were killed as a result of the bombings of United States Embassies in East Africa on August 7, 1998.

Mr. NELSON of Florida. I now object to any further proceedings at this time.

The ACTING PRESIDENT pro tempore. Objection is heard. The bill will be placed on the calendar.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will now be a period for the transaction of morning business for 60 minutes, with Senators permitted to speak therein for up to 10 minutes each and the time equally divided and controlled between the two leaders or their designees, with the Republicans controlling the first half and the majority controlling the final half.

Mr. NELSON of Florida. I ask unanimous consent that the time I have used not be charged against the majority's time.

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

The Senator from Texas.

VETO OF SCHIP

Mr. CORNYN. Yesterday, the President vetoed the State Children's Health Insurance Program expansion that the Congress had sent to him, as he said he would. I would hope all of us would get down to work on the serious matter of trying to come up with a compromise which would achieve the original intent of Congress when we passed the legislation back in 1997 and when it was signed into law by President Clinton and which has served the Nation's children so well. Instead, it appears you can't take the politics out of politics and you can't take the politics out of Washington.

This matter has become a political football that is going to be used for partisan political gain. I think that is a shame. I say that not with a sense of anger but with a sense of disappointment that we would see something as important as providing health coverage to our Nation's children be used in political ads and that rather than have a veto-override vote in the House of Representatives forthwith, it has now been postponed by Speaker PELOSI to October 18 to give the Democratic Congressional Campaign Committee time to run ads against those who would likely uphold the veto in their congressional districts over the next week or so. That is a shame. I wish they would reconsider.

The problem, after all, with the bill Congress passed is that while the State Children's Health Insurance Program was designed to take up where Medicaid left off, this was fundamentally a welfare benefit, one which I believe the Congress wisely decided was necessary for our Nation's poor, low-income children, to make sure they got access to health coverage. But what we see is this vehicle was then used, with a 140-percent increase in Federal spending, to take this program not just from children up to 200 percent of poverty but to then say this can be a wealth transfer from the pockets of the American taxpayers to the middle class because under the bill the President vetoed, up to 400 percent of poverty level could be covered by this welfare benefit. That translates to a family of four roughly making $80,000 a year. It is simply unacceptable, from my perspective, to say that you can take money from the pockets of the American taxpayer not for a welfare benefit to help those in need but to help those who already have their own health insurance, simply to provide a free benefit to those who are already covered by their own health insurance. There is no sound basis upon which to take what is essentially a welfare benefit and transform that into a middle-class entitlement—unless, of course, there is something else going on here, which I suspect there is. I will talk about that in a moment.

In my own State, I wish we would redouble our efforts to focus our vision on the original intent of the SCHIP legislation because in my State, there are roughly 500,000 Medicaid-eligible children who are not covered by Medicaid. Why? Because their parents haven't signed them up for benefits they are entitled to under the law. There are an additional 200,000 SCHIP-eligible children, up to 200 percent of poverty level in Texas, who are not signed up for that benefit. So why in the world, when there are still children in the target population we are trying to help who remain uncovered, are we going to be diverted by a huge expansion of this program beyond its original intent to cover adults in 14 States? In the State of Wisconsin, more adults than children are covered by the State Children's Health Insurance Program—obviously, that was not part of Congress's original intent—up to 400 percent of poverty level, up to $80,000-plus for a family of four. It is simply another example of a well-intended, perhaps as originally intended, program that has now been expanded beyond all recognition.

If possible, I would say this was the equivalent of mission creep for the U.S. military. It is clearly another example of trying to use a successful Government program, a welfare benefit for low-income kids, and to expand it beyond recognition—another example, I am afraid, of wasteful Washington spending run amok.

The question is not whether the State Children's Health Insurance Program will continue. Even after the President's veto, as my colleagues know, we passed a continuing resolution which would continue the current program through November 16. I know today that if we had an opportunity to vote on a continuation of the current program as targeted, it would pass unanimously in the Senate. But rather than take care of business, rather than do our jobs, unfortunately this has degenerated into political gamesmanship, where the House leadership, Speaker PELOSI and others, have decided that rather than have the vote on the override of the President's veto, which they know will be sustained, immediately they have decided to put it off until October 18 in order for the political games to continue.

Obviously, this is another reason Congress's approval rating in most public opinion polls is well under 20 percent. The American people wonder why is it that Washington is not hearing what they are saying when it comes to being good stewards of the taxpayers' dollars, when it comes to making sure the money we do spend that they earn and which is transferred to the U.S. Treasury is spent efficiently and effectively on important programs we all support as opposed to these programs being used essentially as a Trojan horse for other objectives.

The final concern I have about this vast expansion of the SCHIP program—a 140-percent increase over the current program—is it clearly represents another step toward a Washington-controlled health care system, something I think would be a tragedy for our country. Eventually, it would crowd out the private sector and the choice and the individual decisionmaking Americans can make with their own health care provider to determine what is in their best interest, what kind of treatment they want to have for their health care needs, as opposed to turning that over to Government bureaucrats.

There are three things I can guarantee will happen when Washington makes all the health care decisions. No. 1 is, it will be expensive. It will not be free, or I should say you would be surprised at how expensive ''free'' health care turns out to be in terms of the tax payments that will be required to support it.

Secondly, I will tell you that a Washington-controlled health care system will be excessively bureaucratic. It is just in the nature of Washington. With central Government control for 300 million people, there will be more red tape than anybody can imagine. It will make it harder to get access to the health care that right now is readily available for virtually all Americans. The question is, how are we going to deliver it the most efficiently, not whether they can get access to it. Because we all agree they should have and do have access to health care today.

The third thing I will say is, I will guarantee once Washington makes all health care decisions, it will be controlled by rationing. The costs of health care delivery—when Washington makes all the decisions—will be controlled by rationing. What is the evidence of that? Well, if you look right now at the reimbursement rates Medicare, Medicaid, and SCHIP provide to