

law was administered to her by the Vice President; and she subscribed to the oath in the Official Oath Book.

The VICE PRESIDENT. Congratulations.

(Applause, Senators rising.)

RECESS

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

Thereupon, at 12:34 p.m., the Senate recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. CARPER.)

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009—Continued

The PRESIDING OFFICER. The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

The Senator from Ohio is recognized.

Mr. BROWN. Mr. President, today with the advent of the 111th Congress, the Senate is considering legislation to renew and expand the Children's Health Insurance Program, sending a clear and definitive message that this country will no longer turn its back on our 9 million uninsured children.

When we pass this bill, we will make it clear that the health and well-being of our children—in bad economic times or, in the future, in good economic times—the well-being and health of our children comes first.

After 2 long years and repeated vetoes from former President Bush, this legislation finally has a chance of becoming law, thanks to the support of a new President who is committed to reforming our Nation's health care system.

It is my sincere hope that the passage of this legislation will be the beginning—the beginning—of a major overhaul of American health care, which ultimately will provide all Americans with the quality, affordable health care coverage we all deserve as Americans.

The Children's Health Insurance Program is a success story. It was created about 13 years ago, in 1996, to provide health coverage to children who would otherwise not be insured. The program provides health insurance to low-income families who do not qualify for Medicaid but who are unable to afford private coverage, to reduce the number of uninsured children in working families—underscore that, Mr. President: in working families—by about one-third.

Despite its huge successes, there is room for improvement. Sadly, millions

of American children remain without health insurance, even though the law states they are eligible for it.

Today, we have an opportunity to take decisive action to bridge that gap and to reach children who need this coverage desperately but who are not receiving it. The legislation before us today would provide coverage to an additional 4.1 million uninsured low-income children. It would improve access to dental coverage. It would improve the public health by enabling legal—legal—immigrant children to receive care in doctors' offices rather than taking them to more high-cost, less primary care, emergency rooms.

If signed into law, S. 275 would have a profound impact on children and families nationwide, including in my State of Ohio, including Toledo and Akron and Canton and Mansfield and Cincinnati and Bellaire. It would provide approximately \$294 million to Ohio in fiscal year 2009, helping my State cover approximately 245,000 uninsured children—children such as Emily Demko from Athens County.

Emily was born with Down Syndrome. When her mother Margaret made the decision to stay at home to care for Emily, their family found themselves without health insurance. The Demkos looked into many options, but no private insurer would cover Emily, at any cost, due to her genetic, preexisting condition. Luckily, the Demkos found they were eligible for Medicaid. However, during their 6-month reauthorization meeting, they were informed their income was—get this—\$135 per month too much to qualify any longer. Mr. President, \$135 too much to qualify for Medicaid any longer.

Since Emily's medical bills were in excess of \$3,500 a month, the Demkos had to make decisions no parent should ever have to make. They had to decide what therapies and treatment they could afford for their daughter.

Although they have done their best to manage Emily's medical care, being uninsured has left Emily without access to needed hearing tests, corrective treatment for an eye condition, and several blood tests to scan for conditions likely to occur with Down Syndrome.

It is for children such as Emily that we must support the reauthorization and the expansion of CHIP. Access to health coverage will provide Emily and so many others around our great Nation with the opportunity to live a healthier, happier, more productive life, regardless of their medical condition.

For the third time in my Senate career, I have come to this floor to advocate for the reauthorization and expansion of the Children's Health Insurance Program. I did it in the House 13 years ago, when this program was first conceived and when we first enacted it.

For the third time in my Senate career, I have come to the Senate floor to speak on behalf of the 9 million chil-

dren in this country who do not qualify for Medicaid but whose families cannot afford health insurance.

For the third time in my Senate career, I have come to this floor to cast a vote in favor of legislation which will enable parents to help their children when they are ill. In my opinion, there are few legislative or ethical priorities more important than that.

This is the third time I have advocated for CHIP on the Senate floor. I believe, I hope, the third time will be the charm.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BROWN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. BROWN. Mr. President, there was an amendment offered earlier by Senator HATCH with whom I sit on the Health, Education, Labor and Pension Committee. Senator HATCH has played a major role in health issues in this country and I respect him for that. His amendment, however, to this bill is sort of the same old same old. We have seen this throughout the Children's Health Insurance Program debate. We saw it last year both times when the President vetoed the bill. We saw it raised by opponents in the House of Representatives. We saw it raised many years ago. When the amendment says States should have to enroll at least 90 or 95 percent of their kids under 200 percent of the Federal poverty level before they can enroll children at higher income levels, it pretty much says no more children in the Children's Health Insurance Program. I wish they would simply be more direct saying, We don't want more kids in here. Instead, they say if you can't find close to 100 percent of these children who are eligible—this is a big country, it is a complicated country; so many of the people we are trying to insure are living economically on the margins. There are two children with a single parent who has moved from one job to another. Those children often move across town or to another county as their mother or father get another job—a job that may pay \$20,000 a year and a job without health insurance—so the Children's Health Insurance Program is so important to them. So when they build in this "standard" that virtually everybody—95 percent of all children eligible have to be enrolled before you can enroll new children who are a little bit better off—a little bit better off isn't a family making \$100,000 a year; it is a family making much less than that without health insurance and simply can't afford it. Even mandatory programs we have found around the country don't have a 95-percent take-up rate. It is simply impossible for Government or for private businesses