms. DEGETTE, Ms. BEAN, Ms. HARMAN, Mr. TOWNS, Mr. HOLDEN, Mr. HIGGINS, Mr. HOLDEN, Mr. HIGGINS, Mr. SCOTT of Virginia, Mr. TAYLOR, Mr. ROTHMAN, Ms. BALDWIN, Mr. CROWLEY, Mr. ACKERMAN, Mr. ALLEN, Mr. SCHIFF, Mr. ENGEL, Mr. HALL of New York, Ms. JACKSON-LEE of Texas, Ms. BERKLEY, Mr. WYNN, Mr. WEINER, Ms. MCCOLLUM of Minnesota, Mrs. DAVIS of California, Ms. VELÁZQUEZ, Mr. LARSON of Connecticut, Mr. SERRANO, Mr. DOGGETT, and Mr. RUSH.

H. Res. 542: Mr. GALLEGLY, Mr. GERLACH, and Ms. BORDALLO.

H. Res. 572: Mr. MELANCON.

H. Res. 573: Mr. MCCAUL of Texas.

H. Res. 576: Mr. YOUNG of Alaska.

H. Res. 584: Ms. WASSERMAN SCHULTZ.

H. Res. 590: Mr. BLUMENAUER and Mr. TIERNEY.

H. Res. 618: Mr. HARE.

H. Res. 620: Mr. MCCOTTER.

H. Res. 640: Mr. HUNTER, Mr. SAXTON, Mr. JONES of North Carolina, Mr. HAYES, Mr. AKIN, Mr. MILLER of Florida, Mr. ABERCROMBIE, Mr. REYES, Ms. LORETTA SANCHEZ of California, Mrs. DAVIS of California, Mr. COOPER, and Mr. BOREN.

H. Res. 641: Mr. ENGLISH of Pennsylvania.

H. Res. 642: Mrs. CAPPS, Mr. BACA, Mrs. NAPOLITANO, Mr. ORTIZ, Ms. ROYBAL-ALLARD, Mr. SALAZAR, Mr. SIRES, Mr. PASTOR, Mr. BECERRA, Mr. CUELLAR, Mr. HINOJOSA, Ms. MCCOLLUM of Minnesota, and Mr. COHEN.

H. Res. 644: Mr. ROGERS of Kentucky and Mr. KLINE of Minnesota.

H. Res. 651: Mr. RENZI, Mrs. SCHMIDT, and Ms. WATSON.

H. Res. 652: Mr. DEFAZIO, Ms. SCHAKOWSKY, Mr. SHADEGG, Mr. OLVER, and Mr. HONDA.

H. Res. 669: Ms. SUTTON.

H. Res. 673: Mr. DENT and Mr. KING of New York.

H. Res. 674: Mr. SIRES, Mr. MAHONEY of Florida, Mr. MORAN of Virginia, and Mr. CARNAHAN.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. DAVID R. OBEY

H.J. Res. 52, making continuing appropriations for the fiscal year 2008, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

PETITIONS, ETC.

Under clause 3 of rule XII, petitions and papers were laid on the clerk's desk and referred as follows:

163. The SPEAKER presented a petition of the Legislature of Rockland County, New York, relative to Resolution No. 464 urging the Federal Corporation For National and Community Service to fully restore funding to Rockland County's Americorps Program; to the Committee on Education and Labor.

164. Also, a petition of the California State Lands Commission, relative to a Resolution opposing federal preemption of state laws to reduce greenhose gas emissions; to the Committee on Energy and Commerce.

165. Also, a petition of the City of Hollywood, Florida, relative to Resolution No. R-2007-195 supporting S. 1115, ''the Energy Efficiency Promotion Act''; to the Committee on Energy and Commerce.

166. Also, a petition of Mr. Tony Avella, Council Member of the City of New York, relative to regarding a request from Mr. Richard George, Director of the Beachside Bungalow Preservation Association; to the Committee on Natural Resources.

167. Also, a petition of the Board of Commissioners of the County of Armstrong, Pennsylvania, relative to a Resolution urging the Congress of the United States to amend necessary federal regulation to allow federal financial participation for medical benefits to incarcerated individuals until convicted and sentanced; to the Committee on the Judiciary.

168. Also, a petition of the Village of Nyack, New York, relative to a Resolution calling for an investigation of President George W. Bush and Vice President Richard B. Cheney; to the Committee on the Judiciary.

169. Also, a petition of the Town Council of the Town of Bay Harbor Islands, Florida, relative to Resolution No. 1044 supporting the Governing Board of the South Florida Water Management District requesting that the Congress of the United States appropriate funds necessary to bring the Herbert Hoover Dike into compliance with current levee protection safety standards; to the Committee on Transportation and Infrastructure.

170. Also, a petition of the Washington State Democrats, relative to a Resolution calling on the Congress of the United States to support and enact the AFL-CIO Policy on Immigration; jointly to the Committees on the Judiciary and Education and Labor.