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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mrs. TAUSCHER).

DESIGNATION OF THE SPEAKER PRO TEMPORE

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

WASHINGTON, DC,
February 4, 2009.

I hereby appoint the Honorable ELLEN O. TAUSCHER to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

Chaplain Major Jim Higgins, Reserve Officer Association Chaplain of the Year, Powder Springs, Georgia, offered the following prayer:

Loving Lord, we give You thanks that You are ever present with us, guiding our thoughts and our deliberations. In these difficult times we acknowledge before You that we are unable, in the strength of our own power, to guide this Nation that You have entrusted to us. So we pray for a sense of Your will and of Your presence. Along with the vision of what is right, give us the courage to act accordingly.

As we gather today, Everlasting God, we pray for those whom we have sent into harm's way. Give to them Your divine protection. As the Great Physician, be with those who have been wounded and lay in beds of pain. We give You thanks for the valor of those who have paid the ultimate cost for freedom, and ask that You accept them into Your home, not made with hands, but eternal in the heavens, surrounding their loved ones with Your peace, which passes all understanding. All of this we ask in Your most holy and precious name.

Amen.

THE JOURNAL

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

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Kansas (Ms. JENKINS) come forward and lead the House in the Pledge of Allegiance.

Ms. JENKINS 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 CHAPLAIN MAJOR JIM HIGGINS

The SPEAKER pro tempore. Without objection, the gentleman from Georgia (Mr. SCOTT) is recognized for 1 minute.

There was no objection.

Mr. SCOTT of Georgia. We have had the pleasure of having the distinguished guest chaplain for today from my district in Georgia. Each year, the Reserve Officers Association presents a Chaplain of the Year Award, which is selected by the Chief of Chaplains of each military service.

And the award goes to a chaplain—a special chaplain—with special qualities. He is selected for extraordinary contributions to the welfare, the morale, and effectiveness of the Military Reserve Services. This year, the award went to Military Chaplain Major James Boren Higgins, who delivered our wonderful prayer this morning.

Dr. Higgins graduated from Illinois Wesleyan University in 1983. He earned his master of divinity degree in 1986 from Candler School of Theology at Emory University in Atlanta, Georgia. He received his doctor of ministry degree from Columbia Theological Seminary in Decatur, Georgia. And he has received the following outstanding awards. And, America, listen to these rewards.

He is a recipient of the Bronze Star Medal. He is a recipient of the Meritorious Service Medal. Dr. Higgins is a recipient of the Army Commendation Medal. He is also the recipient of the Army Achievement Medal. And he is the recipient of the Global War on Terrorism Service Medal. And for his distinguished duty in Iraq, he received the Iraq Campaign Medal.

What an extraordinary minister. Not just a minister of God, but a minister of the world. A minister to bring peace and comfort to his fellow soldiers at a time of great stress on the battlefields, as well as here at home.

Reverend Higgins currently lives in my district in Powder Springs, Georgia, with his lovely wife Pam and their three children. Reverend Higgins is the senior pastor and chief executive of the 3,200 member McEachern Memorial United States Methodist Church in Powder Springs, Georgia.

We are so proud to have Pastor Major James Boren Higgins as our guest chaplain of the day for the United States Congress. What an extraordinary individual at an extraordinary time, who has given an extraordinary service. We are so proud to have him serve as our guest chaplain of the day.

The SPEAKER pro tempore. Without objection, the gentleman from Georgia (Mr. GINGREY) is recognized for 1 minute.

There was no objection.

Mr. GINGREY of Georgia. I want to thank my colleague, Representative DAVID SCOTT, for allowing me to say a few words also about Reverend Jim Higgins, as we have the privilege of really sharing him in our two adjoining

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districts. And, as DAVID SCOTT has said, Madam Speaker, Dr. Reverend Major Jim Higgins, as we know, has brought us a very inspiring message as we open business today in the United States House of Representatives as our guest chaplain of the day.

But, as Representative SCOTT said, his service to us and to his constituents in Powder Springs and to our country goes much beyond just the spiritual. When you think about his service as a chaplain in the United States Army and, as DAVID SCOTT was just saying, his service in Vietnam, and his tour of duties, Madam Speaker, of 18 months.

Now, today, the Marines limit rotation to 7 months and the Army to 12 months. But Jim Higgins' rotation in Vietnam—a pretty tough place—was 18 months. Of course, he has this week, as has been said, been recognized as the United States Military Reserve Chaplain of the Year.

So we really are indebted to this great man, not only for his spiritual leadership, Jim, but great service to your country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 10 further requests for 1-minute speeches on each side of the aisle.

STIMULATE THE ECONOMY

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

Mr. JACKSON of Illinois. We need to pass a stimulus conference report that stimulates the economy. We need to combine the best of public oversight and private spending in public-private partnerships to build and, in some cases, rebuild public infrastructure. This stimulative spending should be encouraged by Federal and State stimulus programs and bills.

But here's what we have to look out for. Public-private partnerships are different than private-public partnerships where the private sector tells the public what is in their best interest. Do not confuse the two. It doesn't work.

Do not confuse public-private partnerships with quasi-public-private partnerships. They are not the answer. They lack public accountability and can be rife with corruption. Only by achieving the best in publicly accountable oversight in public works projects, with private capital, can the balance be struck and we create jobs.

Today, the President will limit executive compensation for executives of companies that take advantage of taxpayer bailout funds. This is the right thing to do. However, the relationship between the public sector and the private sector should not be an afterthought, and the private sector cannot demand its own rules while using taxpayer funds.

We are slowly getting to the idea, Madam Speaker, of public-private partnerships as a way of bringing government, business, and labor together. It's time to establish a new American paradigm.

STIMULUS AND THE NATIONAL DEBT

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

Ms. FOXX. The national debt will jump by more than $1 trillion in the 6 months ending in March. $1 trillion dollars in 6 months. Think about that. The previous record increase in the national debt was less than half this amount, and that was over the course of an entire year, which means we are currently racking up debt at four times the rate of the previous record. And all of this debt doesn't include the so-called stimulus package that the Senate has already porked up to $900 billion. It's so full of spending unrelated to job creation that we can't even begin to tally the waste.

We must stop and take stock. With hardly a second thought, the Federal Government is careening towards a record $2 trillion deficit—payable by our children, grandchildren, and great grandchildren. My friends, we cannot borrow and spend our way to prosperity.

IMMIGRATION

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

Mr. BACA. Our country is in desperate need of comprehensive immigration reform to ensure the security and the future of America. Our broken immigration policies have failed to secure our borders and have taken on racial profiling tactics.

Our families are being separated and terrorized with unjust border raids, such as the one that was held in my district a couple of weeks ago at a Home Depot parking lot. In the greatest Nation of the world, no one should ever live in fear of being torn apart from their families.

We shall not be a Nation of discrimination when our faces promote diversity. We need a cohesive program such as comprehensive immigration. We cannot stand complacent with our broken immigration policies. We need to take action.

Mr. President, you called for change. You and Madam Speaker need to deliver on that promise. I urge my colleagues to join me in passing comprehensive immigration.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

UNIVERSAL HEALTH COVERAGE

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

Mr. COURTNEY. Today, February 4, 2009, will go down as a historic milestone in America's long journey towards universal health coverage. In a few hours, with a bipartisan vote, the House will pass an expansion of the Children's Health Insurance Program, extending health insurance to 4 million more American youngsters, keeping a promise that President Obama made to the American people to get this much-needed change accomplished. He did it in 2 weeks' time. I would just say, contrast that with the 2-year rancorous partisan debate that divided this country over the issue.

The new Congress and the new President are delivering on this incredibly important step towards extending health coverage to children—strengthening their dental coverage; strengthening their mental health coverage; locking in for States like Connecticut eligibility so that working families' children will be insured and will be covered.

Building on that success, extending health IT technology to our health care system, which is included in the stimulus package, extending people with unemployment Medicaid coverage, we are going to move forward as a country towards universal health coverage. Today will go down in history as an important step forward to accomplish that much-needed goal.

□ 1015

HONORING MARLIN BRISCOE

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

Mr. TERRY. Madam Speaker, I rise today in order to honor a great Nebraskan, Marlin Briscoe.

Marlin was a standout basketball and football player at Omaha South High School. He attended the University of Nebraska at Omaha where he played quarterback, something unique for an African American in the 1960s. He was drafted by the Denver Broncos. He played for them and the Miami Dolphins, and he went on to play several years in the NFL. But he really made his mark when he fell from grace because of his addiction to drugs, and he even spent time in jail.

But Marlin eventually recovered and has since turned his life around and has been a strong advocate for at-risk youth. He is a mentor, a teacher, a role model. He once said that working for the Boys and Girls Club was the most important thing he had ever done in his life.

Marlin, our country, and especially the people of Omaha, Nebraska, are very proud of your contributions and accomplishments.

PREVENTING FUTURE DISASTERS

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

Mr. BARROW. Madam Speaker, this weekend marks the first anniversary of the combustible dust explosion at the Imperial Sugar Refinery in Savannah, Georgia.

What we learned in my community since this disaster hit is that the experts have known about this problem for decades. The private sector has developed standards that effectively deal with this problem, but the public sector hasn't responded. The trouble is not enough people know about the problem, much less the solutions, and those who do know about the solutions aren't required to adopt them.

The only standards that are mandatory really are not designed with this problem in the first place, and so they aren't working. The result is we have good standards that are not mandatory and inadequate standards that are mandatory. It ought to be the other way around.

Today I am reintroducing legislation we passed in the last Congress, legislation that will take such upside-down policy and flip it right side up.

On the anniversary of this latest disaster, our thoughts and prayers go out to the folks who are still suffering from their losses and injuries. But our work to fix what is broken with our regulatory system should continue until we have done everything that we reasonably can to prevent any such disasters from ever happening again.

GIVING VOICE TO THE UNBORN

(Mr. BARRETT of South Carolina asked and was given permission to address the House for 1 minute.)

Mr. BARRETT of South Carolina. Madam Speaker, ''We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness.''

We all know this quote, Madam Speaker, and it is no accident that life is mentioned first. It is our most basic right given to us only by our Creator.

Every life is a gift given to us by the grace of God, and there can be no doubt that life begins at the moment of conception. But as I stand before you today, my heart breaks for the faces that are missing because they were never born.

Madam Speaker, I pray for the men and women throughout this country and the world who are expecting a child and they believe they are in an impossible situation. I hope they would understand that with God, all things are possible.

We recently saw thousands descend upon the Supreme Court to stand up for the rights of the unborn. To them, and all those who work every day to give a voice to the unborn, I say thank you and God bless.

ECONOMIC RECOVERY PACKAGE

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

Mr. SIRES. Madam Speaker, last week American companies announced that they will be laying off more than 102,000 employees in the coming weeks.

The economic situation is clearly getting worse, and Congressional Democrats are taking steps to get people back to work and to save jobs that without action will be lost in the next few months.

Last week, the House passed legislation that will save and create 3 to 4 million jobs. We will create nearly half a million jobs by investing in clean energy. Our economic package also puts nearly 400,000 people to work repairing crumbling roads, bridges and schools.

In another effort to jump start our economy, it also gives 95 percent of Americans an immediate tax cut.

Madam Speaker, economists told us that we needed to act boldly and swiftly to address our Nation's troubled economy. This week, the Senate must pass the economic recovery package so that we can begin the long process of turning this economy around. Failure to act, as some on the other side of the aisle seem to be more happy to do, is simply not an option.

STIMULUS MUST STIMULATE ECONOMY

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

Mrs. MILLER of Michigan. Madam Speaker, I believe that there is broad bipartisan consensus in this House that we must act to stimulate our economy. And actually, the vote last week indicated that there is a bipartisan belief that we can do better.

I have talked to my constituents, to local school districts, and local government and business leaders, and the consensus is that we must do better.

Too many programs were included in that bill that will not stimulate our economy. When we are borrowing money from our children and grandchildren, we have a responsibility to make certain that the plan will work, that it will create jobs, and that it will help get our economy moving.

President Obama has reached out his hand asking for bipartisan cooperation, and many of us are ready to answer his call. I believe that we can create a bill along the broad outlines put forward by the President and pass such a bill with strong bipartisan support. All it will take is the majority including good ideas and putting aside other nonstimulative policy goals for another day. We can get this done, and for the sake of our economy and the American people, I hope that we will get it done.

CHIP PASSAGE DEMONSTRATES CHANGE

(Mrs. HALVORSON asked and was given permission to address the House for 1 minute.)

Mrs. HALVORSON. Madam Speaker, the American people have heard a lot about change these days, but exactly what will that change be and what will it mean to them?

Well, today, real change will come to Washington when this House passes an expansion of the Children's Health Insurance Program. This is legislation that will have a direct impact on children in our country.

When we pass this bill today, an additional 4 million children living without health insurance will soon be able to afford seeing a doctor. Congress has worked hard to pass this legislation twice, sending it to President Bush, and both times he vetoed this bill. But now, change has come to Washington.

Today, the House will pass legislation very similar to what President Bush vetoed twice; only this time, we will reach a total of 11 million children. And President Obama is expected to sign this bill later today.

This is change we can believe in, and that's going to mean a lot to the 4 million children who will now be able to see a doctor when they are sick.

STIMULATE PRODUCTIVE SECTOR

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

Mr. McCLINTOCK. Madam Speaker, the mantra that we keep hearing from the left, that we just heard from the gentleman from New Jersey, that government rather than the productive sector needs to create more jobs.

Well, according to our new President and Members of this House, the $825 billion spending bill is going to create 3 million new jobs. I thought that sounded pretty good in an economy that is hurting like ours until I pulled out a pocket calculator and did the math: 3 million new jobs for $825 billion, that comes to $275,000 per job. That's by the President's own numbers, $275,000 that will have to be paid back, with interest, by average Americans for every job that he himself says will be created.

Madam Speaker, we do not need to stimulate government. Government continues to grow just fine. We need to stimulate the productive sector, and the best way to do that is to get off its back.

SAVING CHILDREN'S LIVES

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

Mr. GRAYSON. Madam Speaker, I have five children, two of them are 3-year-olds who were born prematurely. They were in the hospital for a long time. They were on respirators for a

long time. They were on 24-hour monitoring for a very, very long time.

If a doctor had come to me and said to me, Mr. GRAYSON, we can save your children but it will cost a million dollars, I would have said okay.

If a doctor had said, Mr. GRAYSON, we can save your children, but it is going to cost your right arm, I would have said okay because the life of a child is more important than money. And yet in America we have 25,000 children who die every year without reaching their first birthday.

This bill will cover 4 million children with health care who otherwise won't have it. I turn to the other side of the aisle and I say: Let's save those lives, let's choose life.

STOP BAILOUT BONUSES

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

Mr. SAM JOHNSON of Texas. Madam Speaker, last week Americans learned of 50,000 new layoffs in just one day. We also heard another startling fact: that the financial industry bailed out by Uncle Sam paid $18 billion in bonuses. That's just appalling.

The $18 billion payout in 2008 ranks as the sixth highest in bonus history and compares with 2004, a banner year, on Wall Street.

As a supporter of free enterprise, I back performance-based bonuses for a job well done.

Banks just barely getting by, thanks to taxpayer bailout money, have no business paying bonuses. With our economy sliding deeper into recession, this reckless decision to pay bonuses showcases the disgraceful behavior of greed and arrogance of Wall Street that Americans detest. It is flat irresponsible.

Let's stop the bailout bonus bonanza now.

RECKLESS SPENDING

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

Mr. BURGESS. Madam Speaker, the American people understand the need for a stimulus. They understand the need for job creation. What they don't understand is why we are pursuing this reckless path of aimless spending.

Now we have heard it over and over again. Elections have consequences, they won, and we understand that. We also hear the need for bipartisan bills. But I have to ask you, Madam Speaker, doesn't legislation also have consequences?

We often ask ourselves what makes a bill bipartisan? Is it just because we all have a chance to vote one way or the other and for that reason it is a bipartisan effort even if you vote against it or for it.

In reality, a bipartisan bill begins at its inception where the ideas are talked about among Members and typically amongst their staff. Certainly it involves hearings and markups at the subcommittee level, and certainly it involves hearings and markups at the full committee level. But many of the bills we have before us fail to achieve that lofty goal.

We are about to pass a stimulus bill that will vastly increase Medicaid spending, but at the same time in this great wash of cash, we can do nothing to provide adequate payments to providers. That would have been a bipartisan effort.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2009

Mr. POLIS of Colorado. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 107 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 107

Resolved, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 2) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a motion offered by the chair of the Committee on Energy and Commerce or his designee that the House concur in the Senate amendment. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means. The previous question shall be considered as ordered on the motion to adoption without intervening motion.

The SPEAKER pro tempore. The gentleman from Colorado is recognized for 1 hour.

Mr. POLIS of Colorado. Madam Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentleman from Texas and my colleague on the Rules Committee, Mr. SESSIONS. All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Mr. POLIS of Colorado. I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and insert extraneous material into the RECORD.

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

There was no objection.

Mr. POLIS of Colorado. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, House Resolution 107 provides for consideration of the Senate amendment to H.R. 2, the Children's Health Insurance Program Reauthorization Act of 2009.

I rise in support of House Resolution 107, the Children's Health Insurance Program Reauthorization Act. I again wish to thank Speaker PELOSI who has been an unrelenting champion on this important issue. I also want to thank Chairman RANGEL and Chairman DINGELL for sponsoring bills that were vetoed in the 110th Congress, and Chairman WAXMAN and all of my colleagues for their leadership on this issue in this Congress, and I want to recognize everyone's efforts to bring this bill to where it is today.

Although I began my House service only a few weeks ago, I have received hundreds of letters from constituents who have serious concerns about health care cost and coverage. Too common is the story of hardworking, low-income moms and dads forced to choose between buying groceries and visiting their family doctor. I have heard from those who have either lost their health care coverage or feared that they will lose it because they simply can't afford it.

□ 1030

I have heard from parents who are denied necessary health care by their insurers, and as a result, their children are suffering too. I have heard from caregivers who have been laid off losing not only their health coverage, but that of their children's as well. This is a serious problem that we can no longer afford to ignore.

No longer can we lay the blame at the front door of the White House. With the change in administration, we can ensure that this legislation passes the House today and reaches the President's desk as soon as possible. With our approval, President Obama has indicated he will sign this bill into law today and change the lives of millions of children and families. Delay is simply not an option.

A large majority of Americans of all political persuasions support this important bill. It's a fiscally responsible way to not only extend the number of children in our Nation who will receive health care, but to improve the quality of that care. This bill relieves the burden of taxpayers who currently subsidize millions of costly and inefficient uninsured emergency room visits. By encouraging preventative care for children who lack insurance today, we can actually reduce costs from the system and provide healthier outcomes for young people.

This bill is just common sense, given the Nation's skyrocketing health care costs, coupled with our current economic challenges. It is an investment where the return is a generation of healthy, happy and productive Americans. This legislation will provide health care coverage for more than 11 million children nationally.

Tomorrow morning, 170,000 children in my home State of Colorado wake up without health insurance. That is 170,000 too many. This bill will change that terrible statistic for the better by

giving States the vital tools needed to reach out to uninsured children who are eligible for SCHIP and Medicaid, but not yet enrolled. This is not only critical to Colorado, but to all our States and territories.

Madam Speaker, the epidemic of the uninsured is not just a consequence of our struggling economy, it is a component of it. Under a new administration, with the political will of this new Congress, we have the power to set this particular wrong right. A healthy economy is supported by healthy people. Providing health care insurance for millions of uninsured Americans is an important beginning to keeping our people and our economy healthy. But it is just a beginning.

Protecting the health of our Nation's young children is of paramount importance to society and the security of our Nation. A recent military study reveals that one-third of American teenagers are incapable of passing a basic physical test. This legislation will help give every child a chance at a healthy start.

With rising unemployment, a battered economy and more layoffs coming every day, the plight of the uninsured is likely to only get worse. Next month, Madam Speaker, SCHIP will expire. Our failure today would add millions of children to the rolls of the uninsured. To me, my constituents, and hopefully to my colleagues, as well, this is unacceptable. Today we have an opportunity to protect millions of children across the Nation who don't have a voice and to safeguard their future.

I urge you to vote for this legislation.

I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, I rise today in strong opposition to this completely closed rule and to the ill-conceived underlying legislation.

Madam Speaker, the gentleman from Colorado, who has extended me the time, well understands, as a freshman, that we have a good number of new Members to this body and who will be making a decision and voting for very important public policy decisions. It's my hope today that I will be able to gather together an argument, not to rebut the gentleman, but to show him and many of his other new colleagues, my new colleagues, why the statement ''cost effective and common sense'' does not apply to the SCHIP bill that the gentleman brings forth today.

Madam Speaker, 2 weeks ago I questioned my Democrat colleagues about their claim to be the most honest, open and transparent House in history when they tout that that is what the leadership of this body is attempting to accomplish. Once again, I will question that claim, because we're provided with a product and a process that is none of the above.

I know that the gentleman on the Rules Committee had a chance, just last night, to hear a debate in the Rules Committee about this SCHIP bill. And I believe that that hearing would produce enough evidence to suggest that this bill is neither cost effective nor common sense. Since the beginning of the 111th Congress, my colleagues on the other side of the aisle have had no regard—no regard—for regular order and continue to cram legislation through this body without Republican input.

When I came to the floor last month to oppose the previous version of this legislation, I explained my opposition on the way that it had been brought to the floor without a single legislative markup. So unfortunately, the new Members of this body, unless they serve on the Rules Committee, have not heard the real facts of the case.

The real facts of the case, unfortunately, have not changed. In fact, neither Republican leadership nor Republican members on the Energy and Commerce Committee have had any opportunity to participate in crafting this 280-plus pages piece of legislation. I will repeat that. Republican members or Republican leadership have had no chance to craft any part of this 280-page legislative bill.

On January 12 of this year, my Republican colleagues and myself sent to President Obama and Speaker PELOSI, which I would like included in the RECORD, a letter outlining what Republicans would like to see the majority party, the Democrats, consider before expanding the current SCHIP program. We still, as of this morning, have received no answer, no answer, to a forthright and open letter. In responding to this, we are simply asking today on the floor of the House of Representatives for the opportunity not only to be heard but also to make sure that the newest Members of this body have a chance to know the facts of the case. And in reauthorizing this program, the first priority should be, should be, to make sure that our Nation's poorest uninsured children are covered. The intent of the program is that. And we must first fulfill that goal.

Currently, at least two-thirds of the children who do not have health insurance are already eligible for Federal help through either SCHIP or Medicaid. The second priority is to ensure that SCHIP does not replace or significantly impact those who already have private health insurance and replace it with a government-run program. Speaking of common sense, why would you take someone who has private health insurance and move them to a government-run program?

Madam Speaker, if this legislation passes, we know that there are 2.4 million children who will be moved from private insurance to SCHIP, a program that reimburses physicians 30 to 50 percent less than private health insurance. As a matter of fact, last night in the Rules Committee, there was in the debate that took place an acknowledgment from the Democrat side lead who said, yes, he did understand. They're even having problems getting physicians who will accept the patients because of the reduction in the reimbursement. Common sense would tell you that alone is not cost effective nor common sense.

More to my point about the newest Members of this body understanding the facts of the case because regular order did not take place, how would we expect them to know what they were going to vote on? Congress should be encouraging superior health care for our Nation's children, not undermining it. That is common sense.

Furthermore, a citizenship verification standard is critical to ensuring that only U.S. citizens and certain legal immigrants are allowed to access taxpayer-funded benefits, not illegal immigrants. The underlying legislation takes out from the law and offers no safeguards to ensure a check that it will be for American children before illegal immigrants. Once again, cost effective, and once again, common sense for the new Members of this body.

The Democrats' proposed $32.8 billion expansion of a program that has yet to accomplish its original intent is typical of my friends on the other side. My friends, the Democrats, continue to push their government-run health care agenda, ''universal coverage'' as they call it, even though this legislation moves 2.4 million children currently on private health coverage to an inferior public program with less access. Common sense says you should not be doing that.

So, then, with physicians scaling back on Medicaid and SCHIP due to the extremely low government reimbursement rate, why would we want to subject 4 million more children to this type of care? Once again, the standard of common sense. I don't know that this bill passes that hurdle. Madam Speaker, it seems likely that my Democratic colleagues are putting their agenda first, not our children's health care.

In the days where Congress is faced with a second $350 billion financial services bailout and a proposed $1.2 trillion stimulus package, is the Federal Government in any financial shape to be financing health care costs for children who are already receiving priority health insurance? Once again, the test of common sense and cost effectiveness would fail this legislation.

The current legislation before us recklessly increases entitlement spending by at least $73.3 billion over the next 10 years. That is increasing it due to the new entitlements. That is neither cost effective nor common sense. This expansion will allow SCHIP to grow at an annual rate of 23.7 percent over the next 5 years. Once again, not cost effective and not common sense. Based on the Treasury Department's financial report, the government has $56 trillion in unfunded liabilities, the majority of which are in the Federal Government's health care program. Why not do something that would be for the Nation's poorest children rather than

trying to push 2.4 million more children, unless you have a political agenda rather than a public policy agenda?

Each year that Congress fails to act on a solution, the long-term problem grows by $2 to $3 trillion. Do my friends on the other side of the aisle not see the writing on the wall? Where is common sense?

Madam Speaker, last week, a bipartisan group of Members voted against the Democratic Party's $1.2 trillion stimulus package. Not only was the Democrat plan full of wasteful government spending that would not stimulate the economy, but my friends on the other side of the aisle shut out Republicans from the process much as they are doing today.

The American people are hurting. And the economy is struggling. Americans know that we cannot borrow and spend our way back to a growing economy. Republicans have a plan for fast-acting tax relief that will release the resources and creativity of the American people to create 6.2 million new jobs. Madam Speaker, I ask my Democrat colleagues, if the American people had the choice between fast-acting tax relief and slow, wasteful government spending, which would they choose? Trust me. A number of Democrats and every single Republican knew the answer on this floor. It is common sense to vote ''no.''

This so-called ''stimulus bill'' includes $524 billion in spending provisions, $3 billion in prevention and wellness, including $400 million for STD prevention, sexually transmitted disease prevention, and $600 million to buy new cars for government workers. That will make sure we don't have to ask for reform out of the Big Three auto makers. We will just buy them at the current rate. The bill includes $150 million for building repairs for the Smithsonian, $1 billion for follow-up on the 2010 Census that does not even begin until April 1, 2010, $1 billion for Amtrak which has not turned a profit in 40 years, $400 million for global-warming research, and another $2.2 billion for carbon-capture demonstration projects. The list goes on and on and on.

The American people deserve to know how their hard-earned tax dollars will stimulate the economy, not government spending where Washington gets fatter, but those with good explanations so that the American people have confidence, not only in Congress, but in their own individual Member of Congress who casts that vote.

If expanding SCHIP to families making $80,000 a year isn't enough, as this bill does, last week my Democrat colleagues voted in favor of making Wall Street millionaires and billionaires, like the former Lehman Brothers CEO, who was reported to have earned nearly half a billion dollars in compensation, eligible for public health subsidies. Approximately $100 billion of our friends', the Democrats', $1.2 trillion stimulus is the bailout for the failing Medicaid program. One such bailout provision is section 3003, which expands Medicaid eligibility to all individuals currently receiving unemployment benefits, regardless of their personal income or financial assets.

□ 1045

Boy, once again that standard of common sense and cost effectiveness that my good friend from Colorado talked about is simply not there.

Madam Speaker, why are our friends, the Democrats, trying to force American taxpayers to pay for free health coverage for the very same executives who helped create the financial crisis in the stimulus package able to get this help?

Adding another trillion dollars to the Federal deficit and swelling the number of persons dependent on subsidized, government-run health care is hazardous to the health of the American economy and an unfair burden to place on our grandchildren.

The American people want more than just welfare. They want freedom. They want jobs. They want a real stimulus package and a real SCHIP bill. That's what this Congress is failing to provide. The American people want more innovation, more efficiency, more accountability, and they want cost effectiveness and common sense. Evidently, this body is in short supply of each of those items under this leadership.

The American people hate waste in government, but our friends, the Democrats, who are the majority party, are spending like never before, delaying even the thought of addressing the underlying programs of the already burdensome Medicaid and SCHIP programs. My friends on the other side of the aisle seem to be playing with money that does not even exist. We are printing it at this time. The printing presses are alive and working 24 hours a day, just simply first to meet the $700 billion bailout, and then to prepare for the $1.3 trillion stimulus package that is prepared for the President's signature soon.

So what's next? A $32.8 billion expansion of SCHIP, and finally, the massive omnibus which is expected this week or next.

We should be demanding more accountability. We should be demanding cost effectiveness, and we should be demanding common sense. That's what the American people want, Madam Speaker.

Madam Speaker, we need a fast-acting tax relief bill that will stimulate the economy and create jobs. We cannot borrow and spend our way out of this crisis. We need to secure the original intent of the current government programs before expanding additional programs.

I came to Congress to protect the American taxpayer, which is why I encourage my colleagues to oppose this rule and the underlying legislation.

WASHINGTON, DC,
January 12, 2009.

President-elect BARACK OBAMA,
Presidential Transition Office,
Washington, DC.

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

DEAR PRESIDENT-ELECT OBAMA AND SPEAKER PELOSI: Thank you for expressing your desire to work with us to address the needs of the American people. We recognize that reauthorizing the State Children's Health Insurance Program (SCHIP) is an early legislative priority, and we hope that you will consider this legislation to be one of the first opportunities for bipartisan cooperation.

During the last Congress, significant efforts were made in an attempt to address concerns raised by House Republicans about how the underlying bills would impact uninsured children. Despite the progress that was made, there are still a few outstanding issues that we hope you agree should be addressed when we work to reauthorize the program this year:

SERVING ELIGIBLE LOW-INCOME CHILDREN FIRST

SCHIP is intended to serve those that are neediest first. As low-income families continue to face more economic insecurity, providing access to affordable health care coverage, regardless of any job change or displacement, should be our first priority. The legislation should demand success from the states in enrolling poor and low-income children below 200 percent of the federal poverty level, especially those who are currently eligible for Medicaid and/or SCHIP, but are not yet enrolled. Demanding success from the states could be as simple as requiring that states meet a threshold of enrollment before further expansions. Nearly all the states have demonstrated over the past year to the Centers for Medicare and Medicaid Services that meeting this standard is indeed possible.

Furthermore, in the current economic environment, several states have indicated that they will be experiencing shortfalls that could impact their ability to provide Medicaid benefits and services. Asking states to expand their SCHIP program before they are able to finance their existing Medicaid program would be a mistake. Expanding SCHIP to higher income families will only exacerbate the real access to care problem in the Medicaid program.

CITIZENSHIP STATUS

We believe that only U.S. citizens and certain legal residents should be permitted to benefit from a program like SCHIP. We also think it is fair to say that both parties believe that our immigration system is broken. That is why it is so important that the legislation include stronger provisions to prevent fraud by including citizenship verification standards to ensure that only eligible U.S. citizens and certain legal residents are enrolled in the program.

PROTECTING PRIVATE INSURANCE OPTIONS

We agree that those with private coverage should not be forced into a government-run plan. SCHIP legislation should focus expansion efforts on children who are currently uninsured instead of moving children who have private health insurance options into government-run health insurance. Moving a child from private health insurance to government-run health insurance should not be part of your stated goal of providing SCHIP for 10 million children, a number we assume to be targeted towards low-income uninsured children.

STABLE FUNDING SOURCE

In order to guarantee access to the program and long term stability, SCHIP should

be funded through a stable funding source, not budget gimmicks. Further, the legislation should not include extraneous provisions unrelated to SCHIP that limit patient choice or prohibit access to quality medical care. Our nation's Governors need a stable SCHIP program so they may properly budget. Every American faces the crushing burden of a declining economy. This should not be a time Congress raises taxes, especially on the poorest Americans, to finance program expansions as part of the SCHIP reauthorization bill.

We believe these to be critical elements to improve this vital program that if fully incorporated would dramatically increase bipartisan support for the legislation. Thank you for the consideration of this request. We look forward hearing from you and working with you towards a bipartisan agreement.

Sincerely,

Robert B. Aderholt, Steve Austria, Michele Bachmann, Spencer Bachus, J. Gresham Barrett, Roscoe G. Bartlett, Joe Barton, Judy Biggert, Gus M. Bilirakis, Rob Bishop, Marsha Blackburn, Roy Blunt, John A. Boehner, Mary Bono Mack, John Boozman, Charles W. Boustany, Jr., Kevin Brady, Paul C. Broun, Henry E. Brown, Jr., Ginny Brown-Waite, Michael C. Burgess, Dan Burton, Steve Buyer, Ken Calvert, Dave Camp, Eric Cantor, John R. Carter, Bill Cassidy, Jason Chaffetz, Howard Coble,

Mike Coffman, Tom Cole, K. Michael Conaway, Ander Crenshaw, John Abney Culberson, Geoff Davis, Nathan Deal, David Dreier, Mary Fallin, Jeff Flake, John Fleming, J. Randy Forbes, Jeff Fortenberry, Virginia Foxx, Trent Franks, Rodney P. Frelinghuysen, Phil Gingrey, Louie Gohmert, Bob Goodlatte, Kay Granger, Sam Graves, Ralph M. Hall, Doc Hastings, Dean Heller, Jeb Hensarling, Wally Herger, Peter Hoekstra, Duncan Hunter, Bob Inglis, Darrell E. Issa,

Lynn Jenkins, Sam Johnson, Walter B. Jones, Jim Jordan, Steve King, Jack Kingston, Mark Steven Kirk, John Kline, Doug Lamborn, Christopher John Lee, Jerry Lewis, Blaine Luetkemeyer, Cynthia M. Lummis, Daniel E. Lungren, Donald A. Manzullo, Kevin McCarthy, Thaddeus G. McCotter, Patrick T. McHenry, John M. McHugh, Cathy McMorris Rodgers, Jeff Miller, Sue Wilkins Myrick, Devin Nunes, Pete Olson, Erik Paulsen, Mike Pence, Joseph R. Pitts, Todd Russell Platts, Ted Poe, Bill Posey.

Tom Price, Adam H. Putnam, George Radanovich, Harold Rogers, Mike Rogers (MI), Thomas J. Rooney, Peter J. Roskam, Paul Ryan, Steve Scalise, Jean Schmidt, Aaron Schock, F. James Sensenbrenner, Jr., Pete Sessions, John B. Shadegg, John Shimkus, Bill Shuster, Michael K. Simpson, Adrian Smith, Lamar Smith, Cliff Stearns, John Sullivan, Lee Terry, Glenn Thompson, Patrick J. Tiberi, Fred Upton, Greg Walden, Zach Wamp, Lynn A. Westmoreland, Ed Whitfield, Joe Wilson, Robert J. Wittman.

Madam Speaker, I reserve the balance of my time.

Mr. POLIS of Colorado. Madam Speaker, as you know, children do not control what family they are born into. And an important part of the meritocracy that makes our country great is that every child should have the opportunity to succeed. Establishing healthy habits and a healthy life early in life, regardless of the parent's station, is an important part of making sure that a child has the opportunity to climb to whatever station they are capable of.

Madam Speaker, I would like to yield 2 minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Madam Speaker, at a time when more and more mothers and fathers are huddled around their kitchen table worried about how to cope with a job loss or pay their most basic expenses, we have an opportunity today, an opportunity to ensure that 11 million children can get affordable health care coverage through the Children's Health Insurance Program.

In my home State of Connecticut, unemployment keeps rising, and people are going from worried to scared. At such a time, it is our most basic economic and moral responsibility to provide health care to the most vulnerable among us. In this country, where 9 million children are uninsured, we cannot let another day go by without passing this legislation.

This is a smart investment in children, in their health and in their success at school and in life. It provides critical dental and mental health care for children, prenatal care to make sure every child has the best chance at a healthy start. It will help to discourage millions of children from smoking, a smart step towards a healthier Nation. We must shore up this vital safety net. We can afford it. It is a simple choice about fulfilling America's promise for our Nation's children and giving a small measure of peace of mind for their families.

I might say to my colleague on the other side of the aisle that, on a bipartisan basis, overwhelmingly, this House voted to pass the children's health insurance bill. The United States Senate overwhelmingly on a bipartisan basis voted to pass the children's health insurance bill. It was the former President of the United States who decided to veto that legislation when a majority of the American public supports health insurance for our children. Today we have an opportunity to right a wrong. Let's pass the children's health insurance bill. Let's get it to the President's desk. Let's get it signed, and let's give relief to the millions of families out there who are struggling.

Members of this body have health insurance, and their children have it. Why shouldn't the children of working and middle class Americans?

Mr. SESSIONS. Madam Speaker, I would like to yield 1½ minutes to the gentleman from Lewisville, Texas, Dr. BURGESS.

Mr. BURGESS. I do urge my colleagues to look long and hard before voting on this rule today, and I urge a ''no'' vote on the rule.

The fact is, Madam Speaker, that over half of the country has not had an opportunity to participate in this debate. 40 percent of this country is represented by Republican Members. We have not had input into this bill.

12 percent of this Congress is new. They have had no input into this bill. That leaves over half the country who haven't been part of this debate.

And what does it say about a bipartisan bill when the two principal Republican sponsors in the other body withdrew their support for this bill as it came through the Senate?

Last night in the Rules Committee in one last attempt, I tried to modify the bill to perhaps make it a better product before it came before us on the floor of the House today. I brought amendments that would have required identity, a person to provide proper identification before they signed up for SCHIP; not another step, but just simply another line that needed to be filled out on the form, and that was rejected.

You have to show your ID before you cash a check at the grocery store. Why should we not require someone to show identification before they sign up for this benefit?

I also introduced an amendment, after all, we are, as the Member from Texas said, the gentleman from Texas said we are taking 2½ million children off of private health insurance and putting them on public health insurance. Why should we not at least ensure that we will pay the providers a sufficient amount so that they will participate in the system?

Currently, it is difficult to find providers who will accept Medicaid and SCHIP. I introduced an amendment that would have required 90 percent of the reimbursement from the Federal Blue Cross/Blue Shield program or the States' largest——

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. SESSIONS. I give the gentleman 30 additional seconds.

Mr. BURGESS. Last night in the Rules Committee I introduced an amendment that would have required States to reimburse physicians at 90 percent of the Blue Cross/Blue Shield rate or the largest State HMO rate in that State or the insurance that the State provides for their own employees. That amendment was not even allowed a vote on the floor. This is the type of exclusionary politics that is being practiced in the House of Representatives, and the sooner we get past this point, the President asked for a more open and bipartisan government, the sooner we get past that point, the better for the American people.

Mr. POLIS of Colorado. Madam Speaker, a brief history on the SCHIP legislation and why this is so critical for us to pass here today. This rule before the House would permit the House to concur in the Senate amendment because this legislation has been considered repeatedly and thoroughly in the House in this Congress and the last.

In July of 2007 the House considered H.R. 3162 to reauthorize and amend

SCHIP and the bill passed. In September 2007 the House considered H.R. 976 to reauthorize and amend SCHIP. The bill passed. The Senate also passed the bill and it was presented to President Bush and received a veto. In October of 2007 the House again tried to reauthorize SCHIP. 3963 was the House bill. Passed the House, passed the Senate. The President again vetoed the bill and the House was unable to override the veto.

Ultimately, legislation to merely extend SCHIP as it was enacted into law will expire next month. Children's lives are at stake. That's what's so critical about passing this bill today.

When people lack health care insurance they often don't seek preventative care and are forced to use emergency rooms as their primary care provider. Not only does this cost more, this also provides for worse health outcomes, and conditions that could have been dealt with less expensively and more successfully in the onset are instead deferred, and incur more expense and worse health outcomes.

By passing this bill today, we can ensure that hundreds of thousands of poor children across our country receive adequate health care and are able to succeed and grow in school and be able to succeed in their lives.

Madam Speaker, I would like to reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, at this time I would like to yield 1½ minutes to the gentleman from Marietta, Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Madam Speaker, I do rise in strong opposition to this closed rule, as well as the underlying legislation, the Children's Health Insurance Program Reauthorization Act of 2009.

The Democratic majority has once again brought forward a closed rule that only tramples on the rights of the minority. And at no point in the development of this legislation has the majority even entertained the idea of allowing Republicans to work with them in a bipartisan manner to improve the bill.

As a physician Member, I keenly know how important it is that the Federal Government plays a role in providing health care to low-income children. At the same time, we must pass legislation that first reaches those who are most in need of this assistance.

During the initial consideration of H.R. 2 by the House, I offered an amendment that would have addressed a very important problem within current law that H.R. 2 overlooks, the practice of some States using loopholes to allow people to disregard significant portions of their income to make them eligible for CHIP and Medicaid. At the same time, some of these same States, these loophole States, have not provided for the children who demonstrate the most need for these programs.

Madam Speaker, my commonsense amendment would have simply instituted a gross income cap of 250 percent of the Federal poverty level for both CHIP and Medicaid eligibility, and it would limit any income disregards to a maximum of $250 a month or $3,000 per year. This amendment would grandfather in those individuals who are already receiving Medicaid and CHIP so that we do not deprive current beneficiaries.

Therefore, Madam Speaker, I urge all my colleagues oppose the closed rule.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. SESSIONS. I yield the gentleman 15 additional seconds.

Mr. GINGREY of Georgia. I want to just in closing, Madam Speaker, urge all my colleagues, oppose the closed rule and this underlying legislation. Give us a chance, in a bipartisan spirit, to make this good law even better.

Mr. POLIS of Colorado. Madam Speaker, I am proud to back a plan to help improve the health and chance for success of 11 million children. It also reduces the more costly nature of emergency room use, and moves us closer to providing every child in our Nation with affordable, high quality health care.

This bill also extends health care coverage to 4.1 million additional low-income children who are currently uninsured.

A healthy child is better prepared for learning and success. Studies show that early childhood health is indicative and can, in fact, impact the learning processes, the special education needs of the child and indeed, even the IQ of the child as the child matriculates through education. By making sure that children have health care coverage, we can, in fact, prevent a lot of gaps within our education system from arising before they arise, and ensure that children, regardless of their background, have the opportunity to succeed in our country. This is the change that America needs.

Providing health care coverage for children and indeed, all Americans, is one of the reasons that I ran for Congress. Providing health care to 4 million more children will be a clear demonstration that change has come to Washington.

This is legislation that President Bush vetoed twice in the 110th Congress. Today we have the opportunity to send this bill to a new President who has committed to sign it this very afternoon and begin implementing it immediately to help cover 4.1 million additional children in our Nation.

Madam Speaker, I reserve the balance of my time.

□ 1100

Mr. SESSIONS. Madam Speaker, at this time, I would like to yield 2½ minutes to the gentleman from San Dimas, California, the ranking member of the committee, Mr. DREIER.

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

Mr. DREIER. Madam Speaker, in the spirit of comity in debate, I would like to yield to my good friend from Lafayette, Louisiana (Mr. BOUSTANY). I am always happy to yield to people to engage in debate on the floor.

Mr. BOUSTANY. Madam Speaker, I just want to make a correction here to the gentleman's comments. While providing coverage is one thing, providing real access to care, to a primary care physician, is another, and far too many of these children are receiving care in the emergency room, which is the most expensive and least effective way to provide care.

Mr. DREIER. Let me say, Madam Speaker, that getting the American economy back on track is priority number one for all of us, and ensuring that children who are truly in need have access to the best quality health care is right there as a very high priority. It is obvious that this measure that is before us does not accomplish that.

In his testimony last night before the Rules Committee, Dr. BURGESS was very clear in addressing a number of the concerns that we have been raising consistently on this. Unfortunately, they undermine the opportunity for us to ensure that the dollars get to those who are truly in need.

I find it very, very troubling that we are continuing down a path where potentially people who are in this country illegally will have access to the State Children's Health Insurance Program. We are with the crowd-out actually incentivizing people to move off of private insurance onto government insurance, and we are still creating an opportunity for those who are wealthy and adults to be beneficiaries of this program. No matter what it says in the bill, as Dr. BURGESS has pointed out, those four concerns are very justified.

So, as we seek to get the American economy back on track with an economic stimulus package that will, in fact, grow our economy—not a massive spending program—and as we address this issue of children's health, which is a very, very, very high priority, we need to do it in the most cost-effective way possible.

Unfortunately, this rule is completely shutting out Members, like Dr. BURGESS and others, from having the opportunity to participate, so I urge my colleagues to vote ''no'' on the rule and, if the rule passes, to defeat the underlying legislation. We can do better for our Nation's children.

Mr. POLIS of Colorado. Madam Speaker, with regard to the delivery of the services, most SCHIP and Medicaid beneficiaries receive service delivery through private doctors and through private management care plans, not through government doctors. So, when we are talking about how the service is delivered, we are talking about an important aspect of what insurance and what coverage allows. Yes, separately, we certainly hope that we will be able to address universal coverage, in rural areas in particular, as an important component of health care in this country.

With regard to income limits, this bill does provide that if a State covers children in families of three with income over $52,800, which is 300 percent of the poverty rate, then the States get the regular Medicaid match rate. There are, in fact, income provisions in here as well. There is also section 605 of the bill, which prevents payments to individuals not lawfully residing in the United States. So I believe that the issues that have been raised by my colleagues are addressed in the bill.

It does, of course, matter what the bill says. The bill says very clearly that individuals not lawfully residing in the United States will not receive payments, and it also is very clear with regard to the income level. So I think that this bill has been clear.

As I have mentioned, this bill has been voted on a number of times in Congress. The main difference now is we are sending it to a President who has indicated that he is, in fact, willing to sign it and, indeed, is willing to do so on this very afternoon.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, at this time, I would like to yield 2 minutes to the gentleman from Lafayette, Louisiana (Mr. BOUSTANY).

Mr. BOUSTANY. Madam Speaker, I rise in opposition to the rule and to the underlying bill.

Last week, the Democratic majority rushed a massive bill through the process, laden with wasteful spending of borrowed money that has not been shown or demonstrated to create jobs.

The American people are hurting. They are clearly hurting. We have tough economic times, and we have a responsibility to legislate and to legislate in a responsible way. Too often, children on Medicaid or on SCHIP receive fewer visits with primary care providers than those with private coverage. According to the Center on Budget and Policy Priorities, children on these programs were 2 times more likely to visit hospital emergency rooms multiple times in a given year.

As a physician, I know that government-run programs must achieve better results. My State has the eighth highest ER visit rate. This is unacceptable and we can do better. Now, the GAO has criticized government-run programs, like SCHIP, for disregarding patients' access problems. It warned: ''Coverage alone does not guarantee services will be available or that children will receive needed care.''

It is disappointing to me that the majority rushed this flawed bill to the floor without permitting any opportunity for improvements. In fact, as proposed, this bill would exacerbate enrolled children's access problems. The CBO warned that a similar bill would force more than 2.4 million children out of private health care plans and onto government rolls.

Working together, I know we can do better. I know we can make SCHIP help children who really need it—those who really already qualify for it but who are not enrolled. There are far too many of these children out there. This massive expansion fails to help those children most of all. States should measure also and report provider access problems in SCHIP programs to measure their progress. We asked for this, and it was not even entertained in the Rules Committee. I do not understand the closed debate here, the closed opportunity.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. SESSIONS. I yield the gentleman an additional 15 seconds.

Mr. BOUSTANY. We also need to limit the crowd-out of private coverage and target the neediest children for enrollment first. We need to help poor children first. I know we can do better.

Oppose this rule. Oppose this bill.

Mr. POLIS of Colorado. Madam Speaker, I would also like to discuss that SCHIP provides quality dental care, alleviating the most common childhood disease—tooth decay.

I cannot help but remember a story that was told to me when I was visiting a free dental clinic in Boulder, Colorado that provides services to those who are uninsured. This story is about a young girl who was in the third grade. Due to the lack of dental care and poor dental hygiene practices at home, her teeth had actually rotted out. This is when she was a young girl. She had received no care for that as well. As a result, she was very, very shy, and was constantly in pain. Her diet suffered. She suffered malnutrition because of the condition of her teeth. Fortunately, the community there was able to help her, but there are hundreds of thousands of young people across the country who suffer from no or from poor quality dental care, which has vast ramifications as well.

In addition, this bill gives the option of providing pregnant women critical prenatal care. When we talk about the impact on reducing the need for special education and for increasing one's IQ, these things start in the prenatal stage, and they continue through early childhood. I think that that is a very important aspect in terms of giving States that option as well as covering 4.1 million additional low-income children who currently lack insurance.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, because there were no hearings held on this subject, many, many Republicans are coming down to the floor today to give their feedback and thoughts on this issue. Our next speaker is one of the most thoughtful and caring Members of Congress.

I would like to yield 1½ minutes to the gentlewoman from Fort Worth, Texas (Ms. GRANGER).

Ms. GRANGER. Madam Speaker, I rise in opposition to the rule for the consideration of the SCHIP bill we will be considering later today.

The rule does not allow for the consideration of any amendments, and it bars the Republican motion to recommit. That is not a good way to reauthorize what has been a bipartisan program.

In its original form, the SCHIP program is an excellent program that ensures medical care is available to uninsured children. During my first time in Congress, I voted to help create the SCHIP program, and I believe we need to responsibly reauthorize it. That is why I have introduced a bill to expand the SCHIP program to cover millions of uninsured kids. It is a bill that is paid for without budget gimmicks and without raising taxes.

My bill, the Kids First Act, expands SCHIP by $19.3 billion over the same 4½-year period as the Democrat bill. According to the Congressional Budget Office, the Kids First Act will cover 3.6 million previously uninsured children. Without raising taxes and without budget gimmicks, the Kids First Act truly puts kids first, eliminating nearly all adults from this program designed for children so that more children can be covered.

I urge my colleagues to oppose this rule as well as the majority's SCHIP bill and, instead, to support the Kids First Act.

Mr. POLIS of Colorado. Madam Speaker, another story from Colorado is about someone who I know firsthand, a student at one of the schools that I was involved in running.

Like many of the students I worked with, this student lacked health care insurance. She was diagnosed with diabetes, and she was not diagnosed early. She had severe symptoms, weakness, et cetera, but because of economic barriers to seeking health care and because of her lack of insurance, she did not seek any form of preventative treatment. When she then went in, she went into the emergency room, and she needed emergency dialysis immediately. So a condition that could have been dealt with through a combination of diet and insulin instead became an acute condition which had to be dealt with at a much greater cost and with a much worse health outcome for the individual.

These are the stories that are taking place across our great Nation. By passing this bill today, we can make a dent in making sure that people have access to preventative care and to health care throughout their childhoods.

Madam Speaker, I reserve the balance of my time.

Mr. SESSIONS. Madam Speaker, if I could please inquire as to the time remaining on both sides.

The SPEAKER pro tempore. The gentleman from Texas has 5 minutes remaining. The gentleman from Colorado has 16½ minutes remaining.

Mr. SESSIONS. Madam Speaker, due to the time inequity at this point, I would like to reserve my time.

Mr. POLIS of Colorado. Madam Speaker, I am the last speaker for this

side. I would like to reserve my time until the gentleman has closed for his side and has yielded back his time.

Mr. SESSIONS. Madam Speaker, we have had a series of Members who have come to the floor—Republican Members—who have talked, I believe, very adequately about the frailties of this bill. The frailties of this bill are obvious. The gentleman representing the Democratic majority has indicated that there were two tests laid forth—cost-effectiveness and common sense. I believe that the feedback from the Members of Congress on the Republican side have enunciated and have talked about several things that are important.

First of all, no hearings were held. Second of all, no Republican or bipartisan feedback was allowed in this bill. Thirdly, it is a huge expansion that will place this great Nation in terrible financial circumstances for the future. It expands a program that was working well for poor children. Lastly, it will move 2.4 million children from a private-run insurance program to a government-run insurance program. We think that is a failure. We believe the two tests have not passed.

In closing, I want to say that I oppose this closed rule. With the current program not expiring until March 31 of this year, we have seen enough Members question the underlying legislation, and it deserves to be debated, I believe, openly and, I believe, in the committees of jurisdiction before we take a vote to pass on such a large expansion of a government program.

This legislation spends billions of dollars to substitute superior, private health care coverage with an inferior government-run program. It enables illegal aliens to fraudulently enroll in Medicaid and SCHIP. The majority party knows that, and so does every Member of this body. The legislation increases the number of adults on SCHIP, allowing even more resources to be taken away from low-income, uninsured children who need it the most and what this legislation should be about.

Madam Speaker, this legislation moves us closer and closer and closer to not only financial insanity but also to a government-run health care program and further away from access to quality health care, which is what this should be about. It should be about quality health care for poor children. That is not what we are doing here today.

I encourage all of my colleagues to vote ''no'' on the rule and ''no'' on the underlying piece of legislation because, today, unlike before today, each of my colleagues has had a chance to hear the facts of the case. The facts of the case are compelling. The test that was established by our Democrat majority colleagues about cost-effectiveness and commonsense simply does not hold water. For these reasons on these issues, I believe that the Republicans have stated the case of why we should not only vote ''no'' but why this is a bad deal not just for the taxpayers but for the children it was intended to help.

I yield back the balance of my time.

□ 1115

Mr. POLIS of Colorado. Madam Speaker, SCHIP currently provides for coverage of 7 million children. This bill before us today would also allow for extending the coverage to 4.1 million uninsured children, every single one of them who is currently eligible for but not enrolled in SCHIP and Medicaid.

Polls have shown that more than 8 percent of the American people support this bipartisan legislation, including large majorities of both major political parties. This is not only popular, Madam Speaker; this is the right thing to do for American families.

I urge a ''yes'' vote on the previous question and on the rule.

Ms. CASTOR of Florida. Madam Speaker, I rise in support of H.R. 2 as amended and this rule. We will finally pass the children's health care bill today, send it to President Obama for his signature, and provide affordable medical care to millions of children across America.

I was in the pediatrician's office last Friday with my daughters. There is nothing like the feeling of knowing that your children are healthy after a checkup or that they are on the road to recovery. I speak for millions of parents who can share that sense of relief because they can take their kids to the doctor's office and do so without breaking the family bank.

What good news for all Americans that one of the first bills President Obama will sign today will be one that improves access to quality affordable health care and reduces the cost of health care for families.

More affordable health care is central to our economic recovery and it is fundamental for families.

I am proud to say that the precursor to SCHIP originated in the 1990s as a novel health care initiative in my home State of Florida where the innovators enrolled kids in a health care plan at the start of the school year. They understood that healthy kids succeed in school at higher rates.

President Clinton and the Congress were so impressed by what Florida was doing in Florida Kidcare, they took the blueprint and fashioned the national SCHIP partnership.

Access to health care for working families in my community and all over America through this innovative partnership between Federal, State and local communities is a winning proposition.

The new law will make it easier for parents and kids to afford the doctor's office visits, and encourage States to cut costly bureaucratic red tape.

Our children's health care initiative ensures that newborn babies receive the medical checkups and immunizations they need, ensures that toddlers and children are taken care of as they grow, and ensures that we all save money through preventative care.

Suffering through President Bush's opposition over the past years has been very costly, and we have lost ground. In Florida alone, over 800,000 children lack health insurance and that's the third highest rate in the U.S. It's more than the population of some States and it is growing. The lack of affordable health care for these working families is making it more expensive for everyone.

We are on a different path now.

I thank the many members who championed SCHIP as an initiative that works within a broader health care system that leaves many unable to afford health care in America, especially Speaker PELOSI, who never gave up and kept the promise that in the first days of a new Congress with a new President, the health of America's kids and the pocketbooks of hardworking families would be paramount.

Mr. POLIS of Colorado. I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. WAXMAN. Madam Speaker, pursuant to House Resolution 107, I call up from the Speaker's table the bill (H.R. 2) to amend title XXI of the Social Security Act to extend and improve the Children's Health Insurance Program, and for other purposes, with the Senate amendment thereto, and I have a motion at the desk.

The SPEAKER pro tempore. The Clerk will report the title of the bill, designate the Senate amendment, and designate the motion.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and 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 the ''Children's Health Insurance Program Reauthorization Act of 2009''.

(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 2009 through 2013.
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. Two-year initial availability of CHIP allotments.
Sec. 106. Redistribution of unused allotments.
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.

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.
Sec. 214. Permitting States to ensure coverage without a 5-year delay of certain children and pregnant women under the Medicaid program and CHIP.

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. Clarification of coverage of services provided through school-based health centers.
Sec. 506. Medicaid and CHIP Payment and Access Commission.

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; disallowance for unauthorized expenditures.

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. Adjustment in computation of Medicaid FMAP to disregard an extraordinary employer pension contribution.
Sec. 615. Clarification treatment of regional medical center.
Sec. 616. Extension of Medicaid DSH allotments for Tennessee and Hawaii.
Sec. 617. GAO report on Medicaid managed care payment rates.

Subtitle C—Other Provisions

Sec. 621. Outreach regarding health insurance options available to children.
Sec. 622. Sense of the 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. Treasury study concerning magnitude of tobacco smuggling in the United States.
Sec. 704. 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) through (d), this Act (and the amendments made by this Act) shall take effect on April 1, 2009, and shall apply to child health assistance and medical assistance provided on or after that 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 the respective plan to meet one or more additional requirements imposed by amendments made by this Act, the respective 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) COORDINATION OF CHIP FUNDING FOR FISCAL YEAR 2009.—Notwithstanding any other provision of law, insofar as funds have been appropriated under section 2104(a)(11), 2104(k), or 2104(l) of the Social Security Act, as amended by section 201 of Public Law 110–173, to provide allotments to States under CHIP for fiscal year 2009—

(1) any amounts that are so appropriated that are not so allotted and obligated before April 1, 2009 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 (10), by striking ''and'' at the end;

(2) by amending paragraph (11), by striking ''each of fiscal years 2008 and 2009'' and inserting ''fiscal year 2008''; and

(3) by adding at the end the following new paragraphs:

''(12) for fiscal year 2009, $10,562,000,000;

''(13) for fiscal year 2010, $12,520,000,000;

''(14) for fiscal year 2011, $13,459,000,000;

''(15) for fiscal year 2012, $14,982,000,000; and

''(16) for fiscal year 2013, for purposes of making 2 semi-annual allotments—

''(A) $2,850,000,000 for the period beginning on October 1, 2012, and ending on March 31, 2013, and

''(B) $2,850,000,000 for the period beginning on April 1, 2013, and ending on September 30, 2013.''.

SEC. 102. ALLOTMENTS FOR STATES AND TERRITORIES FOR FISCAL YEARS 2009 THROUGH 2013.

Section 2104 (42 U.S.C. 1397dd) is amended—

(1) in subsection (b)(1), by striking ''subsection (d)'' and inserting ''subsections (d) and (m)'';

(2) in subsection (c)(1), by striking ''subsection (d)'' and inserting ''subsections (d) and (m)(4)''; and

(3) by adding at the end the following new subsection:

''(m) ALLOTMENTS FOR FISCAL YEARS 2009 THROUGH 2013.—

''(1) FOR FISCAL YEAR 2009.—

''(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 2009 from the amount made available under subsection (a)(12), 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 2008, multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2009.

''(ii) The amount allotted to the State for fiscal year 2008 under subsection (b), multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2009.

''(iii) The projected total Federal payments to the State under this title for fiscal year 2009, as determined on the basis of the February 2009 projections certified by the State to the Secretary by not later than March 31, 2009.

''(B) FOR THE COMMONWEALTHS AND TERRITORIES.—Subject to the succeeding provisions of this paragraph and paragraph (4), the Secretary shall allot for fiscal year 2009 from the amount made available under subsection (a)(12) 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 1999 through 2008, multiplied by the allotment increase factor determined under paragraph (5) for fiscal year 2009, except that subparagraph (B) thereof shall be applied by substituting 'the United States' for 'the State'.

''(C) 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 a revised projection described in subparagraph (A)(iii) in order to take into account changes in such projections attributable to the application of paragraph (4) of such section.

''(2) FOR FISCAL YEARS 2010 THROUGH 2012.—

''(A) IN GENERAL.—Subject to paragraphs (4) and (6), from the amount made available under paragraphs (13) through (15) of subsection (a) for each of fiscal years 2010 through 2012, 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 2010.—For fiscal year 2010, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under paragraph (1) for fiscal year 2009; and

''(II) the amount of any payments made to the State under subsection (k), (l), or (n) for fiscal year 2009,

multiplied by the allotment increase factor under paragraph (5) for fiscal year 2010.

''(ii) REBASING IN FISCAL YEAR 2011.—For fiscal year 2011, the allotment of the 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 2010 (including payments made to the State under subsection (n) for fiscal year 2010 as well as amounts redistributed to the State in fiscal year 2010), multiplied by the allotment increase factor under paragraph (5) for fiscal year 2011.

''(iii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2012.—For fiscal year 2012, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under clause (ii) for fiscal year 2011; and

''(II) the amount of any payments made to the State under subsection (n) for fiscal year 2011,

multiplied by the allotment increase factor under paragraph (5) for fiscal year 2012.

''(3) FOR FISCAL YEAR 2013.—

''(A) FIRST HALF.—Subject to paragraphs (4) and (6), from the amount made available under subparagraph (A) of paragraph (16) 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 2009, 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 (16) 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 2012 (including payments made to the State under subsection (n) for fiscal year 2012 as well as amounts redistributed to the State in fiscal year 2012), multiplied by the allotment increase factor under paragraph (5) for fiscal year 2013.

''(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)(16)(A); and

''(II) the amount of the appropriation for such period under section 108 of the Children's Health Insurance Program Reauthorization Act of 2009; to

''(ii) the sum of the—

''(I) amount described in clause (i); and

''(II) the amount made available under subsection (a)(16)(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 2013, 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 2010 and ending with fiscal year 2013); 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 2010 or fiscal year 2012.

''(7) AVAILABILITY OF AMOUNTS FOR SEMI-ANNUAL PERIODS IN FISCAL YEAR 2013.—Each semi-annual allotment made under paragraph (3) for a period in fiscal year 2013 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:

''(n) 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 2009, an amount equal to 20 percent of the amount made available under paragraph (12) of subsection (a) for the fiscal year; and

''(ii) for each of fiscal years 2010 through 2012 (and for each of the semi-annual allotment periods for fiscal year 2013), 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 2010 through 2012 (and for each of the semi-annual allotment periods for fiscal year 2013), 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 2009, fiscal year

2010, fiscal year 2011, fiscal year 2012, or a semi-annual allotment period for fiscal year 2013, 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 2009 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 2008 increased by the population growth for children in that State for the year ending on June 30, 2007 (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 (m)(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 2009 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 2008, increased by the annual percentage increase in the projected per capita amount of National Health Expenditures (as estimated by the Secretary) for 2009; 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 2009 and ending with fiscal year 2013), 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 FOR ABOVE BASELINE MEDICAID CHILD ENROLLMENT COSTS.—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) 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)) 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 62.5 percent of the projected per capita State Medicaid expenditures (as determined under subparagraph (D)) for the State and fiscal year under title XIX.

''(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 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 plan under title XIX, respectively; exceeds

''(II) the baseline number of enrollees described in clause (iii) for the State and fiscal year under title XIX, respectively;

but not to exceed 10 percent 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 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 title XIX 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 title XIX, as described in clause (i)(II), and the maximum number of first tier above baseline child enrollees for the State and fiscal year under title XIX, 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 title XIX—

''(I) for fiscal year 2009 is equal to the monthly average unduplicated number of qualifying children enrolled in the State plan under title XIX during fiscal year 2007 increased by the population growth for children in that State from 2007 to 2008 (as estimated by the Bureau of the Census) plus 4 percentage points, and further increased by the population growth for children in that State from 2008 to 2009 (as estimated by the Bureau of the Census) plus 4 percentage points;

''(II) for each of fiscal years 2010, 2011, and 2012, is equal to the baseline number of child enrollees for the State for the previous fiscal year under title XIX, increased by the population growth for children in that State from the calendar year in which the respective fiscal year begins to the succeeding calendar year (as estimated by the Bureau of the Census) plus 3.5 percentage points;

''(III) for each of fiscal years 2013, 2014, and 2015, is equal to the baseline number of child enrollees for the State for the previous fiscal year under title XIX, increased by the population growth for children in that State from the calendar year in which the respective fiscal year begins to the succeeding calendar year (as estimated by the Bureau of the Census) plus 3 percentage points; and

''(IV) for a subsequent fiscal year is equal to the baseline number of child enrollees for the State for the previous fiscal year under title XIX, increased by the population growth for children in that State from the calendar year in which the fiscal year involved begins to the succeeding calendar year (as estimated by the Bureau of the Census) plus 2 percentage points.

''(D) PROJECTED PER CAPITA STATE MEDICAID EXPENDITURES.—For purposes of subparagraph (B), 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.

''(E) AMOUNTS AVAILABLE FOR PAYMENTS.—

''(i) INITIAL APPROPRIATION.—Out of any money in the Treasury not otherwise appropriated, there are appropriated $3,225,000,000 for fiscal year 2009 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 2009 THROUGH 2012.—As of December 31 of fiscal year 2009, and as of December 31 of each succeeding fiscal year through fiscal year 2012, 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 (m) 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 2013.—As of December 31 of fiscal year 2013, the portion, if any, of the sum of the amounts appropriated under subsection (a)(16)(A) and under section 108 of the Children's Health Insurance Reauthorization Act of 2009 for the period beginning on October 1, 2012, and ending on March 31, 2013, that is unobligated for allotment to a State under subsection (m) for such fiscal year or set aside under subsection (b)(2) of section 2111 for such fiscal year.

''(cc) SECOND HALF OF FISCAL YEAR 2013.—As of June 30 of fiscal year 2013, the portion, if any, of the amount appropriated under subsection (a)(16)(B) for the period beginning on April 1, 2013, and ending on September 30, 2013, that is unobligated for allotment to a State under subsection (m) 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 2010 through 2013, 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, 2007, and 2008 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 2010 through 2013, any amount in excess of the aggregate cap applicable to the Child Enrollment Contingency Fund for the fiscal year under section 2104(n).

''(IV) UNEXPENDED TRANSITIONAL COVERAGE BLOCK GRANT FOR NONPREGNANT CHILDLESS ADULTS.—As of October 1, 2011, any amounts set aside under section 2111(a)(3) that are not expended by September 30, 2011.

''(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.—

''(i) IN GENERAL.—For purposes of this subsection, subject to clauses (ii) and (iii), the term 'qualifying children' means children who meet the eligibility criteria (including income, categorical eligibility, age, and immigration status criteria) in effect as of July 1, 2008, for enrollment under title XIX, taking into account criteria applied as of such date under title XIX pursuant to a waiver under section 1115.

''(ii) LIMITATION.—A child described in clause (i) who is provided medical assistance during a presumptive eligibility period under section 1920A shall be considered to be a 'qualifying child' only if the child is determined to be eligible for medical assistance under title XIX.

''(iii) EXCLUSION.—Such term does not include any children for whom the State has made an election to provide medical assistance under paragraph (4) of section 1903(v).

''(G) APPLICATION TO COMMONWEALTHS AND TERRITORIES.—The provisions of subparagraph (G) of section 2104(n)(3) shall apply with respect to payment 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 2008.—In the case of a State that provides coverage under section 115 of the Children's Health Insurance Program Reauthorization Act of 2009 for any fiscal year after fiscal year 2008—

''(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 title XIX for the third of such fiscal years shall be the monthly average unduplicated number of qualifying children enrolled in the State plan under title XIX 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 5 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 pre-printed 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.

''(H) PREMIUM ASSISTANCE SUBSIDIES.—The State is implementing the option of providing premium assistance subsidies under section 2105(c)(10) or section 1906A.''.

SEC. 105. TWO-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 2008, shall remain available for expenditure by the State through the end of the second succeeding fiscal year; and

''(B) for fiscal year 2009 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.

(a) BEGINNING WITH FISCAL YEAR 2007.—

(1) IN GENERAL.—Section 2104(f) (42 U.S.C. 1397dd(f)) is amended—

(A) by striking ''The Secretary'' and inserting the following:

''(1) IN GENERAL.—The Secretary'';

(B) 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

(C) 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 (n); 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.''.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply to redistribution of allotments made for fiscal year 2007 and subsequent fiscal years.

(b) REDISTRIBUTION OF UNUSED ALLOTMENTS FOR FISCAL YEAR 2006.—Section 2104(k) (42 U.S.C. 1397dd(k)) is amended—

(1) in the subsection heading, by striking ''THE FIRST 2 QUARTERS OF'';

(2) in paragraph (1), by striking ''the first 2 quarters of''; and

(3) in paragraph (6)—

(A) by striking ''the first 2 quarters of''; and

(B) by striking ''March 31'' and inserting ''September 30''.

SEC. 107. OPTION FOR QUALIFYING STATES TO RECEIVE THE ENHANCED PORTION OF THE CHIP MATCHING RATE FOR MEDICAID COVERAGE OF CERTAIN CHILDREN.

(a) IN GENERAL.—Section 2105(g) (42 U.S.C. 1397ee(g)) is amended—

(1) in paragraph (1)(A), as amended by section 201(b)(1) of Public Law 110–173—

(A) by inserting ''subject to paragraph (4),'' after ''Notwithstanding any other provision of law,''; and

(B) by striking ''2008, or 2009'' and inserting ''or 2008''; and

(2) by adding at the end the following new paragraph:

''(4) OPTION FOR ALLOTMENTS FOR FISCAL YEARS 2009 THROUGH 2013.—

''(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 2009 through 2013 (insofar as the allotment is available to the State under subsections (e) and (m) 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.''.

(b) REPEAL OF LIMITATION ON AVAILABILITY OF FISCAL YEAR 2009 ALLOTMENTS.—Paragraph (2) of section 201(b) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173) is repealed.

SEC. 108. ONE-TIME APPROPRIATION.

There is appropriated to the Secretary, out of any money in the Treasury not otherwise appropriated, $11,706,000,000 to accompany the allotment made for the period beginning on October 1, 2012, and ending on March 31, 2013, under section 2104(a)(16)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(16)(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(m) of the Social Security Act (42 U.S.C. 1397dd(i)), as added by section 102, for the first 6 months of fiscal year 2013 in the same manner as allotments are provided under subsection (a)(16)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(16)(A).

SEC. 109. IMPROVING FUNDING FOR THE TERRITORIES UNDER CHIP AND MEDICAID.

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 2009, 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.''.

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, 2008; 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) with respect to an individual during the period described in paragraph (2)(A).

''(2) TARGETED LOW-INCOME PREGNANT WOMAN.—The term 'targeted low-income pregnant woman' means an individual—

''(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, 2008).

''(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 2009.—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 2009, 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 paragraph (2) shall apply for purposes of any period beginning on or after January 1, 2010, 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 2009.—

''(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 December 31, 2009.

''(B) EXTENSION UPON STATE REQUEST.—If an applicable existing waiver described in subparagraph (A) would otherwise expire before January 1, 2010, notwithstanding the requirements of subsections (e) and (f) of section 1115, a State may submit, not later than September 30, 2009, a request to the Secretary for an extension of the waiver. The Secretary shall approve a request for an extension of an applicable existing waiver submitted pursuant to this subparagraph, but only through December 31, 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 nonpregnant childless adult during the period beginning on the date of the enactment of this subsection and ending on December 31, 2009.

''(3) 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 September 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 December 31, 2009, on the application of a State for a Medicaid nonpregnant childless adults waiver that was submitted to the Secretary by September 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 (2)(B) for fiscal year 2009, increased by the percentage increase (if any) in the projected nominal per capita amount of National Health Expenditures for 2010 over 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 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 PERIOD; AUTOMATIC EXTENSION AT STATE OPTION THROUGH FISCAL YEAR 2011.—

''(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 2009 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, 2011, 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, 2011, 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, 2011.

''(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 the third and fourth quarters of fiscal year 2009 and during fiscal years 2010 and 2011.

''(2) RULES FOR FISCAL YEARS 2012 THROUGH 2013.—

''(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 2012 or 2013, 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 2013, the set aside for any State shall be computed separately for each period described in subparagraphs (A) and (B) of section 2104(a)(16) and any reduction in the allotment for either such period under section 2104(m)(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 2012 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 2012 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 subparagraph (A), (B), or (C) of paragraph (3) for fiscal year 2011; 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 2013.—For purposes of clause (ii), the applicable percentage for any quarter of fiscal year 2013 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 2012; and

''(bb) the State met either of the coverage benchmarks described in subparagraph (B) or (C) of paragraph (3) for fiscal year 2012; 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 2009.

''(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 2011;

''(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 2009.

''(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 2009 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 2009, 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 2009, 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 2009, 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.

Notwithstanding any other provision of law, including 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, at State option, the Secretary shall provide the State with the Federal medical assistance percentage determined for the State for Medicaid with respect to expenditures described in section 1905(u)(2)(A) of such Act or otherwise made to provide medical assistance under Medicaid to a child who could be covered by the State under CHIP.

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 111, 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 2009 through 2013 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 MATCH REQUIRED FOR ANY ELIGIBLE ENTITY AWARDED A GRANT.—

''(1) STATE MAINTENANCE OF EFFORT.—In the case of a State that is awarded a grant under this section, 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.

''(2) NO MATCHING REQUIREMENT.—No eligible entity awarded a grant under subsection (a) shall be required to provide any matching funds as a condition for receiving the grant.

''(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 2009 through 2013, 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) or 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 subparagraphs (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)(9), 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 in writing, by telephone, orally, through electronic signature, or through any other means specified by the Secretary or by 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 and Nutrition Act of 2008 (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) STATE OPTION TO RELY ON STATE INCOME TAX DATA OR RETURN.—At the option of the State, a finding from an Express Lane agency may include gross income or adjusted gross income shown by State income tax records or returns.

''(I) APPLICATION.—This paragraph shall not apply with respect to eligibility determinations made after September 30, 2013.''.

(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, 2012, 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 2009 through 2012.

(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 by adding at the end the following new section:

''SEC. 1942. 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 1942 (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 the date of the enactment of this Act.

Subtitle B—Reducing Barriers to Enrollment

SEC. 211. VERIFICATION OF DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID AND CHIP.

(a) ALTERNATIVE STATE PROCESS FOR VERIFICATION OF DECLARATION OF CITIZENSHIP OR NATIONALITY FOR PURPOSES OF ELIGIBILITY FOR MEDICAID.—

(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, or the declaration of citizenship or nationality, of the individual is inconsistent with information in the records maintained by the Commissioner—

''(i) the State makes a reasonable effort to identify and address the causes of such inconsistency, including through typographical or other clerical errors, by contacting the individual to confirm the accuracy of the name or social security number submitted or declaration of citizenship or nationality 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 such inconsistency is not resolved under clause (i), 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 resolve the inconsistency 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 inconsistency is not resolved.

''(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 at least monthly to the Commissioner of Social Security for comparison of 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) and who declares to be a United States citizen or national, with information in records maintained by the Commissioner.

''(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, through an on-line system or otherwise, for the electronic submission of, and response to, the information submitted under subparagraph (A) for an individual enrolled in the State plan under this title who declares to be citizen or national on at least a monthly basis; or

''(ii) to provide for a determination of the consistency of the information submitted with the information maintained in the records of the Commissioner 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).

''(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 inconsistent submissions

bears to the total submissions made for comparison for such month. For purposes of this subparagraph, a name, social security number, or declaration of citizenship or nationality of an individual shall be treated as inconsistent and included in the determination of such percentage only if—

''(i) the information submitted by the individual is not consistent with information in records maintained by the Commissioner of Social Security;

''(ii) the inconsistency is not resolved by the State;

''(iii) the individual was provided with a reasonable period of time to resolve the inconsistency with the Commissioner of Social Security or provide satisfactory documentation of citizenship status 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 inconsistent information as the number of individuals with inconsistent information in excess of 3 percent of such total submitted bears to the total number of individuals with inconsistent 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) Subparagraphs (A) and (B) 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 that provides for the submission on a real-time basis of the information described in such paragraph.

''(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)''.

(4) APPROPRIATION.—Out of any money in the Treasury of the United States not otherwise appropriated, there are appropriated to the Commissioner of Social Security $5,000,000 to remain available until expended to carry out the Commissioner's responsibilities under section 1902(ee) of the Social Security Act, as added by subsection (a).

(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 114(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:

''(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 January 1, 2010.

(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, 2009, 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).

SEC. 214. PERMITTING STATES TO ENSURE COVERAGE WITHOUT A 5-YEAR DELAY OF CERTAIN CHILDREN AND PREGNANT WOMEN UNDER THE MEDICAID PROGRAM AND CHIP.

(a) MEDICAID PROGRAM.—Section 1903(v) (42 U.S.C. 1396b(v)) is amended—

(1) in paragraph (1), by striking ''paragraph (2)'' and inserting ''paragraphs (2) and (4)''; and

(2) by adding at the end the following new paragraph:

''(4)(A) A State may elect (in a plan amendment under this title) to provide medical assistance under this title, notwithstanding sections 401(a), 402(b), 403, and 421 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, to children and pregnant women who are lawfully residing in the United States (including battered individuals described in section 431(c) of such Act) and who are otherwise eligible for such assistance, within either or both of the following eligibility categories:

''(i) PREGNANT WOMEN.—Women during pregnancy (and during the 60-day period beginning on the last day of the pregnancy).

''(ii) CHILDREN.—Individuals under 21 years of age, including optional targeted low-income children described in section 1905(u)(2)(B).

''(B) In the case of a State that has elected to provide medical assistance to a category of aliens under subparagraph (A), no debt shall accrue under an affidavit of support against any sponsor of such an alien on the basis of provision of assistance to such category and the cost of such assistance shall not be considered as an unreimbursed cost.

''(C) As part of the State's ongoing eligibility redetermination requirements and procedures for an individual provided medical assistance as a result of an election by the State under subparagraph (A), a State shall verify that the individual continues to lawfully reside in the United States using the documentation presented to the State by the individual on initial enrollment. If the State cannot successfully verify that the individual is lawfully residing in the United States in this manner, it shall require that the individual provide the State with further documentation or other evidence to verify that the individual is lawfully residing in the United States.''.

(b) CHIP.—Section 2107(e)(1) (42 U.S.C. 1397gg(e)(1)), as amended by sections 203(a)(2) and 203(d)(2), is amended by redesignating subparagraphs (E) and (F) as subparagraphs (F) and (G), respectively and by inserting after subparagraph (D) the following new subparagraph:

''(E) Paragraph (4) of section 1903(v) (relating to optional coverage of categories of lawfully residing immigrant children or pregnant women), but only if the State has elected to apply such paragraph with respect to such category of children or pregnant women under title XIX.''.

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) and 211(c), is amended by adding at the end the following:

''(10) 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 2009.

''(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).

''(N) COORDINATION WITH MEDICAID.—In the case of a targeted low-income child who receives child health assistance through a State plan under title XIX and who voluntarily elects to receive a premium assistance subsidy under this section, the provisions of section 1906A shall apply and shall supersede any other provisions of this paragraph that are inconsistent with such section.''.

(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 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).

''(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, 2010, 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 paragraph (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 211(c)(2), is amended by adding at the end the following new clause:

''(iii) 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 paragraph (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 2009, 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 2009, 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 2009, 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 2009, 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, 2010, 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 2009, 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, 2011, 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, 2011, 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, 2013, 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, 2010, 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 2009 through 2013, 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 2009, 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 2009, 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 2009 through 2013.

''(f) DEVELOPMENT OF MODEL ELECTRONIC HEALTH RECORD FORMAT FOR CHILDREN ENROLLED IN MEDICAID OR CHIP.—

''(1) IN GENERAL.—Not later than January 1, 2010, 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, 2010, 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 2009 through 2013, $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 2009 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, 2009, 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, 2009.

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 paragraphs (1) and (2) shall apply to coverage of items and services furnished on or after October 1, 2009.

(b) STATE OPTION TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—

(1) IN GENERAL.—Section 2110(b) (42 U.S.C. 1397jj(b)) is amended—

(A) in paragraph (1)(C), by inserting '', subject to paragraph (5),'' after ''under title XIX or''; and

(B) by adding at the end the following new paragraph:

''(5) OPTION FOR STATES WITH A SEPARATE CHIP PROGRAM TO PROVIDE DENTAL-ONLY SUPPLEMENTAL COVERAGE.—

''(A) IN GENERAL.—Subject to subparagraphs (B) and (C), in the case of any child who is enrolled in a group health plan or health insurance coverage offered through an employer who would, but for the application of paragraph (1)(C), satisfy the requirements for being a targeted low-income child under a State child health plan that is implemented under this title, a State may waive the application of such paragraph to the child in order to provide—

''(i) dental coverage consistent with the requirements of subsection (c)(5) of section 2103; or

''(ii) cost-sharing protection for dental coverage consistent with such requirements and the requirements of subsection (e)(3)(B) of such section.

''(B) LIMITATION.—A State may limit the application of a waiver of paragraph (1)(C) to children whose family income does not exceed a level specified by the State, so long as the level so specified does not exceed the maximum income level otherwise established for other children under the State child health plan.

''(C) CONDITIONS.—A State may not offer dental-only supplemental coverage under this paragraph unless the State satisfies the following conditions:

''(i) INCOME ELIGIBILITY.—The State child health plan under this title—

''(I) has the highest income eligibility standard permitted under this title (or a waiver) as of January 1, 2009;

''(II) does not limit the acceptance of applications for children or impose any numerical limitation, waiting list, or similar limitation on the eligibility of such children for child health assistance under such State plan; and

''(III) provides benefits to all children in the State who apply for and meet eligibility standards.

''(ii) NO MORE FAVORABLE TREATMENT.—The State child health plan may not provide more favorable dental coverage or cost-sharing protection for dental coverage to children provided dental-only supplemental coverage under this paragraph than the dental coverage and cost-sharing protection for dental coverage provided to targeted low-income children who are eligible for the full range of child health assistance provided under the State child health plan.''.

(2) STATE OPTION TO WAIVE WAITING PERIOD.—Section 2102(b)(1)(B) (42 U.S.C. 1397bb(b)(1)(B)), as amended by section 111(b)(2), is amended—

(A) in clause (ii), by striking ''and'' at the end;

(B) in clause (iii), by striking the period and inserting ''; and''; and

(C) by adding at the end the following new clause:

''(iv) at State option, may not apply a waiting period in the case of a child provided dental-only supplemental coverage under section 2110(b)(5).''.

(c) 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.

(d) 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 (70);

(B) by striking the period at the end of paragraph (71) and inserting ''; and''; and

(C) by inserting after paragraph (71) the following new paragraph:

''(72) 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)(72) (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, 2009.

(e) 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.

(f) 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.

(g) 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,''.

(h) 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 use disorder benefits, such plan shall ensure that the financial requirements and treatment limitations applicable to such mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health 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, 2009.

(b) TRANSITION GRANTS.—

(1) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary for fiscal year 2009, $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, 2011, 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 the date of the enactment of this Act.

SEC. 505. CLARIFICATION OF COVERAGE OF SERVICES PROVIDED THROUGH SCHOOL-BASED HEALTH CENTERS.

(a) IN GENERAL.—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 (as defined in section 2110(c)(9)).''.

(b) DEFINITION.—Section 2110(c) (42 U.S.C. 1397jj) is amended by adding at the end the following:

''(9) SCHOOL-BASED HEALTH CENTER.—

''(A) IN GENERAL.—The term 'school-based health center' means a health clinic that—

''(i) is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization;

''(ii) is organized through school, community, and health provider relationships;

''(iii) is administered by a sponsoring facility;

''(iv) provides through health professionals primary health services to children in accordance with State and local law, including laws relating to licensure and certification; and

''(v) satisfies such other requirements as a State may establish for the operation of such a clinic.

''(B) SPONSORING FACILITY.—For purposes of subparagraph (A)(iii), the term 'sponsoring facility' includes any of the following:

''(i) A hospital.

''(ii) A public health department.

''(iii) A community health center.

''(iv) A nonprofit health care agency.

''(v) A school or school system.

''(vi) A program administered by the Indian Health Service or the Bureau of Indian Affairs or operated by an Indian tribe or a tribal organization.''.

SEC. 506. MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION.

(a) IN GENERAL.—Title XIX (42 U.S.C. 1396 et seq.) is amended by inserting before section 1901 the following new section:

''MEDICAID AND CHIP PAYMENT AND ACCESS COMMISSION

''SEC. 1900. (a) ESTABLISHMENT.—There is hereby established the Medicaid and CHIP Payment and Access Commission (in this section referred to as 'MACPAC').

''(b) DUTIES.—

''(1) REVIEW OF ACCESS POLICIES AND ANNUAL REPORTS.—MACPAC shall—

''(A) review policies of the Medicaid program established under this title (in this section referred to as 'Medicaid') and the State Children's Health Insurance Program established under title XXI (in this section referred to as 'CHIP') affecting children's access to covered items and services, including topics described in paragraph (2);

''(B) make recommendations to Congress concerning such access policies;

''(C) by not later than March 1 of each year (beginning with 2010), submit a report to Congress containing the results of such reviews and MACPAC's recommendations concerning such policies; and

''(D) by not later than June 1 of each year (beginning with 2010), submit a report to Congress containing an examination of issues affecting Medicaid and CHIP, including the implications of changes in health care delivery in the United States and in the market for health care services on such programs.

''(2) SPECIFIC TOPICS TO BE REVIEWED.—Specifically, MACPAC shall review and assess the following:

''(A) MEDICAID AND CHIP PAYMENT POLICIES.—Payment policies under Medicaid and CHIP, including—

''(i) the factors affecting expenditures for items and services in different sectors, including the process for updating hospital, skilled nursing facility, physician, Federally-qualified health center, rural health center, and other fees;

''(ii) payment methodologies; and

''(iii) the relationship of such factors and methodologies to access and quality of care for Medicaid and CHIP beneficiaries.

''(B) INTERACTION OF MEDICAID AND CHIP PAYMENT POLICIES WITH HEALTH CARE DELIVERY GENERALLY.—The effect of Medicaid and CHIP payment policies on access to items and services for children and other Medicaid and CHIP populations other than under this title or title XXI and the implications of changes in health care delivery in the United States and in the general market for health care items and services on Medicaid and CHIP.

''(C) OTHER ACCESS POLICIES.—The effect of other Medicaid and CHIP policies on access to covered items and services, including policies relating to transportation and language barriers.

''(3) CREATION OF EARLY-WARNING SYSTEM.—MACPAC shall create an early-warning system to identify provider shortage areas or any other problems that threaten access to care or the health care status of Medicaid and CHIP beneficiaries.

''(4) COMMENTS ON CERTAIN SECRETARIAL REPORTS.—If the Secretary submits to Congress (or a committee of Congress) a report that is required by law and that relates to access policies, including with respect to payment policies, under Medicaid or CHIP, the Secretary shall transmit a copy of the report to MACPAC. MACPAC shall review the report and, not later than 6 months after the date of submittal of the Secretary's report to Congress, shall submit to the appropriate committees of Congress written comments on such report. Such comments may include such recommendations as MACPAC deems appropriate.

''(5) AGENDA AND ADDITIONAL REVIEWS.—MACPAC shall consult periodically with the chairmen and ranking minority members of the appropriate committees of Congress regarding MACPAC's agenda and progress towards achieving the agenda. MACPAC may conduct additional reviews, and submit additional reports to the appropriate committees of Congress, from time to time on such topics relating to the program under this title or title XXI as may be requested by such chairmen and members and as MACPAC deems appropriate.

''(6) AVAILABILITY OF REPORTS.—MACPAC shall transmit to the Secretary a copy of each report submitted under this subsection and shall make such reports available to the public.

''(7) APPROPRIATE COMMITTEE OF CONGRESS.—For purposes of this section, the term 'appropriate committees of Congress' means the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.

''(8) VOTING AND REPORTING REQUIREMENTS.—With respect to each recommendation contained in a report submitted under paragraph (1), each member of MACPAC shall vote on the recommendation, and MACPAC shall include, by member, the results of that vote in the report containing the recommendation.

''(9) EXAMINATION OF BUDGET CONSEQUENCES.—Before making any recommendations, MACPAC shall examine the budget consequences of such recommendations, directly or through consultation with appropriate expert entities.

''(c) MEMBERSHIP.—

''(1) NUMBER AND APPOINTMENT.—MACPAC shall be composed of 17 members appointed by the Comptroller General of the United States.

''(2) QUALIFICATIONS.—

''(A) IN GENERAL.—The membership of MACPAC shall include individuals who have had direct experience as enrollees or parents of enrollees in Medicaid or CHIP and individuals with national recognition for their expertise in Federal safety net health programs, health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems, reimbursement of health facilities, health information technology, pediatric physicians, dentists, and other providers of health services, and other related fields, who provide a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives.

''(B) INCLUSION.—The membership of MACPAC shall include (but not be limited to) physicians and other health professionals, employers, third-party payers, and individuals with expertise in the delivery of health services. Such membership shall also include consumers representing children, pregnant women, the elderly, and individuals with disabilities, current or former representatives of State agencies responsible for administering Medicaid, and current or former representatives of State agencies responsible for administering CHIP.

''(C) MAJORITY NONPROVIDERS.—Individuals who are directly involved in the provision, or management of the delivery, of items and services covered under Medicaid or CHIP shall not constitute a majority of the membership of MACPAC.

''(D) ETHICAL DISCLOSURE.—The Comptroller General of the United States shall establish a system for public disclosure by members of MACPAC of financial and other potential conflicts of interest relating to such members. Members of MACPAC shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978 (Public Law 95–521).

''(3) TERMS.—

''(A) IN GENERAL.—The terms of members of MACPAC shall be for 3 years except that the Comptroller General of the United States shall designate staggered terms for the members first appointed.

''(B) VACANCIES.—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member's term until a successor has taken office. A vacancy in MACPAC shall be filled in the manner in which the original appointment was made.

''(4) COMPENSATION.—While serving on the business of MACPAC (including travel time), a member of MACPAC shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code; and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of MACPAC. Physicians serving as personnel of MACPAC may be provided a physician comparability allowance by MACPAC in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to MACPAC in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of MACPAC) and employment benefits, rights, and privileges, all personnel of MACPAC shall be treated as if they were employees of the United States Senate.

''(5) CHAIRMAN; VICE CHAIRMAN.—The Comptroller General of the United States shall designate a member of MACPAC, at the time of appointment of the member as Chairman and a member as Vice Chairman for that term of appointment, except that in the case of vacancy of the Chairmanship or Vice Chairmanship, the Comptroller General of the United States may designate another member for the remainder of that member's term.

''(6) MEETINGS.—MACPAC shall meet at the call of the Chairman.

''(d) DIRECTOR AND STAFF; EXPERTS AND CONSULTANTS.—Subject to such review as the Comptroller General of the United States deems necessary to assure the efficient administration of MACPAC, MACPAC may—

''(1) employ and fix the compensation of an Executive Director (subject to the approval of the Comptroller General of the United States) and such other personnel as may be necessary to carry out its duties (without regard to the provisions of title 5, United States Code, governing appointments in the competitive service);

''(2) seek such assistance and support as may be required in the performance of its duties from appropriate Federal departments and agencies;

''(3) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of MACPAC (without regard to section 3709 of the Revised Statutes (41 U.S.C. 5));

''(4) make advance, progress, and other payments which relate to the work of MACPAC;

''(5) provide transportation and subsistence for persons serving without compensation; and

''(6) prescribe such rules and regulations as it deems necessary with respect to the internal organization and operation of MACPAC.

''(e) POWERS.—

''(1) OBTAINING OFFICIAL DATA.—MACPAC may secure directly from any department or agency of the United States information necessary to enable it to carry out this section. Upon request of the Chairman, the head of that department or agency shall furnish that information to MACPAC on an agreed upon schedule.

''(2) DATA COLLECTION.—In order to carry out its functions, MACPAC shall—

''(A) utilize existing information, both published and unpublished, where possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section;

''(B) carry out, or award grants or contracts for, original research and experimentation, where existing information is inadequate; and

''(C) adopt procedures allowing any interested party to submit information for MACPAC's use in making reports and recommendations.

''(3) ACCESS OF GAO TO INFORMATION.—The Comptroller General of the United States shall have unrestricted access to all deliberations, records, and nonproprietary data of MACPAC, immediately upon request.

''(4) PERIODIC AUDIT.—MACPAC shall be subject to periodic audit by the Comptroller General of the United States.

''(f) AUTHORIZATION OF APPROPRIATIONS.—

''(1) REQUEST FOR APPROPRIATIONS.—MACPAC shall submit requests for appropriations in the same manner as the Comptroller General of the United States submits requests for appropriations, but amounts appropriated for MACPAC shall be separate from amounts appropriated for the Comptroller General of the United States.

''(2) AUTHORIZATION.—There are authorized to be appropriated such sums as may be necessary to carry out the provisions of this section.''.

(b) DEADLINE FOR INITIAL APPOINTMENTS.—Not later than January 1, 2010, the Comptroller General of the United States shall appoint the initial members of the Medicaid and CHIP Payment and Access Commission established under section 1900 of the Social Security Act (as added by subsection (a)).

(c) ANNUAL REPORT ON MEDICAID.—Not later than January 1, 2010, and annually thereafter, the Secretary, in consultation with the Secretary of the Treasury, the Secretary of Labor, and the States (as defined for purposes of Medicaid), shall submit an annual report to Congress on the financial status of, enrollment in, and spending trends for, Medicaid for the fiscal year ending on September 30 of the preceding year.

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:

''(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 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 new final rule (in this section referred to as the ''new final rule'') promulgated after the date of the enactment of this Act and 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 new final rule in effect for all States may only be inclusive of errors, as defined in such new final rule or in guidance issued within a reasonable time frame after the effective date for such new final rule that includes detailed guidance for the specific methodology for error determinations.

(c) REQUIREMENTS FOR NEW FINAL RULE.—For purposes of subsection (b), the requirements of this subsection are that the new 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 new 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 or under a 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 2010 or 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 new 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, 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 the first fiscal year that begins on or after the date on which the new final rule is in effect for all States, 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.

(g) TIME FOR PROMULGATION OF FINAL RULE.—The final rule implementing the PERM requirements under subsection (b) shall be promulgated not later than 6 months after the date of enactment of this Act.

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 2009''.

(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 2009, 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(m)(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, 2011, 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 2010 for the purpose of conducting the evaluation authorized under this paragraph. Amounts appropriated under this subparagraph shall remain available for expenditure through fiscal year 2012.''.

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; DISALLOWANCE FOR UNAUTHORIZED EXPENDITURES.

Nothing in this Act allows Federal payment for individuals who are not legal residents. Titles XI, XIX, and XXI of the Social Security Act provide for the disallowance of Federal financial participation for erroneous expenditures under Medicaid and under CHIP, respectively.

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. 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, 2009, 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. 615. 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. 616. EXTENSION OF MEDICAID DSH ALLOTMENTS FOR TENNESSEE AND HAWAII.

Section 1923(f)(6) (42 U.S.C. 1396r–4(f)(6)), as amended by section 202 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110–275) is amended—

(1) in the paragraph heading, by striking ''2009 AND THE FIRST CALENDAR QUARTER OF FISCAL YEAR 2010'' and inserting ''2011 AND THE FIRST CALENDAR QUARTER OF FISCAL YEAR 2012'';

(2) in subparagraph (A)—

(A) in clause (i)—

(i) in the second sentence—

(I) by striking ''and 2009'' and inserting '', 2009, 2010, and 2011''; and

(II) by striking ''such portion of''; and

(ii) in the third sentence, by striking ''2010 for the period ending on December 31, 2009'' and inserting ''2012 for the period ending on December 31, 2011'';

(B) in clause (ii), by striking ''or for a period in fiscal year 2010'' and inserting ''2010, 2011, or for period in fiscal year 2012''; and

(C) in clause (iv)—

(i) in the clause heading, by striking ''2009 AND THE FIRST CALENDAR QUARTER OF FISCAL YEAR 2010'' and inserting ''2011 AND THE FIRST CALENDAR QUARTER OF FISCAL YEAR 2012''; and

(ii) in each of subclauses (I) and (II), by striking '' or for a period in fiscal year 2010'' and inserting ''2010, 2011, or for a period in fiscal year 2012''; and

(3) in subparagraph (B)—

(A) in clause (i)—

(i) in the first sentence, by striking ''2009'' and inserting ''2011''; and

(ii) in the second sentence, by striking ''2010 for the period ending on December 31, 2009'' and inserting ''2012 for the period ending on December 31, 2011''.

SEC. 617. GAO REPORT ON 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 Medicaid are actuarially sound.

Subtitle C—Other Provisions

SEC. 621. 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. 622. SENSE OF THE 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 ''$50.33 per thousand'',

(2) by striking ''20.719 percent (18.063 percent on cigars removed during 2000 or 2001)'' in paragraph (2) and inserting ''52.75 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 ''40.26 cents 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 ''$50.33 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 ''$105.69 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 ''3.15 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 ''6.30 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 ''$1.51'', and

(2) by striking ''19.5 cents (17 cents on chewing tobacco removed during 2000 or 2001)'' in paragraph (2) and inserting ''50.33 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 ''$2.8311 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 ''$24.78''.

(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 April 1, 2009, 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 April 1, 2009, 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 April 1, 2009, 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 August 1, 2009.

(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 April 1, 2009, 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 March 31, 2009.

SEC. 702. ADMINISTRATIVE IMPROVEMENTS.

(a) PERMIT, INVENTORIES, REPORTS, AND RECORDS REQUIREMENTS FOR MANUFACTURERS AND IMPORTERS OF PROCESSED TOBACCO.—

(1) PERMIT.—

(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, REPORTS, AND PACKAGES.—

(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''.

(C) PACKAGES, MARKS, LABELS, AND NOTICES.—Section 5723 of such Code is amended by inserting '', processed tobacco,'' after ''tobacco products'' each place it appears.

(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 AMENDMENTS.—

(A) Section 5702(h) of such Code is amended by striking ''tobacco products and cigarette papers and tubes'' and inserting ''tobacco products or cigarette papers or tubes or any processed tobacco''.

(B) Sections 5702(j) and 5702(k) of such Code are each amended by inserting '', or any processed tobacco,'' after ''tobacco products or cigarette papers or tubes''.

(6) EFFECTIVE DATE.—The amendments made by this subsection shall take effect on April 1, 2009.

(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, processed tobacco, 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, processed tobacco, 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, processed tobacco, 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, processed tobacco, 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 March 31, 2009.

(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 manufactured 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.

(f) DISCLOSURE.—

(1) IN GENERAL.—Paragraph (1) of section 6103(o) of such Code is amended by designating

the text as subparagraph (A), moving such text 2 ems to the right, striking ''Returns'' and inserting ''(A) IN GENERAL.—Returns'', and by inserting after subparagraph (A) (as so redesignated) the following new subparagraph:

''(B) USE IN CERTAIN PROCEEDINGS.—Returns and return information disclosed to a Federal agency under subparagraph (A) may be used in an action or proceeding (or in preparation for such action or proceeding) brought under section 625 of the American Jobs Creation Act of 2004 for the collection of any unpaid assessment or penalty arising under such Act.''.

(2) CONFORMING AMENDMENT.—Section 6103(p)(4) of such Code is amended by striking ''(o)(1)'' both places it appears and inserting ''(o)(1)(A)''.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply on or after the date of the enactment of this Act.

(g) TRANSITIONAL RULE.—Any person who—

(1) on April 1, 2009 is engaged in business as a manufacturer of processed tobacco or as an importer of processed tobacco, and

(2) before the end of the 90-day period beginning on such date, submits an application under subchapter B of chapter 52 of such Code to engage in such business, may, notwithstanding such subchapter B, continue to engage in such business pending final action on such application. Pending such final action, all provisions of such chapter 52 shall apply to such applicant in the same manner and to the same extent as if such applicant were a holder of a permit under such chapter 52 to engage in such business.

SEC. 703. TREASURY STUDY CONCERNING MAGNITUDE OF TOBACCO SMUGGLING IN THE UNITED STATES.

Not later than one year after the date of the enactment of this Act, the Secretary of the Treasury shall conduct a study concerning the magnitude of tobacco smuggling in the United States and submit to Congress recommendations for the most effective steps to reduce tobacco smuggling. Such study shall also include a review of the loss of Federal tax receipts due to illicit tobacco trade in the United States and the role of imported tobacco products in the illicit tobacco trade in the United States.

SEC. 704. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

The percentage under subparagraph (C) of section 401(1) of the Tax Increase Prevention and Reconciliation Act of 2005 in effect on the date of the enactment of this Act is increased by 0.5 percentage point.

MOTION OFFERED BY MR. WAXMAN

The text of the motion is as follows:

Mr. Waxman moves to concur in the Senate amendment.

The SPEAKER pro tempore. Pursuant to House Resolution 107, the motion shall be debatable for 1 hour equally divided and controlled by the Chair and ranking minority member of the Committee on Energy and Commerce and the Chair and ranking minority member of the Committee on Ways and Means.

The gentleman from California (Mr. WAXMAN), the gentleman from Texas (Mr. BARTON), the gentleman from New York (Mr. RANGEL), and the gentleman from Michigan (Mr. CAMP) each will control 15 minutes.

The Chair recognizes the gentleman from California.

Mr. WAXMAN. Madam Speaker, I yield myself 1½ minutes.

I rise in strong support of H.R. 2, as amended by the Senate. This is the same bill, by and large, that we passed in the House by an overwhelming bipartisan majority a few weeks ago.

The opportunity before us today is to make basic health insurance available to 11 million low-income children who would otherwise have no insurance.

We know that without health insurance many children go without the health care they need to grow, to learn, to compete, and to contribute.

The bill before us will extend the current program for 4½ years, ensuring that States will be able to maintain coverage for the 7 million kids now enrolled and to extend coverage to an additional 4.1 million uninsured low-income children.

The bill is fully paid for. It will cost $33 billion over the next 5 years, fully offset by a 62-cent per pack increase in the cigarette tax.

The Senate made a few minor changes, adding a new option for CHIP to provide dental care for privately insured children and creating a new commission to evaluate provider payments and access in CHIP and Medicaid.

The Senate did not retain the House provision closing a loophole in Medicare that allows physicians to refer patients to hospitals where they have ownership interest. We will continue to work on that matter.

While this bill is short of our ultimate goal of health reform, it is a down payment, and it is an essential start. We need to pass this bill. We need to do so now.

I urge my colleagues to vote for this bill and send it to the President for his signature.

I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I recognize myself for 1 minute.

Madam Speaker, we're here today to have another debate about SCHIP, another incidence of where we have a bill that's come over from the Senate slightly different than came from the House. In the case of this SCHIP bill, I don't recall there being a hearing on it. I don't recall there being a hearing last year before we had the vote.

So, let us simply say from the Republican perspective that we're very supportive of continuing the State Children's Health Insurance Program. We do think that it should be limited to families that are under 200 percent of poverty. We do think this is a children's health program. It ought to be for children. And we do think that there should be a verification to make sure that the program benefits go to citizens of the United States.

None of those things are in this bill. So we would oppose the bill and hope at the appropriate time the House would also oppose it.

With that, I reserve the balance of my time.

Mr. WAXMAN. Madam Speaker, I still continue to reserve our time.

Mr. BARTON of Texas. Madam Speaker, I yield 3 minutes to the distinguished ranking member of the Subcommittee on Health in the Energy and Commerce Committee, the Honorable NATHAN DEAL from Georgia.

Mr. DEAL of Georgia. Madam Speaker, I thank the gentleman for yielding.

I think it would be appropriate for us to review what the SCHIP program is designed and was originally designed to do and where it is in light of what this bill attempts to do.

First of all, it stands for the State Children's Health Insurance Program. States call it by a variety of different names at the State level. In my State, it is called PeachCare. You would imagine that we would do that in Georgia, but it was originally designed in 1997 as a 10-year program—it was a block grant program—designed to fill in the need of children who live in families that are above the Medicaid poverty level eligibility but are still below 200 percent of poverty, and that in that capacity was a worthwhile and useful program.

During its 10-year initial lifespan as it moved forward, there were times when States had shortfalls. In other words, the allocation under the Federal matching rate formula for the SCHIP program, coupled with the State's contribution, was not sufficient to meet the demand and the cost of eligible children to be enrolled, and Congress stepped up to the plate, appropriated additional funds, and allowed those States to continue with their legitimate enrollment programs.

When it came to the 10-year time frame expiring, we were faced with, well, what is the future of SCHIP going to be. After much debate, vetoes by the President, about a program that was going to take a huge step in the area of expanding government control of health care, we did an 18-month extension, and that 18 months will expire this next month.

And what it did was it said let's take the legitimate needs of the 200 percent of poverty and below, recognizing that some States had already far exceeded that limit, but nevertheless allowing them to be grandfathered in and provide enough money so that no State runs out of money to cover the eligible children.

Unfortunately, the bill before us today continues to take a step, in my opinion, in the wrong direction.

We talk about the millions of children that are supposedly going to be enrolled as new enrollees in the program, and yet when we look at those figures, we find that about 2.5 million of those so-called new enrollees will be children who are already enrolled in private health insurance plans, but because their family is now eligible for the government to pay for their health care, it is anticipated that their families will simply take them off of the private insurance and put them on the taxpayer-paid program of SCHIP. I don't think that's what most Americans in this country want this program to be.

Couple that with the fact that we have no provision in this bill that requires States—

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. I yield the gentleman 1 additional minute.

Mr. DEAL of Georgia. There is no provision in this bill that requires States to go out and make the extra effort to enroll children who are eligible for either Medicaid or the current SCHIP program under its current authorization of up to 200 percent of poverty but are still unenrolled.

In fact, it is estimated that about a quarter of the children who are eligible are simply not enrolled in the current program. These are the children that are at the lowest levels of poverty but are not covered. They should be the part that are our first incentive. The Republican version of this incentivizes States to take that extra effort to enroll those children first before they started going up the poverty level and enrolling children in higher income families, many of whom already have private insurance.

I thank the gentleman for yielding to me.

Mr. WAXMAN. Madam Speaker, I'm pleased at this time to yield 3 minutes to the gentleman from Washington State (Mr. MCDERMOTT).

Mr. MCDERMOTT. Madam Speaker, I rise in strong support of the SCHIP reauthorization legislation and want to thank the Speaker, Ms. PELOSI, for her leadership in bringing this bill to the floor. H.R. 2 clearly says that change has arrived for our country and our children.

Instead of the veto pen that was used last year by the outgoing President to deny health care to children, our new President will sign this legislation and, in so doing, will write a new chapter in America's commitment to our children and our future.

H.R. 2 is a real down payment on our efforts to ensure universal access to affordable health care for all Americans. It builds on successful models that have expanded access to millions of children nationwide.

Health care should be a right, not a privilege for the rich in America. This legislation affirms the commitment of a new Congress to serve all the people, not merely those who have the means to pay any price for health care while the Nation pays a steep price by not covering its children.

H.R. 2 represents an additional 4 million children that will have access to health care, and it will provide access to preventive health care, and this alone means America will raise healthier children who grow to become healthier and more productive adults.

The American people have spoken. They want a more compassionate response to our Nation's problems. Today, we are voting with our heads and our hearts to do just that. This is not about ideology or party. It is about providing health care to children. H.R. 2 represents real change.

I am proud of my own State that took the lead before SCHIP was put in place in 1994. Three years before the enactment of SCHIP, Washington State expanded coverage to children up to 200 percent of the Federal poverty line. That was a huge commitment, and clearly, my State took the lead. As a result, we have fewer children uninsured, we have a healthier population, and more integrated primary care. It's a commitment that worked for us in our State, and it recognizes that what worked for Washington State will work across the country.

Thirty million dollars was the commitment we made. H.R. 2 rewards States like Washington who knew early on that providing quality affordable health care to children was a sound, humane investment, but also, it expands a successful program to cover more uninsured children and working families.

The present economic difficulties in this country are going to make this program even more important than they've ever been in the past. This bill provides greater flexibility and will allow States to meet the needs of low-income working families.

I'm grateful also that this legislation includes important access for legal immigrant children who are currently denied coverage, children who are born in the United States and are U.S. legal citizens. In Washington State, we have provided coverage for these children, but the State is doing this alone without the full partnership of the Federal Government. H.R. 2 corrects this error and will allow Washington State to maintain coverage for more than 3,000 children.

Madam Speaker, we need to do the right thing. Providing universal coverage for children is an objective that we should all support. This legislation takes us one step closer to meeting this goal. I urge my colleagues to support this bill.

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Mr. BARTON of Texas. Madam Speaker, I yield 2 minutes to a distinguished member of the committee, Dr. GINGREY of Georgia.

Mr. GINGREY of Georgia. Madam Speaker, I appreciate the gentleman yielding, and I regretfully rise to oppose H.R. 2, not because I oppose the original legislation—which I think the bill was a very good bill and as a physician Member and a compassion for wanting to extend health care to our children—my concern with the bill with the reauthorization is that it doesn't really limit it to those children that need it the most, those, say, under 200 percent or between 100 and 200 percent of the Federal poverty level. This new bill actually allows that to go up to 300 percent.

But, Madam Speaker, there is an even bigger problem. This is a situation that some States use called—well, they're loopholes, really, and they call them income disregards. I think there are about 13 States, Madam Speaker, who utilize that loophole that just simply says to couples or families, If you're not eligible, that is, you make more than 300 percent of the Federal poverty level—well, what is that, about $65,000 a year for a family of 4—then we will just simply disregard the income that you make between 300 and 400 percent of the Federal poverty level and say, We're not going to count that. Let's count—a wink, wink, wink, nod, smoke and mirrors, shell game—not count a certain block of income.

And I had an amendment—which I thought was a very good amendment; unfortunately it's a closed rule—but this amendment would simply say that there will be income disregards only in the amount of a maximum of $3,000 a year or $250 a month. Only income disregards may be something like childcare or something of that sort.

But to completely disregard, that's where we get into this crowd-out situation, Madam Speaker, where people whose children are already covered in the private market, they're going to drop that, clearly they're going to drop it even though they can afford it so they can get on the government dole. And as was pointed out earlier, a lot of physicians are not going to take the SCHIP patient because of the reimbursement.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. Madam Speaker, I am going to be magnanimous and give the gentleman 1 additional minute.

Mr. GINGREY of Georgia. I thank my ranking member of the Energy and Commerce Committee for his generosity. He knows that this Georgia brogue is a little bit slow.

But clearly it makes no sense, it makes no sense to crowd them out and put them into this program and then physicians are going to be less inclined to provide the service because their reimbursement under SCHIP or Medicaid is probably 30 percent less than it is in the private market.

So while in trying to enroll more children and help more children, I think, unfortunately, you're going to get less coverage and less service for those children.

So again, that was a good amendment. I'm sorry I didn't have a chance, Madam Speaker, to offer it. I think we could have made a good bill a whole lot better.

And for that reason, I'm going to oppose this bill.

Mr. WAXMAN. Madam Speaker, I am pleased at this time to yield 1 minute to the distinguished majority leader of the House of Representatives, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentleman for yielding.

Madam Speaker, I thank the chairman for bringing this bill to the floor in a timely fashion. I'm pleased that we're going to pass this bill, we're going to send it to the President, and he's going to sign it.

Atul Gawande, a surgeon and writer on health care policy, recently described our medical system like this:

''American health care is an appallingly patched-together ship, with . . . fifteen percent of the passengers thrown over the rails just to keep it afloat.''

If you can afford health care in America, there is no better place in the world to get sick. You will be treated to the best hospitals by the most skilled doctors with the latest technology. However, if you're one of the Americans thrown overboard, if you're one of the 45 million uninsured Americans for whom even a checkup is a luxury, you might be better off in some other places in the world. Every other developed nation has figured out how to cover all of its citizens. Every one but ours.

We're here today to start fixing that. Actually, we've been fixing that in a number of ways—Medicaid, Medicare, other programs that we've adopted—to patch the holes, however, that still exist in the leaking ship to make it into a vessel capable of carrying every passenger, every American.

We can't patch every hole today, but if I could pick just one leak to stop, it would be the hold where we keep our sick children. If you asked me for the most efficient use of a single health care dollar, I would put it towards covering more children.

I don't say that out of a misplaced sentimentality; I say it because it's well-established that childhood is the most medically pivotal time of life. A child who lives through the first years without a doctor's care, without regular checkups, without immunizations, and without booster shots is in for a lifetime of health danger. That child will live sicker and die sooner. In adulthood, he or she will be a less productive worker. And in old age, he or she will help swell the costs of our entitlement programs.

That is the logic behind the final passage of this bill, which brings into the State Children's Health Insurance Program, as has been said already, four million children who are eligible but not yet enrolled.

Very frankly, as a result of the veto of the legislation we passed in the last Congress, four million children went to bed last night with their parents worried if they got sick, what were they going to do, with the alternative being the emergency room: the most expensive, and in some cases least efficient, intervention in the health care system in our country.

It does what President Bush promised to do when he ran for re-election in 2004 accepting the Republican nomination. As I've said before, President Bush said this, ''In a new term''—that meant the 2005 to the 2009 term that just expired—''In a new term, we will lead an aggressive effort to enroll millions of poor children who are eligible but not signed up for government health insurance programs.''

Those millions of children of which President Bush spoke will be added by this bill. President Bush failed to deliver on his promise, but today, we will redeem that commitment. Today, the objective of years of work will be substantially advanced.

With this vote, and with President Obama's immediate signature, this bill will at long last be law.

Backed by overwhelming majorities of Americans, we can pass this bill and help raise a healthier generation of Americans. That's good for our country, it's good for our economy, and it's good for the international community.

And in this recession, we can lend some vital assistance to the millions of family budgets that are stretched, literally stretched, to the breaking point and the point of letting the health care of our children be further at risk.

Madam Speaker, renewing American health care, bringing the best care in the world, which we have right here—as Dr. GINGREY knows, we have right here—bringing it to all of our people is a hugely complex job. That work, of course, does not end today, as Chairman WAXMAN would emphasize. But this important inclusion of more than four million of our children and the guarantee of access to health care is a victory for America's values and its health care future.

I urge my colleagues, each and every one of us, to vote for this legislation, vote for our children, vote for our families, vote for a healthier America.

Mr. BARTON of Texas. Madam Speaker, can I inquire of the time remaining on each side?

The SPEAKER pro tempore. The gentleman from Texas has 7 minutes remaining and the gentleman from California has 9½ minutes remaining.

Mr. BARTON of Texas. Madam Speaker, I yield myself 3 minutes.

Madam Speaker, my admiration for the majority leader knows no bounds. Mr. HOYER is a great man, and he is an institutionalist, and he was personally involved in the negotiations of the last Congress who tried to get a compromise. But sometimes he doesn't tell the entire facts of the matter. So I want to just point out a few things that our distinguished majority leader failed to mention.

Right now in America, the SCHIP law that we're operating under is a Barton-Deal bill—Mr. DEAL and myself, two Republicans—that extends the existing program. And to Mr. HOYER's credit and Ms. PELOSI's credit, they passed that extension in the last Congress when we couldn't get a political compromise.

Under current law, if you're low income, below 200 percent of poverty, your children are covered under Medicaid 100 percent, 100 percent. If you're a working family that's under 200 percent of the Federal poverty limit, you're automatically covered. In some States, they go up to 250 percent of poverty, and in some States they have asked for waivers to go even higher than that. I think Mr. PALLONE's State of New Jersey may be at 300 percent. I think the State of New York may be at 300 percent.

So it is a misnomer to say that there are all of these children out there that don't have health insurance. There are some.

Now, the bill before us today really doesn't have an income test. It officially takes it to 300 percent of poverty but allows the States to ask for waivers and do what are called income disregards, which basically means you could have families at 400 or 500 percent of poverty and if that State disregards their income, they can be covered. That was admitted on the House floor in last year's debate, and that provision is unchanged in the bill before us.

Now, President Obama has already scheduled a signing ceremony so there is no real suspense about whether this bill is going to pass with a Democrat majority of 258 votes and a Republican minority of 178 votes, we're pretty sure that this bill is going to prevail.

But the record should show that low-income children are covered, that children up to 200 percent of poverty are covered, and in some states it goes to 250 percent. This debate is about raising the level.

This debate is about do we want a children's health insurance program that covers every child in America with State and Federal dollars regardless of their ability to pay; do we want to freeze out the private sector for health insurance. That's what this debate is about.

Republicans are for children's health insurance. Republicans do believe, though, that we should target the help to those families that have less ability to help themselves.

And on the question of citizen verification, since we didn't have a legislative hearing, I'm not sure what the verification measurement is, but I think it's personal affirmation.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. Madam Speaker, I yield myself 15 seconds.

If it is personal affirmation, when you sign up for SCHIP they say, ''Are you U.S. citizen?'' And if your parent says you are, you are. That's what personal affirmation is.

So I hope we could somehow pull out a miracle and defeat this bill and then do the bipartisan compromise that we almost pulled off in the last Congress.

With that, I reserve the balance of my time.

Mr. WAXMAN. Madam Speaker, I yield to the chairman of the Health Subcommittee and the author of the SCHIP bill in the House, Mr. PALLONE from the State of New Jersey, 1 minute with an option for more.

Mr. PALLONE. I thank the gentleman from California.

Madam Speaker, on this historic day I'm reminded of a quote from the Pulitzer Prize winning American author, Pearl Buck, who said, ''If our American way of life fails the child, it fails us all.''

Well, this is a day worthy of celebration. It comes nearly 2 years after

Deamonte Driver, a young boy from suburban Maryland, lost his life because his family lost its health insurance. And this simply should not happen in America. And if Congress does not act today, I can't help but think of the millions of other children whose lives will be put at risk simply because they do not have access to health coverage.

There can be no greater cause or worthier goal than protecting the wellbeing of our Nation's children. I emphasize this point now because in a recession parents are forced to make tough financial decisions: do they keep their families' health insurance, or do they put food on the table at night?

And today we have an extraordinary opportunity to ensure that these children don't fall through the cracks. This is a very good bill. With its passage, 11 million children will have access to the health care coverage they need to lead healthy and strong lives. And these children are our Nation's future.

Let's support them today by voting ''yes.''

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from California, Congressman MCCLINTOCK.

□ 1145

Mr. MCCLINTOCK. I thank the gentleman for yielding, and I think it's a prime example of unintended consequences. Since its inception, we've watched as SCHIP has been slowly replacing employer health plans with government-paid plans—with spiraling costs to taxpayers. Employers discovered that they could avoid their own plans, knowing that their employees would be covered by SCHIP.

This was supposed to provide health insurance for poor and working-class families but, like all things bureaucratic, it's now morphed into one in which families earning as much as six-figure incomes and who would have good employer-paid health insurance are being pushed into the government program. And that is the fine point of it.

This is no longer a program for the children of poor people. It's being used to insinuate government into the medical care of every American. Frankly, we don't need the same people who run the TSA to run our health insurance.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to a member of the Energy and Commerce Committee and a member as well of the Health Subcommittee, the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. I am delighted to rise today in support of the Children's Health Insurance Program Reauthorization Act. I thank Chairman WAXMAN and Chairman PALLONE for their hard work on bringing it to us today.

As a mother and proud grandmother of four, I can think of no higher priority than ensuring that our children get the health care they need. Unfortunately, 7 million children nationally and 350,000 children in Illinois are at risk of losing their coverage if we don't reauthorize this program.

But this bill will not only prevent SCHIP from expiring on March 31, it will also expand coverage to 4 million uninsured children nationally and 300,000 children in Illinois. It makes many needed improvements, including dental coverage and providing mental health parity. I am particularly pleased that it gives States the discretion to cover more women and children by lifting the 5-year ban for legal immigrants.

I am also pleased that after many thwarted efforts, we finally have a President that will sign this bill into law. It represents a renewed commitment to health care. This is the first step in making sure that every child, woman, and man in the United States has health care that is affordable, accessible, and high quality.

Mr. BARTON of Texas. I yield 2 minutes to the gentleman from Georgia (Mr. DEAL).

Mr. DEAL of Georgia. I thank the gentleman for yielding.

Let me clear up a couple of things. First of all, the majority leader has said that this is an effort to provide universal coverage for citizens of this country to health care. It obviously is a major step in that direction of government control of health care.

The problem though is it may also include expanding and extending health care to citizens of other countries. In 2005, the Inspector General of HHS told us that some 46 States and the District of Columbia were using self-attestation of citizenship to enroll people in their Medicaid programs. Part of the reason was when they had asked for identification, they were accused of profiling or threatened with civil rights lawsuits. So most States backed off and said, Well, if you tell us you're a citizen, we'll take your word for it.

In the Deficit Reduction Act, we changed that. And we require that you now prove you're a citizen and prove who you are. This bill changes that. And we go back.

For those of us who think, Well, just tell us a name and a Social Security number—that means that if you believe that there are not people who are out there with fraudulent Social Security numbers, then I have some stories back home I'd like to tell you.

We take a huge step backwards—and it's not just in the SCHIP program. It applies to the Medicaid program as well. Now, that means then at a time when we are hearing people saying that we want you to secure our borders, we want you to protect us, we are saying we are going to open it up to anybody who just wants to tell you they are a citizen and, by the way, even if they tell you wrong, this bill has no sanctions for them telling you they are a citizen, when they are not, and this bill requires you to provide them with medical care during the time period when they have defrauded.

At a time when citizens are concerned about the economy of this country, we should not be taking a step in the direction of loosening up and encouraging fraud and abuse of this program.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentlelady from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I think today is really a great day in America because the legislation that is before us is one of the most important bills that we will pass in the 111th Congress, the Children's Health Insurance Program Reauthorization Act, or SCHIP.

As we know, the same legislation was vetoed not once, but twice by President Bush, forcing the Congress to pass short-term extensions and no improvements to the program. But, today, a promise is being kept to America's children. They will be insured with health insurance. And the total will be 11 million. We are adding 4 million children to be covered. I think that that is a victory.

The legislation invests more than $32 billion over 5 years, and it is fully paid for. So it is good fiscal policy, it is good health policy, and is good social policy.

Forty years ago today, I gave birth to my daughter, Karen. Today, more children are being born, and the little ones can look forward to what the Congress is providing. Bravo, bravo, bravo.

Mr. BARTON of Texas. May I inquire on the time remaining?

The SPEAKER pro tempore. The gentleman has 45 seconds remaining.

Mr. BARTON of Texas. How about my friends on the majority?

The SPEAKER pro tempore. There are 6½ minutes remaining for the gentleman from California.

Mr. BARTON of Texas. I reserve the balance of my time.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the Speaker of the House, without whom we would not have this legislation before us today, who has been tireless in pushing forward the agenda to make sure that no child in this country goes without health insurance, the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. This is a very happy day for me, for the Congress, and for the country, for all of America's children. I thank my colleagues for their extraordinary leadership in working on this very, very important legislation, which is strongly bipartisan, very carefully crafted, and again, a giant step forward for our children.

Almost 2 years ago, when we first talked about this legislation—we have been talking about it for years. Of course, it has been the law, and now we are expanding it. But when we first brought it into the previous Congress, on that day, it was late in the afternoon when I came to the floor, and while the sun was setting in the sky—coincidentally, I came at a time when

it was, in poetry, described as the ''children's hour.''

I quoted then Henry Wadsworth Longfellow's poem: 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.

Today, the children's hour has come to pass. With the bipartisan vote of this House, and the signature of the new President of the United States, we will provide health care to 11 million children in America.

We owe a great deal of thanks to our chairman, Mr. WAXMAN, to the chairman emeritus, Mr. DINGELL, and Chairman FRANK PALLONE, of the Energy and Commerce Committee; Chairman RANGEL and PETE STARK of the Ways and Means Committee. So many women on the committees have worked for this. Congresswomen SCHAKOWSKY, BALDWIN, DEGETTE, ESHOO, and many others. This has been a product of many women focusing on this important issue that involves our children.

But our success really springs also from the outside mobilization that went with this. A compilation of more than 300 organizations—everyone from AARP to YMCA, March of Dimes, Easter Seals, and every organization in between—supported providing quality, affordable health care to America's children.

More than 80 percent of Americans support our bipartisan children's health insurance bill because they understand that with 2.6 million jobs lost last year, now even more children do not have health insurance. For every 1 percent increase in unemployment—for every 1 percent increase in unemployment—it is estimated as many as 1.5 million Americans will lose their health care coverage.

The American people know that preventive care is more cost effective than relying on our Nation's emergency rooms. That phrase was used in the debate over the past 2 years. Everyone in America has access to health care. All they have to do is go to the emergency room. What a ridiculous statement. What a disservice to the debate.

They know also that reducing smoking, which the Campaign for Tobacco-Free Kids says this legislation will do, means healthier children leading longer lives.

The bipartisan, fully paid for children's health insurance bill represents the new direction that Democrats have fought for that now, today, we join with our Republican colleagues to bring to the floor. This is the beginning of the change that the American people voted for in the last election and that we will achieve with President Barack Obama. We look forward to this afternoon when the President of the United States will sign this legislation.

I see some of our new Members of Congress on the floor. I see Congresswoman BETSY MARKEY and Congresswoman DAHLKEMPER on the floor. I don't know if others are here. But they have taken a major interest. TOM PERRIELLO of Virginia has taken a major interest in this legislation too. I commend them because their coming to Congress has already, only a few short weeks in the Congress, has already made a difference in the lives of the American people.

It's a very happy day for me because, as you know, each time I have been sworn in as Speaker, I have gaveled this House to order in honor and on behalf of all of America's children. Right now, we are observing a children's hour that signifies that we are a Congress for those children.

I urge all of my colleagues to support our effort to pass this with a tremendous, tremendous margin, and then also to celebrate the signing of the legislation this afternoon.

Mr. BARTON of Texas. I continue to reserve the balance of my time until they are ready to close. We have one speaker remaining.

Mr. WAXMAN. I yield 1 minute to a member of the Health Subcommittee and the full Energy and Commerce Committee who played a role in this legislation, the gentlelady from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Thank you, Mr. Chairman.

I rise in strong support today of the Senate amendment to H.R. 2, the Children's Health Insurance Program Reauthorization Act. Achieving health care for all in this country is the reason why I got into politics. It is my goal, it is my passion, it is my motivation. And, for the first time during my tenure in Congress, I see real promise that the Obama administration and this Congress will work together to achieve that goal.

SCHIP takes an important first step in moving towards achieving this goal. I am proud to support this particular bill because it contains some key provisions. It provides increased Federal funding for States like my own State of Wisconsin that have proven successful in reducing the number of uninsured children. It also provides funding for outreach activities to find the children that are hardest to reach—the most in need of health care.

Madam Speaker, this legislation will give 4.1 million uninsured children meaningful access to health care. And now we must move forward to cover the millions more who suffer every day due to lack of health insurance. Today, we must enact SCHIP legislation. Tomorrow, we must move forward to bring health care coverage to every American.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the vice chairman of the Energy and Commerce Committee and a longtime member of the Health Subcommittee, the gentlelady from Colorado (Ms. DEGETTE).

Ms. DEGETTE. We will pass this bill today. And we will pass this bill for millions of women, like Susan Molina, who are trying to work and support their children and do the right thing for them. Susan is a single mother in my district. Her abusive husband left her, and she has struggled to work and pay for health insurance for her two children as she worked tirelessly to move from a janitor to an apartment manager position.

In 2006, Susan's two children lost their health insurance under SCHIP because her new job paid just slightly more than 200 percent of poverty level. Susan has tried to work her way up to be a responsible member of society. Eventually, she got her children in SCHIP, and they have health care, and she could work. But then after she lost her SCHIP coverage, as she testified to Congress, to our committee, she felt like a failure as a mom.

□ 1200

She was working, she was in school trying to get her GED, but she still had to take her kids to the emergency room when they got an ear infection. Frankly, Madam Speaker, it is about time that the most civilized country in the world give health care coverage to all of its children.

Mr. WAXMAN. Madam Speaker, I am pleased to yield to the gentleman from Washington State, a member of the Energy and Commerce Committee, Mr. INSLEE, for 1 minute.

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

Mr. INSLEE. Madam Speaker, I want to particularly commend this bill, because it honors the States that have been visionary and proactive in trying to get health insurance for their kids.

Eleven States have moved forward ahead of the country in providing health insurance for their kids up to 300 percent of poverty, and this bill finally, due to the great efforts of Mr. WAXMAN, Mr. DINGELL, and many others who have been working for years, Mr. PALLONE, to fashion a provision that will allow the children in those States to in fact enjoy health insurance. In my State of Washington, over 5,000 kids are going to have health insurance as a result of this; the State will have $94 million to help those families. This is long overdue.

And to my friends across the aisle who somehow do not understand that parents who become unemployed in the downturn we are now experiencing, whether they are at 100 percent of poverty or 200 percent or 300 percent, I don't know why they don't understand the pain of parents who can't provide health insurance for their kids. This does it today. Let's pass this bill.

Mr. WAXMAN. Madam Speaker, I am pleased to yield to the gentleman from North Carolina (Mr. BUTTERFIELD), a very important and distinguished member of the Energy and Commerce Committee, 1 minute.

Mr. BUTTERFIELD. Madam Speaker, I want to thank the chairman of the Ways and Means Committee for yielding this time. This is a very important subject in all of our States.

Madam Speaker, without question, the people of my State in North Carolina are hurting very badly. Unemployment figures show that the number of counties with double digit unemployment actually doubled to 34 during the month of December. That is more than one-third of the counties in my State now suffering from double digit unemployment.

When people lose their jobs, they lose access to affordable health care, and it is the children, just as the gentleman from Washington just said, it is the children who suffer most in these circumstances. Today, we have an opportunity to take another step toward ensuring that every American child has access to affordable health care regardless of family circumstances.

With the passage of this bill, my State of North Carolina will reduce the number of children who lack health insurance by 46 percent. That is 136,000 children. There will be similar impacts across the country. I urge my colleagues to join me in approving this important bill.

The SPEAKER pro tempore. The gentleman from Texas has 45 seconds remaining; the gentleman from California has 1½ minutes remaining.

Mr. WAXMAN. Madam Speaker, at this time it is my great honor to yield to speak on this legislation to the gentleman from Michigan (Mr. DINGELL), who has been the author of this bill for child health insurance in the last Congress. Unfortunately, the bill was vetoed by President Bush. But we all have to recognize his strong commitment and leadership on this issue, and so I want to yield to him 1 minute to be able to speak in favor of the legislation.

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

Mr. DINGELL. I thank my friend, the chairman of the committee. I rise to voice my support for the extension of the Children's Health Insurance Program. As a long-time supporter of the program, I am delighted that we are sending a bill to the President that will be signed into law. This time there will be no veto pen to stand in the way of providing health coverage for 11 million of our kids.

High health care costs are straining already strapped families nationwide. Nowhere is this truer than in my home State of Michigan, where unemployment now tops 10 percent. With families struggling to save for retirement, to save for college, to pay mortgages and bills, this legislation will help State governments provide health care to children who otherwise would be left out.

Recently, there has been much talk about investments, good and bad. The bad kind has pushed our financial system into the brink of insolvency and has caused economic crisis on a scale unseen since the depression. But good investments, such as SCHIP, invest in our children and our future.

This expansion is a bipartisan effort, a collaboration of my colleagues on both sides of the aisle. Of this, I am properly grateful, and I urge my colleagues to vote for this legislation. It will be signed into law, and I look forward to working with the administration on a program of national health reform.

As someone who has spent 50 years on this effort, I know that this is just the beginning of what needs to be done.

The SPEAKER pro tempore. The gentleman from Texas has 45 seconds remaining.

Mr. BARTON of Texas. I am going to yield my last potent 45 seconds to a distinguished member of the committee, MARSHA BLACKBURN of Tennessee, to close.

Mrs. BLACKBURN. Madam Speaker, I think that, I would hope, that not only my colleagues but the American people realize that this bill today contains a $72 billion tax increase on the American people, what Congressional Research Service calls the most regressive of taxes, because it is tobacco taxes. But this is a tax increase that is coming full steam ahead at us. And, Madam Speaker, it is not there to go into a program that we all originally supported the way SCHIP was originally set up. This expanded SCHIP goes to middle-income children; it does not focus on low income and uninsured children. That is a sad day for us. Indeed, part of the 900,000 children that are expected to be added already have access to health insurance.

I would encourage all of my colleagues to vote against the tax increase and vote ''no.''

Mr. WAXMAN. Madam Speaker, I wish to yield the balance of our time to the gentlelady from Colorado (Ms. MARKEY).

(Ms. MARKEY of Colorado asked and was given permission to revise and extend her remarks.)

Ms. MARKEY of Colorado. As working class families struggle to make ends meet in these tough economic times, we have the opportunity to ease their burden by providing health care for 11 million children. Currently, more than 1 out of 8 children in Colorado lacks health insurance because they can't afford it. As the mother of three, I understand the burden of caring for sick children and the relief of being able to take my children to the doctor without worrying about costs.

We need to expand access to children's health care, and make sure that every child has the ability to go to the doctor and receive treatment. This is not just the right thing to do; it makes fiscal sense to give children preventive health care.

As working class families struggle to make ends meet in these tough economic times, we have the opportunity to ease their burden by providing health care for 11 million children. In my state of Colorado, we had 84,649 children enrolled in SCHIP in 2007. This legislation would preserve coverage for them, and extend it to thousands more children in the state. (Currently, more than one out of every eight children in Colorado lacks health insurance.)

As a mother of three, I understand the burden of caring for sick children and the relief of being able to take my children to the doctor without worrying about costs.

We need to expand access to children's health care and make sure that every child has the ability to go to the doctor and receive treatment. Today's children are the next generation of leaders, and we need to insure our future. This is not only the right thing to do, it makes fiscal sense to give children preventive healthcare. I ask all of my colleagues on both sides of the aisle to pledge their support for our children and vote for this bill.

The SPEAKER pro tempore. The gentleman from New York (Mr. RANGEL) is recognized.

Mr. RANGEL. Madam Speaker, what a great opportunity for us in this august body, whether we are Republican or Democrat, to think in terms of the comfort that we are giving parents and grandparents by having assurances that, if anything happened to these very special people, that they would have health insurance.

There is hardly a weekend that goes by that I don't thank God for my three grandchildren, and not have to worry that if anything, God forbid, should happen to them, that at least we would know they have access to health care. It reminded me when I was a young father and how precious my son and daughter would be. And then you think, of course, of the so many millions of people that go to work every day not being able to concentrate on their jobs and being productive and competitive, but thinking what would happen if their child became ill.

And it is not just the compassionate and right thing to do, to know that all of us would be able to go to sleep at night and to know that we made our contribution to provide health care to 11 million kids, but even from a national security or fiscal point of view, as doctors and researchers indicate, the great burden of fiscal costs for diseases and ailments that could have been detected if the children had access to health care. So many kids drop out of school with people not even knowing that they couldn't hear, that they couldn't understand properly, that they couldn't see minor things that could have been detected if the child had the availability of health care. And, of course, in the long run I don't think any on the other side and certainly none of ours can challenge the fact that it is in the later years of life things that could have been prevented that increase the need for health care and of course increase the costs for health care. In other words, we can dramatically improve the quality of care and cut down the ever increasing costs of care by preventing these things from happening.

I sat here trying to listen to some argument about why anyone would be against this bill. Sure, no one likes taxes. I am opposed to excise taxes. But, my God, cigarettes? You almost

feel like you are doing the right thing by making it difficult for kids and others to smoke cigarettes. Indeed, from a Ways and Means point of view, it is a question of whether or not the bill could be adequately funded because last year we collected more taxes because there was more consumption. So something is really working in terms of curtailing of people from destroying the quality of their own lives.

And so I do hope that we continue to have this as a bipartisan bill, that we can walk out at least and go home and say that we worked together on one initiative that was good for our children, good for our community, and good for our country.

I now ask unanimous consent to yield the balance of my time to the chairman of our Health Subcommittee, and to have Dr. MCDERMOTT determine which Members he would like to yield to.

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

There was no objection.

Mr. MCDERMOTT. I reserve the balance of my time.

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

The State Children's Health Insurance Program, which started in 1997, was for children, for children who lived in families who did not qualify for Medicaid but still needed health insurance programs. Today, four States have more adults in the program than children. It is being abused.

The health insurance program for children also required, originally, those in this country to show that they lived in this country legally, to have documentation. This program removes that proof. You now need only to say, ''Yes, I am here legally.'' It also removes the 5-year requirement. When you are here legally and you are sponsored by someone, they have to be responsible for taking care of your needs for 5 years. This is removed. What will happen if we follow on with an amnesty bill for the 20 million illegals who would be immediately eligible for the SCHIP program? Would it then be fully funded?

The funding, by the way, mostly by tobacco, falls on low-income people. The burden on the lowest 20 percent with the tobacco program is 37 times more burdensome than were it funded by an income tax. It also requires 22 million new smokers just to pay the bill. I want to see the majority go recruit them.

It is estimated that 2.4 million people will drop private insurance; families will drop because they qualify. Employers paying employees less than $80,000 a year will drop it. This isn't mean-spirited; it is in their interest. We saw this happen before.

In 1965, every physician and dentist in America had a file drawer full of patients that they treated for free. It was their community responsibility. When Medicare and Medicaid came along, they said, ''Well, my taxes are going up to pay for that. The government will now do it.'' And they dropped that responsibility, and the burden fell on the taxpayer.

With the upper limit disregards in this program on income ceilings, we essentially make 75 percent of all Americans eligible for the program. Again, I repeat. I have heard it said many times it is fully funded. And Lyndon Johnson said that about Medicare and Medicaid. I was in dental school and watched his great society speech. He said, ''We know, using easily quantifiable user statistics that, by 1990, Medicare will only cost $9 billion and Medicaid will only cost $1 billion.'' He was wrong. Medicare costs over $100 billion; Medicaid costs over $75 billion, and those entitlements are breaking this country.

□ 1215

The same is going to happen when the ceilings are taken off incomes and other people are put into this program. It will not be fully funded by tobacco.

This program will pay less than one-half the reimbursement to providers through Medicare or SCHIP that currently Blue Cross pays. And those providers are going to disappear from the program. We are already seeing it in Medicare and Medicaid. Who is going to be left to treat these people?

There was a real bipartisan effort to reauthorize this program last year, to expand its income protections and to increase the money to pay for it. It wasn't enough for the majority. They wanted to make it for everybody all of the time. This will not work.

I will vote against it.

I reserve the balance of my time.

Mr. MCDERMOTT. Madam Speaker, I yield 1 minute to the gentleman from North Dakota (Mr. POMEROY).

Mr. POMEROY. I thank the gentleman for yielding.

A great country holds the interests of its children first and foremost. A great country responds to tough times and steep challenges by placing the interests of its children at the head of the line when it comes to advancing measures to help. Today we have a chance to reflect this dimension of America's greatness by passing this bill to extend vital health insurance to 11 million of our kids. We must take this action.

Like last year, we will have bipartisan support when it comes to moving this bill forward. But unlike last year, this time our efforts will receive a different reception at the White House. Our prior President vetoed this bill. But we now have a new President. And this bill will be received with a resounding ''yes.'' And the effort to get coverage to our children will at last succeed.

Mr. LINDER. Madam Speaker, at this time I yield 3 minutes to my friend from Texas (Mr. CULBERSON).

Mr. CULBERSON. I thank the gentleman from Georgia.

Each one of us as representatives of our districts have a fiduciary duty, the highest obligation of the law, to protect the Treasury of the United States to ensure that our children and grandchildren are not inheriting an unaffordable debt burden. Today the national debt exceeds $10 trillion. Today the national deficit, for the first time in history, exceeds $1 trillion. It is approaching $1.5 trillion. Today the unfunded liabilities of the United States exceed $60 trillion.

And in that set of circumstances, it is essential that this Congress, on every bill, on every issue, on every vote and in every debate think first and foremost about that debt burden that we are passing on to our children and analyze every bill before us from that perspective. Is it physically responsible? Is it financially prudent to pass the legislation before us?

Obviously the Federal Government has a longstanding existing obligation to provide health insurance for the very poorest of our citizens. But the key is, we fiscal conservatives want to see poor American children provided health insurance first and foremost. We fiscal conservatives want to limit the provision of health insurance coverage to those poor American children in circumstances where they can show that they are truly citizens, they are here legally—in our current law, they have to wait 5 years—and that they are truly poor.

Yet with the legislation this unleashed liberal leadership of the new Congress has put before us, you are hiding behind campaign slogans. Step back and let's forget the next election. Think about the next generation. Let's legislate for the next generation, not the next election. And when you look at the next generation, the legislation that this unleashed liberal leadership of Congress asked us to support would allow Arnold Schwarzenegger in California to implement his plan of providing health insurance, quoting from the Washington Post, Schwarzenegger's health insurance plan would require everyone living in California, even illegal immigrants, to have health insurance at an estimated cost of $12 billion. You're changing existing law which requires the applicant to confirm, to verify and to prove that I am a citizen of the United States, you're repealing the requirement that if you are here legally you wait 5 years to apply for public assistance. You're repealing the requirement that if you come here legally that you're not going to become a burden on American taxpayers. Today it is required that you have a sponsor. If you come into the United States legally, I have got to have a sponsor who will sign an oath confirming that I as the sponsor will make sure this person I am sponsoring does not become a burden on American taxpayers.

The SPEAKER pro tempore. The time of the gentleman from Texas has expired.

Mr. LINDER. I yield the gentleman 1 additional minute.

Mr. CULBERSON. Under current law, if I enter the United States legally, I must have a sponsor who signs an oath ''I confirm and I will pay for this new, this person entering the United States legally. I will make sure they don't become a burden on taxpayers.'' That requirement is repealed. When you look at the cost of this legislation to future generations, it's a staggering bill to pass on to our kids. It's an unaffordable burden to add to our children, grandchildren and great-grandchildren's obligation. For the sake of a sound-bite, for the sake of a cheap election slogan, you're passing on an unaffordable burden to our kids when we as fiduciaries, as trustees of the public Treasury, of the public dollar at a time of all these bailouts, the repeated bailouts of Wall Street, of rewarding bad behavior, something that the fiscal conservatives in the Congress have fought, you're now adding to the problem by repealing the citizenship verification requirement. You're repealing the 5-year waiting period. You're allowing States to provide health care coverage to people up to 400 percent of poverty. It's unaffordable. It's unacceptable. It's a dangerous trend. And I hope all of us vote against it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. MCDERMOTT. Madam Speaker, I yield 1 minute to the gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Madam Speaker, investing in children's health care is one of the best investments our country can make. When kids see the doctor more regularly, they receive the preventive services that keep them healthier for longer. And they're less likely to end up in the emergency room, which saves everyone money.

The State Children's Health Insurance Program has been an extraordinary success. Over 1.5 million children in my home State of California get their health care through this program. However, today, we still have 1.25 million uninsured kids in California. That is unacceptable in the United States of America.

This bill will begin to address that tragedy by providing health care for almost 700,000 additional children in California alone. As a down payment toward health care reform, this legislation will reduce the percentage of uninsured children, just in California, by 55 percent. Our children deserve a healthy start. And this legislation ensures that 4 million more children across the country will get just that.

I ask for your ''aye'' vote.

Mr. LINDER. Madam Speaker, I yield 4 minutes to my friend from Iowa (Mr. KING).

Mr. KING of Iowa. Madam Speaker, I thank the gentleman from Georgia for yielding time, and I appreciate the privilege to address this issue of SCHIP. This has been a significant frustration to me to grow up in a society where we have respect for the rule of law and fiscal responsibility, or we identify the pillars of American exceptionalism and our charter is to go out and refurbish them. And what we have instead is a bill before us that apparently is a bill that is endorsed by the White House, Madam Speaker, that doesn't reflect these values at all.

And I start down through the issue that is my charge here more than any other in this Congress, and that is what this SCHIP does to undermine the integrity of the restraint that is shutting off, keeping the magnet shut off that attracts illegals into the United States. And it's clear. It's not a number that comes from my side. And it's not a number that comes from an activist group. These are numbers that come from the Congressional Budget Office. The requirement to verify the citizenship of Medicaid applicants by using a verified Social Security number has been taken out of this bill. And that amounts to a cost, according to the CBO, of $5.1 billion federally. It will bring an extra cost on to the States, according to CBO, of $3.85 billion. So just that component, lowering the standard to open the door for anybody that wants to walk in the door and say, well, here is a Social Security number for you, and they will sit there and say, well, we have a government program for you, even though your residence might well be in another state and you may have come across the border illegally, that number of illegals applying for and qualifying under this open rule comes to $8.95 billion between the State and the Federal portion of this.

And then another egregious affront to the standards that we have had since the beginning of immigration law in America was, when you come here, you're to be self-sustained. And Ellis Island, where they processed my grandmother, they sent about 2 percent back because either they weren't physically able to sustain themselves or they didn't have a sponsor. And we had passed a law back in several previous Congresses that sets the 5-year bar where you will have a sponsor and they will be accountable that you will not go on the government dole for 5 years if you are a lawful permanent resident here in the United States. That is gone. That is gone if this bill passes. That is $6.5 billion, Madam Speaker. So those two pieces of this altogether are $15.45 billion in costs that either increase the magnet for legal immigration to come on welfare, open the door and says on the first day you come here, you will qualify for welfare legally. If you come here illegally, you can do the same thing for Medicaid by simply attesting to a Social Security number. It is no longer required to sign a form even that the information is right. That has been waived as well.

If you add these costs all up, there is another huge cost to this, and that is this tax increase. Now, I remember, and I will go verbatim through the quote that came from then-candidate and now our President ''No matter what John McCain may claim, here are the facts. If you make under $250,000 a year, you will not see your taxes increase by a single dime, not your income taxes, not your payroll taxes, not your capital gains taxes, no taxes, because the last thing we should do in this economy is raise taxes on the middle class. And we have been saying that throughout this campaign.''

Now here is this policy that may well land on the President's desk. That is his quote. This is a tax increase on the middle class. It's a tax increase. Ninety-nine percent of this tax increase of the $72 billion that comes goes on the middle class, those people making, by his definition, under $250,000 a year, Madam Speaker. So this is a huge tax increase on the middle class.

And the final piece of this bill, and I think it is actually the biggest one, is that opening up the door beyond 200 percent of poverty and allowing waivers for States to go beyond 400 percent of poverty, in fact, Medicaid for millionaires, sets the stage. This is a foundation stone for socialized medicine in the United States. And I oppose the bill.

Mr. MCDERMOTT. Madam Speaker, I yield 1 minute to the gentlelady from Pennsylvania (Mrs. DAHLKEMPER).

Mrs. DAHLKEMPER. Madam Speaker, I rise in support of SCHIP legislation before us today.

As I have said before, perhaps the most important reason that I ran for Congress was to help ensure that all children in this Nation have access to quality health care. A healthy start in life is something that all children deserve. And I'm particularly pleased that this bill will offer coverage to pregnant women, because I often tell the story of how I could not get coverage during one of the most critical times in my life, the pregnancy of my second child, when it was deemed a preexisting condition by my private insurer.

This legislation, which will be signed by President Obama later today, will expand the SCHIP program to cover an additional 4 million children. This is an accomplishment that our Nation can be proud of.

I urge my colleagues' support of this legislation.

Mr. LINDER. Madam Speaker, I yield 1 minute to the gentleman from Texas (Mr. CULBERSON).

Mr. CULBERSON. I thank the gentleman from Georgia.

To summarize very quickly, 4 minutes goes so quickly, Madam Speaker, I want to make sure that every opportunity I have to speak on this floor and that we as fiscal conservatives remind the American people that this new liberal leadership in Congress has been spending money at the rate of $100 million per minute. Let me let that sink in, $100 million per minute. We've only

been here the first 17 days of this Congress, and this new leadership managed to spend about $1.3 trillion more than the entire annual budget of the United States. And our primary concern about this legislation is that we want to see health insurance for poor American kids first. And the bill you have dropped in front of us is going to open the door for fraud, for illegal aliens to apply, and for people who are here legally to walk in and get coverage. The minute they enter the United States, they become a burden on American taxpayers.

□ 1230

This legislation is going to allow people up to age 21 who earn $80,000 a year to apply for health insurance as if they were poor. It's fiscally irresponsible, particularly at a time of record debt and record deficit. Let us remember the next generation. Let's legislate for the next generation and not the next election.

Mr. MCDERMOTT. Madam Speaker, I yield to the gentleman from California (Mr. BECERRA) 1½ minutes.

Mr. BECERRA. Madam Speaker, 200 years ago America's children would perish from illnesses that today are easily preventable. We benefit from 21st century medical advances and the best trained doctors and providers in the world. Yet 2 years ago, 2 years ago, a young boy at the age of 12, not far from this Capitol died after an infection in an abscessed tooth, an infection that spread beyond that tooth to his brain. Because his family did not have the money to remain on Medicaid coverage, and that Medicaid coverage had lapsed, he was unable, his family was unable to afford the $80 it would have cost to extract that tooth. And so 2 years ago, a young man by the name of Diamonte Driver died in America.

Today we say this is the 21st century and America understands that no one should die of a preventable disease or illness. We have 11 million children in this country who are still uninsured. Today's legislation will make sure that about half of those kids, about 4 million of those kids will be insured, along with seven other million who today benefit on an ongoing basis from this SCHIP legislation.

We know what it was like 200 years ago in America and we know now what it could be like 2 years ago in America. We know that today we must do better for our kids and that is why we pass this legislation today.

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

Mr. MCDERMOTT. Madam Speaker, I yield 1 minute to the gentleman from Virginia (Mr. PERRIELLO).

Mr. PERRIELLO. Madam Speaker, today I rise in support of H.R. 2, the State Children's Health Insurance Program Reauthorization Act of 2009.

At a time of growing unemployment, and when more Americans are losing employer-sponsored health care for their children, this bill is needed urgently for the 150,000 Virginia children currently insured by the program, and the 55,000 more who will be covered.

This approach makes good public health policy. It's morally the right thing to do by our children, and it's good economic policy because it rewards the very families and parents who are working their way out of poverty. At a time when the cost of health care is crushing America's families and America's businesses, this is an important lifeline to extend to children in Virginia and children throughout the country.

While I am in full support of the underlying legislation, I am disappointed to learn that the Senate bill includes a disproportionate increase in the excise tax rate on tobacco products. The proposed tobacco tax could impact jobs and State revenues in already tight times.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCDERMOTT. Madam Speaker, I yield the gentleman an extra 30 seconds.

Mr. PERRIELLO. In these very difficult times, we are in this together as a matter of public health and as a matter of economic growth.

As the son of a pediatrician, I am pleased to have the opportunity to vote in favor of this critical legislation and in favor of children in the Fifth District.

I urge my colleagues on both sides of the aisle to join me in putting America's children first and cast a vote in favor of this important bipartisan legislation.

Mr. LINDER. Madam Speaker, I reserve the balance of the time.

Mr. MCDERMOTT. Madam Speaker, I yield 1 minute to the 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 chairman of the full Energy and Commerce Committee, Mr. WAXMAN. Let me thank the manager, Dr. MCDERMOTT, and the chairman of the Full Committee on Ways and Means.

This is a miraculous accomplishment. The children of America are shouting today. It's important to know that there are 8.9 million uninsured children in America. Overall, 11.3 percent of children in the United States are uninsured. That is unacceptable, and it is not befitting of this great Nation.

In Texas we have close to 1.5 million children that are uninsured. Today we say to them that they are a priority, and that their health care and their preventative health care is crucial; that it is not a waste of money. When 74 percent of uninsured children eligible for CHIP, for Medicaid are not enrolled, this is not a waste of money.

I am gratified that pregnant women will have access. I am gratified that they will also have access for certain adults that meet certain criteria; and I am delighted that we still have an opportunity to protect certain hospitals owned by physicians that will continue to serve children that are uninsured as well.

This is a great bill. We should vote on it enthusiastically and continue to work again to enroll more children for this great medical service.

Madam Speaker, I rise today in strong support for the Senate Amendment to H.R. 2—"The Children's Health Insurance Program Reauthorization Act". We stand today, closer to helping 4 million children without health insurance. No longer will these children be forced to live with fear of getting sick. Today is a great day. Today we are able to bring 4 million children in to the fold. Finally, we can tell those 4 million children that are begging for help that Yes We Can!

NATIONALLY AND IN TEXAS

There are an estimated 8.9 million uninsured children in America. Overall, about 11.3 percent of children in the United States are uninsured, but the percentage of uninsured children in each state varies widely. Based on a 3–year average, there were an estimated 20.9% of uninsured children (under 19 years of age) in the State of Texas representing 1,454,000 of the State's children.

According to the Institute of Medicine, uninsured people are less likely to use preventive services and receive regular care. They are also more likely to delay care resulting in poorer health and outcomes. Texas has the highest uninsured rates of all 50 States and the District of Columbia (2005–2007). Almost one-quarter (24.4%) of Texans are uninsured compared to 15.3% of the general U.S. population.

Recent studies estimate that for every 1 percent increase in U.S. unemployment, 1.1 million Americans lose health insurance and more than a million enroll in Medicaid and CHIP. While Texas' 6 percent December unemployment rate remains better than the national average of 7.2 percent, the State rate is up from just 4.2 percent in December 2007. Widespread job losses continue, and leading economists predict that absent dramatic government action, the national unemployment rate could reach 10 percent by 2010. Many states, including Texas, already experience much higher Medicaid enrollment than projected due to job loss and lower incomes, and will be unable to support the higher demand without this relief.

HOW DOES CHIP HELP TEXAS FAMILIES?

According to 2004 U.S. Census data, Texas has the highest rate of uninsured children in the country with 21.6% of children in Texas lacking health insurance coverage.

Nearly 90% of uninsured children in Texas have at least one working parent. The high cost of health insurance means that it is unaffordable for many Texas families. According to the Milliman Medical Index, the annual cost of health insurance for a family of four is $13,382.

Although many Texans have employer sponsored health care insurance, many cannot get affordable coverage for dependents through an employer.

National data shows that virtually all the net reduction in SCHIP enrollment has been among children in families with incomes below 150% FPL. I want to share with you just some of the scary health statistics that are affecting children:

74% of uninsured children eligible for SCHIP or Medicaid but not enrolled.

11% of uninsured children in families not eligible for Medicaid or SCHIP with incomes below.

15% of uninsured children in families with incomes over 300 percent of the federal poverty-level who are ineligible for Medicaid and SCHIP.

90% of uninsured children that come from families where at least one parent works.

50% of two-parent families of uninsured children in which both parents work.

3.4 million uninsured children who are white, non-Hispanic.

1.6 million uninsured children who are African American.

3.3 million uninsured children who are Hispanic.

670,000 uninsured children of other racial and ethnic backgrounds.

PHYSICIAN-OWNED HOSPITALS

I am very pleased to see that this new version does not include the restrictions on physician owned hospitals. Along with many of my colleagues, I have been very concerned that we had with the prohibition on physician-owned hospitals. Which is why I worked with my colleagues to ensure that this language was not included.

In my district of Houston, Texas the population has grown close to 4.5 million people and there are only approximately 16,000 beds available in the city. Physician-owned hospitals like St. Joseph Medical Center in my district provide essential emergency, maternity, and psychiatric care for their patients. They delivered over 6,000 babies in 2008, of which 3,700 were insured by Medicaid. Currently they provide $14M in uninsured care in the Houston Market. A Houston Institution for 120 years, St. Joseph Medical Center is also a major provider of psychiatric beds as it currently operates 102 of the 800 licensed beds in Houston.

In 2006, St. Joseph Medical Center, downtown Houston's first and only teaching hospital was on the verge of closing its doors. When I learned that they were going to shut down this hospital and turn it into high-end condominiums, I personally worked with the hospital board, community leaders, and local government to ensure this did not take place.

Eventually, after I was assured that it would be responsibly managed and it's doors would remain open, I was able to help a hospital corporation, which, in partnership with physicians, purchased the hospital and has made it the premier hospital in the region to keep open St. Joseph's doors including its qualified emergency room responsive to a heavily populated downtown Houston. This formerly troubled medical center is now in the process of reopening Houston Heights Hospital, the fourth oldest acute care hospital in Houston.

ROBIN FROM TEXAS—HER STORY

Her daughter has a developmental disorder, known as autism. She was not certain of the extent or the prognosis diagnosis of her disorder due to her lack of funds being a single mother, and lack of quality health insurance. She is one of the many uninsured in Texas.

She scraped together money to take her daughter to the doctor when she gets sick and does not pay her electricity bill so she can pay for 30 minutes of private speech therapy a week to complement what the school system provides.

She cannot qualify for SSI or Medicaid, they say she makes just over the maximum allowable income. She had trouble qualifying for CHIP in the past as well. Sadly once this mother has paid for daycare, speech therapy, clothing, car insurance, food, shelter , transportation, the rising cost of gasoline etc., she can barely afford to pay her monthly bills let alone quality insurance on her salary.

Robin wants the American dream for her and her daughter, but she is unable to obtain it. She is stuck in an old apartment building, with an even older car, and inadequate health coverage for her sweet 7 year old daughter. God help us, Robin and the many like her and her daughter deserve better.

THE ECONOMIC AFFECT ON HEALTHCARE

The economy has now lost 1.2 million jobs since the beginning of the year, with nearly half of those losses occurring in the last three months alone, pointing to acceleration in the pace of erosion in labor markets. It is more important than ever in this economy that children's healthcare is not sacrificed.

Madam Speaker, my faith is renewed in the process that is so often maligned in the media. Thoughtful and deliberate negotiations were taken to advance this legislation—and through your leadership we have succeeding in bringing this to the floor for passage.

I look forward to a day when every child is covered and can play on football fields and jungle gyms without their parents fearing a bankrupting injury to their child. This legislation is piece of mind to 4 million families and I will joyfully cast my vote for passage of this important legislation.

Mr. LINDER. Madam Speaker, can I inquire as to the time remaining on each side?

The SPEAKER pro tempore. The gentleman from Georgia (Mr. LINDER) has 2 minutes remaining. The gentleman from Washington (Mr. MCDERMOTT) has 4½ minutes remaining.

Mr. LINDER. Madam Speaker, I reserve.

Mr. MCDERMOTT. Madam Speaker, I listened to fiscal conservatives rail against this bill, and I think about an article I read in this morning's Washington Post. Over in Arlington, which is just across the river, they have a clinic where people go who don't have health insurance and hope that their number is drawn from a lottery so that they can get to see a doctor. Our health care system is in serious problems, from the seniors all the way down to the young people in this country.

Now, this bill says to the States, here's some additional money for you to expand coverage to your youngsters. Through no fault of their own, they're born into a home where there is no way to pay for health care. And we are giving the States, in this time of economic collapse brought on by the fiscal conservatives in this body, who said that we could spend and spend and spend, and never have to meet the day of reckoning, the people who are now going to suffer from that will be women and children.

Children have nobody to speak for them but us. And for us to put that money out there and give them the opportunity to have health care is humane in the very strongest sense of that word.

How anybody could vote against this, I have no idea, after you've wasted a trillion dollars on a war in Iraq, and have the real estate industry totally out of control, and then you say to the children, you can't see a doctor. What kind of body is this if we don't take care of children?

I yield the remaining 3 minutes of my time to Mr. WAXMAN.

Mr. WAXMAN. Madam Speaker, we wish to reserve our time to close the debate.

Mr. LINDER. Madam Speaker, I would like to point out that nobody on this side opposes children. The SCHIP program was started under the Republican majority in 1997, principal sponsor being Republican Senator ORRIN HATCH.

We believe the program was a good start in allowing for the health coverage of children whose parents did not qualify for Medicaid. What will destroy this program is a lack of restraint and irresponsible expansion of it.

It is true we are in the midst of a global economic collapse. And what has caused that? Abuse, lack of restraint, corporate leaders spending other people's money, shareholders, ignored limitations, ignored risks, ignored warning signs, and gave us the problem we have in the economy.

What makes us different? We are spending other people's money and we're spending more and more of it. We have a GAO study that says that if we continue to spend in our discretionary spending at the current percentage of the overall economy, and if we continue to tax at 19 percent of GDP, which is about the average since 1945, that in just 31 years from today, the entire Federal revenue stream will be insufficient to pay the interest on the debt because of entitlements, Social Security, Medicare, which is much worse than Social Security, Medicaid.

And to solve those programs in the face of President Obama's desire to get a handle on entitlements, we stand here today proposed to add a new one. It is true that this is designed as a block grant program. But there are no limitations on it. This will go out of control just like all of the other programs have, and our children will pay.

Madam Speaker, I hope we all oppose this.

Mr. WAXMAN. Madam Speaker, Members of the House of Representatives, this bill is going to pass by an overwhelming bipartisan majority, as it passed in the last Congress as well, at least twice. But the difference is, this bill will be signed tonight by the President of the United States.

President Bush vetoed this children's health bill twice. And it is interesting to review the arguments he gave for rejecting the legislation. First of all, he said, there's no problem for children getting health care when they need it. They can always go to an emergency

room of a hospital. Of course, the care in an emergency room of a hospital is the most expensive care, and it often means that the child has gotten sicker than otherwise would be the case and is forced to go to that emergency room as the only option.

And the second reason he gave for vetoing the bill is, to me, one of the most astounding. He said, why should taxpayers subsidize parents for their children's health insurance if the parents could afford to buy a private health insurance plan for their own children? Well, many parents just can't afford it or will not have that as an opportunity because of a pre-existing medical condition. But think of that argument.

Suppose the President of the United States said, we ought not to have public schools for children whose parents could afford to send them to private schools. I find that a remarkable argument for him to have made.

We, in this country, should value the opportunity for every child to succeed to the fullest extent of his or her ability, and that means education for all children and health care when those children need it.

We will see the President of the United States sign this bill tonight because election results make a difference. And we will have a President who will sign this bill into law, along with a bipartisan majority in the House and the Senate. And that will be a happy day for America's children.

Mr. ENGEL. Madam Speaker, today is another great day for American families. Later this afternoon, President Obama will sign the State Children's Health Insurance program Reauthorization into law.

Just one week ago, President Obama signed the Lilly Ledbetter Fair Pay Act into law—a bill which restores basic protection against pay discrimination. When women do better, families do better, and the Lilly Ledbetter Act will make it easier for families to pay for day-to-day expenses like groceries, child care and doctor's visits.

We build on the enactment of family security legislation today by providing health care coverage for 11 million children. In this commonsense legislation, we will preserve coverage for the roughly 7 million children currently covered by SCHIP and extend coverage to 4.1 million uninsured children who are currently eligible for, but not enrolled in, SCHIP and Medicaid.

As the third largest S-CHIP program in the nation, New York reduced the number of uninsured children in the State by 40%. We are only one of seven states to achieve a decline of that magnitude and I am so pleased that we will further strengthen children's access to health care today.

During this time of economic distress, we must remember that the S-CHIP program is a critical part of our health care safety net and more broadly our family security safety net. S-CHIP has served New York and our country well, and I commend the Speaker for working so diligently on behalf of our nation's kids.

Mr. TOWNS. Madam Speaker, esteemed colleagues on both sides of the aisle, I stand before you today, one happy man. I am happy that I have the opportunity to vote in favor and hopefully bear witness to the passage of this momentous bill, the State Children's Health Insurance Program Reauthorization Act.

Our great leader, Dr. Martin Luther King Jr., once famously remarked, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." I wholeheartedly agree with Reverend King's sentiments and I would like to take his statement one step further. I contend neglecting adequate health care for all of our children is perhaps the most disgraceful and appalling atrocity this nation faces.

Today we have an opportunity to take one step towards rectifying the wrongs of our past. Today we have the opportunity to vote in favor of a bipartisan piece of legislation that would expand health care to more than 11 million children nationwide and preserves the coverage of 7.1 million children through 2013.

This fine piece of legislation will reduce the number of uninsured children in my state by 66%; reducing the number from 400,000 to approximately 267,000. I don't know about you, but that's the type of change I can believe in.

The State Children's Health Insurance Program catches the most overlooked segment of our population—those families and children that earn too much to qualify for Medicaid but too little to afford private health insurance. This land-breaking and much needed piece of legislation will provide coverage to those families that are eligible for but not yet enrolled in SCHIP and Medicaid.

The legislation is truly bipartisan in nature, and is supported by numerous organizations including the American Hospital Association, AARP, and families USA.

My Democratic friends and Republican comrades, I urge you to take a stand against health injustices and take a stand for our children. I urge you to vote in support of the Children's Health Insurance Health Program Reauthorization Act.

Ms. HIRONO. Madam Speaker, I rise today in strong support of H.R. 2, the Children's Health Insurance Program (CHIP) Reauthorization Act. Our nation must show true compassion for the most vulnerable among us, and CHIP helps millions of low-income children receive healthcare.

The last time we had a floor debate on H.R. 2, there were references made by those in opposition to the bill to a program in my state called Keiki Care. It was suggested by those individuals that the Keiki Care program was cancelled due to perceived crowd-out, where parents drop their children's private insurance in order to enroll into a free government program.

That claim was entirely false, and I join Congressman ABERCROMBIE in correcting the misstatements made by the opposition. The Keiki Care program did not have an issue with crowd-out. It was intentionally designed so that those who wish to enroll in the program must be continuously uninsured for six months. There was also no spike in program enrollment that even suggests that parents were indeed dropping their private insurance to join. I would like to insert into the RECORD a fact sheet on Keiki Care published by the group Hawaii Covering Kids.

In Hawaiian, "keiki" means "child" or taken literally "little one." H.R. 2 is a bill that provides for the health and well-being of the keiki most in need of our help. I urge my colleagues to join me in voting in support of H.R. 2 today.

KEIKI CARE

GOAL

All children and youths living in Hawai'i are enrolled in health insurance.

CHILDREN'S HEALTH

Compelling national health care statistics drive Hawai'i Covering Kids' goal:

Children who are uninsured are twice as likely not to receive any medical care;

Only 45% of uninsured children had one or more well-child visits in the past year compared with more than 70% of insured children;

More than one in three uninsured children do not have a personal physician; and

Uninsured children are less likely to receive proper medical care for common childhood illnesses such as sore throats, earaches, and asthma.

BACKGROUND INFORMATION

Approximately five percent of Hawai'i's children and youths are uninsured statewide which means over 16,000 kids do not have health insurance. Hawai'i Covering Kids sponsored meetings in October 2006 and January 2007 to determine the "gap groups" and possible solutions. We concluded these children and youths are most likely uninsured:

Eligible for QUEST or Medicaid Fee-for-Service in households between 251–300% FPL but parents cannot afford monthly premium payments;

In families with incomes above 300% FPL and parents cannot afford private health insurance;

Have temporary visas (V, H, K, etc.);

Undocumented immigrants; and

Student dependents (F2 visa) whose parents cannot afford university health insurance plans.

2007 INITIATIVE

The Hawai'i State Legislature introduced HB1008, now Act 236, to help uninsured children and youths in the gap groups. It included paying QUEST and Medicaid Fee-for-Service monthly premiums for children between 251–300% FPL and establishing a free Keiki Care plan for children ages 31 days to 19 years old who are ineligible for public health insurance. The Keiki Care plan is modeled after the low-cost HMSA Children's Plan with limited benefits and some out-of-pocket expenses. It requires the child live in Hawai'i and be continuously uninsured for six months. Exceptions to the six-month uninsured provision include: (1) children who "income out" of QUEST or Medicaid Fee-for-Service, (2) children enrolled in a managed care children's plan on the effective date (one-time only exemption), (3) newborns uninsured since birth, and (4) children in families affected by Aloha Airline's bankruptcy.

TIMELINE

3 May 2007—HB1008 HD2 SD2 CD1 Passed by the Legislature;

30 June 2007—Signed by the Governor as Act 236;

1 March 2008—Enrollment Commenced;

1 April 2008—Keiki Care Effective Date.

ENROLLMENT

1 April 2008—1,827;

1 November 2008—2,021.

CROWD-OUT

Hawai'i has never experienced problems with parents dropping their children's private health insurance to enroll them in public-financed programs. Keiki Care specifically discourages this tactic (called "crowd-out") through an eligibility requirement that each child must be uninsured continuously for six months, limited benefit package, and some out-of-pocket expenses. The

fact enrollment in November 2008 isn't significantly greater than when Keiki Care began illustrates crowd-out prevention is working.

OUTREACH

Hawai'i Covering Kids has conducted intensive outreach through broadcast emails to state and community partners, mailouts to statewide outreach workers, web site information, 211 hotline referrals, and natural points of contact including community health centers, hospitals, public health nurses, Head Start, WIC, and schools.

ECONOMIC IMPACT

The modest investment in Keiki Care pays off in several significant ways. It supports healthier children, confident parents, and reliable payments to health care providers while preserving precious charity care and limited uninsured funds for those who are uninsurable. Keiki Care empowers parents by connecting their children to a pediatrician and regular preventive health care. Should a sudden illness or injury occur, the children are also insured for emergency care which averts personal and institutional financial crises. In fact, as the number of insured kids has increased in Hawai'i, hospital emergency department data for 2000–2006 show that visits by uninsured children and youths have declined from 5.25% to 3.79%.

KEIKI CARE HELPS HAWAI'I'S ECONOMY

(By Barbara Luksch)

Imagine your child awakens in the night with an asthma attack and needs health care. The coughing and breathing worsen, however your child has no health insurance. You struggle to pay for food, rent, and other basic living expenses and are fearful of the hospital emergency room because of potentially ruinous medical bills. What do you do?

This dilemma is familiar for thousands of parents and guardians of uninsured children and youths throughout Hawai'i. As state budgets face monetary shortfalls, taxpayers should know it is cheaper to cover kids with health insurance than cover expensive hospital costs for uninsured kids. That is why federal, state, and community organizations collaborated to create Keiki Care for uninsured children and youths in ''gap groups''—those who do not qualify for public health insurance and their parents cannot provide private health insurance. It should be clarified that specific provisions discourage parents from dropping their children's private health insurance to enroll in Keiki Care: (1) child must be continuously uninsured for six months, (2) limited health care benefits, and (3) out-of-pocket expenses.

A modest investment in Keiki Care helps Hawai'i's economy because should a sudden illness or injury occur, children are insured for emergency care which averts personal and institutional financial crises. In fact, as the number of insured kids has increased in Hawai'i, hospital emergency department data for 2000–2006 show that visits by uninsured children and youths have declined from 5.25% to 3.79%.

Keiki Care also empowers parents by connecting their children to a pediatrician and regular preventive health care. Compelling national health care statistics published in a recent Covering Kids & Families ''State of Coverage'' report support this: (1) children who are uninsured are twice as likely not to receive any medical care, (2) only 45% of uninsured children had one or more well-child visits in the past year compared with more than 70% of insured children, (3) more than one in three uninsured children do not have a personal physician, and (4) uninsured children are less likely to receive proper medical care for childhood illnesses such as sore throats, earaches, and asthma.

Parents with uninsured children often face hard choices . . . pay the electric bill or pay the doctor; fill the refrigerator or fill a prescription. That is why uninsured children often go to school without annual checkups and may not participate in co-curricular activities—not only because their parents fear an injury, but also because they fear the impact medical bills could have on their family budget.

Overall, Keiki Care supports healthier children, confident parents, and reliable payments to health care providers while allocating precious charity care and limited uninsured funds for others who are uninsurable.

Mr. HARE. Madam Speaker, I rise once again in strong support of the State Children's Health Insurance Program Reauthorization Act (also known as SCHIP). I commend the Senate for acting so promptly on the measure and the leadership of this House for bringing it to the floor for its final vote.

One of the biggest moral failures of our nation is the fact that we allow nine million children to go without health insurance every day in the United States. This is unacceptable. Our children are the future of this great nation—a future that is compromised every day we let a single child go without health care.

Since its inception, SCHIP has successfully filled the gap between those families qualifying for Medicaid and those who can afford private health insurance. In these times of economic hardship, SCHIP creates a fundamentally important safety net, providing health coverage for seven million low-income children; 345,000 children in Illinois.

The legislation before us today reauthorizes the SCHIP program through Fiscal Year 2013, enabling states to maintain their current programs and extend them to an additional 4 million children.

SCHIP is the first critical step to improving health coverage across the nation. I urge my colleagues to vote yes on H.R. 2 and finally send it to the President's desk.

Mr. VAN HOLLEN. Madam Speaker, I rise in strong support for the Children's Health Insurance Program Reauthorization Act of 2009.

This bipartisan legislation will improve the very successful State Children's Health Insurance Program (CHIP). The message and the substance of this bill is clear—we are going to preserve coverage for the 7 million children currently enrolled who otherwise have no access to health insurance while extending coverage to 4 million children who are from working families who earn too much to qualify for Medicaid, but do not earn enough to afford the very high costs of private health insurance.

By reauthorizing this important program through 2013, we will strengthen CHIP's financing, improve the quality of health care children receive, and increase health insurance coverage for low-income children. The Congressional Research Service projects that under this legislation, Maryland's CHIP allotment will increase by 162 percent. The bill is fully paid for by a 62 cent increase in federal excise taxes on cigarettes. Increasing the tobacco tax will save millions of children from tobacco addiction and save billions in health care costs. 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.

Just two weeks ago, a new President was sworn into office—President Obama. Passing this bill and sending it to his desk now sends a very important signal that change has come as a result of the last election. President Obama's predecessor twice vetoed this legislation. The new President will sign this legislation into law because he understands the hardships that American families are struggling under at a time when millions of Americans have lost their jobs and lost health coverage for their children.

Madam Speaker, let's look out for America's children by providing them the health insurance coverage they deserve. I urge my colleagues to vote for this much-needed legislation.

Mr. HASTINGS of Florida. Madam Speaker, for over a decade the State Children's Health Insurance Program (SCHIP) saved millions of America's low-income families from suffering the consequences of living without healthcare insurance, and exemplified our nation's commitment to equal opportunity.

Former President Bush twice prevented this critically important program from benefiting people who fell through the cracks of America's flawed healthcare system.

Thankfully, the new Congress and Administration exercised the power and political will to make a different choice. Finally, the American people can rest assured that Congress' vote to provide healthcare coverage to 11 million low-income children will not be in vain.

The Senate-amended SCHIP bill authorizes 32.8 billion dollars over 4½ years to cover the 7 million children who currently rely on SCHIP, and extends coverage to more than 4 million low-income children who are currently living without healthcare.

The bill also offers comprehensive and wide ranging care that includes mental, dental, prenatal and maternal health services, increases health insurance enrollment, and fights geographical health disparities by offering additional support to under-funded states.

Madam Speaker, the SCHIP program is known by different names around the country. But whether it's called Healthy Families, Health Wave, Healthy Steps, or Kid Care, SCHIP's mission remains the same—providing children from hard working low-income families with the care that they need and deserve.

Thirteen years of SCHIP has shown that this program helps to decrease costly emergency room visits and invasive medical procedures. We know that extending healthcare insurance helps to combat the social, economic, and health disparities that continue to divide our nation and hinder our progress. And, we know that healthy children are better equipped to compete in school and help America compete in the global market. The facts are clear. Missed school days from untreated asthma, tooth decay and mental health disorders and other illnesses are also missed opportunities for our children to reach their full potential and successfully compete.

However, some House and Senate Republicans were driven by ideological affiliation instead of economic prudence and moral obligation and attempted to halt the passage of this bill despite the fact that 19 states enacted budget cuts to SCHIP and Medicaid for 2009.

The 2008 financial crisis clearly exacerbated our long standing healthcare crisis and therefore failing to pass SCHIP would be disastrous in these hard economic times.

Last year, skyrocketing gas and food prices, and the plummeting job market made it difficult for low- and middle-income Americans to

finance their everyday needs—including healthcare. In 2008, one million additional children enrolled in Medicaid or SCHIP as a result of lost employment issued insurance.

In a country where a large portion of people receive healthcare insurance through their employer, it comes as no surprise that when the economy and job market plunge, the number of uninsured Americans soars. And children frequently pay the highest price.

This issue hits close to home. My state of Florida was recently ranked 45th in the nation in terms of overall health. Like other low ranking states, Florida has a large uninsured population and a high rate of child poverty. In fact, Florida has the second largest number of uninsured children in the country. What's more, a disproportionate number of Florida's uninsured and low-income children are black, Hispanic and reside in rural areas.

However, the targeted provisions in the 2009 SCHIP Reauthorization bill give us reason to be hopeful. Make no mistake. SCHIP and other emergency and supplemental programs cannot repair the problems that are intrinsic in America's healthcare system. State, local and federal entities must execute a coordinated effort to lessen the burden of uninsured people in this country as we embark on the road to long-term economic and healthcare development.

President Obama signing the 2009 SCHIP bill into law is a noble beginning to achieving healthcare reform, and sends a strong message to our nation's children.

In 1981, the member of the Select Panel for the Promotion of Child Health said, ''Children are one third of our population and all of our future''.

SCHIP is as much of an investment in addressing the issues of today as it is to ensure the welfare of our nation's economy and competitiveness tomorrow. I am pleased to see that we are giving millions of children the basic health benefits they rightly deserve.

Mr. BACA. Madam Speaker, I rise today in strong support concurring to the Senate Amendment to H.R. 2—The Children's Health Insurance Program Reauthorization Act.

In my District, home foreclosures and unemployment are devastating many families with no end in sight. A facility in my district, the Community Hospital of San Bernardino is being forced to eat the costs or turn children away.

This bill will provide needed health care to our most vulnerable, our most in need, America's children. With this bill, the state of California alone will be able to cover an additional 694,000 children who are currently uninsured.

SCHIP benefits will be further improved, providing for all children enrolled in SCHIP to receive dental coverage. Parents should not have to choose between putting food on the table or paying for health insurance.

For too long we've faced partisan debates that only hinder our efforts. We now have the ''change'' voters want.

I urge my colleagues to help these families, do the responsible thing and vote for S–CHIP.

Mr. MEEK of Florida. Madam Speaker, I rise in full support of H.R. 2 and am proud to cast this vote in favor of it.

Providing health care coverage for 11 million children has been a top priority of mine and the vast majority of both the 110th and 111th Congresses.

And, after several attempts, we are now only minutes away from sending this important legislation to a President that we know will sign it the moment it lands on his desk.

This is a great piece of the change promised in November and a win for the families of 4.1 million currently uninsured children. In my home state of Florida, passage into law of this bill will mean that 290,000 children will have affordable access to healthcare that they do not have right now. That will lessen the number of uninsured children in Florida by 36%.

This bipartisan legislation renews and improves SCHIP, providing health care coverage for 11 million children—preserving coverage for the roughly 7 million children currently covered by SCHIP and extending coverage to 4.1 million uninsured children who are currently eligible for, but not enrolled in, SCHIP and Medicaid.

Covering more eligible children is not only the right thing to do—it's also much more cost-effective for taxpayers than using the emergency room as a primary care provider. In addition, a healthy child is better prepared for learning and success.

I commend the willingness of those who are paying for this legislation, particularly the small businesses, local cigar importers, who showed a great willingness to do their part to see the SCHIP legislation passed despite the sacrifices they will have to make.

This is a proud day in the House of Representatives. I ask all of my colleagues to join me in voting for this important legislation.

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in support of final passage of H.R. 2, the Children's Health Insurance Program Reauthorization Act of 2009.

This bill should have been passed last year, but after working on this bill for an entire Congress, I am pleased with the final version before us today.

This bill will extend the SCHIP program for four and a half years and provide SCHIP coverage for the 7 million children already enrolled in the SCHIP and will insure nearly 4 million additional children.

The bill also includes a provision that will give 400,000 to 600,000 legal immigrant children access to health care. These children are currently barred from SCHIP coverage because of a five year waiting period for Medicaid for legal immigrants.

This provision, which was originally in H.R. 465, the Immigrant Children's Health Improvement Act, will give states the option to cover children and pregnant women lawfully residing in the United States.

Current law requires these legal immigrants to endure a five year waiting period before they have access to Medicaid coverage when they would otherwise be eligible.

The waiting period actually costs more than covering these children because they often have no health insurance and end up in emergency rooms for primary care treatment.

The SCHIP reauthorization bill also includes language from a bill I originally introduced and will give one year of emergency Medicaid coverage for children born in the U.S. and their mothers, which is crucial in protecting the health and wellness of newborns born in this country.

I hope my colleagues will join me in supporting this legislation and reauthorize the SCHIP program to extend coverage to nearly 11 million low-income children.

Mr. SMITH of Texas. Madam Speaker, I oppose this bill for many reasons. In my role as the Ranking Member of the Judiciary Committee, though, I want to point out a few immigration provisions that undermine personal responsibility and burden American taxpayers.

In 1996, Congress required that legal immigrants wait five years after coming to the United States before receiving welfare benefits.

It's only fair that American taxpayers not foot the medical bills of foreign nationals who arrive with a sponsor's pledge not to let them become a ''public charge.''

This bill, H.R. 2, changes current law and allows immigrants to get medical benefits at the expense of U.S. taxpayers.

The five-year waiting period for immigrants to receive government benefits is the last line of defense for the U.S. taxpayer. It should not be repealed or altered.

Prior to 1996, the cost of welfare for immigrants had jumped to $8 billion a year. The number of noncitizens on Supplemental Security Income increased more than 600 percent between 1982 and 1995. Both of those numbers will be much higher if H.R. 2 is enacted.

At a time when government spending is out of control, and when states, cities and American citizens are struggling to make ends meet, the last thing we need is to change good policy and further burden U.S. taxpayers.

This legislation should be opposed.

Mrs. CAPPS. Madam Speaker, I rise today in support of this bill and in support of America's children.

As someone who spent over 20 years of my life as a school nurse dedicated to the betterment of children's healthcare, I can think of nothing greater than fulfilling the promise of quality healthcare for all deserving children.

It was with great frustration I watched as President Bush repeatedly vetoed our proposals to improve the Children's Health Insurance Program.

And I could not be prouder to know that the bill we pass today will be signed into law thanks to the commitment of President Obama to our nation's children.

Signing this bill into law will mean 4 million more children get the care they need.

Four million more children won't have to unnecessarily miss days of school because of preventable illness.

Four million more children's parents won't have to wait in the emergency room for their daughters and sons to receive routine care.

Earlier today I met with a school nurse who relayed to me that a child in her school district was injured on the playground and they can't find a doctor to perform a necessary MRI because the child is uninsured.

I wish this was an isolated incident and that no other parent had to take their son from doctor to doctor and pray that someone will perform the procedure for free.

But it is all too common.

Passage of this legislation today may not help this one child's family in time, but we can be sure that four million more children's parents can take comfort that they will not ever face this situation in the future.

I urge my colleagues to vote for this legislation and in favor of our children's future.

Mr. MARKEY. Madam Speaker, I rise today in strong support of the Senate-amended version of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

I am proud to be an original cosponsor of this important legislation to expand the highly

successful State Children's Health Insurance Program (SCHIP). This bill will provide health insurance to an additional 4 million low-income children on top of the nearly 7 million who already benefit from the program. CHIPRA also improves access to dental care and mental health services and includes provisions to improve quality of care and utilize health information technology for children.

In my home state, SCHIP enrollment is part of the reason why Massachusetts has the lowest rate of uninsured children in the country. More than 180,000 Massachusetts children receive health coverage through SCHIP, and this reauthorization will allow the state to cover about 56,000 more Massachusetts children who currently do not have health insurance.

It is unfortunate that the previous two attempts to reauthorize SCHIP were vetoed by President Bush, who chose to side with big corporations over children. With the current economic crisis causing significant job losses, millions of Americans also are losing their health coverage, making today's vote even more urgent.

While President Bush twice dashed the hopes of millions of low-income families in need of health care for their children, the Obama administration recognizes the value of ensuring that all low-income children get the health care they need.

Three weeks ago this chamber approved CHIPRA by a larger margin than the two votes on SCRIP bills in the 110th Congress. I urge my colleagues to once again stand with the hard working families who want to provide their children with the health care they need. Vote yes on this critical legislation.

Mr. ETHERIDGE. Madam Speaker, I am a strong supporter of the Children's Health Insurance Program, and I rise in support of this legislation. With one out of eight children in North Carolina lacking health insurance, and with the economic downturn making it even more difficult for families to afford health care, this legislation is more important than ever.

At the same time, I feel it is important to say a few words about fairness. Time and time again, Congress has singled out tobacco to pay for benefits that are spread across this country's economy. North Carolina's tobacco farmers grow a legal crop. These hard working farm families who work hard to be able to pay their bills and provide a better life for their children have suffered greatly from transformations in the global economy. Because my district is the second largest tobacco producing district in the country, H.R. 2 disproportionately affects my constituents. It is unfair for North Carolina's farm families to pay the entire cost of this bill, which has benefits that accrue to the entire country. We must find more equitable ways to pay for worthy initiatives like the Children's Health Insurance Program, and I urge my colleagues to work together to be fiscally responsible without placing the burden on one region of the country or one segment of the economy.

In these difficult economic times, North Carolina will need additional help to bear the economic effects of reduced farming and manufacturing. According to researchers at North Carolina State University, increased taxes and decreased revenues due to the provisions in this bill may be more than $1 billion. Other analysis shows that North Carolina's citizens pay over four percent of the costs of this legislation while receiving only two percent of the benefit. This will mean lost jobs in a region that is already one of the top ten in the nation in unemployment, and is one of the top five fastest areas in unemployment growth. I am hopeful that we can work together to get my home State the economic support it needs to weather both the national economic downturn and the effects of this bill.

At the same, it is vital that we expand and extend CHIP to provide much-needed health care to our most vulnerable citizens. North Carolina has 296,000 uninsured children, the sixth-largest number in the country, and nearly half of these children would be able to get insurance under the provisions of this bill. Together with the 240,000 children currently served by NC Health Choice for Children, the new enrollees would be able to get the health care they need. Preventative care and timely treatment of disease ensures that children are healthy and productive, able to fulfill their potential. Access to health care also saves money for our health system in the long term, because it is more cost-effective to get primary care at a doctor's office than to go to the emergency room.

The bill improves the benefits available under CHIP, including by ensuring dental coverage and mental health parity. It improves the quality of care, and prioritizes coverage for the lowest-income children. Together these provisions will enhance children's lives and keep children from suffering from preventable disease.

As North Carolina's former Superintendent of Public Instruction, I have seen first hand that healthy children are better prepared for learning and success. My life's work has been to help children make the most of their God-given abilities, and CHIP plays a key role in giving children the environment they need to grow. Therefore, despite my misgivings about the funding mechanism, I will cast my vote in favor of H.R. 2.

Madam Speaker, as we work together to provide health care to America's children, we should all remember the family farmers who grow tobacco. I ask that we take steps in future legislation to help all of those who are negatively impacted by provisions of this bill, especially including families in the Second District of North Carolina. However, today, for our children's health, I urge my colleagues to join me in supporting this bill.

Mr. REYES. Madam Speaker, I rise in strong support of H.R. 2, the State Children's Health Insurance Program (SCHIP) Reauthorization Act of 2009, as amended by the Senate.

At this time, the reauthorization of SCHIP is critically important for the nation and particularly my district of El Paso, Texas, where over 20,000 children in El Paso County are enrolled in the program. My district has one of the highest rates of uninsured children in the country, and the current economic recession is making it even harder for many more families to afford health insurance.

I am deeply troubled that Texas has the highest number of uninsured children in the United States. It is simply unacceptable to have one in five children in my state without health insurance, and this legislation will expand coverage for millions who are uninsured.

The current economic recession is affecting many families across our nation. Recent studies estimate that for every one percent increase in our national unemployment rate, 1.1 million Americans lose health insurance and more than a million enroll in Medicaid and SCHIP.

Having a large number of uninsured children in our communities places a tremendous financial burden on parents and local hospitals, as families are forced to send their children to the emergency room because they cannot afford a regular doctor's visit. For the families of the children in El Paso and throughout our country who rely on SCHIP for scheduled checkups, prescriptions, eyeglasses, this program is vitally important. The cost of health care is ever-rising, and reauthorizing SCHIP for the next four and a half years is an important first step in stemming the rising tide of the uninsured.

Today's bill provides sufficient federal funds to help states maintain their current programs and extend coverage to four million additional uninsured low-income children. Many states may experience much higher enrollment in SCHIP than projected due to job loss and lower incomes, and many would be unable to support the higher demand without this relief. By reauthorizing this program, we help states meet increased demand for SCHIP-enrollment and prevent them from cutting back on the program just when families need it the most.

The health and quality of life of our children must be a priority, and I firmly believe that this bill addresses the need to provide quality health care to our Nation's uninsured children especially in a time of economic recession. For this reason, I am proud to support this legislation, and I applaud President Obama and my colleagues in Congress for this a top priority.

Mr. ABERCROMBIE. Madam Speaker, it is my understanding that Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009, H.R. 2, would apply to the citizens of the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia.

According to the Compact of Free Association negotiated and agreed to by the United States, the citizens of these countries are here legally. However, the federal government currently does not provide any financial assistance to states to pay for the care of these individuals through such programs as Medicaid or SCHIP. Since Section 214 of this bill applies to those legally residing in the United States, I believe this clearly includes the citizens of the Republic of Palau, the Republic of the Marshall Islands, and the Federated States of Micronesia. Therefore, Madam Speaker, as this bill moves forward, it is my hope that compact migrants will be treated fairly under this new law.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 107, the previous question is ordered.

The question is on the motion by the gentleman from California (Mr. WAXMAN).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. LINDER. Madam 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.

The vote was taken by electronic device, and there were—yeas 290, nays 135, not voting 8, as follows:

[Roll No. 50]

YEAS—290

Abercrombie
Ackerman
Adler (NJ)
Altmire
Andrews
Arcuri
Austria
Baca
Baird
Baldwin
Barrow
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Bono Mack
Boren
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Buchanan
Butterfield
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castle
Castor (FL)
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Frelinghuysen
Fudge
Gerlach
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (NY)
Kirk
Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Lee (CA)
Lee (NY)
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Massa
Matheson
Matsui
McCarthy (NY)
McCollum
McCotter
McDermott
McGovern
McHugh
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pelosi
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Platts
Polis (CO)
Pomeroy
Price (NC)
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Rogers (AL)
Ros-Lehtinen
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Simpson
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Solis (CA)
Space
Speier
Spratt
Stupak
Sutton
Tanner
Tauscher
Taylor
Teague
Thompson (CA)
Thompson (MS)
Thompson (PA)
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walz
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Wilson (OH)
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—135

Akin
Alexander
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Boozman
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Burgess
Burton (IN)
Buyer
Calvert
Camp
Cantor
Carter
Cassidy
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dreier
Duncan
Fallin
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Gallegly
Garrett (NJ)
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hoekstra
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
Kingston
Kline (MN)
Lamborn
Latham
Latta
Lewis (CA)
Linder
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
Marshall
McCarthy (CA)
McCaul
McClintock
McHenry
McKeon
McMorris Rodgers
Mica
Miller (FL)
Miller, Gary
Myrick
Neugebauer
Nunes
Olson
Paul
Pence
Pitts
Posey
Price (GA)
Putnam
Radanovich
Roe (TN)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Smith (NE)
Smith (TX)
Souder
Stearns
Sullivan
Terry
Thornberry
Tiahrt
Walden
Westmoreland
Whitfield
Wilson (SC)
Wittman

NOT VOTING—8

Aderholt
Bean
Campbell
Flake
Kissell
Poe (TX)
Stark
Wamp

□ 1310

Mr. HUNTER, Mrs. LUMMIS and Mr. BACHUS changed their vote from ''yea'' to ''nay.''

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.

Stated for:

Ms. BEAN. Madam Speaker, on rollcall No. 50, had I been present, I would have voted "yea."

Stated against:

Mr. WAMP. Mr. Speaker, on rollcall No. 50, I was unavoidably detained and missed the rollcall vote. However, had I been present, I would have voted "nay."

ELECTING CERTAIN MINORITY MEMBERS TO CERTAIN STANDING COMMITTEES OF THE HOUSE OF REPRESENTATIVES

Mr. PENCE. Madam Speaker, by direction of the Republican Conference, I offer a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 118

Resolved, That the following members are, and are hereby, elected to the following standing committees:

COMMITTEE ON AGRICULTURE— Ms. Lummis.

COMMITTEE ON EDUCATION AND LABOR— Mr. Thompson of Pennsylvania.

COMMITTEE ON SMALL BUSINESS— Mr. Coffman of Colorado.

Mr. PENCE (during the reading). Madam Speaker, I ask unanimous consent that the resolution be considered as read and printed in the RECORD.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 135

Mrs. NAPOLITANO. Madam Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 135.

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

There was no objection.

COMMUNICATION FROM CHAIRMAN OF COMMITTEE ON WAYS AND MEANS

The SPEAKER pro tempore laid before the House the following communication from the chairman of the Committee on Ways and Means:

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, January 12, 2009.

Hon. NANCY PELOSI,
Speaker, House of Representatives, The Capitol, Washington, DC.

DEAR MADAM SPEAKER, I am forwarding to you the Committee's recommendations for certain positions for the 111th Congress.

First, pursuant to Section 8002 of the Internal Revenue Code of 1986, the Committee designated the following Members to serve on the Joint Committee on Taxation: Charles Rangel, Pete Stark, Sander Levin, Dave Camp and Wally Herger.

Second, pursuant to Section 161 of the Trade Act of 1974, the Committee recommended the following Members to serve as official advisors for international conference meetings and negotiating sessions on trade agreements: Charles Rangel, Sander Levin, John Tanner, Dave Camp and Kevin Brady.

Third, pursuant to House Rule X, Clause 5 (2)(A)(i), the Committee designated the following Members to serve on the Committee on the Budget: Lloyd Doggett, Earl Blumenauer, John Yarmuth, Paul Ryan and Devin Nunes.

Sincerely,

CHARLES B. RANGEL,
Chairman.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 27. Concurrent resolution authorizing the use of the rotunda of the Capitol for a ceremony in honor of the bicentennial of the birth of President Abraham Lincoln.

The message also announced that pursuant to Public Law 105–83, the Chair, on behalf of the Republican Leader, announces the appointment of the following individual to serve as a member of the National Council of the Arts:

The Senator from Utah (Mr. BENNETT).

The message also announced that pursuant to Public Law 96–388, as amended by Public Law 97–84, the Chair, on behalf of the President pro tempore, appoints the following Senator to the United States Holocaust Memorial Council for the One Hundred Eleventh Congress:

The Senator from Utah (Mr. HATCH).

The message also announced that pursuant to section 4(a)(3) of Public Law 94–118, the Chair, on behalf of the President pro tempore, appoints the following Senator to the Japan-United States Friendship Commission:

The Senator from Alaska (Ms. MURKOWSKI).

The message also announced that pursuant to sections 42 and 43 of title 20, United States Code, the Chair, on behalf of the Vice President, appoints the following Senator as a member of the Board of Regents of the Smithsonian Institution:

The Senator from Mississippi (Mr. COCHRAN).

The message also announced that pursuant to Public Law 94–304, as amended by Public Law 99–7, the Chair, on behalf of the Vice President, appoints the following Senators as members of the Commission on Security and Cooperation in Europe (Helsinki) during the One hundred Eleventh Congress:

The Senator from Connecticut (Mr. DODD).

The Senator from Rhode Island (Mr. WHITEHOUSE).

The Senator from New Mexico (Mr. UDALL).

The Senator from New Hampshire (Mrs. SHAHEEN).

The message also announced that pursuant to section 276d–276g of title 22, United States Code, as amended, the Chair, on behalf of the Vice President, appoints the following Senator as Chairman of the Senate Delegation to the Canada-United States Interparliamentary Group conference during the One Hundred Eleventh Congress:

The Senator from Minnesota (Ms. KLOBUCHAR).

The message also announced that pursuant to Public Law 94–304, as amended by Public Law 99–7, the Chair, on behalf of the Vice President, appoints the following Senators as members of the Commission on Security and Cooperation in Europe (Helsinki) during the One Hundred Eleventh Congress:

The Senator from Georgia (Mr. CHAMBLISS).

The Senator from Kansas (Mr. BROWNBACK).

PROVIDING FOR CONSIDERATION OF S. 352, DTV DELAY ACT

Mr. CARDOZA. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 108 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 108

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (S. 352) to postpone the DTV transition date. All points of order against consideration of the bill are waived except those arising under clause 10 of rule XXI. The bill shall be considered as read. All points of order against the bill are waived. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to commit.

SEC. 2. Section 2 of House Resolution 92 is amended by striking ''February 4'' and inserting ''February 26''.

□ 1315

The SPEAKER pro tempore. The gentleman from California is recognized for 1 hour.

Mr. CARDOZA. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from North Carolina (Ms. FOXX). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Mr. CARDOZA. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on House Resolution 108.

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

There was no objection.

Mr. CARDOZA. I yield myself such time as I may consume.

Madam Speaker, House Resolution 108 provides for the consideration of Senate bill S. 352, the DTV Delay Act. The rule provides 1 hour of general debate equally divided and controlled by the chairman and ranking member of the Energy and Commerce Committee. The rule waives all points of order against consideration of the bill except for clause 10 of rule XXI. Finally, the rule provides for one motion to commit with or without instructions.

Madam Speaker, under current law, all full-power TV stations will stop their analog broadcasts on February 17, 2009, and broadcast only digital signals. That means on February 18, millions of American households that have an older television and have not obtained an analog-to-digital TV converter box will suddenly have a blank TV.

Survey data released by the Nielsen Company reveals that as of January 2009, 6.5 million American households were completely unprepared for transition to digital TV, meaning every TV in their home will be blank on February 18.

And for a host of reasons, the Federal Government's efforts to help people buy the necessary converters—a disproportionate number of whom who are seniors, low-income households, and those in rural areas—have been insufficient.

Madam Speaker, too many Americans are at risk for losing their television service, and we need a one-time delay to get ready for the digital TV transition. The bill before us today, S. 352, the DTV Delay Act, is very simple. It postpones the date of analog-to-digital television transition for 115 days from February 17, 2009, to June 12, 2009. This will provide additional time to get coupons for the digital TV converter boxes to millions of American households that are at risk of being without television service.

This bill unanimously passed the Senate despite being unfortunately blocked by the House Republicans last week. It was supported by the Obama administration, the FCC commissioners and has been endorsed by numerous groups, including the AARP, Consumers Union, the Leadership Conference on Civil Rights, the Coalition of Organizations for Accessible Technology, the National Hispanic Media Coalition, the National Emergency Number Association, the Association of Public-Safety Communications Officials-International, the International Association of Chiefs of Police, the International Association of Fire Chiefs, the National Association of Broadcasters, AT&T Wireless, Verizon Wireless, Univision, ABC, CBS, FOX and NBC.

Madam Speaker, I would close by adding that this has not been an ideal transition to digital television, and this is hardly a perfect solution to the problem. But make no mistake, without this critical delay, millions of Americans may no longer be able to watch their television on February 18; and punishing consumers is surely not the way we fix this problem.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I want to thank the gentleman from California for yielding time, and I yield myself such time as I may consume.

We have some very eloquent speakers lined up on our side to talk about this bill, so I'm going to speak just a short time so I can leave plenty of time for my colleagues who have very eloquent statements to make on this issue, but I do want to point out that this process began a very long time ago.

It is a rather complicated issue, but even by Federal Government standards, this is a long time to accomplish a task. It's also, I think, an indication of the change that has come to Congress in the past 2 years.

We want change. President Obama has said he wants change, but he wants change that makes government work. This is going in the wrong direction, in

my opinion. And my colleagues are going to talk, again, about why this is going in the wrong direction.

But I want to point out that in the so-called stimulus bill, the majority party has put another $650 million to deal with this issue. According to our calculation, a small percentage, less than 1 percent of the people who need this assistance, have not requested the coupons. That equates, we believe, to spending over $3,000 per household for the holdouts who have not gotten their converter box. That is a lot of money to be spending.

I, frankly, think this is an excuse to put three times the amount of money that we think needs to be spent on the remainder of this program, and it's just another example of overreaching on the part of the majority.

Madam Speaker, I reserve the balance of my time.

Mr. CARDOZA. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. HARMAN).

Ms. HARMAN. I thank the gentleman for yielding and commend him for his leadership on the Rules Committee and also on the important issue of keeping people in their homes. Home foreclosures are mounting. They're an epidemic in his district, and I want our colleagues to know that another Member from California is noticing the leadership that he provides on that issue.

Madam Speaker, I rise in support of this rule and the underlying bill to provide a one-time—let me stress—one-time delay in the DTV transition. I sympathize with Americans who are unprepared for this transition, many of whom are elderly, minorities, or residents of rural areas. Television is important to our lives and can serve as a vital resource in times of emergency. So for those reasons, I support the legislation.

At the same time, we must not forget that the DTV transition's real purpose is to improve emergency communications capabilities for first responders. The lessons of 9/11 are sadly fading. Hundreds of police and firefighters died at the World Trade Center in part because they could not talk to each other on their radios.

The key to preventing this kind of tragic communication failure is to build a nationwide interoperable broadband network that will allow rescue workers from different units to talk to each other even though they operate on separate radio frequencies. The foundation for this nationwide public safety network is the spectrum that is currently used for analog television broadcasting, and only after analog operations are cleared can that spectrum be put to its best and most important use.

Madam Speaker, in a perfect world this delay would not be necessary. And I want to make clear, again, that further delay should not, must not be necessary once this period ends. But this one-time delay will help protect our most vulnerable citizens while we get on with designing the build-out of the public safety network that is our ultimate goal.

It has been almost 8 years since the 9/11 attacks. Police, firefighters, and EMTs all over the country—and the families they protect—are counting on us to finally get this right.

Ms. FOXX. Madam Speaker, I now yield 5 minutes to the gentleman from Texas, the ranking member of Energy and Commerce, Mr. BARTON.

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. I thank the gentlelady from North Carolina.

Madam Speaker, we are here on the same issue that we were here on last week when, under the suspension of the rules, the House tried to pass a bill to delay the digital television transition period from February 17 to June 12. Wisely, the House rejected that on a bipartisan vote.

Our friends in the other body slightly changed the bill and did a procedure called hotlining it, which brought a basically identical bill back to the House.

The new chairman of the Energy and Commerce Committee, Mr. WAXMAN, has gone to the Rules Committee and asked that the bill be reported to the floor under a rule, which is not a bad idea. The problem is, this is a closed rule.

Now, I want to point out to the newer Members of this body what a closed rule is. It means there can be no amendments. Now, there may be occasions when that's in order, but this is not one of those occasions.

There's been no legislative hearing in the committee. There's been no markup in the committee. In fact, two markups have been scheduled and canceled in committee.

So we have a piece of legislation. There's been no debate on it in the Senate, it's been hotlined, we had a suspension vote on it last week—which I think we had 20 minutes on each side before we had to vote. And so now we're under a closed rule. So no Republican amendments or Democrat amendments were made in order.

I don't know if Democrats offered amendments, but there were six Republican amendments made in order, one of which was by myself and Mr. STEARNS who said quite simply, ''You don't need to delay it. Just authorize an additional sum of money.''

One of the things that the proponents of the delay are saying is we need to delay this because there is not enough money. Well, actually, there is enough money. But under an accounting rule by the Office of Management and Budget, when you send a coupon, you have to assume that that coupon is going to be redeemed 100 percent of the time. So of the $1.3 billion that has been appropriated and is in an account, about half that money is still in the account, but because there are coupons that are outstanding, they can't issue new coupons.

The amendment that was not made in order simply said authorize another $250 million of coupons to be sent out because that money is already there and only about 52 percent of the coupons are being redeemed. So at the end of the game, you're going to have plenty of money.

Interestingly enough, this bill doesn't approve any money. The money for this bill is in the stimulus package—which probably won't clear the Senate for another couple of weeks, probably will be a conference committee or maybe another closed system where there is not a real conference—but in any event, I doubt that stimulus package is going to be on the President's desk within the next month.

So we're delaying a hard day transition today with no additional money nor any way to send out any additional coupons. How silly is that? And no amendments made in order to correct the bill.

We had other amendments that would have exempted broadcasters from the delay if the cost caused by the delay was more than $100,000. That one was not ruled in order. We had an amendment that said the broadcasters in rural areas would have to go ahead with the hard day if they were sitting on spectrums that were allocated to provide broadband to rural areas. That wasn't made in order. Not one amendment was made in order.

And to top it off, myself and Mr. STEARNS sent a letter to the new or the acting chairman of the Federal Communications Committee saying, ''How many TV stations do you think are going to go ahead and go forward even though it's not mandated?'' You know what the answer is? Sixty-one percent of the 1,000 television stations in America are probably going to go forward. And believe it or not, 143 already have. They've already gone digital.

So, Madam Speaker, with all due respect, when you have a closed rule, no amendments made in order, no legislative hearing, no markup, no debate in the other body, I think we could defeat this rule; I think we could bring an open rule to the floor, let some amendments be made in order, let the body work its will; and if that passes, send that to the other body and try to work it out.

We on the Republican side want digital television transmission to go forward. We want the spectrum to be released for the first responders. We want the television stations to see the benefit of savings, but we do not need this delay, and we do not need a closed rule.

Please vote ''no'' on the closed rule.

The SPEAKER pro tempore. Without objection, the gentleman from Colorado will manage the time of the gentleman from California.

There was no objection.

Mr. POLIS of Colorado. Madam Speaker, I would like to yield 2 minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. I thank the gentleman for yielding me the time.

Madam Speaker, I served on the Energy and Commerce Committee for 14 years, and much of that time in the Telecommunications Subcommittee was spent dedicated to digital transition. So I have been around this issue for a while.

After all of the oversight, after all of the work, after all of the hearings, it's become unfortunately clear that we're unprepared to transition on February 17. Many consumers never received their coupons because the coupons were lost in the mail and they were prevented from reapplying.

Other consumers' coupons expired because they could not find converter boxes before they expired, and we know that problems in the education program for the DTV transition probably left many families uncertain about what to do with their coupons.

And coupons were mailed third class. Now, I don't know what genius came up with that in the department, but it was really, totally mishandled and bungled.

Seven and a half million households are prepared for the transition, and there are over 2.7 million coupons representing more than 1.5 million households on a waiting list right now today.

□ 1330

Every Member should have received a letter detailing how many of their constituents are on the list. I have 2,346 of them without coverage. The Department of Commerce now estimates that the demand for converter boxes may exceed the supply of boxes by over 2 million units. And it's estimated that it will take 6 to 8 weeks after new boxes are ordered before they will appear on store shelves.

So we are not ready for this transition. We can fix these problems. We can minimize the catastrophe if we pass today's legislation. There are dollars in the recovery legislation that will cover what needs to be done, and pay for that. So the resources are there. They will not only do better consumer education, including call centers, and fix many of the problems.

If you vote for this, it's a vote not to go dark for your constituents. Thank you.

Ms. FOXX. I yield 2 minutes to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. I rise in opposition to this rule. I'm trying to figure out what it is the majority fears about open debate, either in committee or on the floor.

I would be happy to yield to the gentleman from Colorado, who's managing the rule, if you would like to tell me why no amendments were allowed.

Mr. POLIS of Colorado. Thank you, sir.

This was discussed in the Rules Committee the other day. And there is a need for expediency here. We are talking about televisions that are going out and people losing the ability to view it.

Mr. WALDEN. Reclaiming my time; we are only talking maybe 5 minutes on an amendment. This bill has had no hearings in any committee in the House, correct?

Mr. POLIS of Colorado. In the Rules Committee yesterday we had several amendments.

Mr. WALDEN. Reclaiming my time; but you're not the substantive committee. Energy and Commerce is the substantive committee. Our committee was not allowed to have a hearing on this issue, including the ramifications of it, on this bill.

We had no opportunity to offer an amendment. You heard our ranking member, Mr. BARTON, suggest there are alternatives that wouldn't cost the taxpayers enormous amounts of money.

Mr. POLIS of Colorado. If I may address that. The Energy and Commerce Committee actually had nine hearings on this very matter.

Mr. WALDEN. Reclaiming my time; not on this bill. There was no hearing on this bill. We've had hearings along the way about this issue, but not on this bill before us today—at least no markup on this bill. So our only alternative to help the taxpayers prevent—who's going to loan us this money, by the way? $650 million more we're going to ask to borrow to pay for converter boxes. And yet, only half the money has been spent.

There's an affordable, efficient alternative we could have at least allowed the Members here to vote on that said, Change the accounting a bit, allow them to go ahead and move forward and issue the coupons as those expired, that aren't used, because not every coupon is being used. There's only a 52.5 redemption rate. Then that money will flow back in at the end.

Putting money in the stimulus means it's not available until April or May. Now you have got a June deadline. So even that money is not going to flow out there. I urge defeat of the rule. We can legislate in a much better way than this.

Mr. POLIS of Colorado. Madam Speaker, I yield myself such time as I may consume.

A brief discussion of some of the many hearings and discussions that occurred on this matter. March 28, 2007, the subcommittee held its first hearings on the status of the DTV transition; October 17, 2007, second hearing on the status of DTV transition, at which the NTIA Assistant Secretary Kneuer testified.

Mr. WALDEN. Will the gentleman yield?

Mr. POLIS of Colorado. No, I have to complete this. October 31, 2007, subcommittee holds a third hearing on status of the DTV transition; February 13, 2008, a fourth hearing. It continues. There were a total of nine hearings at which this matter was discussed extensively. Those who wanted to be heard were able to be heard at that point.

Mr. WALDEN. Will the gentleman yield?

Mr. POLIS of Colorado. I yield to the gentleman from Oregon.

Mr. WALDEN. I don't believe the gentleman was a Member of the Congress when most of those hearings were held. So you wouldn't have had benefit of those hearings. But my question is: If they did all those hearings, why didn't they have a markup to fix it then, if this was such a problem? Was there a single markup on this bill in a substantive committee?

Mr. POLIS of Colorado. This bill had extensive discussion. In the absence of acting soon, there will be millions of people who will not have TV, and they won't be very happy.

Mr. WALDEN. But the question here is, was there a single hearing or markup on this bill?

Mr. POLIS of Colorado. You can read the transcript.

The SPEAKER pro tempore. The gentleman from Colorado controls the time.

Mr. POLIS of Colorado. Madam Speaker, I would like to yield 2 minutes to the gentlewoman from California (Ms. WATERS).

Ms. WATERS. Madam Speaker and Members, can you imagine February 18, when millions of households will have their TVs go dark, and not understand why? Yes, it would be great if everyone had received their coupons, if everybody understood the transition to digital. But they don't.

I cannot understand why the Members of Congress would not be generous enough to have an appreciation for the fact that people are going to be terribly inconvenienced. Seniors who depend on their friend, the TV, let alone all of those televisions that will go dark without people understanding why. We could have a national emergency and our first responders would not have the opportunity to have an interoperative system where they could talk to each other.

I don't care about whether or not amendments have not been heard by either side. This bill has been debated ad nauseam in committee over a long period of time. And so, Members of Congress, if you want your telephones ringing off the hook, if you want 911 tied up, if you want people knocking on the door of their neighbors and others, trying to find out what is wrong, you act irresponsibly and not support this legislation, and let all hell break loose, because we will have a crisis on our hands.

I would ask the Members: be responsible. Don't nickel and dime this legislation. Don't create an unnecessary bureaucracy. Just vote the bill out so that we can support the average American in having their television not go on dark on February 18.

Ms. FOXX. Madam Speaker, I yield 30 seconds to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. I thank my colleague from North Carolina.

To just set the record straight, to my colleague who just spoke, there was no hearing on this bill in committee. There was no markup on this bill in

committee. There has never been an opportunity to amend this bill on this floor or in committee. I serve on the committee, I serve on the subcommittee.

Further, if she's concerned about interoperability, then you free up the spectrum. Delay of transition to DTV means the analog transmitters here and the digital transmitters here—and they are both going. Until the analog is gone, the spectrum is not freed up for that interoperability she pleads for. Maybe if there was a hearing, she would better understand the bill.

Ms. FOXX. Madam Speaker, I yield 3 minutes to my esteemed colleague from California (Mr. ISSA).

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

Mr. ISSA. Madam Speaker, I have been in the House for 8 years, and I have been a member of the Energy and Commerce Committee, although on leave of absence, for 6. But before I came here, for two decades I was in the electronics industry, was part of the annual consideration of over a million dollars of private funding to help move digital television. We did so not just to sell televisions or to improve people's pictures, but in fact because of the efficiency of spectrum and what it would do. I have been a supporter of digital transition.

Today, I am here as the ranking member of Government Reform, sounding an alarm that I hope will be heard by my colleagues. President Obama did only one thing before he became President. Only once did he violate his ''one President at a time'' statement, and that was in fact on asking for a delay in the digital transition. I believe he did so because in fact he was misled.

It is clear that there is doubt as to whether a gentleman named Gerard Salemme, who is in fact a highly compensated $300,000-plus a year individual with a company which is behind today—behind in their technology rollout for using this new spectrum—was on his transition team, although he is still the executive vice president of a company called Clearwire.

To me, it appears as though the process behind closed doors in the transition team that led to the decision to delay digital television was clearly tainted by someone who, as an opportunist, may have been trying to gain those extra 4 months to make their technology competitive with those that are already rolled out. That, to me, is the first of many tragedies. You have heard many others.

Additionally, having been in the consumer electronics industry for over 20 years, I'm well aware that the cost of these digital boxes are about $40. So even if you claim that you have 6 million people who haven't received them, you do $40 times 6 million and pretty soon you figure out that it's $200 million-some that we would have to authorize with this delay in order to fully fund getting people their boxes.

No money is attached to this bill. As a result, this will simply cause a delay, giving certain companies an opportunity perhaps to catch up in technology, advancing one company over another, something we said we wouldn't do when we set a hard deadline. More importantly, we are not solving the basic problem here. It only takes $240 million or less dollars to fix this problem where $18 billion worth of spectrum is being held ransom.

This is bad business. It's bad for American technologies that are emerging, it's bad for all the services that will be granted. I came from high tech. I know what we are doing is forcing us to stay in horse and buggy for months longer.

R. GERARD SALEMME'S INTERESTS IN CLEARWIRE AND ICO

CLEARWIRE

(Data current through most recent Definitive Proxy, Oct. 9, 2008)

Executive Vice President of Strategy, Policy and External Affairs

Annual Compensation: $336,812

Stock Options: 1.15 million

Total Value of Options: $6.468 million

ICO

Consultant, ICO Global Communications (Holdings) Ltd.

Director, ICO North America, Inc.

Owns: As of Apr. 25, 2008, owned 699,474 shares of Class A Common Stock of ICO Global.

Acquired: Received 110,619 shares of ICO Global Communications on Dec. 1, 2008, worth $125K.

BIOGRAPHY OF R. GERARD SALEMME

EXECUTIVE VICE PRESIDENT—STRATEGY, POLICY AND EXTERNAL AFFAIRS

As executive vice president—strategy, policy and external affairs, Gerard Salemme oversees Clearwire's spectrum strategy, acquisition and development, public policy agenda and local, state, federal, and international regulatory affairs and advocacy. Prior to assuming his current role at Clearwire, Salemme served as vice president and corporate secretary from November 2003 to April 2004. As the company's senior policy executive, Salemme brings more than 30 years of telecommunications, government affairs, federal regulatory and public policy expertise to Clearwire. Salemme has held key executive positions at XO Communications, AT&T Corp., McCaw Cellular, and GTE Corporation/Sprint Corporation. At AT&T, Salemme directed the company's federal regulatory public policy organization, including participation in the FCC's narrowband and broadband PCS auctions. In addition, Salemme has served as the senior telecommunications policy analyst for the U.S. House of Representatives Subcommittee on Telecommunications and Finance, as chief of staff to Congressman Ed Markey of Massachusetts, and as a lecturer of economics at the University of Massachusetts at Salem. He is currently a principal of ERH, a vice president of ERI, and a director of and consultant to ICO and ICO North America.

Mr. POLIS of Colorado. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank the gentleman for yielding to me, and I rise in support of this bill. I am just amazed at what I am hearing from my friends on the other side of the aisle. I have been on the Energy and Commerce Committee for the past 13 years, and I have been on the Telecommunications Subcommittee for most of that time. We have had hearing after hearing after hearing involving the DTV transition. It may be technically true that we haven't had a specific hearing on this bill, but we have had hearings ad nauseam on the whole issue.

And what are we talking about? We are talking about a 115-day delay. We are not talking about a 10-year delay. We are saying 115 days—3 months, 4 months—to give us time to put our house in order so that people's televisions don't go blank. I don't think that is so unreasonable. I am amazed at the opposition to 115 days.

Now, I support this bill. I do it reluctantly because the transition to DTV will offer great benefits to our Nation. In recent weeks, it has become crystal clear that what I have been saying for years on the Energy and Commerce Committee is true—that we have not provided nearly enough resources or education for this transition to be successful. So, if we wait 115 days so it will be more successful, what is the problem?

For the past two Congresses I have introduced the Digital Television Consumer Education Act. The legislation would have avoided the problems we are seeing right now. It would have educated the public about the transition, and it would provide additional funding for the converter box coupon program which, as we all know, is out of money.

Currently, there are almost 2 million people on a waiting list for converter box coupons. This means 4,000 people in my district are waiting for coupons. It would be unacceptable for us to force the transition upon so many of my constituents and your constituents and those of everybody else in this Chamber, when it's clear they are not ready.

If we continue with the transition, millions upon millions of television screens in this country will simply go dark.

Again, I don't support an indefinite delay. This is a finite delay. This is a one-time delay. I won't support a further delay. But 115 days is not so terrible. When the transition occurs, which we know it needs to occur, TV pictures nationwide will become crystal clear; technology companies will be able to roll out new-generation wireless services that far outpace what we have today and, most importantly, as was mentioned, first responders will be able to carry interoperable communication devices that they badly need right now.

So, the benefits to the transition to digital are clear. The harm, however, that we would cause by forcing the transition on an unprepared Nation is equally clear. So let's wait the 115 days, let's do it right, and let's support S. 352.

Ms. FOXX. I yield 3 minutes to my colleague from Florida (Mr. STEARNS).

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

Mr. STEARNS. I thank the gentlelady for yielding.

First, I rise in opposition to this rule and in strong opposition to the underlying bill. Let me say to my colleague from New York, we have spent over 2 years planning for this date of February 17, 2009. All the broadcasters, all the engineers, all the people that put up the towers, they are all ready to go. In fact, PBS pointed out that if they delay, it's going to cost them $22 million. That's just the tip of the iceberg.

The hearings we've had were to determine how to run the program and give the Department of Commerce the money they need to implement the coupon program. But we never had a hearing on this bill. That's why I submitted six amendments to the Rules Committee yesterday. It would vastly improve the final product. In fact, as Mr. ISSA pointed out, with the people that supposedly need the coupons, the $250 million allotment back in January, back in December, would have taken care of this problem. But, for some reason, it was not taken care of.

□ 1345

But we have never had a hearing, not one, on delaying the digital TV transition. We have had hearings, I agree, on how to implement the program, but not delaying and what the implications are. And, incredibly enough, this bill has never gone through any kind of markup where we could air out some of the contentious issues: What is it going to cost the broadcasters, the people implementing the towers, and so forth?

Now, a Member on that side talked about national security and about delaying in reference to 9/11. Madam Speaker, I submit for the RECORD a letter from the National Fraternal Order of Police. The National Fraternal Order of Police has come out strongly against this delay. And why would they come out against this delay? That is because this delay could mean that national security, the first responders, would be affected, would not have the information they need, and could not notify citizens in the case of an emergency.

But none of the six amendments I offered on behalf of my colleagues, Mr. BLUNT, Mr. WALDEN, and Mr. BARTON, were accepted. And so, really, we had no opportunity to make this bill better.

So when we transitioned on February 17, June 12, or whatever it is going to be, and you have no guarantee that this will be the last delay, we have to realize that, to put into perspective, it is going to cost money, it is going to increase our risk for first responders. And, when you think about it, no matter what date you establish, there is always going to be somebody who doesn't get the message. In fact, the demonstration project in Wilmington, North Carolina in September to see if it would work was 99 percent effective.

So the question I would have for you: If the demonstration project was so effective in September, 5 months later surely it is going to be effective on February 17, 2009. Tens of thousands of people will not lose their television because the coupons would be available. I urge defeat of the rule.

NATIONAL FRATERNAL
ORDER OF POLICE®,
Washington, DC, January 23, 2009.

Hon. NANCY P. PELOSI,
Speaker of the House, House of Representatives, Washington, DC.

Hon. JOHN A. BOEHNER,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER PELOSI AND REPRESENTATIVE BOEHNER, I am writing on behalf of the members of the Fraternal Order of Police to express our concerns regarding S. 328, the ''DTV Delay Act,'' as it relates to public safety access to spectrum.

Many of the arguments being made in favor of delaying this transition were made during the consideration of the Digital Transition and Public Safety Act in 2005. This is not a new issue, and was first recognized in a public safety report issued in September 1996. In 1997, Congress granted public safety access to this portion of spectrum under Title III, Section 3004 of the Balanced Budget Act of 1997, which directed the Federal Communications Commission (FCC) to authorize broadcasters currently occupying the spectrum to remain there until 2006. Public safety access to this area of spectrum was repeatedly pushed back until the enactment of the Digital Transition and Public Safety Act in 2005, which set a hard deadline of 17 February for analog broadcasters to allow public safety access to 24 MHZ of spectrum on the 700MHz band. We are concerned that the staggered transition which would result if S. 328 is signed into law may jeopardize the channels that Congress promised to law enforcement and other public safety officers more than a decade ago.

For public safety to use the spectrum they have been promised, broadcast stations must stop analog broadcasts on those channels. Broadcast stations on the adjacent channels must also stop analog broadcasts to avoid interfering with the public safety communications we are trying to enable. For all those broadcast stations to have somewhere to go, additional broadcast stations must stop their analog transmission. It is this chain of events that makes the hard deadline of 17 February 2009 the most realistic and responsible option for clearing the spectrum for public safety's use.

While S. 328 would still allow broadcasters to voluntarily transition by 17 February, subject to current FCC regulations, and allow public safety to occupy this vacated spectrum, unless all the surrounding broadcast stations also voluntarily transition, it is unlikely anyone can move. Moreover, under current FCC regulations, broadcasters generally would not be permitted to transition even voluntarily until three months before the delayed transition date, and even then the FCC has the discretion to refuse them authorization.

The American public has asked broadcasters to take difficult, time consuming, and costly steps to enable better public safety communications. These broadcasters have admirably risen to the call and say they are ready for 17 February. If this delay goes into effect, it opens the door for future delays. More than a decade of work has gone by since Congress authorized public safety communications to expand on the spectrum, and we are very close to achieving our goal. I urge you not to bring all of this progress to a halt less than thirty days from the finish line.

Thank you in advance for your consideration of the views of the more than 327,000 members of the Fraternal Order of Police. Our communications are our lifeline and we need to know that they will function properly at all times. If I can provide any additional information on this matter, please do not hesitate to contact me or Executive Director Jim Pasco in my Washington office.

Sincerely,

CHUCK CANTERBURY,
National President.

Mr. POLIS of Colorado. Madam Speaker, this delay is a one-time delay only. And given the national security issues and increasing number of natural disasters we face, I can think of no time in our history when having access to television is more critical than it is now. Absent this extension, millions of television sets will go dark in 13 days.

This legislation contains specific language recommended by public safety organizations. It explicitly preserves the ability of public safety entities to use the DTV spectrum before the new transition date subject to existing FCC rules, and under no circumstances will there be any disruption of spectrum currently used for public safety communications.

As I said before, this bill has the support of leading public safety organizations, including the Association of Public Safety Communications Officials International, the International Associations of Chiefs of Police, the International Association of Fire Chiefs, and the National Emergency Number Association.

I would add that allowing the 6.5 million households estimated by Nielsen that are completely unprepared for the DTV transition to go dark is in and of itself a legitimate public safety issue. Those homes will not be able to continue to rely on local broadcast stations for news about natural disasters, evacuations, terrorist attacks, or other public safety announcements. A one-time delay of 115 days is a reasonable response to a very difficult problem that millions of Americans would face in 2 weeks absent this legislation.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield 3 minutes to my colleague from Nebraska (Mr. TERRY).

Mr. TERRY. Madam Speaker, I rise today in opposition of this rule for a variety of different reasons. But let me engage in one of the first reasons, is I am not sure that a delay is necessary. Are there some hiccups or concerns? I am not going to agree with a couple of my colleagues and friends from the other side that talked about catastrophes. September 11th is a catastrophe. Delaying this is not, or February 17th is not. But let me run through what some of the concerns are.

Some of the concerns is that we are not 100 percent ready. Some of the concerns is there is a waiting list; although, there are 10 million coupons issued today that are valid, representing 5 million homes, so those are

people that were going to probably go in the next 13 days and buy one of the set-top boxes. I have gone into my electronics stores over the last week, and there are mountains. And I am not exaggerating, there were piles almost up to my neck in every one of the electronics stores that I went into.

So what are the appropriate responses here? Is a delay necessary? We have had hearings, granted, on the merits of DTV hard date. We have not been able to have a discussion in this Congress whether, A, it is necessary to delay this for 4 months; or, whether there are appropriate responses that don't require a delay, like, for example, if we would have put up a suspension last week that said that the expiration dates aren't in existence anymore. So if you had one that expired, you could go out and use it. We could have changed an accounting rule that would have fixed the so-called money problem, although as the past chairman of this committee pointed out there really isn't a money problem.

The amazing part about this to me is that with these simple solutions that both sides could have agreed upon, we could have had this done a couple weeks ago. But for some reason, 3 weeks ago just completely out of the blue our new President said we need to delay this. No discussion. When President Obama came to our conference a week or so ago, he was asked about why. And the response was, simply, because the past administration messed up. And he said, quote, ''Our people are telling me that we need 4 months.'' Then we find out that one of the people supposedly maybe that the President was referring to, a member of the transition team that was discussing with the transition team technology issues that owns a company called Clear Channel.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. FOXX. I yield the gentleman an additional 30 seconds.

Mr. TERRY. Mr. Salemme owns a business called Clearwire that actually will benefit from a delay because it puts his company into an advantageous position. Maybe that is why we are now talking about a delay of 4 months without any hearing. I would respectfully request that our committee oversight look into it. The ranking member of the oversight committee of Congress has asked for it, and I think it is a good idea to do.

Mr. POLIS of Colorado. Madam Speaker, there are many Americans that don't realize that they have not made the transition to digital TV, absent this bill, in 13 days; with this bill, of a 115-day extension.

Mr. TERRY. Would the gentleman yield for one question?

Mr. POLIS of Colorado. I yield to the gentleman from Nebraska.

Mr. TERRY. There was a poll that was brought out last week that said that 95 percent of the homes are ready. So if 95 percent are ready today, what is the number then that we have to be at to implement the hard date? Would it be 100 percent, 99.5 percent?

Mr. POLIS of Colorado. Reclaiming my time, the gentleman from Nebraska has in his very own district 3,401 people who have not made the transition; I have in my district 3,671. There are a number of people across the country, particularly elderly people and people who aren't as aware of the technology. Now, Nielsen has estimated that 6.5 million remain. And it is critical that, again, this is something that a lot of people don't realize as they go about their everyday lives. We realize this in this body. We talk about it, those involved with technology do.

Another issue is, for instance, many of the coupons were sent out via third-class mail, taking 4 to 8 weeks to deliver. Some of those, as is inevitable when things get mailed, actually get lost in the mail; when they arrive, some of them arrived after their expiration date, which was only a 90-day expiration date. One of the provisions in the bill would actually allow consumers to reapply for coupons when their coupons expired.

So, again, for these reasons there would be a lot of difficulty in explaining to any of our constituents whose televisions will go off in 13 days why we didn't act to be able to allow them to continue to watch their television and give them time to see this transition through with this one-time delay.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I now yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN).

Mr. PAULSEN. Madam Speaker, I am trying to figure out, why are we spending another $650 million on television coupons when Americans need jobs? Why is Congress continuing on this path of wasteful Washington spending when we can do much, much better?

The current economic mess that we are in right now was created by spending and borrowing money that doesn't exist. So why are we doing more of the same? People are hurting. Many people have lost their jobs, and Americans are genuinely worried about the future. Last week, we considered a stimulus bill of $819 billion in a so-called stimulus; actually, it is over $1 trillion when you think of the debt payments that are included. This is enough to give every family in the country close to $11,000. And what is this money for? $600 million to buy new cars for government workers; $150 million for honey bee insurance. And, of course, $650 million for television coupons. And the list goes on and on.

I am asking my constituents, is this how you would spend your hard-earned taxpayer money? I don't think so. It is no wonder that the American public is growing weary of this economic plan, and polls show a declining support. And do you know why? Because the American public is smart.

But why does a broken Congress continue to move on the same path, to spend hard-earned taxpayer money on the same old deficit plans that do little to create jobs and get our economy going?

Madam Speaker, I think we can do better. I think we must do better. Let's heed the President's call for swift bipartisan action, a plan that would provide immediate real stimulus to create jobs in this economy, not one that explodes the budget deficit on wasteful programs. Let's help families and small businesses with tax relief. Congress is focused on the wrong priorities with this bill. Spending $650 million, deficit spending $650 million, is the wrong priority. We should focus on job creation.

□ 1400

Mr. POLIS of Colorado. Madam Speaker, may I inquire as to how much time remains on both sides, please?

The SPEAKER pro tempore. The gentleman from Colorado has 13½ minutes remaining. The gentlewoman from North Carolina has 9 minutes remaining.

Mr. POLIS of Colorado. As testimony to the demand for the need to change, there are currently pending about 2 million requests for coupons. This bill, as passed, would finally allow for some of those coupons to be reissued by allowing consumers to reapply for those coupons and help ensure that those who need coupons can still get them and their televisions do not go dark.

Madam Speaker, I would like to reserve the remainder of my time.

Ms. FOXX. Madam Speaker, I now yield 3 minutes to our distinguished colleague from Missouri (Mr. BLUNT).

Mr. BLUNT. Madam Speaker, I thank the gentlelady for yielding.

On the debate before us today, this has been a discussion that has been going on in the country for 3 years now. It was mentioned earlier that there were people who didn't know that this date was pending. I don't know how you could possibly be watching television and not know that this date was coming up. This has been the most broadcast, the most communicated date in the history of broadcasting. And if you don't know that this date is coming up, you're probably not watching television. And if you're not watching television, you probably won't know on February 18 whether it occurred or not.

There are really three important reasons not to pass this rule and not to pass this bill. One is first responders. The 9/11 Commission, in discussion after discussion since then and before then, has talked about getting all of our first responders on one level where they could communicate. All you have to do is have a flood, a tornado or an ice storm in your area to know that when the first responders come in to help, no matter how well your own first responders are communicating, when the first responders come in to help, they could be much more helpful if they could all communicate together immediately. And they cannot do that

until the last person gets off the spectrum that is allocated to them. Many of them are ready to do it on February 18. Others might be on March 1. But it doesn't matter. We're saying they can't communicate because we're not going to take people off the spectrum.

Also, is a 3-year plan better than a 115-day plan? The truth is, my friends, the people who win today, and I assume the majority will win since they had a majority of votes on suspension, the people who win will lose this argument in mid-June. In mid-June, there will be problems, just like there will be a few problems on February 18. In my district, the speculation is 99 percent of the people are ready for this transition. The original bill said that we would automatically make the transition when 85 percent were ready. The number was used a minute ago that 95 percent are ready in the whole country now. There are going to be problems in mid-June. And some of these problems are going to be because of what we do here today. There have been people contracted for 2 years, in some cases almost 3 years, to come in on February 17, to be there until a time certain on February 18, to make this transition happen. Those same people aren't going to be available to be contracted for whatever this day is in June.

And of course the third reason is we sold the spectrum. I was originally skeptical. I thought, well, maybe we should keep the spectrum longer so it gets worth more. One thing, it actually brought more in the auction than had been anticipated, two things, in the time since we made this decision and today, we went from number 2 in broadband communication in the world to number 16 or number 19.

We need to move on with this. We sold the spectrum. We cashed the $20 billion in checks, and now we say we're not going to deliver what we agreed to deliver. The government needs to keep its word on this and every other item.

Mr. POLIS of Colorado. Madam Speaker, I would like to yield 2 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. In case we haven't noticed and the American people haven't noticed, what we're going to be spending the next year or so doing is digging out of the mess created by our Republican friends. We're trying to deal with the economy. We're trying to deal with digital TV. The fact remains, and it's obvious based on any matrix you can imagine, that this program is horribly administered and poorly thought through. Don't ask me that. Ask the 2 million people that are on a waiting list waiting for a coupon. Ask the 7 million people that Nielsen estimates are still unwired for digital TV.

The fact remains that we on this side didn't write this bill. In fact, if you look at people like Congressman MARKEY who have been saying for months that the way this program is being administered was poorly conceived. Let me give you an example. Right now, you sign up for a coupon and they send it to you third-class mail. And then if you don't redeem it within a certain amount of time, then they have to wait for several months before they can reissue it. This program was destined to be a failure because that's the way you wrote it.

Now you may think, what difference does it make that there are 2 million people waiting or 7 million people waiting? Let me ask you something. To the hundreds of thousands of people that are in your State that are not wired, what if there was an emergency tomorrow? What if there was a tornado? What if there was, God forbid, some kind of a fire and they needed to notify people quickly? People rely upon their television sets. Whom do you think you're punishing by standing in the way of this extension? You're punishing—let me just pose a couple more, and then you can answer them all at once on your own time. You're punishing senior citizens who, by and large, have those rabbit ears, who despite the previous speakers, might not be reading about digital TV or reading ''Digital TV Today'' or reading the sets. They think their television is fine because the outreach that was necessary for this program was never done.

The SPEAKER pro tempore (Mr. JACKSON of Illinois). The time of the gentleman has expired.

Mr. POLIS of Colorado. I yield the gentleman 1 additional minute.

Mr. WEINER. What difference does it make if 2 million people are now on a waiting list to get the voucher? What difference does it make to those citizens? What difference does it make when you hear the Nielsen Survey, not Democrat, not Republican, say that there are 7 million Americans not hooked up. You are going to say, ''oh, it serves them right. We're going to stick to the guidelines. It serves them right.'' Well, the fact of the matter is we're trying to do good policy.

Let me make one final point because the distinguished gentleman from Missouri alluded to this. It is interesting that nobody except people speaking on your side today seem to be opposed to this. The people that bought the spectrum say that they're fine and that they're in no urgent hurry to get it. The people that are in the business of emergency response say, ''we need people wired for television. That is even more important than getting access to spectrum.'' So all you're doing is what you did last week, saying, ''no, no, no,'' as we try to fix your mess.

Ms. FOXX. Mr. Speaker, I yield now 2 minutes to the gentleman from Illinois (Mr. SHIMKUS).

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

Mr. SHIMKUS. Mr. Speaker, it's always fun to hear my friend from New York come down on the floor. And I enjoy his passion.

A couple of points. This movement of the spectrum was directed and suggested by the 9/11 Commission years ago. Those of us on the subcommittee worked diligently to comply with the movement of the spectrum because we had 9/11, which was very serious. We had—and ANTHONY, you know this, we had firefighters that didn't know that the buildings were falling. We couldn't talk to them. Well then came along Katrina. And Katrina rolls in. And we've got National Guardsmen on one side of the flood who can't talk to the police officer or the disaster team going into New Orleans. So that is where a lot of us come from on this.

Now we know the Fraternal Order of Police are not supportive of this movement. We know that the Sheriffs' Association is not. We do know that other public service agencies have, at the cajoling and the encouragement of the majority, said, ''we don't need this.'' But I will tell you one thing for sure is that I do not want to be the Member of Congress who delays the ability of the spectrum for first-line responders.

Now when we had this debate last week, my good friend and colleague, RICK BOUCHER, was quoted and said, and I'm going to paraphrase, it will not be extended again. And we will hold the majority to that. Because not only is it a life-and-death issue on our first-line responders to get them to communicate, but it's also as important to make sure that we move to this new era.

Now many of my colleagues have done what I have done. I spent 8 months in my district going to senior centers promoting this movement on February 17. I pray that we don't move it past June 12.

Mr. POLIS of Colorado. Mr. Speaker, I would like to yield 1 minute to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I thank the gentleman.

I think that, in fact, it is very important that we do make this transition. But do have two competing safety imperatives. One is the imperative of when this bandwidth is then used for emergency responders, which is not going to happen immediately. It's going to take a little time. The other is our obligation to the citizens of Illinois and New York immediately. They are going to lose the most important connection to the outside world and to emergency response, the television. And unlike when your channel, your knob is a little crooked, when we go to digital television, it's going to go completely black. And a lot of people rely on the television to get that kind of information.

Mr. SHIMKUS. Will the gentleman yield briefly?

Mr. WEINER. Certainly.

Mr. SHIMKUS. The other caveat I have is that we are already sending money to first-line responders based upon the promise of selling the spectrum. So we are already trying to move to help the first-line responders. But if we delay, the cost-benefit analysis of the spectrum is in question.

Mr. WEINER. There is no doubt that the premise of your remarks and mine is the same. The past administration screwed up the administration of this program. There is no doubt about it. We should not be where we are today. That is why we need to pass this bill.

Ms. FOXX. Mr. Speaker, I now yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, I thank the gentlelady from North Carolina for yielding.

And indeed we are having a robust debate on this issue today. And I rise in opposition to the bill that is before us. I support moving forward for this transition. Just to correct the record a little bit, Mr. Speaker, on some of the things that have been said. We hear all of this, well, 95 percent of America is ready for this transition to take place. On January 22, 95 percent of this country was ready. That is the day that that number was released, January 22. Now we are coming up on the February 17 date. We know that over 300,000 people per week are coming off the list waiting for that coupon. And they are moving forward with readiness. Their expectation is that the Federal Government is going to make good on their promise. And they are going to move forward with this on February 17. Now it is important to our broadcasters. Talk to any of our broadcasters out there. They will tell you that they are running two systems. They are running their digital, and they are running their analog. And they are ready to move that spectrum out. My goodness, you all are so concerned about climate change, they are using all this electricity to run these two systems paying extra bills. They are telling us, ''We need this to take place.'' We are hearing from first responders. And the gentleman from New York said that those that have acquired the spectrum at auction are not upset about the delay, that they're fine with the delay. Indeed, Mr. Speaker, that is not what we hear. They are very concerned that in good faith they moved forward through the auction process, in good faith they have acquired this spectrum, in good faith they are preparing for jobs, and we're all concerned about jobs growth, jobs that will be going into place as we move to digital and analog moves into a new area for abuse. It is time for us to move forward on this and keep our word to the American people.

Mr. POLIS of Colorado. Mr. Speaker, I yield myself such time as I may consume.

The Chair of the appropriate subcommittee, the gentleman from Virginia (Mr. BOUCHER), has indicated that he will not support an additional delay in the implementation of the change as have several of the other speakers who have advocated on this side of the issue as well. Again, the urgent need for a one-time delay is simply in the fact that 6.5 million people's televisions will go black in 13 days absent this very simple change that gives them more time.

To show the ongoing urgent need for this, just yesterday 135,464 coupons were added to the waiting list. Two point one million households are now on the waiting list for coupons. These are people who did everything right, and they are on the waiting list. And if we pass this bill many of them will, in fact, be eligible for coupons as well.

Again, this is a one-time delay only. Given the critical nature of television in today's society, that is why this has been supported by a number of national public safety organizations including the Association of Public-Safety Communications Officials, the Association of Chiefs of Police, the Association of Fire Chiefs and the National Emergency Managers Association.

Television is an important way to communicate with people. We all have constituents that this affects. And that is why it's important to pass this bill today.

I would like to yield 1 minute to Mr. WEINER from New York.

Mr. WEINER. I just think this debate has been instructive. I would say that on one side you have people who are advocating for the 2 million people who are waiting without coupons and for the 7 million or so people that Nielsen says is in this universe of people who don't have coverage. On the other side it is people that are advocating for who bought the spectrum at literally billions of dollars and for the TV broadcasters because they have to run to their transponders. No doubt about it. There are equities on both sides. But I think someone should stand for the 2 million people that are waiting for coupons. That is us. Someone should stand for the 7 million Americans who don't have the service. That is us. Who are you standing for?

Ms. FOXX. Mr. Speaker, I now yield 1 minute to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank the gentlelady.

If I may inquire of the majority manager, I have a question regarding section 2 of the rule. This provision changes the date by which the Chairman of the Committee on Appropriations must file explanatory materials related to the omnibus appropriations bill. It is my understanding that the date change in section 2 of the rule is necessary because the text of the omnibus is not available at this time.

May I confirm for the record that it is still the majority's intent to make this material available at the same time the omnibus bill is introduced?

I will yield to the gentleman for an answer.

Mr. POLIS of Colorado. I would like to thank the gentleman from Georgia.

We originally thought that the omnibus would be ready today, so we required a previous rule that Chairman OBEY file a statement by today explaining the bill. The bill is delayed potentially until after the recess so the rule changes the statement deadline to February 26. It is our intention to file the statement when the bill is introduced.

□ 1415

Mr. BROUN of Georgia. So I want to confirm this. You will file it today.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. FOXX. I give the gentleman 10 seconds.

Mr. BROUN of Georgia. I think it's a crying shame that the majority's not using regular order. We wouldn't have this if we were using regular order on this bill and many others. And I suggest that the majority start using regular order for all these bills.

Mr. POLIS of Colorado. I don't have any further speakers at this point, Mr. Speaker, and I would like to reserve the right to close until the gentlewoman has closed for her side and has yielded back her time.

Ms. FOXX. May I inquire exactly how much time we have left, Mr. Speaker?

The SPEAKER pro tempore. The gentlewoman has 50 seconds remaining on her side. The gentleman from Colorado has 7 minutes remaining on his side.

Ms. FOXX. Mr. Speaker, there has been a lot of talk about the need for debate on this bill, and I want to say that Mr. HOYER has said himself, our committees and Members are served on both sides of the aisle by pursuing regular order. Regular order gives to everybody the opportunity to participate in the process in a fashion which will affect, in my opinion, the most consensus and best product.

I agree with my colleagues that this has been a terrible process. We have not debated the extension of this deadline.

I also want to say that June 17 is a Friday. We're going into tornado season March 1st, hurricane season June 1st. We have the potential for harming the very people the majority says that it wants to help because they will not be able to get the help they need.

The numbers they have been throwing around are exaggerated and, in some cases, absolutely wrong. There are 10 million coupons out there, and the numbers were January 22 numbers. I want to urge defeat of the rule and say, again, we should be doing this under regular order.

I yield back.

Mr. POLIS of Colorado. Mr. Speaker, on September 7, 1927, Philo Farnsworth flipped a switch and brought television into the world. Nothing has been the same since.

We can all remember our childhood, our growing up experiences with television, those of the next generation. It's had an impact culturally, both positive and negative. It's brought us closer together and yet further apart. And yet we have grown to rely on television for so much of our news and so much of our communication as well.

Mr. Speaker, without this bill, in just 13 days, television will no longer work

for millions of Americans. This will not only come as quite a surprise to them, but will also create even further gaps within our society.

This is a one-time delay only. I can think of no time in our history when having access to television is more critical than now with the global emergency and the threat of terrorism. We can't stand by and allow millions of televisions across America to go dark.

Yes, this delay was necessary because of the bungled implementation of this project, and no, it is not expected that there will need to be additional delays, and many people have spoken to the fact that they will not support additional delays in the conversion.

I encourage all Members of this body to follow the Senate's lead and support this bill on the floor today. I urge a ''yes'' vote on the rule and the previous question.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PARLIAMENTARY INQUIRY

Mr. TERRY. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman may state his parliamentary inquiry.

Mr. TERRY. Are non-Members of Congress allowed to vocalize a vote?

The SPEAKER pro tempore. Only Members of the House are allowed to vote in the House.

Mr. TERRY. There were more than two ''ayes'' and there are only two Members on the House floor.

DTV DELAY ACT

Mr. BOUCHER. Mr. Speaker, pursuant to House Resolution 108, I call up the Senate bill (S. 352) to postpone the DTV transition date, and ask for its immediate consideration in the House.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 352

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 ''DTV Delay Act''.

SEC. 2. POSTPONEMENT OF DTV TRANSITION DATE.

(a) IN GENERAL.—Section 3002(b) of the Digital Television Transition and Public Safety Act of 2005 (47 U.S.C. 309 note) is amended—

(1) by striking ''February 18, 2009;'' in paragraph (1) and inserting ''June 13, 2009;''; and

(2) by striking ''February 18, 2009,'' in paragraph (2) and inserting ''that date''.

(b) CONFORMING AMENDMENTS.—

(1) Section 3008(a)(1) of that Act (47 U.S.C. 309 note) is amended by striking ''February 17, 2009.'' and inserting ''June 12, 2009.''.

(2) Section 309(j)(14)(A) of the Communications Act of 1934 (47 U.S.C. 309(j)(14)(A)) is amended by striking ''February 17, 2009.'' and inserting ''June 12, 2009.''.

(3) Section 337(e)(1) of the Communications Act of 1934 (47 U.S.C. 337(e)(1)) is amended by striking ''February 17, 2009.'' and inserting ''June 12, 2009.''.

(c) LICENSE TERMS.—

(1) EXTENSION.—The Federal Communications Commission shall extend the terms of the licenses for the recovered spectrum, including the license period and construction requirements associated with those licenses, for a 116-day period.

(2) DEFINITION.—In this subsection, the term ''recovered spectrum'' means—

(A) the recovered analog spectrum, as such term is defined in section 309(j)(15)(C)(vi) of the Communications Act of 1934; and

(B) the spectrum excluded from the definition of recovered analog spectrum by subclauses (I) and (II) of such section.

SEC. 3. MODIFICATION OF DIGITAL-TO-ANALOG CONVERTER BOX PROGRAM.

(a) EXTENSION OF COUPON PROGRAM.—Section 3005(c)(1)(A) of the Digital Television Transition and Public Safety Act of 2005 (47 U.S.C. 309 note) is amended by striking ''March 31, 2009,'' and inserting ''July 31, 2009,''.

(b) TREATMENT OF EXPIRED COUPONS.—Section 3005(c)(1) of the Digital Television Transition and Public Safety Act of 2005 (47 U.S.C. 309 note) is amended by adding at the end the following:

''(D) EXPIRED COUPONS.—The Assistant Secretary may issue to a household, upon request by the household, one replacement coupon for each coupon that was issued to such household and that expired without being redeemed.''.

(c) CONFORMING AMENDMENT.—Section 3005(c)(1)(A) of the Digital Television Transition and Public Safety Act of 2005 (47 U.S.C. 309 note) is amended by striking ''receives, via the United States Postal Service,'' and inserting ''redeems''.

(d) CONDITION OF MODIFICATIONS.—The amendments made by this section shall not take effect until the enactment of additional budget authority after the date of enactment of this Act to carry out the analog-to-digital converter box program under section 3005 of the Digital Television Transition and Public Safety Act of 2005.

SEC. 4. IMPLEMENTATION.

(a) PERMISSIVE EARLY TERMINATION UNDER EXISTING REQUIREMENTS.—Nothing in this Act is intended to prevent a licensee of a television broadcast station from terminating the broadcasting of such station's analog television signal (and continuing to broadcast exclusively in the digital television service) prior to the date established by law under section 3002(b) of the Digital Television Transition and Public Safety Act of 2005 for termination of all licenses for full-power television stations in the analog television service (as amended by section 2 of this Act) so long as such prior termination is conducted in accordance with the Federal Communications Commission's requirements in effect on the date of enactment of this Act, including the flexible procedures established in the Matter of Third Periodic Review of the Commission's Rules and Policies Affecting the Conversion to Digital Television (FCC 07–228, MB Docket No. 07–91, released December 31, 2007).

(b) PUBLIC SAFETY RADIO SERVICES.—Nothing in this Act, or the amendments made by this Act, shall prevent a public safety service licensee from commencing operations consistent with the terms of its license on spectrum recovered as a result of the voluntary cessation of broadcasting in the analog or digital television service pursuant to subsection (a). Any such public safety use shall be subject to the relevant Federal Communications Commission rules and regulations in effect on the date of enactment of this Act, including section 90.545 of the Commission's rules (47 C.F.R. § 90.545).

(c) EXPEDITED RULEMAKING.—Notwithstanding any other provision of law, the Federal Communications Commission and the National Telecommunications and Information Administration shall, not later than 30 days after the date of enactment of this Act, each adopt or revise its rules, regulations, or orders or take such other actions as may be necessary or appropriate to implement the provisions, and carry out the purposes, of this Act and the amendments made by this Act.

SEC. 5. EXTENSION OF COMMISSION AUCTION AUTHORITY.

Section 309(j)(11) of the Communications Act of 1934 (47 U.S.C. 309(j)(11)) is amended by striking ''2011.'' and inserting ''2012.''.

The SPEAKER pro tempore. Pursuant to House Resolution 108, the gentleman from Virginia (Mr. BOUCHER) and the gentleman from Texas (Mr. BARTON) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

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

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

Mr. BOUCHER. Mr. Speaker, we are now less than 2 weeks from the February 17 digital television transition date, and millions of American households remain totally unprepared. On January 22, the Nielsen Company, which is a widely respected service that reports on television viewing in the United States, reported that fully 6.5 million households are totally unprepared for the transition. These are homes that rely upon antennas or rabbit ears in order to get their television service. They do not have cable or satellite subscriptions. And given the fact that they are totally unprepared today, if the transition goes forward as scheduled on February 17, these 6.5 million households will lose all of their television service, and that number represents about 5.7 percent of the total American television viewing public. If almost 6 percent of the nation's households lose all of their television service, I think that most people would declare that the digital television transition has been a failure.

At the present time, there are 3.7 million requests for converter box coupons pending at the U.S. Department of Commerce, and since early January, the program that funds those coupons has been out of money. Those requests therefore, cannot be honored.

And the waiting line for coupons is growing rapidly. On Friday of last week, the number of requests was 3.3 million, and over the weekend, during the day on Monday, that number climbed to 3.7 million. And I think we can expect a much larger increase in the number of requests that are filed with the Department of Commerce over the coming weeks.

It's clear to me that the only way to avoid a massive disruption affecting 5.7

percent of the entire viewing public is to delay the transition and provide the funding in the meantime to assure that when the transition does occur, it occurs smoothly. In recognition of that reality, the Senate has now, on two occasions, by a unanimous vote both times, passed legislation to delay the transition until June 12. The most recent unanimously passed Senate bill moving the date to June the 12th is now the measure that is before the House.

My friends on the other side of the aisle will argue and have argued that if more money were provided for this program for converter boxes during the coming week, that the problems could be solved, and they have, in fact, put forward a proposal to do so.

But I want to make a very clear point. The provision of more money for this program now, without moving the transition date, could not avoid the disruption. It takes 1 week to process 1.6 million coupon requests at the Department of Commerce. That's what the independent contractor working for the Department of Commerce estimates its approval numbers to be. That company is IBM, and they've been handling this coupon program since the inception. They can process 1.6 million coupon requests every week. And so in the 13 days remaining between now and February 17, that backlog presently pending of 3.7 million requests could not be processed, even if more money were provided for that program today. And then, beyond processing the requests, more time is required for mailing the coupons to those who have requested them, and then more time still required for the television viewer to get the coupon out of the mail and take that coupon to a store and redeem it for a converter box. So even if more money were provided for the program today, the program would still be a failure and we would still have millions of homes dislocated in their television viewing.

Beyond the converter box program, which is at a standstill, more resources are also needed for the Federal Communication Commission's call center program where waiting times are long, where calls are frequently disconnected, and it's very difficult to ever speak to a live technical assistance representative. In fact, Commissioner McDowell at the Federal Communications Commission reported on these facts. He had tried himself to contact the FCC's call centers, and just as a test, determine what the real condition of those call centers happens to be. And he found that calls were disconnected, waiting times were unacceptably long, and it was virtually impossible to get a live technical assistant representative on the line.

Now, as that report reveals, the FCC's call center program is in complete disarray, and that program is vitally important. There is a virtual absence of technical assistance available for people to connect their converter boxes; once they've connected them, if they still can't get a viewable picture, get some expert advice on what further steps they might take, testing their antenna, for example, to determine whether or not the antenna would have to be replaced, adjusting that antenna to determine whether or not a digital signal can, in fact, be received. And the FCC's call centers are the only vital point of contact and point of information that millions of people, primarily those in rural stretches of of our Nation, are going to have available. And that program today is in disarray.

More resources are going to be necessary in order to make that call center program effective. Only by delaying the transition and utilizing the $650 million that the stimulus measure provides for the DTV transition program, can these problems be addressed and can massive viewer disruption be avoided.

The 4-month delay that the bill before the House would accomplish has been endorsed by a broad range of organizations representing the very parties who could potentially be disaffected by the delay. And I'm going to take just a moment to go through an identification of some of these endorsing organizations.

Much has been said during the debate on the rule about public safety, and all of us share a concern about public safety. We want to make sure that spectrum is made available to first responders at the earliest possible time in order to deploy advanced communications equipment so that there will be full interoperability among first responders, police being able to talk to fire agencies, being able to talk to rescue agencies and to do so all across the country. That's the goal. We hope that goal will soon be achieved.

But the organizations that represent these public safety agencies nationwide, the great weight of them, have endorsed this delay. I'm just going to list these. The International Association of Fire Chiefs, the International Association of Police Chiefs, the National Emergency Number Association, that's the voice of 911 across the country, and also the organization that represents the information technology professionals who work in first responder agencies, they have all endorsed this delay.

□ 1430

I would suggest that they recognize that the greater threat to public safety would come in something like 6.5 million households losing all television coverage and, therefore, not being able to get the vital public safety information that local television broadcasters so effectively provide, and that will happen unless the delay and the transition are adopted. Speaking on behalf of local broadcasters, the National Association of Broadcasters and the major networks have all endorsed this delay and have sent letters or have made public statements to that effect.

Speaking for the purchasers of the commercial wireless spectrum, the two major winners in the government-sponsored auction for that spectrum—AT&T and Verizon—have both endorsed this delay.

Now, much was said during the debate on the rule about possible motivations for various parties having recommended the delay, including some comments, perhaps, about the motivation of the President in asking for this delay. It is very clear that the reason that this delay was asked was due to the loss of television viewing that would occur across this Nation if the delay were not accomplished. That is the real reason. If any party is going to be disadvantaged because of this delay on the commercial spectrum side, it would have been the major bidders in this auction—AT&T and Verizon—and both of them have sent letters endorsing this delay. They believe it is necessary to have a smooth transition, and they have endorsed the delay accordingly. The Consumers Union and the acting chairman of the Federal Communications Commission have also endorsed this delay.

Let me offer assurance that it will be a one-time-only delay. Our committee will simply not entertain requests for any delay beyond the 12th of June. Our chairman of the full committee, the gentleman from California (Mr. WAXMAN), has been very clear about that. No requests beyond the 12th of June for a delay will be considered.

Speaking on behalf of the subcommittee, I can say precisely the same thing. We will have time to get this program properly structured. We will have the resources necessary to make sure that the program can be smooth and effective when the transition occurs in June. Under no circumstances will we consider legislation to delay this program again. The delay that this bill will accomplish, teamed with the stimulus appropriation will be sufficient to ensure a smooth digital television transition.

So, Mr. Speaker, I urge approval of the measure pending before the House, and I reserve the balance of my time.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Mr. Speaker, before I speak, I want to ask a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. In the previous voice vote, the Speaker said the ''ayes'' have it. From visual inspection, it appeared that there were more ''no'' Congressmen on the floor than ''aye'' Congressmen. My parliamentary inquiry is:

Under the rules of the House, is it possible to ask for a show of hands without violating House rules or without asking for unanimous consent?

The SPEAKER pro tempore. Such a straw vote is not in order. A timely request for a division could have been entered.

Mr. BARTON of Texas. Further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. If a Member on the floor at the time the Chair calls the question feels the Chair called the question erroneously, then that Member would be required to ask for a rollcall vote. Is that your remedy?

The SPEAKER pro tempore. The Chair's call of a voice vote is not subject to challenge. Following the Chair's call a Member could request a record vote or a vote by division.

Mr. BARTON of Texas. Mr. Speaker, I yield myself 5 minutes.

Let me start out by stating that the majority is trying to fix a problem that I do not think really exists. We have sent out 33 million coupons: 22 million of those coupons have been redeemed, and 11 million coupons are outstanding. The outstanding coupons are being redeemed, I think, by about 500,000 a week, something like that. In my opinion, you could keep the hard date and not have a problem, but if you think there is a problem, it is not from lack of money.

We have appropriated $1.3 billion. About half of that is still in the Treasury, but as I pointed out before, it cannot be released for additional coupons because they assume that 100 percent of the coupons are going to be redeemed. So what this means is the redemption rate is only about 52 percent. Once you send out a coupon, you have to wait for 90 days until it is either redeemed or until it expires before you can release an additional coupon.

If we really, really think that we need to do something, the simple thing to do is not appropriate but to authorize $250 million at $40 a coupon box. That is $240 million. You have authorized enough money to send out coupons, however many you can send, to these 6.5 million Nielsen household families that my good friend from Virginia talks about. Yet the majority has chosen not to do that. They have insisted that we have to delay the program.

So point one is: We have 33 million coupons that have been sent out. Twenty-two million have been redeemed. Eleven million are outstanding. If you want to eliminate the line, you authorize another $250 million so you can send out the other coupons. You could also just say you do not need a coupon. As my good friend from Nebraska has pointed out, it is not the lack of converter boxes. You can go to any electronic store in America and find the converter box. We could just say, ''If you have not gotten a converter box, go get one.'' There is no means test. Under the law, every household in America is entitled to two converter boxes. Go get them. Pay for them. Send us the receipt. The Treasury will pay you your money. You could do that.

My good friend talks about the technical problems. Well, I am going to educate the country right now on the technical problems. Here is how to do it: First, get the converter box. Second, take it out of the box. Third, plug it in. Fourth, hook it up by cable to your TV set or to your antenna. Fifth, turn it on. Sixth, if you have a remote control, hit the scan button. Seventh, make sure that you tune your TV to channel 3.

What is technical about that? It works.

Eighth, if you do all of that and it does not work, call whomever you bought the converter box from. They will tell you, and they will walk you through it. If you are a senior citizen, in most States, you can dial 211, and they will even send somebody out to your house to make sure that it is plugged in, that it is hooked up, that it is turned on, that it is on channel 3, and that you hit the scan button. Now, that is not all that high-tech. If a Texas Aggie like me can understand it, I think the country can understand it.

Next, I want to point out, even though we are delaying this until June 12 if this bill becomes law, according to the acting chairman of the Federal Communications Commission, 61 percent of the television stations in America are going to go ahead and convert to digital. One hundred forty-three television stations already have converted, and in those areas where they have converted, I am not aware that there has been a huge problem.

As CLIFF STEARNS pointed out earlier in the rules debate, they did a pilot program down in North Carolina, and it was 99 percent effective. Regarding the time that they converted over, they had a handful of concerns down there to see if it would work.

So we have a situation here where we have had a hard date on the books since September of 2005. That hard date is February 17. Every broadcaster in America is ready to go; 143 three stations have already converted. Up to 61 percent of the remaining 1,000-someodd stations say they are probably going to convert. The acting chairman says that, before June 12, probably 90 percent will. Now, to be fair, Acting Chairman Cox does say he supports the legislation that Mr. BOUCHER is bringing to the floor. He does support the delay.

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

Mr. BOUCHER. Mr. Speaker, at this time, I am pleased to yield 3 minutes to the distinguished gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I probably will not take the 3 minutes, but I thank him for his leadership on the committee. As well, I thank the chairman of the full committee, Mr. WAXMAN.

Mr. Speaker, this is an important issue. In my district, at least, it is very important. This is not an academic issue. It is very important. I am pleased that we now have another chance to pass this vitally important bill, because it has become increasingly clear that, with the digital transition deadline looming just days away, literally millions of Americans are at risk of being left in the dark.

With an estimated 6.5 million households still unprepared for the digital transition, it is clear that a short delay is necessary. There are 6,000 households on the waiting list for converter box coupons in my district alone, and that number grows daily. So a short implementation delay is necessary, and I do not see the problem in granting this request.

Without a delay, many of these people would be without television service and would be at risk in the event of a disaster or of a national emergency. I represent a rural area where many people rely on over-the-air television broadcasts. So this issue is particularly important for districts like mine. People clearly need more time to learn just what this transition will mean for them.

The distinguished ranking member of the committee says that they have had enough time and that there are procedures in place for making it happen, but people need more time to learn. Even my constituents who manage to buy the box could still be left without a signal. Analog signals travel further than digital signals, and many people may still need a new digital antenna to receive the signal.

So, Mr. Speaker, in closing, I wish the Energy and Commerce Committee had the opportunity to mark up this bill, because I believe there are still some issues that are unresolved in the legislation. However, I strongly support this bill as it is written, and I look forward to its swift passage this afternoon so that consumers can be given more time to prepare for this tremendous change in their lives.

Mr. BARTON of Texas. I would like to yield 3 minutes to the ranking member of the Telecommunications Subcommittee, Mr. STEARNS of Florida.

Mr. STEARNS. I also agree with you. I would like to have had the opportunity to have marked up this bill. Unfortunately, we did not mark up this bill, and I had six amendments—Mr. BARTON and I, Mr. BLUNT and Mr. WALDEN—and they were not accepted. It would have made the bill, I think, improved.

I rise in strong opposition to this bill because, for over 2 years, we have been promoting February 17, 2009 as the date of the DTV transition. Industry and government have prepared and have spent billions of dollars. When you look at some of the statistics from Mr. BOUCHER, he is using the Nielsen rating. Well, that Nielsen rating does show that a large percentage of Americans are ready to go, and most of the statistics he has collected are from a survey that is a month old. So, in this case, it has changed, and another 1 million people have already gotten coupons.

Frankly, a change in the date engenders skepticism among Americans, confusion and a distrust of the government because here they are again delaying something when they said for over 2 years that we are going to have an effective date. So, for that reason, I

think we should move ahead with the date and defeat this bill this afternoon.

There are lots of broadcasters who have spent all of this money preparing, and now they have unbudgeted expenditures from the private sector that are going to have to be used. At this particular point in our economy, which is weak, to have to take these unbudgeted amounts of money and find this new money to make this transition is going to be a hardship for these folks. So a delay is not necessary.

All we need to do is to give the manufacturing distribution cycle any short change of notice that they need, give them a little bit more money, and we can continue. The public is not served by delaying this because, in the end, the analog spectrum that is available could be used for first responders. Many, many carriers have already invested nearly $20 billion in spectrum auctions, and they have been promised the deployment of innovative, new, next-generation, wireless, broadband services. Now, these, our Nation's first responders, direly need and they deserve the spectrum. They paid for it. So why can't we give it to them? Why are we delaying this another 3 or 4 months? It is only because there is a perceived problem when there is really no perceived problem.

□ 1445

As Mr. BARTON on the ranking side here has pointed out, there was a demonstration project in Wilmington, North Carolina, in which 99 percent of the people were happy. There's always going to be a segment that are not happy.

And on that note, we all were involved with the inauguration here. We know we thought that it was going to go perfect; yet a lot of our constituents could not get through to their seats because the metal detectors broke down. Now, the question I have for the Democrats, if we had the inauguration in place and it turned out about 3 or 4 percent of the people could not get through because of metal detectors, would you have shut down the swearing in of the President because of it? No, you would not have.

Any great event will continue, and there's always going to be a small percentage, but you can take care of those, just like they took care of it in Wilmington, North Carolina, in the demonstration which was totally successful.

Mr. BOUCHER. Mr. Speaker, at this time I'm pleased to yield 3 minutes to the gentleman from Michigan (Mr. STUPAK), chairman of the Oversight and Investigations Subcommittee of the House Energy and Commerce Committee.

Mr. STUPAK. Mr. Speaker, I thank the chairman for yielding me time on this important issue.

In the last 2 years, we've held over six hearings on this transition to digital television and highlighted the problems that we find across America with this transmission date and the set date of February 17 and the need to extend the time. We need to extend the time because, in all honesty, the Department of Commerce has made many mistakes in this program, and to ensure that all Americans have an opportunity to make the transition and to get their converter boxes, we have to make this delay.

The other side has argued that converter boxes are readily available. Time and time again in my district in rural northern Michigan, we've gone to the stores. There are no converter boxes available. Our coupons are only good for 90 days, and then they expire, and we have got to start the process all over again.

Even though we repeatedly warned the Department of Commerce this would happen, they did nothing until Christmas Eve when they notified us that they've run out of money, there's no more converter boxes, and this is a disaster waiting to happen.

So I'm very pleased that the Obama administration has stepped forward, and this situation has now required that we delay the transition to allow this new administration the opportunity to properly prepare the Nation for DTV transition.

My colleagues on the other side of the aisle have stated that a delay would jeopardize public safety. This is simply not true.

As a former Michigan State police trooper and as a Member who's focused on strengthening our Nation's public safety and as a founder of the Law Enforcement Caucus way back in 1994, I've got to tell you the rhetoric about jeopardizing public safety is misplaced. And also as a member of the Energy and Commerce Committee, I've worked with my colleagues, public safety, and the FCC to promote the construction of a national, interoperable, wireless broadband network for law enforcement.

Congress must act quickly to modernize our public safety infrastructure, and we can do that. Basics such as access to television, before this transition and after the transition, we need access to the emergency alert system, as well as news information for local communities. This is access that's a critical component of public safety.

As a result of this legislation and our bill here today, a number of public safety groups support the delay of the DTV transition and have repeatedly said it would not jeopardize public safety. This legislation still preserves the right to make the switch, soon as you're ready, to make a switch from analog to the digital spectrum before the new transition date of June 12.

Public safety officials recognize that a one-time delay is necessary, and in a letter to us from public safety officials it says, ''Specifically, the bill makes it clear that a public safety agency can use its existing license in the 700-megahertz band to commence operations after a broadcaster has voluntarily ceased operations on a channel before June 12. All 50 States and some local governments have FCC licenses for the 700-megahertz spectrum.''

It will not delay public safety. It will not jeopardize public safety. Vote ''yes'' on the legislation.

Mr. BARTON of Texas. I'd like to give 3 minutes to the gentleman from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, I thank Mr. BARTON.

I was one that several years ago helped write this legislation that we're amending today, and the reason that we did it was because we listened to the 9/11 Commission, and their number one recommendation was our first responders need the analog spectrum. They have got to have that so that they can communicate with each other. The fire fighters have got to get the same message that the police folks got on that fateful day back in September.

In Katrina, the Coast Guard folks couldn't talk to the sheriffs as they tried to rescue people off the roofs, and we knew that it was because of the spectrum. They did not have the slice of the analog spectrum necessary so they could communicate.

So the 9/11 Commission made their report, and then they did a follow-up report a couple of years later, and they said Congress still hasn't acted, and they took all of us on. They gave us a flunking grade, E, and we came back and said, well, there was a number of things that had to happen.

We had to convert the television stations from analog to digital. We had to make sure that we stop selling analog TV sets. We had to be able to develop the technology and be able to get it out to these converter boxes, and we actually came up with a way that could help fund the consumer to pay for that box so that they could get the picture over the air.

Our broadcasters have done a marvelous job. They have spent more than $1 billion across the country informing the Nation about the February 17 date, a date that we set, Chairman BARTON and myself, more than 3 years ago.

And our broadcasters, like my Channel 22 in South Bend, Indiana, which broadcasts in Indiana and Michigan wrote me almost a month ago and it says, ''Anticipating the February 17 analog shutoff, WSBT is in the process of converting our backup analog transmitter to digital. This means there is currently no backup for our analog signal in the event of any technical failure to the primary transmitter. We do not stock any backup analog transmitter parts. We have been told that the age of the parts means they are likely to fail soon and replacements are either not in stock or exceptionally difficult and expensive to find.''

The Fraternal Order of Police, understanding probably better than just about anyone else is relating to the need for access to analog spectrum,

says this particularly with the arguments that were made by some previous speakers in support of this bill. ''While S. 328 would still allow broadcasters to voluntarily transition by 17 February, subject to current FCC regulations, and allow public safety to occupy this vacated spectrum, unless all the surrounding broadcast stations also voluntarily transition, it is unlikely anyone can move.''

That's the point. They're ready. So are our consumers. The NTIA told this body in November that they were going to have trouble with the coupons, and we should have acted then to do a number of different things in terms of figuring out how to appropriate the money.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. I give the gentleman 1 additional minute.

Mr. UPTON. If we had acted then to figure out how we could send these coupons out, not use third-class mail but first-class mail, we could have easily fixed this without the costs so that our consumers, our broadcasters, and yes, our first responders would be able to have this spectrum available on February 17.

But we didn't do that job. We didn't do it, and here we are today now looking, after spending more than $1 billion to inform the consuming public about February 17, we're just going to move it to June 12. Who knows if it moves again.

Dates have meaning. Americans know about the date called April 15, the date that we pay our taxes; yet there are still a number of folks who don't file on time.

We need to file on time. We need this analog transition date to stick so that if we do have another emergency, particularly in the next couple of months, whether it be our police, our fire fighters, our EMS folks, that they will begin to have that technology so they can communicate to save lives.

That's what this is about. Please vote ''no.''

Mr. BOUCHER. Mr. Speaker, may I inquire as to the time remaining on both sides.

The SPEAKER pro tempore. The gentleman from Virginia (Mr. BOUCHER) has 14 minutes remaining. The gentleman from Texas (Mr. BARTON) has 18 minutes remaining.

GENERAL LEAVE

Mr. BOUCHER. Mr. Speaker at this time, I ask unanimous consent that all Members shall have 5 legislative days to insert material in the RECORD, including their statements on this bill.

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

There was no objection.

Mr. BOUCHER. Mr. Speaker, at this time, I'm pleased to yield 2 minutes to the distinguished gentleman from Indiana (Mr. CARSON).

Mr. CARSON of Indiana. Mr. Speaker, I rise in strong support of this legislation and extending the DTV deadline.

As a father, I try and limit how much television my daughter watches. However, that does not mean that I want to completely deny her access to this very informative medium, but that's exactly what others would have us here believe. They would have us deny access to millions of Americans, Americans who rely on TV not only for their entertainment but for their safety.

Mr. Speaker, two major winter storms have passed through my district in the past 2 weeks, and thousands of people stayed off the icy roads during these storms because of the winter advisory alerts that went out on our local TV affiliates in Indianapolis. By having access to these alerts, thousands of my constituents were able to remain safe.

So I would implore the minority not to politicize this issue. This is a very serious issue that demands we act swiftly and responsibly. I encourage my colleagues to support this legislation.

Mr. BARTON of Texas. I'd like to yield 3 minutes to a member of the committee, Mr. TERRY of Nebraska.

Mr. TERRY. Mr. Speaker, I rise in opposition of this delay. I want to run through numbers, and I know it's hard to orally talk about numbers and have it sink in, but the Nielsen survey that was done showed there was about 6.5 million folks or households a month ago that weren't hooked up. And Mr. STEARNS from Florida mentioned that was 30 days ago, and many of those have already been hooked up, but let's just assume 30 days ago 6.5 million households.

Right now, out in our communities and households there's 10 million coupons, valid, non-expired coupons. Let's assume, since each household was allowed two, that's 5 million households. So, really, what we're talking about is 1.5 million that would be left without resources, evidently, on February 18.

For that, we're going to delay 4 months and also put up $650 million to somehow say in the last 2-plus years and millions and millions and millions of dollars of advertising, not only nationally but by our local affiliates and broadcasters, and here's what we've been told, it's not within the stimulus bill how that 650 will be spent, but we're told that 90 million of it is going to be spent paying people to go door to door, 40 million for converter boxes ostensibly for the 1.5 million which way exceeds the amount—so we have to ask if it's really going for converter boxes or it will be slid over somewhere else—and 160 million more in consumer education. Again, to find the 1.5 million people on February 18 that would ostensibly be left.

And the other thing that confuses me is none of the public safety organizations of which our friend from Virginia mentioned in his opening remarks were coming to us in Congress, either side of the aisle, and saying, my goodness, you have to delay this.

□ 1500

And then, frankly, nobody was coming to us saying, ''You have to delay this'' until the President, 3 weeks ago, out of the blue, said we should delay this because he was advised by somebody in his transition team that the previous administration had messed it up and it's going to take 4 months to fix. And then we find out that perhaps a person on the transition team actually had maybe a conflict of interest that was not relayed to the President.

But the point that's here is that none of those folks that offered the letter had done so before the President asked for it.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. TERRY. So what we also need to look at here is the $650 million, an appropriate amount for the 1.5 million.

Are we, if we delay this another 4 months, even going to be able to find that 1.5 million? And I told a story the other day when we were discussing this about Tom Osborne, a Nebraskan icon, an idol. When he ran for Congress, a poll was done showing he had 95 percent name ID in the State of Nebraska when he ran for Congress. That means after 30 years of coaching and three national championships in the State of Nebraska, there were still 5 percent that had never heard of him.

So if the new standard is to reach 100 percent, Mr. Speaker, we're not going to get there on February 18 or in June or June of 2010.

So I don't understand why we're delaying this.

Mr. BOUCHER. I yield myself 1 minute.

Mr. Speaker, I do so for the purpose of placing in the RECORD a series of letters that the committee has received endorsing this delay, and among these letters are letters from the Association of Public Safety Communication Officials International, the International Association of Chiefs of Police, the International Association of Fire Chiefs, the National Emergency Number Association speaking for 911. And these are all associations that sent letters to the committee representing the public safety community, and they represent the great weight of public safety of first responders in the Nation endorsing this delay.

Also included in this submission will be a letter from the National Association of Broadcasters speaking on behalf of local broadcasters across the Nation. We have also received letters from AT&T and Verizon, the two major winners in the government-sponsored spectrum auction endorsing the delay, from the Consumers Union, the National Hispanic Media Coalition, Univision, and also the acting chairman of the Federal Communications Commission.

JANUARY 30, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce, House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN WAXMAN: We understand that the House of Representatives may soon consider S. 352, the DTV transition extension bill that passed in the Senate yesterday.

The bill the Senate passed yesterday included language to address the impact on public safety of a DTV transition delay. We expressed support for this language in a letter we sent on January 27, 2009, to Senate Commerce Committee Chairman Rockefeller and Ranking Member Hutchison.

Specifically, the bill makes it clear that a public safety agency can use its existing license in the 700 MHz band to commence operations after a broadcaster has voluntarily ceased operations on a channel before June 12. All 50 states and some local governments have FCC licenses for 700 MHz spectrum, and are waiting for the DTV transition date to modernize their communications systems and ensure public safety.

Although we have concerns about the impact of delaying the transition date on public safety, since this language is now included in the final version of the bill we support passage of this legislation.

We thank you and your colleagues for taking into account the concerns of public safety while considering this matter.

Respectfully,

CHRIS FISCHER,
President, Association of Public-Safety Communications Officials-International.

RUSSELL B. LAINE,
President, International Association of Chiefs of Police.

LARRY J. GRORUD,
President, International Association of Fire Chiefs.

NATIONAL EMERGENCY NUMBER ASSOCIATION,
Arlington, VA, February 2, 2009.

Re: digital television transition.

Hon. HENRY WAXMAN,
Chairman, Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

Hon. JOE BARTON,
Ranking Member, Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN WAXMAN AND RANKING MEMBER BARTON: I am writing on behalf of the National Emergency Number Association (NENA), the leading professional non-profit organization dedicated to the advancement of 9–1–1 emergency communications issues, as a follow up to our earlier letter regarding the digital television (DTV) transition. On behalf of NENA's 7,000 members, we again wish to thank you for your efforts to ensure that a significant element of the debate to extend the DTV transition date addresses the needs of public safety. NENA supports the Senate approach recently adopted in S352 that addresses public safety spectrum needs and we encourage the House to quickly adopt the measure.

While NENA again wishes to underscore the substantial importance of public safety access to this valuable spectrum and your willingness to work with public safety, we also are mindful of the greater societal debate and the impact on millions of consumers if the DTV transition is not properly handled. If there is a delay in the transition, then it is very important that public safety agencies have the option to gain expedited access to channels that have been vacated by broadcasters before the new DTV transition deadline, an important aspect of the legislation adopted by the Senate that you are now preparing to consider.

Thank you again for your commitment to consider the potential impact on public safety of an extension of the DTV transition

Sincerely,

BRIAN FONTES,
CEO.

NATIONAL ASSOCIATION OF BROADCASTERS,
Washington, DC, February 2, 2009.

Hon. HENRY WAXMAN,
House of Representatives, House Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

Hon. RICK BOUCHER,
House of Representatives, House Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN WAXMAN and CHAIRMAN BOUCHER: On behalf of America's broadcasters and the National Association of Broadcasters (NAB) Television Board of Directors, thank you for working to ensure that millions of Americans are able to successfully switch to digital television (DTV) and for your efforts to help consumers receive converter box coupons prior to the transition date.

As you know, America's full-power television stations have been working for the last two years to educate Americans about the switch to all-digital broadcasting. The DTV transition is the highest television priority of NAB, as broadcast networks and television stations across the country have contributed more than $1 billion to educate Americans on the impending switch.

Free over-the-air broadcasting is important part of American life. Broadcasters understand this as well as the need to ensure that Americans are both prepared and equipped to make the switch to digital. To this end, we support your efforts to give viewers and the federal government more time to get ready for all-digital broadcasting. As you know, many Americans are already enjoying the benefits of digital television. Indeed, some markets have already commenced digital-only operations, some stations are already digital-only and other stations will need to cease analog operations on February 17 or sometime before June 12.

It is important that stations have the flexibility to go all digital before the new cutoff date. We understand that Congress does not intend to require stations to continue analog broadcasting just because the date is changing. Nor does it intend to have the Federal Communications Commission impose additional requirements on stations by either changing the current streamlined procedures for notifying the agency that the station is terminating analog service or insisting on 30 day notification for stations that would not have been required to provide notice if the date had not changed.

We appreciate your focus on flexibility for stations so that they can determine how best to provide the vital news, weather alerts and emergency information that free, local television provides to its viewers.

We hope the House will pass the legislation that was unanimously approved by the Senate. Thank you for your continued attention to this important matter.

Best wishes.

Sincerely,

DAVID K. REHR,
President and CEO.

At this time, I am pleased to yield 2 minutes to the gentlelady 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. Thank you, Chairman BOUCHER, and thank you for the leadership that has been given by a number of our committees in Energy and Commerce, and thank you very much, President Obama, for listening to the real reason for having this legislation, and that is that actually we had run out of money for these vouchers that are needed for many of the individuals who are economically in need. In actuality, there is a waiting list.

In my own community, there are 7,298 in the 18th Congressional District in Houston, Texas, and an increase of over 600 since we've indicated the possibility of being able to get these additional vouchers or to get in line.

My mother is 83 years old and has a television that needs this adaptation. And I can tell you the difficulty for seniors. That is why AARP is supporting this extension, this configuration. When you're ready, get on line. But if you're not ready, then you will not be in the dark until, of course, this extension. It makes sense.

Many times a television is a lifeline of a person living alone, a disabled person, a senior person, and frankly, I want to work with the FOP. We all have good relations with them, and I believe down the road we can work that out.

But the International Fire Chiefs are for this, the public safety officers are for this. We want to have interoperability. We want to be able to communicate, unlike the tragedy that occurred in 9/11. But at the same time, we can be multitasked. We can, in essence, do two things at once to ensure that we have a process that doesn't turn the lights out on a predominant number of Americans who cannot help being on a list with a coupon system that does not work. They were not able to get the coupons. If we don't do this bill, February 9 is D-day. It is a D-day in terms of what happens to many Americans.

I think this is a positive approach. It is an effective approach, and it will help us move the process forward. And let me thank the network stations for working as hard as they could locally, but they need help. This bill will help.

I ask my colleagues to support it.

Mr. Speaker, today I speak in strong support of S. 352, and I also want to thank my colleague Senator JAY ROCKEFELLER for authoring this insightful resolution.

The digital television transition is an unnecessary burden to be passed onto the American people at a time when the pressures of day to day life are heavy and growing.

To assist consumers through the conversion, the Department of Commerce through its National Telecommunications and Information Administration (NTIA) division handled requests from households for up to two $40 coupons for digital-to-analog converter boxes beginning January 1, 2008 via a toll free number or a website.

However, the Commerce Department has run out of funds to cover the cost of coupons

ad there are millions of Americans who have yet to receive the boxes. These Americans should not be expected to purchase the converter box without the aid of the government, seeing as the entire nation is under extraordinary economic pressure caused by the recession.

Last week, President Obama's team joined a chorus of concerned voices requesting a delay because the National Telecommunications and Information Administration (NTIA), which is to provide education and $40 vouchers for people to buy digital TV converter boxes, ran out of money on January 4. There is also concern that many people, especially poorer and more rural areas, have not yet heard that they will need a converter and a larger antenna.

Older homes can not be easily wired for cable. The house walls might be made of concrete, brick, or stone that is difficult to wire through. This has caused some local residents to opt for analog over-the-air TV instead of cable or FIOS. Other people have decided to only wire their living room, and still use analog over-the-air in other rooms. The old construction can also cause problems running an antenna to a window, roof, or attic. These older homes are generally owned by lower income families that are being hit particularly hard by the current economic recession.

On January 22, The Nielsen Company said 6.5 million Americans had not prepared for the switch, a startling number considering the Commerce Departments inability to assist these Americans in the purchase of the converter boxes. TV stations would face extra expenses, which is burden that they also cannot be expected to take on in times like these.

Mr. Speaker, I understand that the long-term effects of this transition will benefit the American people and support the eventual transition. Madam Speaker we are in a recession at best. Our seniors can barely afford their prescriptions and we are asking them to pay another 40–50 dollars for a convertor box. To some of us that may not seem like much but for many it is a small fortune. Especially for our senior population who may have only the television as company.

I ask that my colleagues support this legislation and give Americans more time to properly prepare for the conversion.

Mr. BARTON of Texas. Can I inquire as to the time remaining on each side, please, Mr. Speaker?

The SPEAKER pro tempore. The gentleman from Texas has 14 minutes remaining. The gentleman from Virginia has 10 minutes remaining.

Mr. BARTON of Texas. I would like to yield 3 minutes to the distinguished former ranking member of the Ag Committee and the former chairman of that committee, Mr. GOODLATTE of Virginia.

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

Mr. GOODLATTE. Mr. Speaker, I thank the ranking member for yielding me this time and for his leadership on this very important issue. And I rise in strong opposition to this legislation.

Mr. Speaker, February 17, 2009, I bet if we took a poll we would find that 90 percent of the American people know the date that's been set for the digital transition. February 17, as has already been noted, the television stations of the country have spent $1 billion in advertising, the government has spent huge sums of money promoting transfer, and 98 or 99 percent—depending on who you talk to—the American people are ready.

If you're connected to a cable system, you're ready. If you're connected to satellite, you're ready. If you have a digital-ready television set, you're ready. Or if you're like a million of the people who listened to this message, went out and got the converter box, you're ready to make the transition now.

There is a much simpler solution to the problem of those who do not have the coupons today. We could fix it today. We could fix it right in this room today by simply saying, ''Go buy the converter box. Save your receipt. When you get the coupon, return it with the receipt and you will get your $40 back.''

There are plenty of ways of solving this problem without a 4-month delay, and look at the consequences of that delay.

First of all, we have television stations today that are having to maintain two systems that are having to pay for the electricity of two systems. It's estimated that the 1,758 U.S. TV stations may face up to $141 million in additional electric bills because of the delay.

Imagine the amount of CO_2 gas emissions that are occurring because we're going to extend this for 4 months and require most of those stations to continue to broadcast in both of these services.

Secondly, we have to reeducate the voters. Who knows what date it is in June that this is being extended until? The people don't know the answer to that question. And we shouldn't have to reeducate them and expend any more dollars reminding them that that deadline is coming up.

We have a problem with the fact that billions of dollars have been invested in this country in new equipment to take advantage of this spectrum by emergency responders—police, fire, emergency rescue organizations—all of which will have to delay the use of that equipment by 4 months because they don't have the ability to use this spectrum.

And then we have the companies that have bid billions of dollars to buy other portions of the spectrum to bring generation 3 and generation 4 wireless technology.

We're talking about a stimulus package. We're trying to stimulate the economy and create jobs. This is an anti-stimulus bill that would delay the efficiency and growth in our economy that comes about when you go ahead and stick to the date that this Congress voted for a long time ago.

It is time to move ahead, and I hope that my colleagues will join me in opposing this bad idea.

Mr. BOUCHER. Mr. Speaker, at this time I am pleased to yield 1 minute to the distinguished gentleman from Illinois (Mr. HARE).

Mr. HARE. Thank you.

Mr. Speaker, I rise today in strong support of S. 352, the DTV Delay Act. The deadline for the transition from analog to digital television is just weeks away and yet millions of Americans are still on a waiting list with the National Telecommunications and Information Administration to receive coupons for converter boxes.

It's highly unlikely that 3,000 of my constituents will receive their coupons before the February 17 deadline. Both the coupon program and other consumer education programs implemented by the former administration have clearly fallen short leaving many vulnerable populations—especially the elderly, low-income, and those living in the rural communities—at risk of seeing their TV screens go blank.

In an effort to protect American consumers and allow the time for more Americans to receive coupons and prepare for this important transition, it is essential to push back the date to June 12.

I urge all of my colleagues to support the legislation.

PARLIAMENTARY INQUIRIES

Mr. BARTON of Texas. Mr. Speaker, I would like to make a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. I have just been informed that my friends on the majority side want to go to the White House for the SCHIP signing ceremony and we have to finish the debate in the next 10 minutes. What does ''finish the debate'' mean? Actually call for a roll-call vote in the next 10 minutes, or actually have the vote finished in the next 10 minutes?

Mr. BOUCHER. Will the gentleman yield?

Mr. BARTON of Texas. I've got a parliamentary inquiry. I don't know how to address this.

If the Chair would advise, then I will address it in the appropriate way.

The SPEAKER pro tempore. The Chair does not control the program or the time that is remaining in the pending debate.

Mr. BARTON of Texas. That's your answer?

The SPEAKER pro tempore. It is.

Mr. BARTON of Texas. Then I would ask unanimous consent for an additional 3 minutes, equally divided, to engage in a dialogue with the distinguished Member from Virginia who's controlling the time on the majority side.

Mr. BOUCHER. Will the gentleman from Texas yield to me?

Mr. BARTON of Texas. If we accept unanimous consent that we have 3 minutes equally divided.

The SPEAKER pro tempore. The Chair will entertain that request only from the majority manager.

Does the gentleman from Virginia wish to propound that request?

Mr. BARTON of Texas. Further parliamentary inquiry.

Since when has it been the rules of the House that the minority cannot ask a unanimous consent request? When did that rule get changed? We're fixing to have a real problem here.

Now the majority can object to unanimous consent, but I at least have the right to offer a unanimous consent request.

The SPEAKER pro tempore. The gentleman will suspend.

The Chair would look to the majority manager for any request regarding the extension of time in debate.

The Chair recognized the gentleman from Texas for a parliamentary inquiry, but a unanimous consent request to extend the time of debate should be offered by the majority manager.

Mr. BARTON of Texas. Parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. What are the limits of a unanimous consent request? Unanimous consent means it requires unanimous consent of the House.

I asked for a unanimous consent request for 3 additional minutes. What rule did I violate of the House in asking for a unanimous consent request as a member of the minority?

The SPEAKER pro tempore. The gentleman did not violate a rule. The gentleman was not recognized for a unanimous consent request to extend time in debate. Only the majority manager will be recognized for extensions of time in debate.

Mr. BARTON of Texas. So the minority has to be recognized to make the unanimous consent request?

The SPEAKER pro tempore. To extend debate, the majority manager must offer the unanimous consent request.

The gentleman from Texas controls the time.

Mr. BARTON of Texas. I reserve my time.

Mr. BOUCHER. Mr. Speaker, may I inquire as to the time remaining on both sides?

The SPEAKER pro tempore. The gentleman from Virginia has 9 minutes. The gentleman from Texas has 11 minutes remaining.

Mr. BOUCHER. In view of the fact that we have no further requests for time on this side and I do intend to close debate, at this time I would ask the gentleman from Texas if he has other speakers that he would like to recognize, or if he is prepared to close on his side.

Mr. BARTON of Texas. If the gentleman will yield.

Mr. BOUCHER. I would be pleased to yield.

Mr. BARTON of Texas. I have two additional speakers plus myself to close, and that would probably take 8 minutes, but I could do it in less.

□ 1515

Mr. BOUCHER. The gentleman has under the rule as much time as is allotted to him—and still remains—for his time allotted.

Mr. BARTON of Texas. I am just trying to facilitate the majority's request to go to the White House. Trying to be a good guy. I have now been muzzled on the House floor. We may decide to stay here all night.

Mr. BOUCHER. Well, reclaiming my time, I probably have about a 4-minute closing statement, and that is all the time we intend to consume on this side. If the gentleman would be amenable to a unanimous consent request that would limit his time to that same amount, I'm sure we would find that to be acceptable.

Mr. BARTON of Texas. We will expedite things on this side. We won't use all of our time.

Mr. BOUCHER. Let me ask the gentleman if he would like to recognize his speakers at this time.

Mr. BARTON of Texas. I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. I thank the gentleman from Texas.

I want to talk to this measure. I think part of the frustration those of us on the Republican side of the aisle feel is this: We are being asked to truncate the time to debate this bill, which was already limited to no amendments under a closed rule, a bill that has never had a hearing in this House or before the Energy and Commerce Committee or the subcommittee.

The Republicans were completely denied the opportunity to offer any amendment at any time. Now I am trying to figure out how that's democracy in action and how that is change for a better day. And now we are being asked to basically cut it quick, be quiet, go back to our offices so they can go to the White House for a media show.

Let me talk to this bill. Delaying the DTV date from February 17 to June puts it right in the middle of hurricane season, tornado season, and all that. It doesn't open up the spectrum any sooner for law enforcement to deal with the issues that the public safety community identified 5 years to the day of 9/11. Five years before, they said, You have got to give us some more spectrum so we can have interoperability. That is back in 2001. We are that to here. Now we are going to delay it some more.

For broadcasters in my State of Oregon, they are going to get to pay $500,000 to $1 million more in energy costs to run two transmitters, when they should only, and had counted on, only running one. So to keep their analog—most likely, a tube-driven transmitter fired up—that will add 4 million tons of carbon into the atmosphere at a time when I thought the majority and others in this Congress wanted to do something about carbon emissions.

So, it will cost $1 million, it will cost jobs. You will burn more energy. They will have to have engineers keep old transmitters hobbled together. We had a transmitter across the river in Washington State, an analog transmitter, burn up 2 weeks ago. Their analog transmitter. It's off the air. They switched. And they haven't had any real pushback from the community.

''The provisions in this new bill, according to Communications Daily,'' that purport to provide a safety valve for public safety agencies that want to make use of the 700 megahertz spectrum before the revised deadline are worse than provisions that raised public safety objections,'' industry officials said Friday. ''This bill is totally of no value to public safety,'' said an industry official.

Mr. Speaker, I would like to put this report from Communications Daily into the RECORD so that Americans and our colleagues can see this.

Under the bill, a public safety agency can go on the air if a TV station vacates its channel in compliance with the various rules. And yet, it's so complicated in here, that isn't going to happen. We had Members say, Gee, we have got to do something to help public safety. This just delays that.

So you're going to burn more power, you're going to cost jobs. Then, most Americans, 93, 94, probably pushing up higher than that, have already made the conversion, that we know of. A million people have come off the waiting list for the coupons in the last 4 weeks.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. BLACKBURN. I yield the gentleman 30 additional seconds.

Mr. WALDEN. A simple change in the law to allow budget authority of $250 million to NTIA would allow them to flow these coupons out. The stimulus bill spends $600 million more on the coupon conversion program, and yet that money isn't going to be out the door until April at the soonest.

So I am trying to figure out how if you move this to the middle of June, and you don't get the money out the door until April or May. I am not sure you have solved the coupon problem.

In closing, the Fraternal Order of Police, who represent a couple hundred thousand law enforcement officers, are opposed to moving this date. And so am I, Mr. Chairman. I think it's unnecessary and it's expensive.

[From Communications Daily, Feb. 2, 2009]

HOUSE TO VOTE ON DTV DELAY BILL, BUT OPPOSITION REMAINS

(By Anne Veigle and Howard Buskirk)

The House is set to vote on a revised DTV transition delay bill this week, following unanimous Senate passage Thursday night. The bill would set a new analog cutoff date of June 12 instead of Feb. 17. The House is expected to take the bill up under different rules than last week, when an earlier version failed to secure a two-thirds majority needed to suspend the normal rules. Opposition remains among Republican leaders, who could still try to block the bill, but Democrats believe they have enough votes for passage.

''I am hopeful they will pass this bill so we can send it to President Obama,'' said Senate

Commerce Committee Chairman Jay Rockefeller, D–W.Va., in a statement after the Senate passed an amended version (S–352) of its previous bill (S–328). ''I have no doubt this is going to go through,'' Sen. Amy Klobuchar, D–Minn., said on C–SPAN's The Communicators, which airs Saturday on C–SPAN and Monday on C–SPAN 2. Klobuchar, who cosponsored the Rockefeller bill, said the converter box coupon program's ballooning wait list ignited political momentum to delay the transition. ''We thought let's give this new administration some time to fix the problems'' with the coupons, she said.

The technical changes in S–352 clarify that households can get replacement coupons for those that expired without being redeemed once budget authority approval of new money for the converter box program is granted. House and Senate economic stimulus bills each propose $650 million for the converter box program, and there has been no challenge to that proposal so far.

Until the money is appropriated, the converter box program will continue to grapple with a backlog of coupon requests. S–328 would have allowed emergency funds to kick in immediately. S–352 also makes clear that broadcasters wishing to shut down analog operations before June 12 can do so, and in cases where stations have made the switch, public safety can begin using the vacated spectrum.

PUBLIC SAFETY CONCERNS

The provisions in the new bill that purport to provide a safety valve for public safety agencies that want to make use of the 700 MHz spectrum before the revised deadline are worse than provisions that raised public safety objections, industry officials said Friday. Public safety officials declined comment.

''The bill is totally of no value to public safety,'' said an industry official: ''Some of these things could be fixed, but they would just require the House to vote again and the Senate to vote again.'' Public safety concerns have figured prominently in Hill debate. Sen. John McCain, R–Ariz., in particular had said he couldn't support the legislation unless sponsors addressed public safety concerns.

Public safety officials had objected to a requirement in the original version of the bill which passed the Senate which required them to file an application to make use of the 700 MHz spectrum they'll get anyway after the transition. Rep. Henry Waxman, D–Calif., proposed an alternative that doesn't require public safety agencies to file an application. But it does require agencies to work within a relatively arcane and little utilized section of the FCC's rules—section 90.545—before they can use the airwaves.

Under the bill, a public safety agency can go on the air if a TV station vacates its channel in compliance with both a Dec. 31, 2007, FCC order and section 90.545 of the FCC's rules. But the TV station must air notices for at least 30 days prior to its shut down. Over the past week, numerous TV stations have filed requests to shut down by airing notices for fewer than 30 days. Under the legislation, the FCC would have no discretion to grant the requests.

In addition, under section 90.545 a public safety agency could go on the air only if its transmitters are sufficiently far away from those TV stations still on the adjacent channels—public safety agencies can't use the spectrum just because one station shuts down. But the separation requirement would be difficult to meet. As an alternative, the public safety agencies could negotiate agreements with TV stations, but they would have to submit the applications for FCC approval. A prior version of the legislation required the FCC to rule within 14 days. The Senate-passed version has no such requirement, and there's no requirement in the FCC rule. In addition, public safety agencies can submit engineering studies, but again, the FCC would have to approve the studies, and there's no timetable for a FCC ruling. ''They tried to fix something, but the fix actually made it worse,'' an industry official said.

Meanwhile, House Republicans continue to oppose the delay. ''Moving back the date would put a financial burden on industry that will be hard for it to swallow in this difficult economic climate,'' Rep. Cliff Stearns, R–Fla., ranking member of the House Telecom Subcommittee, wrote in a Friday Washington Times Op-Ed. Stearns has cosponsored a bill with Commerce ranking member Joe Barton, R–Texas, that would keep the February cutoff date while providing $250 million for the converter box coupon program.

But Democratic leadership hasn't responded to Barton's plan, believing it can pass the extension bill despite Republicans' surprise blockage last week (CD Jan 29 p1). Thirteen Democrats voted with Republicans in Wednesday's 258–168 vote. Bypassing the rules requires a super-majority vote. But 22 Republicans joined with Democrats in favor of moving the DTV delay bill. Republicans may try to kill the bill by making a ''motion to recommit,'' which, if approved, would send the bill back to committee. But a straight majority vote is required to do that, and most observers believe Democrats have a sufficient margin to defeat that procedure. The bill will go before the Rules Committee Tuesday to determine time limits and rules for amending the bill on the floor, Hill and industry officials said.

NATIONAL FRATERNAL ORDER OF POLICE,
Washington, DC, 23 January 2009.

Hon. NANCY P. PELOSI,
Speaker of the House, House of Representatives, Washington, DC.

Hon. JOHN A. BOEHNER,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER PELOSI AND REPRESENTATIVE BOEHNER, I am writing on behalf of the members of the Fraternal Order of Police to express our concerns regarding S. 328, the ''DTV Delay Act,'' as it relates to public safety access to spectrum.

Many of the arguments being made in favor of delaying this transition were made during the consideration of the Digital Transition and Public Safety Act in 2005. This is not a new issue, and was first recognized in a public safety report issued in September 1996. In 1997, Congress granted public safety access to this portion of spectrum under Title III, Section 3004 of the Balanced Budget Act of 1997, which directed the Federal Communications Commission (FCC) to authorize broadcasters currently occupying the spectrum to remain there until 2006. Public safety access to this area of spectrum was repeatedly pushed back until the enactment of the Digital Transition and Public Safety Act in 2005, which set a hard deadline of 17 February for analog broadcasters to allow public safety access to 24 MHZ of spectrum on the 700MHz band. We are concerned that the staggered transition which would result if S. 328 is signed into law may jeopardize the channels that Congress promised to law enforcement and other public safety officers more than a decade ago.

For public safety to use the spectrum they have been promised, broadcast stations must stop analog broadcasts on those channels. Broadcast stations on the adjacent channels must also stop analog broadcasts to avoid interfering with the public safety communications we are trying to enable. For all those broadcast stations to have somewhere to go, additional broadcast stations must stop their analog transmission. It is this chain of events that makes the hard deadline of 17 February 2009 the most realistic and responsible option for clearing the spectrum for public safety's use.

While S. 328 would still allow broadcasters to voluntarily transition by 17 February, subject to current FCC regulations, and allow public safety to occupy this vacated spectrum, unless all the surrounding broadcast stations also voluntarily transition, it is unlikely anyone can move. Moreover, under current FCC regulations, broadcasters generally would not be permitted to transition even voluntarily until three months before the delayed transition date, and even then the FCC has the discretion to refuse them authorization.

The American public has asked broadcasters to take difficult, time consuming, and costly steps to enable better public safety communications. These broadcasters have admirably risen to the call and say they are ready for 17 February. If this delay goes into effect, it opens the door for future delays. More than a decade of work has gone by since Congress authorized public safety communications to expand on the spectrum, and we are very close to achieving our goal. I urge you not to bring all of this progress to a halt less than thirty days from the finish line.

Thank you in advance for your consideration of the views of the more than 327,000 members of the Fraternal Order of Police. Our communications are our lifeline and we need to know that they will function properly at all times. If I can provide any additional information on this matter, please do not hesitate to contact me or Executive Director Jim Pasco in my Washington office.

Sincerely,

CHUCK CANTERBURY,
National President.

Mr. BOUCHER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. BARTON of Texas. I yield 2 minutes to the gentlelady from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. I thank the gentleman from Texas.

This is, again, as we are standing here today, just quite an amazing debate that we are having. How interesting it is that we get down to the finish line of something that has been in the works for years and the Federal Government wants to call a time out and say, Let's push it off for another 4 months.

Of course, we all know that one of the reasons appears to be giving one company a competitive advantage. We find that very unfortunate that you have someone who is reported as a lobbyist for a company, and they have been an advisor for the administration on this situation, and it is about a competitive advantage.

One of the things that I do want to mention is so much has been said about the national organizations that are supporting this. I find it very interesting, Mr. Speaker. When I am talking to my local law enforcement community, when I am talking to my local broadcasters, they are much in opposition to what we hear being expressed as the opinion of the national organizations.

But isn't that the way it goes on issue after issue? You have got the D.C. way and then you have got, as we say, the Tennessee way. The local way. And your local broadcasters have committed incredible resources to this. They have worked with their communities.

Seniors are prepared. We know that according to Nielsen. Seniors are more prepared than just about anybody for this. We know that the American public is ready for this to take place and we know that our first responders are saying let's get this done so that we have that interoperability that was missing on 9/11, we have interoperability that was missing at Katrina. We have a readiness and a timetable for solving a problem that the American people have said we want to see some action on this.

Mr. Speaker, it is wrong to delay this. Let's show the American people that the Federal Government can keep their word on something, and it is making this transition.

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

Mr. BOUCHER. Mr. Speaker, I yield myself the balance of my time.

I want to say just a few words in response to a couple of the arguments that were raised by my friends on the other side of the aisle. First, there was an effort to suggest that the Nielsen survey, which reports that 6.5 million homes are totally unprepared for the digital television transition, was an old survey. That it was a month old. In fact, that survey was taken the week of January 18. So it's only a bit more than 2 weeks old at this point. And, for practical purposes, those are very current numbers.

The argument also was made that more money could perhaps be provided for the converter box program during the coming week, and that that would solve the problem. That does not solve the problem for two very important reasons. Given the processing time for the request for coupons at the Department of Commerce, there literally is not enough time in the 13 days remaining between now and transition date to clear the backlog of 3.7 million coupon requests that are currently pending, much less the time it would take to mail the coupons to the TV viewers and the time it would then take for the TV viewers to take the coupons to a store and redeem them for converter boxes. So even if money were provided today for the converter box program, there would still be massive dislocation on February 17.

Beyond the converter box program, the call centers operated by the FCC are also in disarray. Long waiting times, busy signals, calls frequently disconnected. Virtually impossible to get a live technical assistance representative on the phone. These were facts reported on by one of the FCC commissioners, Commissioner McDowell, who called the call centers and found that that is the state of affairs.

More resources will be needed in order to appropriately staff the call centers and make sure that that vital point of information is available for the millions of Americans who are going to need that assistance when the conversion occurs.

Wilmington, North Carolina, where a test was conducted of an early shutoff of the analog signal did produce a good result, but there were very important circumstances at play in Wilmington that are simply not at play across the rest of the country.

First of all, a massive amount of advertising money was expended in advising people that the cutoff was coming, and telling them exactly what they had to do to prepare. The Federal Communications System set up a special field office in Wilmington. The FCC paid firefighters in that city to provide in-home technical assistance to people who were having problems. Most importantly of all, Wilmington is flat terrain—very different from the mountainous rural areas of America, where the primary problems with the transition are going to occur. So, yes, a good result did obtain in Wilmington, but Wilmington is very different from the rest of the country where the major problems are going to arise.

It was also mentioned by some in argument that the Department of Commerce has been saying for some time that it was running out of money for its converter box program. In fact, not until Christmas Eve—December 24—did the Department of Commerce send notice that the coupon program was out of money. Of course, Congress was in recess. And we have acted as expeditiously as we could since reconvening in order to correct the problem. And we are doing that now by proposing a delay.

This delay is absolutely necessary. It will be for one time only. It will ensure, in conjunction with the $650 million to be provided in the stimulus legislation, that the problems that confront this program can successfully be addressed. Converter boxes can be supplied. The call centers can be staffed.

We can assure that when the transition occurs on June 12, that it does so smoothly, and for the benefit of the American public.

Mr. Speaker, I urge passage of this measure.

Mr. VAN HOLLEN. Mr. Speaker, I rise in support of The DTV Delay Act.

Two weeks from today, all full-power television broadcast stations are required to terminate analog signals and transmit only in digital. Congress mandated the transition to digital in response to requests by police, firefighters, and emergency personnel for the increased radio spectrum necessary for reliable, interoperable communications.

To help Americans prepare for the transition and to offset the associated cost for consumers, Congress established the TV Converter Box Coupon Program. But the program underestimated the number of requests for coupons and ran out of money. As a result, many Americans have not received coupons and are unprepared for transition.

Today 1.8 million households are on a waiting list to receive more than 3.3 million converter box coupons. Though funding was inserted in the Stimulus Package to pay for more coupons, unless the February 17th conversion date is delayed, few of these Americans will be able to receive their coupons and purchase their converter boxes in time.

The DTV Delay Act will help the Coupon Program to honor requests for coupons and enable those whose coupons may have expired, to receive new ones.

The bill does this by delaying the transition date to June 13th, 2009 and extending the period that the Coupon Program may operate until July 31st 2009.

According to the Nielsen Company, 6.5 million households will lose all TV reception on February 17, 2009. Television is the leading source Americans use to receive critical public safety information, news and entertainment. Yet millions of Americans, including many of the country's most vulnerable groups like seniors, the poor and minorities, still need to take steps to prepare for transition.

I encourage my colleagues to join me in support of The DTV Delay Act. The country is not yet prepared for digital transition. This bill will provide the time we need to ensure that all Americans are able to enjoy the full benefits that transition to digital can provide.

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of S. 352, the DTV Delay Act, which postpones the date of the analog-to-digital television transition from February 17, 2009, to June 12, 2009.

Over the last several months I have received call after call and letter after letter from my constituents who rely on their analog televisions for news, emergency information and entertainment. They are very concerned that they have been unable to obtain the converter box they need for the upcoming digital transition.

My constituents tell me that they applied for coupons well in advance of the deadline, only to be told that coupons were no longer available or that the coupons they received had already expired. My constituents who live in group homes and single room occupancy buildings have also voiced concern that they have been denied coupons because they live in housing that does not fit the program's narrow definition of a "household."

My constituents are not the only ones affected by arbitrary expiration dates, coupon shortages or ineligibility. According to the National Telecommunications and Information Administration, NTIA, as of January 28, 2009, more than 14 million coupons have expired. The result is that millions of Americans will lose their television signal because they will be unable to purchase the equipment necessary for the transition. The NTIA also reported in early January that the $1.34 billion that Congress appropriated for the coupons had run out. To date more than 3 million people are on the waiting list. This number includes nearly 7,000 of my constituents, who need these coupons before the transition takes effect and they lose their main source of communication.

It is clear that this country is not prepared for the February 17 transition. I am pleased that the DTV Delay Act postpones the digital transition for 115 days and will permit consumers holding expired coupons to reapply for replacement coupons. This bill is badly needed to help ensure that millions of Americans

do not lose a critical communications safety net when our country transitions from analog to digital television.

I urge the Energy and Commerce Committee and the NTIA to use this additional time to address the needs of Americans who are currently considered ineligible for the converter box program, such as those that live in single room occupancy buildings and other group homes across the nation. These are people who need the coupons most because they will not be able to afford converters without the help of this program. They are entitled to the same access to the digital converter program as all other Americans. Let's ensure that no Americans find themselves in the dark when the transition occurs.

Mr. REYES. Mr. Speaker, I rise in support of S. 352, the DTV Delay Act.

I am a strong supporter for a delay in the Digital Television, DTV, transition set to occur on February 17, 2009, because I believe that without a postponement many families and individuals will be left behind. Without this delay, millions of Americans may see their televisions "go dark" on February 18th, with a disproportionate impact on low-income, rural, and elderly Americans.

I am particularly concerned with this issue given the unique DTV transition challenges that exists in my congressional district and along the U.S.-Mexico border. Households on the U.S.-Mexico border already have low rates of cable or satellite television subscription. However, unlike other parts of the country, televisions in the border region will continue to work after the February transition, as viewers in the U.S.-Mexico border will maintain analog transmissions from Mexico. This presents a major obstacle for those trying to prepare analog-only viewers for this transition because many of these Spanish-speaking viewers will have little incentive to purchase the required digital converter box once they discover their television still works.

In addition, I am very concerned about the circumstances surrounding the National Telecommunications and Information Administration's, NTIA, implementation of the TV Converter Box Coupon Program. Specifically, I am troubled by the NTIA's creation of a wait list after issuing the maximum amount of coupons allowed under its budget.

According to Commerce Department data, in just the last two business days, the size of this waiting list has grown by 200,000 households. There are now more than two million households on the waiting list for coupons. In my congressional district alone, the waiting list numbers have grown from 5,605 on January 30th to 6,013 on February 2nd.

These developments raise serious questions as to the actual ability of many households to comply with the February deadline. As the transition date has drawn near, it has become increasingly apparent to me that the government programs to support the transition are insufficient and that the transition should be delayed.

Mr. MARKEY. Mr. Speaker, I want to commend you for quickly putting this Senate legislation, once again, before the House for immediate consideration.

In several weeks, without immediate action, millions of Americans may remain unprepared for the digital television transition. Mr. Speaker, as you know, I have had a long interest in the digital television transition. I held the very first hearing on "High Definition TV" in October of 1987—more than 20 years ago. In 1990, I battled hard and successfully as then-Chairman of the House Telecommunications and Finance Subcommittee to get the Federal Communications Commission to switch from pursuing an "analog" HDTV standard to a "digital" standard.

Moreover, I fought to build into the Telecomm Act in 1996 the appropriate way in which broadcasters could utilize "spectrum flexibility" to multiplex the digital signal into several video programming channels or offer wireless interactive television or information services. And I pushed unsuccessfully in the context of the 1997 budget battles to prohibit the sale of "analog-only" televisions by the year 2000—an amendment that was opposed by every Republican in our Committee markup in 1997. The result was over a hundred million analog-only sets were sold into the marketplace even as the government was stipulating it intended to turn off the analog TV signal. The failure to mandate "dual tuner" TVs sooner has compounded the difficulty of this transition immeasurably by increasing the base of TV receivers that need converter boxes to receive digital TV signals.

Most recently, for the last two years as the Telecommunications and Internet Subcommittee Chairman, I convened six DTV hearings, requested and received three Government Accountability Office, GAO, reports, and wrote numerous oversight letters to the FCC, to NTIA, and to industry and consumer representatives in headlong pursuit of ensuring a successful digital television transition on February 17th.

At the last DTV hearing that we held the second week of September—just after the Wilmington, North Carolina switch-over test—the GAO testified:

> NTIA is effectively implementing the converter box subsidy program, but its plans to address the likely increase in coupon demand as the transition nears remain unclear. . . . With a spike in demand likely as the transition date nears, NTIA has no specific plans to address an increase in demand; therefore, consumers might incur significant wait time before they receive coupons as the transition nears and might lose television service during the time they are waiting for the coupons.

In response, I asked the Acting NTIA Administrator to give the Subcommittee a contingency plan for dealing with the expected surge in coupons within 30 days. Now, that contingency plan did not arrive in 30 days. Instead, it arrived to us on November 6th—just after Election Day. The NTIA's "Final Phase" plan did not echo the GAO's alarm bells, but rather stated the following:

> This Plan demonstrates that the Coupon Program has both sufficient funds and system processing capabilities to achieve this goal . . . and to do so without the creation a large backlog. Also, NTIA has built flexibility into the Program to respond to various or unexpected events. Moreover, based on actual, cumulative redemption data, NTIA would not exhaust the authorized $1.34 billion in coupon funding despite increased demand leading up to the analog shut-down, on February 17th, and, in fact, may return as much as $340 million to the U.S. Treasury.

That's from the NTIA just over two months ago. "No problem," the agency is saying. In essence the agency is telling Congress, "We have a plan to deal with the surge and we don't need any more money. No large backlog. And we'll have hundreds of millions of dollars left over."

Now, why is this important? It is important because we were actually in session in November. We could have acted during the "lame duck" session if the Bush Administration had said, "yes, we will likely have a shortfall", or "please, Congress, let's err on the side of caution and budget a couple hundred million more just in case . . .". Yet NTIA told us all just the opposite. The agency said everything was fine and they didn't need additional money for coupons.

In late December, I asked for an urgent status update on the program. That's when NTIA wrote back to me—on December 24th—stating that a waiting list was going to begin in January of this year because the coupon program was hitting its funding ceiling. The agency indicated that to solve this issue and spend up to the $1.34 billion in the underlying statute for coupons that another 250 million dollars at a minimum might be needed. And that amount would not necessarily reflect the actual demand for coupons the agency was newly projecting. The waiting list now represents approximately 3 million coupons.

In an attempt to respond quickly, I reached out the first week we returned here in January to Ranking Member JOE BARTON, R–TX, and said if we work together on an accounting fix we could start to address the waiting list issue and get the coupons flowing to consumers again and buy some time. I want to thank Rep. BARTON for his willingness to proceed on such a bill.

But that effort has simply become overtaken by events. If we passed it and also gave NTIA a couple hundred million dollars for additional coupons in a measure that passed through the House and through the Senate today, and arrived to the President's desk this evening, we simply wouldn't be able to address the backlog and get coupons out to people who have requested them by February 17th.

Not every media market will be as unprepared as others on February 17th. I know that in the Boston market, our local commercial and noncommercial broadcasters, as well as our local cable operators, have worked diligently to be ready on February 17th and I commend them for their model efforts. Yet even in Boston, it is important to note that a recent test brought a flood of calls to consumer call centers from citizens confused about or unprepared for the switchover. Many other media markets, in part due to the demographic makeup of such markets, will have an even greater risk of significant dislocation without immediate action. The Bush Administration has simply left us with so little time to make the needed adjustments on a national basis absent a short, one-time delay.

So, although this is the last place we all wanted to be, and in spite of the fact that we toiled mightily to make this effort work, it is my judgment that a short delay is in the public interest in order to protect consumers. I urge passage of this emergency DTV legislation.

Mr. BOUCHER. I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 108, the Senate bill is considered read and the previous question is ordered.

The question is on the third reading of the Senate bill.

The Senate bill was ordered to be read a third time, and was read the third time.

MOTION TO COMMIT

Mr. BARTON of Texas. Mr. Speaker, I have a motion to commit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. BARTON of Texas. I am in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to commit.

The Clerk read as follows:

Mr. Barton of Texas moves to commit the bill (S. 352) to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith with the following amendment:

At the end of the bill, add the following new section:

SEC. 6. CLEARANCE OF PUBLIC SAFETY SPECTRUM, ADJACENT CHANNELS, AND OTHER CHANNELS CAUSING INTERFERENCE.

Notwithstanding any other provision of this Act, any amendments made by this Act, or any revision to any rule, regulation, or order pursuant to this Act or such amendments, no full-power television broadcast station shall be permitted, after February 17, 2009, to continue broadcasting—

(1) in the television service on channels 63, 64, 68, or 69 (764-806 megahertz, inclusive);

(2) on any channels adjacent to the channels described in paragraph (1), if cessation of broadcasting on such channels is determined by the Federal Communications Commission to be necessary to prevent interference with public safety communications; and

(3) on any other channel, if cessation of broadcasting on such channel is determined by the Federal Communications Commission to be necessary to ensure that—

(A) all public safety radio service licensees can relocate onto and begin operation on their respective licensed spectrum; or

(B) no full-power television broadcast station is subject to unacceptable interference or has its coverage area significantly reduced.

Mr. BARTON of Texas (during the reading). I ask unanimous consent that the motion be considered as read.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas is recognized for 5 minutes in support of his motion.

Mr. BARTON of Texas. Mr. Speaker, I will try to make this as succinct as possible. The motion to commit before us says that notwithstanding any other provision in the bill that is before us, those stations that have spectrum that is going to be used by public safety officials and first responders have to relinquish that spectrum on February 17. If there's any station whose spectrum is adjacent to the public safety spectrum that would interfere with the public safety spectrum, those stations also have to relinquish their spectrum on February 17.

So what this motion to commit does is simply say that for first responders and public safety officials who have been waiting patiently for almost 7 years, they will get their spectrum on February 18. That is all it does.

I would point out that it's been brought to my attention that the entire State of Hawaii has been digital now for an entire month. They went digital to protect migrating birds who would be interfered with if they waited until February 17 to move one or two particular transmitters.

So, in the State of Hawaii, they have been all digital for a month, and there's been no problem; 143 stations on the mainland have already gone digital. There has been no problem.

The Acting FCC Chairman says that about 60 percent, and maybe as many as 90 percent of the TV stations, are going to go digital between February 17 and June 12. So I don't think there's a reason for the delay. But the motion to commit simply says that if we are going to pass the underlying bill, let's at least put the first responders at the front of the line to go ahead and get their spectrum on February 18.

With that, I would yield to the gentleman from Oregon (Mr. WALDEN) in support of the motion to commit.

□ 1530

Mr. WALDEN. Mr. Speaker, let's get this down.

On November 6, NTIA notified us that they may have a problem with money. At the end of December, they said they have got to start a waiting list. And today is February 4. So you had December, January, and now February, 3 months to work this out, and there was a simple accounting fix that could have been done early on that would have solved this problem. So at a minimum we could have addressed this earlier had the majority wanted to. Right now, our biggest concern, frankly, should be with law enforcement and our emergency services.

Five years to the day before America was attacked on September 11, 2001, the law enforcement community said: We need you to free up this spectrum, make this transition, and get it done; because if we have an attack or a problem in this country, we don't have the interoperable capability to communicate. And, unfortunately, we will learn the sad, tragic, and deadly reality of that failure to communicate as rescue workers tried to do their jobs in New York City.

So all this motion to commit says is that let's have the FCC make sure that we are not going to further hamper our emergency services personnel and their ability to have interoperable communications, so that fire and police can talk to each other when there is an emergency. That is all this says: FCC, make sure this gets done right; and, if there is a problem, move these stations so that we put the safety of our firefighters, the safety of our police first and the safety of our communities. Because, Lord knows, we may be the subject of another attack.

We all hope that does not occur. But if it does, there will be another commission that says: How come you guys waited? Why didn't you do what we told you to do when we had the last commission, the 9/11 Commission? Why didn't you listen to the public service folks 5 years before the attack on 9/11? Why didn't you step up and do your job?

There is a simple accounting fix that initially there was reportedly even bipartisan for, until the transition team said, oh, no, let's just move the date. Then everything crumbled, and that is where we are today.

Last night my wife and I were watching TV, and here comes the ad on Comcast that says that: Congress has passed a law that says February 17, 2009, the analogue signal goes away, and you just subscribe to us or you do this converter box.

We are still having these folks advertise as of last night what the law is today. People, are confused. You think confusion? They are still being told, here is what you are supposed to do. And this is why people don't trust the government, because you get everybody marching, doing what they are supposed to do, the broadcasters, the industries that supply the boxes, everything else, and then we move the goalposts. And I don't think that makes sense. In this case, it doesn't have to happen. We can work through this process. You could make a simple accounting change; you would be $250 million just authorized and you get the coupons out the door.

Mr. BOUCHER. Mr. Speaker, I rise in opposition to the motion to commit.

The SPEAKER pro tempore. The gentleman is recognized for 5 minutes.

Mr. BOUCHER. Mr. Speaker, the primary reason that I am opposing this motion to commit is that it simply is unnecessary. And I want to address that in just a moment; but before I do that, I think a factual clarification is necessary. The Department of Commerce did not notify the Congress that the converter box program was out of money until Christmas Eve. Congress was in recess at that time. Ever since we have been back in session, we have been working to address the problem that that program running out of money has caused, and we have done that as expeditiously as the congressional schedule permits.

In November, in the communication to which the gentleman from Oregon referred, the Department of Commerce indicated that it was having to reschedule in a certain way the provision of coupons, but it also said that it had ample money to continue the program to successful conclusion at that time. The Department of Commerce said nothing about the program potentially running out of money. That message did not come until December 24th.

Mr. WALDEN. Mr. Speaker, would the gentleman yield?

Mr. BOUCHER. If I have time remaining after I finish my statement, I will be happy to yield to the gentleman.

The motion to commit would essentially require the broadcasters in the four channels that will be devoted to public safety and in a buffer zone around those four channels to terminate their analogue broadcast. That is the essence of what the motion accomplishes. And it simply is not necessary.

The first point to be made is that there are very few public safety agencies that immediately are even prepared to start using that spectrum for advanced communications. And that fact comes to us from David Furth, who is the official at the FCC, Acting Chief of the Public Safety and Homeland Security Bureau, who has told us that very few public safety agencies could even utilize the spectrum immediately.

We have placed in this legislation a provision that says that if broadcasters elect to turn off their analogue transmitters and vacate the spectrum prior to the transition date of June 12, they may do so; and, if they decide to do so, then public safety agencies that are prepared to begin to utilize the spectrum may have access to it, in accordance with standard Federal Communication Commission procedures. And so many broadcasters probably will take that option. I think numbers were provided on the other side about how many are likely to do that, and in those areas public safety agencies can go forward.

Beyond that, we have a very large list of endorsements for this delay coming from the associations that represent the great bulk of public safety agencies across the United States, and they are saying that there is a greater risk in shutting television off and having people lose vital public safety information that television provides than there is in delaying for a brief period the arrival of the spectrum for the use of public safety agencies. Letters have been received from the Association of Public Safety Communications Officials International, the International Association of Chiefs of Police, the International Association of Fire Chiefs, and the National Emergency Number Association, all speaking for public safety agencies and endorsing this delay.

As I indicated, there is a great public safety concern if people are not able to get the emergency information that is delivered so effectively by local broadcast stations. And kicking those stations out of the four channels in which they are broadcasting today to make room for public safety agencies that themselves are not prepared to utilize that spectrum simply is not a good policy. And so, Mr. Speaker, for all of these reasons I oppose the motion to commit and ask that it be rejected by the House.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to commit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to commit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. WALDEN. 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 the motion to commit will be followed by 5-minute votes on passage of S. 352, if ordered; and suspending the rules and passing H.R. 738, if ordered.

The vote was taken by electronic device, and there were—yeas 180, nays 242, not voting 10, as follows:

[Roll No. 51]

YEAS—180

Akin
Altmire
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Carney
Carter
Cassidy
Castle
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Dahlkemper
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Himes
Hoekstra
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
Kind
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McCotter
McHenry
McHugh
McIntyre
McMorris Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy (CT)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Perriello
Peters
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Sessions
Shadegg
Shimkus
Shuster
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Teague
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Walz
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NAYS—242

Abercrombie
Ackerman
Adler (NJ)
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Brown-Waite, Ginny
Butterfield
Cao
Capps
Capuano
Cardoza
Carnahan
Carson (IN)
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (NY)
McClintock
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy, Patrick
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Peterson
Petri
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Richardson
Rodriguez
Roe (TN)
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Solis (CA)
Space
Speier
Spratt
Stupak
Sutton
Tanner
Tauscher
Taylor
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Wilson (OH)
Woolsey
Wu
Yarmuth

NOT VOTING—10

Aderholt
Alexander
Campbell
Castor (FL)
Flake
Kissell
McKeon
Schock
Simpson
Stark

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

□ 1604

Messrs. SCOTT of Georgia, SHERMAN, HONDA, ELLISON, SCHRADER, MELANCON, KUCINICH, MORAN of Virginia, THOMPSON of Mississippi, OBERSTAR, Ms. WASSERMAN SCHULTZ, Ms. EDWARDS of Maryland, Ms. SOLIS of California and Ms.

PINGREE of Maine changed their vote from ''yea'' to ''nay.''

Messrs. YOUNG of Alaska, LEWIS of California, PERRIELLO and SAM JOHNSON of Texas changed their vote from ''nay'' to ''yea.''

So the motion to commit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Mr. SIMPSON. Mr. Speaker, on rollcall No. 51, had I been present, I would have voted "yea."

The SPEAKER pro tempore. The question is on the passage of the Senate bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 264, nays 158, not voting 10, as follows:

[Roll No. 52]

YEAS—264

Abercrombie
Ackerman
Andrews
Arcuri
Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berman
Berry
Bilirakis
Bishop (GA)
Bishop (NY)
Blumenauer
Boccieri
Boren
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Butterfield
Cao
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson-Lee (TX)
Johnson (GA)
Johnson, E. B.
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larson (CT)
LaTourette
Lee (CA)
Levin
Lewis (GA)
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Luján
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (NY)
McClintock
McCollum
McDermott
McGovern
McHugh
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murtha
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Payne
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Posey
Price (NC)
Rahall
Rangel
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Ros-Lehtinen
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sestak
Shea-Porter
Sherman
Shuster
Sires
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Solis (CA)
Space
Speier
Spratt
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Van Hollen
Velázquez
Visclosky
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wexler
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—158

Adler (NJ)
Akin
Altmire
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Berkley
Biggert
Bilbray
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Burgess
Burton (IN)
Buyer
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Castle
Chaffetz
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Deal (GA)
Dent
Dreier
Ehlers
Fallin
Fleming
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jordan (OH)
Kind
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Larsen (WA)
Latham
Latta
Lee (NY)
Lewis (CA)
Linder
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McCotter
McHenry
McMorris Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paulsen
Pence
Perlmutter
Petri
Pitts
Platts
Poe (TX)
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Rogers (MI)
Rohrabacher
Rooney
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sessions
Shadegg
Shimkus
Shuler
Smith (NE)
Smith (TX)
Souder
Stearns
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Upton
Walden
Walz
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—10

Aderholt
Alexander
Campbell
Castor (FL)
Flake
Kissell
McKeon
Paul
Simpson
Stark

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1612

Ms. FOXX changed her vote from ''yea'' to ''nay.''

So the Senate bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. PETRI. Mr. Speaker, on rollcall No. 52, I inadvertently voted "nay." I would like the RECORD to show that I meant to vote "yea."

Stated against:

Mr. SIMPSON. Mr. Speaker, on rollcall No. 52, had I been present, I would have voted "nay."

DEATH IN CUSTODY REPORTING ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and passing the bill, H.R. 738.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. SCOTT) that the House suspend the rules and pass the bill, H.R. 738.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 407, nays 1, not voting 24, as follows:

[Roll No. 53]

YEAS—407

Abercrombie
Ackerman
Adler (NJ)
Akin
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Camp
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Chaffetz
Chandler
Childers
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah

Filner
Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson-Lee (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Massa
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McHugh
McIntyre
McMahon
McMorris Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Murphy, Tim
Murtha
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Rahall
Rehberg
Reichert
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Sires
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Snyder
Solis (CA)
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Tauscher
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wexler
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NAYS—1

Ellsworth

NOT VOTING—24

Aderholt
Alexander
Broun (GA)
Calvert
Campbell
Castor (FL)
Flake
Gallegly
Kissell
Larson (CT)
McKeon
Miller, Gary
Mollohan
Paul
Peterson
Radanovich
Rangel
Reyes
Schwartz
Simpson
Slaughter
Smith (WA)
Stark
Tiahrt

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1619

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. SIMPSON. Mr. Speaker, on rollcall No. 53, had I been present, I would have voted "yea."

NOTICE OF INTENTION TO OFFER RESOLUTION RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. CARTER. Mr. Speaker, pursuant to clause 2(a)(1) of rule IX, I hereby notify the House of my intention to offer a resolution as a question of the privileges of the House.

The form of my resolution is as follows:

Whereas, the gentleman from New York, Charles B. Rangel, the fourth most senior Member of the House of Representatives, serves as chairman of the House Ways and Means Committee, a position of considerable power and influence within the House of Representatives; and,

Whereas, clause one of rule 23 of the Rules of the House of Representatives provides, ''A Member, Delegate, Resident Commission, officer, or employee of the House shall conduct himself at all times in a manner that shall reflect creditably on the House;''

Whereas, The New York Times reported on September 5, 2008, that, ''Representative Charles B. Rangel has earned more than $75,000 in rental income from a villa he has owned in the Dominican Republic since 1988, but never reported it on his federal or state tax returns, according to a lawyer for the congressman and documents from the resort.''; and,

Whereas, in an article in the September 5, 2008 edition of The New York Times, his attorney confirmed that Representative Rangel's annual congressional Financial Disclosure statements failed to disclose the rental income from his resort villa; and,

Whereas, The New York Times reported on September 6, 2008 that, ''Representative Charles B. Rangel paid no interest for more than a decade on a mortgage extended to him to buy a villa at a beachfront resort in the Dominican Republic, according to Mr. Rangel's lawyer and records from the resort. The loan, which was extended to Mr. Rangel in 1988, was originally to be paid back over seven years at a rate of 10.5 percent. But within two years, interest on the loan was waived for Mr. Rangel.''; and,

Whereas, clause 5(a)(2)(A) of House Rule 25 defines a gift as, ''. . . a gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value'' and prohibits the acceptance of such gifts except in limited circumstances; and,

Whereas, Representative Rangel's acceptance of thousands of dollars in interest forgiveness is a violation of the House gift ban; and,

Whereas, Representative Rangel's failure to disclose the aforementioned gifts and income on his Personal Financial Disclosure Statements violates House rules and federal law; and,

Whereas, Representative Rangel's failure to report the aforementioned gifts and income on federal, state and local tax returns is a violation of the tax laws of those jurisdictions; and,

Whereas, the Committee on Ways and Means, which Representative Rangel chairs, has jurisdiction over the United States Tax Code; and,

Whereas, the House Committee on Standards of Official Conduct first announced on July 31, 2008 that it was reviewing allegations of misconduct by Representative Rangel; and,

Whereas, the House Committee on Standards of Official Conduct announced on September 24, 2008 that it had established an investigative subcommittee in the matter of Representative Rangel; and,

Whereas, The New York Times reported on November 24, 2008 that, ''Congressional records and interviews show that Mr. Rangel was instrumental in preserving a lucrative tax loophole that benefited [Nabors Industries] an oil drilling company last year, while at the same time its chief executive was pledging $1 million to the Charles B. Rangel School of Public Service at C.C.N.Y.''; and,

Whereas, the House Committee on Standards of Official Conduct announced on December 9, 2008 that it had expanded the jurisdiction of the aforementioned investigative subcommittee to examine the allegations related to Representative Rangel's involvement with Nabors Industries; and,

Whereas, Roll Call newspaper reported on September 15, 2008 that, ''The inconsistent reports are among myriad errors, discrepancies and unexplained entries on Rangel's personal disclosure forms over the past eight years that make it almost impossible to get a clear picture of the Ways and Means chairman's financial dealings.''; and,

Whereas, Roll Call newspaper reported on September 16, 2008 that, ''Rangel said he would hire a 'forensic accountant' to review all of his disclosure forms going back 20 years, and to provide a report to the House Committee on Standards of Official Conduct, which Rangel said will then make public.''; and,

Whereas, nearly five months after Representative Rangel pledged to provide a public forensic accounting of his tax and federal financial disclosure records, he has failed to do so; and,

Whereas, an editorial in The New York Times on September 15, 2008 stated, ''Mounting embarrassment for taxpayers and Congress makes it imperative that Representative Charles Rangel step aside as chairman of the Ways and Means Committee while his ethical problems are investigated.''; and,

Whereas, on May 24, 2006, then Minority Leader Nancy Pelosi cited ''high ethical standards'' in a letter to Representative William Jefferson asking that he resign his seat on the Committee on Ways and Means in light of ongoing investigations into alleged financial impropriety by Representative Jefferson,

Whereas, by the conduct giving rise to this resolution, Representative Charles B. Rangel has dishonored himself and brought discredit to the House; and,

Therefore, be it *Resolved*, Upon adoption of this resolution and pending completion of the investigation into his affairs by the Committee on Standards of Official Conduct, Representative Rangel is hereby removed as chairman of the Committee on Ways and Means.

The SPEAKER pro tempore. Under rule IX, a resolution offered from the floor by a Member other than the majority leader or the minority leader as a question of the privileges of the House has immediate precedence only at a time designated by the Chair within 2 legislative days after the resolution is properly noticed.

Pending that designation, the form of the resolution noticed by the gentleman from Texas will appear in the RECORD at this point.

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

LEGISLATIVE PROGRAM

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

Mr. WESTMORELAND. Mr. Speaker, I yield to the gentleman from Florida for the purpose of announcing next week's schedule.

Mr. HASTINGS of Florida. I thank my good friend from Georgia for yielding.

On Monday, the 9th of February, the House will meet at 2 p.m. for legislative business, with votes postponed until 6:30 p.m. On Tuesday, the 10th, the House will meet at 12:30 p.m. for morning hour and at 2 p.m. for legislative business. On Wednesday, Thursday and Friday, the House will meet at 10 a.m. for legislative business.

We will consider several bills under suspension of the rules. The complete list of suspension bills will be announced by the close of business on Friday.

We also expect to consider S. 22, the Omnibus Public Land Management Act of 2009; and in addition, pending Senate action on H.R. 1, the American Recovery and Reinvestment Act, we anticipate House action on that legislation.

Mr. WESTMORELAND. Mr. Speaker, reclaiming my time, as to the public lands omnibus bill, I want to note for the gentleman: The bill that he has announced for next week, the public lands omnibus bill, is a bill that actually contains 130 separate bills, and it authorizes $10 billion in taxpayer spending. Given our current economy, I would think that Congress should engage in the same belt-tightening that so many Americans, our constituents, are having to do every day.

□ 1630

Next week, we'll consider an almost $1 trillion stimulus and a $10 billion massive lands bill, and at some point in the near future, we're going to have to understand that we are going to have to streamline the amount of spending that we're doing.

I'd like to ask the gentleman, will there be a bill on the floor next week to offset at least some of the massive spending the Congress is considering? And I'd yield to the gentleman for the response.

Mr. HASTINGS of Florida. I thank the gentleman for yielding.

As the gentleman knows, we're very focused on fiscal discipline, and we're very concerned about our ever-increasing deficit. Now, we look forward to working with Chairman SPRATT and our new President on a budget that's going to reduce spending and bring down our deficit, and we look forward to working with the gentleman and his colleagues on fiscal issues in the future.

As you well know, among other things, our goal continues to be to find a balance for the need for action during an economic crisis with our desire to go through the legislative process.

I could go at length with my good friend regarding how we got where we are, but in anticipation of the need to continue the rest of the business of the day, I'll leave it at that.

Mr. WESTMORELAND. Thank you. And reclaiming my time, I'd like to remind the gentleman that is a history lesson, and I think the people of our country and our constituents right now are looking to the future and what we're going to be doing in the future. And in particular, the history that you're talking about about the past administration and the past Congresses, let me just remind my friend that we're spending about $100 million a minute in this Congress, and so I'm glad to hear that the gentleman from Florida, my friend, is aware of the amount of money and the amount of deficit and the amount of debt that we're piling up.

And I'd like to remind the gentleman, also, that just down the road we will be considering a $410 billion omnibus spending bill and likely another supplemental of the amount of work that was not done in the last Congress about coming up with these appropriation bills, and we're having to do it in one bundle, and I think the American people certainly have a concern about that spending.

But let me comment on something that my friend from Florida said, and that was the bipartisanship here. And like our new President, your fellow Democrats in Congress and you have often spoken optimistically about bipartisanship and about including Republican ideas in the stimulus. Well, I'd like to remind my friend that only 4 percent of Republican ideas were even considered on the floor of this House, the people's House, a house for open debate about such issues, especially of the importance of the type of spending that we've been doing. And of the few Republican amendments adopted in committee, the majority of those were either dropped or altered before the bill ever got to the floor, and to me, that's not acting in a spirit of bipartisanship.

And worse yet, the Speaker is yet to meet with the Republicans to hear our ideas. President Obama has had about three meetings with our leadership and listened to our ideas, but yet, the Speaker of this body, the body we're a part of, has not even met with Republicans yet to get some ideas.

So you've announced that we're moving the convening time next week from Tuesday to Monday and this will ensure that negotiations on a $1 trillion spending bill occurs while most Members are not even going to be in town.

I'd like to ask the gentleman, what opportunities will Republicans be given next week or anytime in the future, but especially next week, to increase tax relief in the bill and cut wasteful spending before the stimulus is voted on again? And I'd yield to my friend from Florida to answer.

Mr. HASTINGS of Florida. I thank the gentleman for yielding. You have raised two issues at least that give me an opportunity to express the views of the leadership.

As I said before, our goals continue to be to find a balance between the need for action while we have this economic crisis and our desire to go through the legislative process. The leadership has urged our colleagues in the other body to complete action on the recovery bill in a timely fashion, even if it means they have to work through the weekend.

In addition, we've scheduled an additional day, as you point to, of legislative business next week so we can begin the process of conferencing with the Senate.

Also, I would remind the gentleman that the Appropriations, Ways and Means, and Energy and Commerce Committees all held full markups.

Per the gentleman's request during our last colloquy, the Rules Committee, as I'm sure the gentleman knows that I'm privileged and honored to serve on, waived PAYGO points of order and made a Republican substitute in order. In addition, Chairwoman SLAUGHTER of the Rules Committee put out a call for amendments.

Speaking of bipartisanship, there was an evenly balanced number, at least 6–5. There were six Democratic amendments made in order, four Republican amendments, and one bipartisan amendment were considered last week on the floor.

Now, we're going to continue to listen to Republican ideas throughout the conference process and look forward to working with the gentleman and his colleagues.

Mr. WESTMORELAND. I reclaim my time, and I'd just like to say to the gentleman, I know that there was over 200 amendments offered.

Mr. HASTINGS of Florida. 206.

Mr. WESTMORELAND. 210 amendments offered, and about 95 of those were Republican, and so if I'm hearing

the gentleman correctly—and I will yield for an answer—only four of those were worth having a vote on the floor?

Mr. HASTINGS of Florida. No. Thank you for yielding. As I indicated to you, there were substantial markups. For example, the Appropriations Committee met for over 8 hours, and Republicans as well as Democrats had an opportunity to offer their amendments.

You understand and your colleagues understand the process, and I can make this anecdotal and personal. My amendment was not made in order, and I serve on the Rules Committee. I would hope that the gentleman would understand the dynamics of the process.

Mr. WESTMORELAND. Reclaiming my time, and I certainly do understand that and the rules process that y'all so patiently sit in. But I also understand the committee process and the part of process that the American people expect us to go through, and these bills did go through Ways and Means and I know the Energy and Commerce.

But I do know that in the Energy and Commerce Committee there were several amendments voted on in Energy and Commerce that were Republican amendments that passed and that the amendments were stripped out of the bill before it ever got to the Rules Committee before it ever got to the floor.

And I'd love to yield to the gentleman to see if he has some type of recollection that that did happen and to find out how these things got taken out of a bill that was passed through that committee.

Mr. HASTINGS of Florida. If the gentleman will yield, I am certainly not aware of that, and I speak constantly with the majority leader, and I'm not of the mind that the majority leader is aware either.

Mr. WESTMORELAND. Well, reclaiming my time, I would hope that my friend would check into that for me so if we have this colloquy again we can do that.

And let me say that I'd like to tell the gentleman, that where the President has set an example, the congressional Democrats have not really followed that as far as acting bipartisan.

And one last question that I'd yield to the gentleman for an answer is you mentioned that there would be a conference on H.R. 1 if it comes back from the Senate this weekend perhaps. I don't know if the other body's going to work this weekend or not, but let's say they do and there's a conference that's set up for Monday on H.R. 1. Are there going to be any Republicans included in that conference committee?

Mr. HASTINGS of Florida. As is always the case, first, coming from the other body, as you well know, they're in the process now of dealing with a substantial number of amendments that are being offered by Republicans and Democrats. I can't speak to the conferencing numbers and to its breakdown as it were.

What I do know is that a conference is going to be scheduled, and on yesterday I personally visited Members of the Senate, and I have it on good information that they are going to work through a substantial portion of the weekend, and I suspect that those committees that are the committees of germane jurisdiction will contemplate the ideas of Republicans and Democrats in the conference.

Mr. WESTMORELAND. Well, reclaiming my time, could the gentleman just tell me if there will be one Republican on the conference committee?

Mr. HASTINGS of Florida. I cannot speak for those that are the Chairs and/or the appointment of members of the conference committee.

Mr. WESTMORELAND. Well, reclaiming my time, I hope that our leadership in this House would work in a bipartisan manner, and even though we've been shut out of the process so far, if there is a conference committee, that we would at least be included.

And with that, Mr. Speaker, I want to thank the gentleman from Florida.

HOUR OF MEETING ON TUESDAY, FEBRUARY 10, 2009

Mr. HASTINGS of Florida. Mr. Speaker, I ask unanimous consent that when the House adjourns on Monday next, it adjourn to meet at 12:30 p.m. on Tuesday, February 10, for morning-hour debate.

The SPEAKER pro tempore (Mr. CONNOLLY of Virginia). Is there objection to the request of the gentleman from Florida?

There was no objection.

MOURNING THE LOSS OF RAYMOND M. FITZGERALD

(Mrs. BIGGERT asked and was given permission to address the House for 1 minute.)

Mrs. BIGGERT. Mr. Speaker, it is with great sadness that I rise today to mourn the passing of a dear friend, Raymond M. Fitzgerald.

Although he lived in my congressional district in Naperville, Illinois, I got to know him best during his time here in Washington. He began his career as a legislative aid for our former Governor. He went on to work on the staff of the House Science and Technology Committee and as a legislative director to my good friend from Illinois, JOHN SHIMKUS. I know that today there are many still working here in Congress who knew him well and miss him as I do.

Just a few years ago, Ray moved to Naperville with his wife Kristen to raise their three beautiful daughters, Nora, Maggie, and Lucy. But having taken a job in government relations for a major company in my district, he made regular trips back here to see all his good friends and colleagues.

Mr. Speaker, Ray was a wonderful human being with a positive attitude and great talent for public service and science policy. He was always full of life and cheer.

And in the short 37 years that he was with us before succumbing to cancer, he built a lasting legacy of friends, family, and professional success.

Mr. Speaker, I insert into the RECORD the Chicago Tribune article about Ray's life.

[From the Chicago Tribune, Jan. 26, 2009]

RAYMOND M. FITZGERALD, 1971–2009: NAVISTAR LOBBYIST

(By Joan Giangrasse Kates)

You could take a South Sider and move him to Washington, but in the case of Raymond M. Fitzgerald, you couldn't take the South Side out of the man.

The youngest of six children and only son of a Chicago fireman, Mr. Fitzgerald carried with him the values of faith, family and friends when he moved in 1994 to Capitol Hill to serve as a legislative aide for five years to then-Illinois Gov. Jim Edgar. He later worked for a year as a member of the staff on the House Science and Technology Committee.

From 2000 to 2005, Mr. Fitzgerald served as the legislative director to U.S. Rep. John Shimkus (R–IL), who quickly took note of the quintessential South Sider's authenticity and unflappability.

''From the start, Ray was as honest and straightforward as they come,'' said Shimkus, from Downstate Collinsville. ''He never lost his cool, and in our business, people respect that.''

For four years, Mr. Fitzgerald worked in the Warrenville offices of commercial trucks and engines giant Navistar Inc., using his vast knowledge in the field of energy issues and technologies and making frequent trips to Washington.

Mr. Fitzgerald, 37, of Naperville, a former director of legislative affairs and government relations for Navistar, died Wednesday, Jan. 21, in Northwestern Memorial Hospital in Chicago, after a nine-month battle with stomach cancer.

''He had the respect of so many in Washington,'' said Tim Touhy, Navistar's director of corporate communications. ''He knew a great deal about energy, and he knew his way around policymaking.''

But perhaps Mr. Fitzgerald's biggest coup in Washington wasn't a piece of legislation, but scoring a visit to the White House when his beloved White Sox met President George Bush after winning the 2005 World Series.

''He was all smiles that day standing there next to his team,'' said longtime friend Paul Doucette.

Born in Evergreen Park and raised on the South Side, Mr. Fitzgerald was a graduate of Brother Rice High School in Chicago. He received a bachelor's degree in economics and political science from Northern Illinois University.

In 2001, Mr. Fitzgerald married his wife, Kristin. He moved with his family to Naperville in 2005 after accepting a job with Navistar.

In addition to his wife, other survivors include three daughters, Nora, Maggie and Lucy; his mother, Kaye; and five sisters, Colleen Zientek, Mary O'Donnell, Debbie Noll, Linda Trinley and Maureen Harkala.

Mass will be said at 10 a.m. Monday in St. Thomas More Catholic Church, 2825 W. 81st St., Chicago.

Mr. Speaker, finally I'd like to offer my sincerest sympathies to Ray Fitzgerald's family, especially his wife, Kristen, his daughters, mother, and five loving sisters who grew up with him in Chicago's south side. They will all remain in our thoughts and prayers.

BAILED OUT BANKS HIRE FOREIGN WORKERS

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

Mr. POE of Texas. Mr. Speaker, not only are taxpayers bailing out Wall Street, but the robber barons are repaying the American people by giving away jobs to foreign workers.

That's right. Forget stimulating the economy by offering jobs to the taxpayers. It is reported by the Associated Press that the banks that received the largest amount of bailout money, more than $150 billion, requested over 20,000 visas for foreign workers over the last few years.

As economic times have gotten worse, they requested even more visas. Last year, the same bleak economic period in which the ''Big Banking Boys Gang'' begged for a government handout, their foreign visa requests increased more than a third over the previous year.

And just to be clear, these jobs were not for the so-called jobs Americans won't do. Quite the opposite. They were for corporate lawyers, senior vice presidents, and analysts. The average annual salary for these American jobs given to foreigners was over $90,000.

Mr. Speaker, the American taxpayers are being played as fools. First, The Wall Street fat cats took the people's money, and now they're taking their jobs.

And that's just the way it is.

THE STIMULUS PLAN

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

Ms. JENKINS. Mr. Speaker, the folks in Kansas are struggling right now, and they are hoping Congress can provide some relief. Instead, this body introduced and passed a bill, spending nearly $1 trillion, disguised as a stimulus package, without a single Republican vote in favor of it.

By large majorities, I am hearing from Kansans that while they are eager for action to stimulate the economy, they do not support the bill the House passed last week. They also express continued frustration with the ''partisan rule'' in Washington, as opposed to a balanced bipartisan approach to good government.

When discussion about this package began, it was all about infrastructure investment and job creation. But somewhere along the way, the Speaker and the majority have lost sight of that and instead decided to craft a massive pork-laden bill.

The Speaker's bill spends almost as much as Congress has appropriated for all war-related programs since 2001. And now we hear that the Senate wants to spend even more. This bill will take resources from the private sector, creating more government, not more jobs. In the long-run, this extreme expense of Federal spending will burden our children.

This bill will take resources from the private sector, creating more government not more jobs. In the long run, this extreme level of federal spending will burden our children. That's not an economic stimulus. That's a crime.

What's more, many of the programs funded in this bill may have merit but they will not stimulate our economy. Before any program was included, two questions should have been asked. (1) Will this help the economy? And (2) Will it create jobs? If the answers were NO, then it should have been saved for another day.

The House Republicans had an alternative recovery package that, according to President Obama's economic advisors, cost less and created more jobs. It would have allowed fast-acting tax relief for working families and small businesses.

Immediate tax relief would allow Kansans to keep more of their paychecks to use however they want. My constituents in Kansas know better than Washington politicians and bureaucrats how to use their money to stimulate our economy.

A real stimulus needs to have a balance of tax relief and targeted investment in our crumbling roads and bridges. The majority party forced through a bill full of wasteful and irresponsible government spending, and it needs to be fixed.

□ 1645

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain Special Order speeches without prejudice to the resumption of further legislative business.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

PUBLICATION OF THE RULES OF THE COMMITTEE ON SCIENCE AND TECHNOLOGY 111TH CONGRESS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. GORDON) is recognized for 5 minutes.

Mr. GORDON of Tennessee. Mr. Speaker, pursuant to House Rule XI(2)(a)(2) I hereby submit to the House the Rules of the Committee on Science and Technology for the 111th Congress as adopted by the Committee on January 28, 2009:

RULES FOR THE COMMITTEE ON SCIENCE AND TECHNOLOGY, U.S. HOUSE OF REPRESENTATIVES, 111TH CONGRESS

RULE 1.—GENERAL PROVISIONS

(a) IN GENERAL.—The Rules of the House of Representatives, as applicable, shall govern the Committee and its Subcommittees, except that a motion to recess from day to day and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, are privileged motions in the Committee and its Subcommittees and shall be decided without debate. [House Rule XI 1(a)]

(b) SUBCOMMITTEES.—The rules of the Committee, as applicable, shall be the rules of its Subcommittees. [House Rule XI 1(a)]

(c) VICE CHAIR.—A Member of the majority party on the Committee or Subcommittee shall be designated by the Chair of the Committee as the Vice Chair of the Committee or Subcommittee, as the case may be, and shall preside during the absence of the Chair from any meeting. If the Chair and Vice Chair of the Committee or Subcommittee are not present at any meeting of the Committee or Subcommittee, the Ranking Majority Member who is present shall preside at that meeting. [House Rule XI 2(d)]

(d) ORDER OF BUSINESS.—The order of business and procedure of the Committee and the subjects of inquiries or investigations will be decided by the Chair, subject always to an appeal to the Committee.

(e) USE OF HEARING ROOMS.—In consultation with the Ranking Minority Member, the Chair of the Committee shall establish guidelines for the use of Committee hearing rooms.

(f) NATIONAL SECURITY INFORMATION.—All national security information bearing a classification of secret or higher which has been received by the Committee or a Subcommittee shall be deemed to have been received in Executive Session and shall be given appropriate safekeeping. The Chair of the Committee may establish such regulations and procedures as in the Chair's judgment are necessary to safeguard classified information under the control of the Committee. Such procedures shall, however, ensure access to this information by any Member of the Committee or any other Member of the House of Representatives who has requested the opportunity to review such material.

(g) AVAILABILITY OF PUBLICATIONS.—To the maximum extent feasible, the Committee shall make its publications available in electronic form, including on the Committee website. [House Rule XI 2(e)(4)]

(h) COMMITTEE WEBSITE.—The Chair of the Committee shall maintain an official Committee website for the purpose of furthering the Committee's legislative and oversight responsibilities, including communicating information about the Committee's activities to Committee Members and other Members of the House. The Ranking Minority Member of the Committee may maintain a similar website for the same purpose, including communicating information about the activities of the minority to Committee Members and other Members of the House.

(i) MOTION TO GO TO CONFERENCE.—The Chair is directed to offer a motion under clause 1 of Rule XXII of the Rules of the House whenever the Chair considers it appropriate. [House Rule XI 2(a)(3)]

(j) CONFERENCE COMMITTEES.—Recommendations of conferees to the Speaker shall provide a ratio of majority party Members to minority party Members which shall be no less favorable to the majority party than the ratio of the Committee.

(k) OTHER PROCEDURES.—The Chair of the Committee, after consultation with the Ranking Minority Member of the Committee, may establish such other procedures and take such actions as may be necessary to carry out these rules or to facilitate the effective operation of the Committee.

RULE 2.—REGULAR, ADDITIONAL, AND SPECIAL MEETINGS

(a) REGULAR MEETINGS.—Unless dispensed with by the Chair of the Committee,

the meetings of the Committee shall be held on the second (2nd) and fourth (4th) Wednesdays of each month the House is in session at 10:00 a.m. [House Rule XI 2(b)]

(b) ADDITIONAL MEETINGS.—The Chair of the Committee may call and convene, as the Chair considers necessary, additional meetings of the Committee for the consideration of any bill or resolution pending before the Committee or for the conduct of other Committee business. The Committee shall meet for such purpose under that call of the Chair. [House Rule XI 2(c)(1)]

(c) SPECIAL MEETINGS.—Rule XI 2(c) of the Rules of the House of Representatives is hereby incorporated by reference. [House Rule XI 2(c)(2)]

RULE 3.—MEETINGS AND HEARINGS GENERALLY

(a) OPENING STATEMENTS.—Insofar as is practicable, the Chair, after consultation with the Ranking Minority Member, shall limit the total time of opening statements by Members to no more than 10 minutes, the time to be divided equally between the Chair and Ranking Minority Member.

(b) ADDRESSING THE COMMITTEE.—The time any one (1) Member may address the Committee on any bill, motion, or other matter under consideration by the Committee or the time allowed for the questioning of a witness at hearings before the Committee will be limited to five (5) minutes, and then only when the Member has been recognized by the Chair, except that this time limit may be waived by the Chair. [House Rule XI 2(j)(2)]

(c) REQUESTS FOR WRITTEN MOTIONS.—Any motion made at a meeting of the Committee and which is entertained by the Chair of the Committee or the Subcommittee shall be presented in writing upon the demand of any Member present and a copy made available to each Member present.

(d) OPEN MEETINGS AND HEARINGS.—Each meeting for the transaction of business, including the markup of legislation, and each hearing of the Committee or a Subcommittee shall be open to the public, including to radio, television, and still photography, unless closed in accordance with clause 2(g) of rule XI of the Rules of the House of Representatives. [House Rule XI 2(g)]

(e) AUDIO AND VISUAL COVERAGE.—

(1) Whenever a hearing or meeting conducted by the Committee is open to the public, these proceedings shall be open to coverage by audio and visual means, except as provided in Rule XI 4(f)(2) of the House of Representatives. The Chair of the Committee or Subcommittee may not limit the number of television, or still cameras to fewer than two (2) representatives from each medium (except for legitimate space or safety considerations, in which case pool coverage shall be authorized).

(2) Radio and television tapes, television films, and Internet recordings of any Committee hearings or meetings that are open to the public may not be used, or made available for use, as partisan political campaign material to promote or oppose the candidacy of any person for elective public office.

(3) It is, further, the intent of this rule that the general conduct of each meeting or hearing covered under authority of this rule by audio or visual means, and the personal behavior of the Committee Members and staff, other government officials and personnel, witnesses, television, radio, and press media personnel, and the general public at the meeting or hearing, shall be in strict conformity with and observance of the acceptable standards of dignity, propriety, courtesy, and decorum traditionally observed by the House in its operations, and may not be such as to:

(A) distort the objects and purposes of the meeting or hearing or the activities of Committee Members in connection with that meeting or hearing or in connection with the general work of the Committee or of the House; or

(B) cast discredit or dishonor on the House, the Committee, or a Member, Delegate, or Resident Commissioner or bring the House, the Committee, or a Member, Delegate, or Resident Commissioner into disrepute.

(4) The coverage of Committee meetings and hearings by audio and visual means shall be permitted and conducted only in strict conformity with the purposes, provisions, and requirements of this rule.

(5) The following shall apply to coverage of Committee meetings or hearings by audio or visual means:

(A) If audio or visual coverage of the hearing or meeting is to be presented to the public as live coverage, that coverage shall be conducted and presented without commercial sponsorship.

(B) The allocation among the television media of the positions or the number of television cameras permitted by a Committee or Subcommittee Chair in a hearing or meeting room shall be in accordance with fair and equitable procedures devised by the Executive Committee of the Radio and Television Correspondents' Galleries.

(C) Television cameras shall be placed so as not to obstruct in any way the space between a witness giving evidence or testimony and any member of the Committee or the visibility of that witness and that member to each other.

(D) Television cameras shall operate from fixed positions but may not be placed in positions that obstruct unnecessarily the coverage of the hearing or meeting by the other media.

(E) Equipment necessary for coverage by the television and radio media may not be installed in, or removed from, the hearing or meeting room while the Committee is in session.

(F) (i) Except as provided in subdivision (ii), floodlights, spotlights, strobelights, and flashguns may not be used in providing any method of coverage of the hearing or meeting.

(ii) The television media may install additional lighting in a hearing or meeting room, without cost to the Government, in order to raise the ambient lighting level in a hearing or meeting room to the lowest level necessary to provide adequate television coverage of a hearing or meeting at the current state of the art of television coverage.

(G) In the allocation of the number of still photographers permitted by a Committee or Subcommittee Chair in a hearing or meeting room, preference shall be given to photographers from Associated Press Photos and United Press International Newspictures. If requests are made by more of the media than will be permitted by a Committee or Subcommittee Chair for coverage of a hearing or meeting by still photography, that coverage shall be permitted on the basis of a fair and equitable pool arrangement devised by the Standing Committee of Press Photographers.

(H) Photographers may not position themselves between the witness table and the members of the Committee at any time during the course of a hearing or meeting.

(I) Photographers may not place themselves in positions that obstruct unnecessarily the coverage of the hearing by the other media.

(J) Personnel providing coverage by the television and radio media shall be currently accredited to the Radio and Television Correspondents' Galleries.

(K) Personnel providing coverage by still photography shall be currently accredited to the Press Photographers' Gallery.

(L) Personnel providing coverage by the television and radio media and by still photography shall conduct themselves and their coverage activities in an orderly and unobtrusive manner. [House Rule XI (4)]

RULE 4.—CONSIDERATION OF MEASURE OR MATTER

(a) IN GENERAL.—Bills and other substantive matters may be taken up for consideration only when called by the Chair of the Committee or by a majority vote of a quorum of the Committee, except those matters which are the subject of special call meetings outlined in Rule 2(c).

(b) NOTICE.—

(1) It shall not be in order for the Committee to consider any new or original measure or matter unless written notice of the date, place and subject matter of consideration and, to the maximum extent practicable, a written copy of the measure or matter to be considered and, to the maximum extent practicable, the original text of the measure to be considered for purposes of markup have been available to each Member of the Committee for at least 48 hours in advance of consideration, excluding Saturdays, Sundays and legal holidays.

(2) Notwithstanding paragraph (1), consideration of any legislative measure or matter by the Committee shall be in order by vote of two-thirds of the Members present, provided that a majority of the Committee is present.

(c) SUBMISSION OF AMENDMENTS.—To the maximum extent practicable, amendments to a measure or matter shall be submitted in writing to the Clerk of the Committee at least 24 hours prior to the consideration of the measure or matter.

(d) SUSPENDED PROCEEDINGS.—During the consideration of any measure or matter, the Chair of the Committee, or of any Subcommittee, may recess the Committee or Subcommittee, as the case may be, at any point. Additionally, during the consideration of any measure or matter, the Chair of the Committee, or of any Subcommittee, shall suspend further proceedings after a question has been put to the Committee or Subcommittee at any time when there is a vote by electronic device occurring in the House of Representatives. Suspension of proceedings after a record vote is ordered on the question of approving a measure or matter or on adopting an amendment shall be conducted in compliance with the provisions of Rule 6(d).

(e) INVESTIGATIVE OR OVERSIGHT REPORTS.—A proposed investigative or oversight report shall be considered as read in Committee if it has been available to the Members for at least 24 hours (excluding Saturdays, Sundays, or legal holidays except when the House is in session on such a day). [House Rule XI 1(b)(2)]

(f) GERMANENESS.—The rules of germaneness shall be enforced by the Chair of the Committee or Subcommittee, as the case may be.

RULE 5.—POWER TO SIT AND ACT; SUBPOENA POWER

(a) IN GENERAL.—

(1) Nothwithstanding paragraph (2), a subpoena may be authorized and issued in the conduct of any investigation or series of investigations or activities to require the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers and documents as deemed necessary, only when authorized by majority vote of the Committee or Subcommittee (as the case may be), a majority of the Committee or Subcommittee being present. Authorized subpoenas shall be signed only by the Chair of the Committee, or by any Member designated by the Chair. [House Rule XI 2(m)(3)(A)]

(2) The Chair of the Committee, after consultation with the Ranking Minority Member of the Committee, or, if the Ranking Member cannot be reached, the Ranking Minority Member of the relevant Subcommittee, may authorize and issue such subpoenas as described in paragraph (1) during any period in which the House has adjourned for a period longer than seven (7) days. [House Rule XI 2(m)(3)(A)]

(3) A subpoena duces tecum may specify terms of return other than at a meeting or a hearing of the Committee. [House Rule XI 2(m)(3)(B)]

(b) SENSITIVE OR CONFIDENTIAL INFORMATION.—Unless otherwise determined by the Committee or Subcommittee, certain information received by the Committee or Subcommittee pursuant to a subpoena not made part of the record at an open hearing shall be deemed to have been received in Executive Session when the Chair of the Committee, in the Chair's judgment and after consultation with the Ranking Minority Member of the Committee, deems that in view of all of the circumstances, such as the sensitivity of the information or the confidential nature of the information, such action is appropriate.

RULE 6.—QUORUMS AND VOTING

(a) QUORUMS.—

(1) One-third (1/3) of the Members of the Committee shall constitute a quorum for all purposes except as provided in paragraphs (2) and (3) of this Rule. [House Rule XI 2(h)(3)]

(2) A majority of the Members of the Committee shall constitute a quorum in order to: (A) report any legislation, measure, or matter; (B) close Committee meetings or hearings pursuant to Rule 3(d); and (C) authorize the issuance of subpoenas pursuant to Rule 5(a). [House Rule XI 2(h)(1); House Rule XI 2(g); House Rule XI 2(m)(3)(A)]

(3) Two (2) Members of the Committee shall constitute a quorum for taking testimony and receiving evidence, which, unless waived by the Chair of the Committee after consultation with the Ranking Minority Member of the Committee, shall include at least one (1) Member from each of the majority and minority parties. [House Rule XI 2(h)(2)]

(b) VOTING BY PROXY.—No Member may authorize a vote by proxy with respect to any measure or matter before the Committee. [House Rule XI 2(f)]

(c) REQUESTS FOR RECORD VOTE AT COMMITTEE.—A record vote of the Members may be had at the request of three (3) or more Members or, in the apparent absence of a quorum, by any one (1) Member.

(d) POSTPONEMENT OF PROCEEDINGS.—The Chair of the Committee, or of any Subcommittee, is authorized to postpone further proceedings when a record vote is ordered on the question of approving a measure or matter or on adopting an amendment, and to resume proceedings on a postponed question at any time after reasonable notice. Upon resuming proceedings on a postponed question, notwithstanding any intervening order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed. [House Rule XI 2(h)(4)]

RULE 7.—HEARING PROCEDURES

(a) ANNOUNCEMENT OF HEARING.—The Chair shall make a public announcement of the date, time, place, and subject matter of a hearing, and to the extent practicable, a list of witnesses at least one (1) week before the commencement of the hearing. If the Chair, with the concurrence of the Ranking Minority Member, determines there is good cause to begin the hearing sooner, or if the Committee so determines by majority vote, a quorum being present for the transaction of business, the Chair shall make the announcement at the earliest possible date. Any announcement made under this Rule shall be promptly published in the Daily Digest, and promptly made available in electronic form, including on the Committee website. [House Rule XI 2(g)(3)]

(b) WITNESS STATEMENT; TESTIMONY.—

(1) Insofar as is practicable, no later than 48 hours in advance of his or her appearance, each witness who is to appear before the Committee shall file in printed copy and in electronic form a written statement of his or her proposed testimony and a curriculum vitae. [House Rule XI 2(g)(4)]

(2) To the greatest extent practicable, each witness appearing before the Committee shall include with the written statement of proposed testimony a disclosure of any financial interests which are relevant to the subject of his or her testimony. These include, but are not limited to, public and private research grants, stock or stock options held in publicly traded and privately owned companies, government contracts with the witness or the witness' employer, and any form of payment of compensation from any relevant entity. The source and amount of the financial interest should be included in this disclosure. [House Rule XI 2(g)(4)]

(3) Each witness shall limit his or her presentation to a five (5) minute summary, provided that additional time may be granted by the Chair of the Committee or Subcommittee when appropriate.

(c) MINORITY WITNESSES.—Whenever any hearing is conducted by the Committee on any measure or matter, the minority Members of the Committee shall be entitled, upon request to the Chair by a majority of them before the completion of the hearing, to call witnesses selected by the minority to testify with respect to the measure or matter during at least one (1) day of hearing thereon. [House Rule XI 2(j)(1)]

(d) EXTENDED QUESTIONING OF WITNESSES BY MEMBERS.—Notwithstanding Rule 3(b), upon a motion, the Chair, in consultation with the Ranking Minority Member, may designate an equal number of Members from each party to question a witness for a period of time equally divided between the majority party and the minority party, not to exceed one (1) hour in the aggregate or, upon a motion, may designate staff from each party to question a witness for equal specific periods that do not exceed one (1) hour in the aggregate. [House Rule X12(j)(2)]

(e) ADDITIONAL QUESTIONS FOR THE RECORD.—Members of the Committee have two (2) weeks from the date of a hearing to submit additional questions for the record to be answered by witnesses who have appeared in person. The letters of transmittal and any responses thereto shall be printed in the hearing record.

(f) ADDITIONAL HEARING PROCEDURES.—Rule XI 2(k) of the Rules of the House of Representatives is hereby incorporated by reference. [House Rule XI 2(k)]

RULE 8.—PROCEDURES FOR REPORTING MEASURES OR MATTERS

(a) FILING OF REPORTS.—

(1) It shall be the duty of the Chair of the Committee to report or cause to be reported promptly to the House any measure approved by the Committee and to take or cause to be taken the necessary steps to bring the matter to a vote. To the maximum extent practicable, the written report of the Committee on such measures shall be made available to the Committee membership for review at least 24 hours in advance of filing. [House Rule XIII 2(b)(1)]

(2) The report of the Committee on a measure which has been approved by the Committee shall be filed within seven (7) calendar days (exclusive of days on which the House is not in session) after the day on which there has been filed with the Clerk of the Committee a written request, signed by the majority of the Members of the Committee, for the reporting of that measure. Upon the filing of any such request, the Clerk of the Committee shall transmit immediately to the Chair of the Committee notice of the filing of that request. [House Rule XIII 2(b)(2)]

(b) SUPPLEMENTAL, MINORITY, OR ADDITIONAL VIEWS.—If, at the time of approval of any measure or matter by the Committee, any Member of the Committee gives notice of intention to file supplemental, minority, or additional views, that Member shall have two (2) subsequent calendar days after the day of such notice (excluding Saturdays, Sundays, and legal holidays) in which to file such views, in writing and signed by that Member, with the Clerk of the Committee. No supplemental, minority, or additional views shall be accepted for inclusion in the report if submitted after two (2) subsequent calendar days have elapsed unless the Chair of the Committee or Subcommittee, as appropriate, decides to extend the time for submission of views, in which case the Chair shall communicate such fact, including the revised day and hour for submissions to be received, to the Members of the Committee without delay. All such views so filed by one (1) or more Members of the Committee shall be included within, and shall be a part of, the report filed by the Committee with respect to that measure or matter. [House Rule XI 2(I)]

(c) CONTENTS OF REPORT.—

(1) The report of the Committee on a measure or matter shall be printed in a single volume that shall—

(A) include all supplemental, minority, or additional views that have been submitted by the time of the filing of the report on that measure or matter; and

(B) bear on its cover a recital that any such supplemental, minority, or additional views (and any material submitted under rule 8(c)(3)(A)) are included as part of the report.

(2) The report of the Committee on a measure which has been approved by the Committee shall include the following, to be provided by the Committee:

(A) the oversight findings and recommendations required pursuant to Rule X 2(b)(1) of the Rules of the House of Representatives, separately set out and identified; [House Rule XIII 3(c)(1)]

(B) the statement required by section 308(a) of the Congressional Budget Act of 1974, separately set out and identified, if the measure provides new budget authority or new or increased tax expenditures as specified in Rule XIII 3(c)(2); [House Rule XIII 3(c)(2)]

(C) with respect to reports on a bill or joint resolution of a public character, a ''Constitutional Authority Statement'' citing the specific powers granted to Congress by the Constitution pursuant to which the bill or joint resolution is proposed to be enacted; [House Rule XIII 3(d)(1)]

(D) with respect to each recorded vote on a motion to report any measure or matter of a public character, and on any amendment offered to the measure or matter, the total number of votes cast for and against, and the names of those Members voting for and against, shall be included in the Committee report on the measure or matter;

(E) the estimate and comparison prepared by the Committee under Rule XIII, clause

3(d)(2) of the Rules of the House of Representatives, unless the estimate and comparison prepared by the Director of the Congressional Budget Office prepared under subparagraph 3 of this Rule has been timely submitted prior to the filing of the report and included in the report; [House Rule XIII 3(d)(2)]

(F) in the case of a bill or joint resolution which repeals or amends any statute or part thereof, the text of the statute or part thereof which is proposed to be repealed, and a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended; [House Rule XIII 3(e)]

(G) a transcript of the markup of the measure or matter unless waived under Rule 12(a); and

(H) a statement of general performance goals and objectives, including outcome-related goals and objectives, for which the measure authorizes funding. [House Rule XIII 3(e)(4)]

(4) The report of the Committee on a measure which has been approved by the Committee shall further include the following, to be provided by sources other than the Committee:

(A) the estimate and comparison prepared by the Director of the Congressional Budget Office required under section 403 of the Congressional Budget Act of 1974, separately set out and identified, whenever the Director (if timely, and submitted prior to the filing of the report) has submitted such estimate and comparison of the Committee; [House Rule XIII 3(c)(3)]

(B) if the Committee has not received prior to the filing of the report the material required under subparagraph (A) of this Rule, then it shall include a statement to that effect in the report on the measure.

(d) IMMEDIATE PRINTING; SUPPLEMENTAL REPORTS.—This Rule does not preclude—

(1) the immediate filing or printing of a Committee report unless a timely request for the opportunity to file supplemental, minority, or additional views has been made as provided by this Rule; or

(2) the filing by the Committee of any supplemental report upon any measure or matter which may be required for the correction of any technical error in a previous report made by that Committee upon that measure or matter.

(e) PRIVATE BILLS.—No private bill will be reported by the Committee if there are two (2) or more dissenting votes. Private bills so rejected by the Committee will not be reconsidered during the same Congress unless new evidence sufficient to justify a new hearing has been presented to the Committee.

(f) REPORT LANGUAGE ON USE OF FEDERAL RESOURCES.—No legislative report filed by the Committee on any measure or matter reported by the Committee shall contain language which has the effect of specifying the use of federal resources more explicitly (inclusively or exclusively) than that specified in the measure or matter as ordered reported, unless such language has been approved by the Committee during a meeting or otherwise in writing by a majority of the Members.

RULE 9.—OTHER COMMITTEE PUBLICATIONS

(a) HOUSE REPORTS.—Any document published by the Committee as a House Report, other than a report of the Committee on a measure which has been approved by the Committee, shall be approved by the Committee at a meeting, and Members shall have the same opportunity to submit views as provided for in Rule 8(b).

(b) OTHER DOCUMENTS.—

(1) Subject to paragraph (2) and (3), the Chair of the Committee may approve the publication of any document as a Committee print which in the Chair's discretion the Chair determines to be useful for the information of the Committee.

(2) Any document to be published as a Committee print which purports to express the views, findings, conclusions, or recommendations of the Committee or any of its Subcommittees, other than a report of the Committee on a measure which has been approved by the Committee, must be approved by the Committee or its Subcommittees, as applicable, in a meeting or otherwise in writing by a majority of the Members, and such Members shall have the right to submit supplemental, minority, or additional views for inclusion in the print within at least 48 hours after such approval.

(3) Any document to be published as a Committee print, other than a document described in subsection (2) of this Rule, shall—

(A) include on its cover the following statement: ''This document has been printed for informational purposes only and does not represent either findings or recommendations adopted by this Committee;'' and

(B) not be published following the sine die adjournment of a Congress, unless approved by the Chair of the Committee after consultation with the Ranking Minority Member of the Committee.

(c) JOINT INVESTIGATION OR STUDY.—A report of an investigation or study conducted jointly by the Committee and one (1) or more other Committee(s) may be filed jointly, provided that each of the Committees complies independently with all requirements for approval and filing of the report. [House Rule XI 1(b)(2)]

(d) POST ADJOURNMENT FILING OF COMMITTEE REPORTS.—

(1) After an adjournment of the last regular session of a Congress sine die, an investigative or oversight report approved by the Committee may be filed with the Clerk at any time, provided that if a Member gives notice at the time of approval of intention to file supplemental, minority, or additional views, that Member shall be entitled to not less than seven (7) calendar days in which to submit such views for inclusion with the report. [House Rule XI 1(b)(4)]

(2) After an adjournment sine die of the last regular session of a Congress, the Chair of the Committee may file the Committee's Activity Report for that Congress under clause 1(d)(1) of Rule XI of the Rules of the House with the Clerk of the House at anytime and without the approval of the Committee, provided that a copy of the report has been available to each Member of the Committee for at least seven (7) calendar days and that the report includes any supplemental, minority, or additional views submitted by a Member of the Committee. [House Rule XI 1(d)(1)]

RULE 10.—GENERAL OVERSIGHT AND INVESTIGATIVE RESPONSIBILITIES

(a) OVERSIGHT.—

(1) IN GENERAL.—The Committee shall review and study on a continuing basis laws, programs, and Government activities relating to nonmilitary research and development. [House Rule X 3(k)]

(2) OVERSIGHT PLAN.—Not later than February 15 of the first session of a Congress, the Committee shall meet in open session, with a quorum present, to adopt its oversight plans for that Congress for submission to the Committee on Oversight and Government Reform and the Committee on House Administration, in accordance with the provisions of clause 2(d) of Rule X of the House of Representatives. [House Rule X 2(d)]

(b) INVESTIGATIONS.—

(1) IN GENERAL.—The Chair of the Committee may undertake any formal investigation in the name of the Committee after consultation with the Ranking Minority Member of the Committee.

(2) SUBCOMMITTEE INVESTIGATIONS.—The Chair of any Subcommittee shall not undertake any formal investigation in the name of the Committee or Subcommittee without formal approval by the Chair of the Committee, in consultation with other appropriate Subcommittee Chairs, and after consultation with the Ranking Minority Member of the Committee. The Chair of any Subcommittee shall also consult with the Ranking Minority Member of the Subcommittee before undertaking any investigation in the name of the Committee.

RULE 11.—SUBCOMMITTEES

(a) ESTABLISHMENT AND JURISDICTION OF SUBCOMMITTEES.—The Committee shall have the following standing Subcommittees with the jurisdiction indicated.

(1) SUBCOMMITTEE ON ENERGY AND ENVIRONMENT.—Legislative jurisdiction and general oversight and investigative authority on all matters relating to energy research, development, and demonstration and projects therefor, commercial application of energy technology, and environmental research, including:

(A) Department of Energy research, development, and demonstration programs;

(B) Department of Energy laboratories;

(C) Department of Energy science activities;

(D) energy supply activities;

(E) nuclear, solar and renewable energy, and other advanced energy technologies;

(F) uranium supply and enrichment, and Department of Energy waste management and environment, safety, and health activities, as appropriate;

(G) fossil energy research and development;

(H) clean coal technology;

(I) energy conservation research and development;

(J) energy aspects of climate change;

(K) pipeline research, development, and demonstration projects;

(L) energy and environmental standards;

(M) energy conservation, including building performance, alternate fuels for and improved efficiency of vehicles, distributed power systems, and industrial process improvements;

(N) Environmental Protection Agency research and development programs;

(O) the National Oceanic and Atmospheric Administration, including all activities related to weather, weather services, climate, the atmosphere, marine fisheries, and oceanic research;

(P) risk assessment activities; and

(Q) scientific issues related to environmental policy, including climate change.

(2) SUBCOMMITTEE ON TECHNOLOGY AND INNOVATION.—Legislative jurisdiction and general oversight and investigative authority on all matters relating to competitiveness, technology, standards, and innovation, including:

(A) standardization of weights and measures, including technical standards, standardization, and conformity assessment;

(B) measurement, including the metric system of measurement;

(C) the Technology Administration of the Department of Commerce;

(D) the National Institute of Standards and Technology;

(E) the National Technical Information Service;

(F) competitiveness, including small business competitiveness;

(G) tax, antitrust, regulatory and other legal and governmental policies as they relate to technological development and commercialization;

(H) technology transfer, including civilian use of defense technologies;

(I) patent and intellectual property policy;

(J) international technology trade;

(K) research, development, and demonstration activities of the Department of Transportation;

(L) surface and water transportation research, development, and demonstration programs;

(M) earthquake programs (except for NSF) and fire research programs, including those related to wildfire proliferation research and prevention;

(N) biotechnology policy;

(O) research, development, demonstration, and standards-related activities of the Department of Homeland Security;

(P) Small Business Innovation Research and Technology Transfer; and

(Q) voting technologies and standards.

(3) SUBCOMMITTEE ON RESEARCH AND SCIENCE EDUCATION.—Legislative jurisdiction and general oversight and investigative authority on all matters relating to science policy and science education, including:

(A) the Office of Science and Technology Policy;

(B) all scientific research, and scientific and engineering resources (including human resources), math, science and engineering education;

(C) intergovernmental mechanisms for research, development, and demonstration and cross-cutting programs;

(D) international scientific cooperation;

(E) National Science Foundation, including earthquake programs;

(F) university research policy, including infrastructure and overhead;

(G) university research partnerships, including those with industry;

(H) science scholarships;

(I) computing, communications, and information technology;

(J) research and development relating to health, biomedical, and nutritional programs;

(K) to the extent appropriate, agricultural, geological, biological and life sciences research; and

(L) materials research, development, and demonstration and policy.

(4) SUBCOMMITTEE ON SPACE AND AERONAUTICS.—Legislative jurisdiction and general oversight and investigative authority on all matters relating to astronautical and aeronautical research and development, including:

(A) national space policy, including access to space;

(B) sub-orbital access and applications;

(C) National Aeronautics and Space Administration and its contractor and government-operated labs;

(D) space commercialization, including commercial space activities relating to the Department of Transportation and the Department of Commerce;

(E) exploration and use of outer space;

(F) international space cooperation;

(G) the National Space Council;

(H) space applications, space communications and related matters;

(I) earth remote sensing policy;

(J) civil aviation research, development, and demonstration;

(K) research, development, and demonstration programs of the Federal Aviation Administration; and

(L) space law.

(5) SUBCOMMITTEE ON INVESTIGATIONS AND OVERSIGHT.—General and special investigative authority on all matters within the jurisdiction of the Committee on Science and Technology.

(b) RATIOS.—A majority of the majority Members of the Committee shall determine an appropriate ratio of majority to minority Members of each Subcommittee and shall authorize the Chair of the Committee to negotiate that ratio with the minority party; Provided, however, that the ratio of majority Members to minority Members on each Subcommittee (including any ex-officio Members) shall be no less favorable to the majority party than the ratio for the Committee.

(c) EX-OFFICIO MEMBERS.—The Chair of the Committee and Ranking Minority Member of the Committee shall serve as ex-officio Members of all Subcommittees and shall have the right to vote and be counted as part of the quorum and ratios on all matters before the Subcommittee.

(d) REFERRAL OF LEGISLATION.—The Chair of the Committee shall refer all legislation and other matters referred to the Committee to the Subcommittee or Subcommittees of appropriate primary and secondary jurisdiction within two (2) weeks of the matters being referred to the Committee, unless the Chair of the Committee deems consideration is to be by the Committee. Subcommittee Chairs may make requests for referral of specific matters to their Subcommittee within the two (2) week period if they believe Subcommittee jurisdictions so warrant.

(e) PROCEDURES.—

(1) No Subcommittee shall meet to consider for markup or approval any measure or matter when the Committee or any other Subcommittee of the Committee is meeting to consider any measure or matter for markup or approval.

(2) Each Subcommittee is authorized to meet, hold hearings, receive testimony or evidence, mark up legislation, and report to the Committee on all matters referred to it. For matters within its jurisdiction, each Subcommittee is authorized to conduct legislative, investigative, forecasting, and general oversight hearings; to conduct inquiries into the future; and to undertake budget impact studies.

(3) Subcommittee Chairs shall set meeting dates after consultation with the Chair of the Committee and other Subcommittee Chairs with a view toward avoiding simultaneous scheduling of Committee and Subcommittee meetings or hearings wherever possible.

(4) Any Member of the Committee may have the privilege of sitting with any Subcommittee during its hearings or deliberations and may participate in such hearings or deliberations, but no Member who is not a Member of the Subcommittee shall vote on any matter before such Subcommittee, except as provided in subsection (c) of this Rule.

(5) During consideration of any measure or matter for markup or approval in a Subcommittee proceeding, a record vote may be had at the request of one (1) or more Members of that Subcommittee.

(f) CONSIDERATION OF SUBCOMMITTEE REPORTS.—After ordering a measure or matter reported, a Subcommittee shall issue a Subcommittee report in such form as the Chair of the Committee shall specify. Reports and recommendations of a Subcommittee shall not be considered by the Committee until after the intervention of 48 hours, excluding Saturdays, Sundays and legal holidays, from the time the report is submitted and made available to the Members of the Committee and printed hearings thereon shall be made available, if feasible, to the Members of the Committee, except that this Rule may be waived at the discretion of the Chair of the Committee after consultation with the Ranking Minority Member of the Committee.

RULE 12.—COMMITTEE RECORDS

(a) TRANSCRIPTS.—The transcripts of those hearings conducted by the Committee and Subcommittees shall be published as a substantially verbatim account of remarks actually made during the proceedings, subject only to technical, grammatical, and typographical corrections authorized by the person making the remarks involved. Transcripts of markups shall be recorded and published in the same manner as hearings before the Committee and shall be included as part of the legislative report unless waived by the Chair of the Committee. [House Rule XI 2(e)(1)(A)]

(b) KEEPING OF RECORDS.—The Committee shall keep a complete record of all Committee action, which shall include a record of the votes on any question on which a record vote is demanded. The result of each record vote shall be made available by the Committee for inspection by the public at reasonable times in the offices of the Committee. Information so available for public inspection shall include a description of the amendment, motion, order, or other proposition and the name of each Member voting for and each Member voting against such amendment, motion, order, or proposition, and the names of those Members present but not voting. [House Rule XI 2(e)(1)]

(c) AVAILABILITY OF ARCHIVED RECORDS.—The records of the Committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House of Representatives. The Chair of the Committee shall notify the Ranking Minority Member of the Committee of any decision, pursuant to Rule VII 3(b)(3) or clause 4(b) of the Rules of the House of Representatives, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on the written request of any Member of the Committee. [House Rule XI 2(e)(3)]

(d) PROPERTY OF HOUSE.—

(1) Except as provided for in paragraph (2), all Committee hearings, records, data, charts, and files shall be kept separate and distinct from the congressional office records of the Member serving as its Chair. Such records shall be the property of the House, and each Member, Delegate, and the Resident Commissioner, shall have access thereto.

(2) A Member, Delegate, or Resident Commissioner, other than Members of the Committee on Standards of Official Conduct, may not have access to the records of the Committee respecting the conduct of a Member, Delegate, Resident Commissioner, officer, or employee of the House without the specific prior permission of the Committee. [House Rule XI 2(e)(2)]

PUBLICATION OF THE RULES OF THE COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE 111TH CONGRESS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. OBERSTAR), is recognized for 5 minutes.

Mr. OBERSTAR. Mr. Speaker, pursuant to clause 2(a)(2) of rule XI of the Rules of the House of Representatives and clause (b) of Rule I of the Rules of the Committee on Transportation and Infrastructure, I submit the Rules of the Committee on Transportation and

Infrastructure for the 111th Congress for publication in the CONGRESSIONAL RECORD. On January 15, 2009, the Committee on Transportation and Infrastructure met in open session and adopted these Committee Rules by voice vote with a quorum present.

Rules of the Committee on Transportation and Infrastructure,
United States House of Representatives,
111th Congress
(Adopted January 15, 2009)

RULE I. GENERAL PROVISIONS.

(a) APPLICABILITY OF HOUSE RULES.—

(1) IN GENERAL.—The Rules of the House are the rules of the Committee and its subcommittees so far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, are non-debatable privileged motions in the Committee and its subcommittees.

(2) SUBCOMMITTEES.—Each subcommittee is part of the Committee, and is subject to the authority and direction of the Committee and its rules so far as applicable.

(3) INCORPORATION OF HOUSE RULE ON COMMITTEE PROCEDURE.—Rule XI of the Rules of the House, which pertains entirely to Committee procedure, is incorporated and made a part of the rules of the Committee to the extent applicable. Pursuant to clause 2(a)(3) of Rule XI of the Rules of the House, the Chairman is authorized to offer a motion under clause 1 of Rule XXII of the Rules of the House whenever the Chairman considers it appropriate.

(b) PUBLICATION OF RULES.—The Committee's rules shall be published in the Congressional Record not later than 30 days after the Committee is elected in each odd-numbered year.

(c) VICE CHAIRMAN.—The Chairman shall appoint a vice chairman of the Committee and of each subcommittee. If the Chairman of the Committee or subcommittee is not present at any meeting of the Committee or subcommittee, as the case may be, the vice chairman shall preside. If the vice chairman is not present, the ranking member of the majority party on the Committee or subcommittee who is present shall preside at that meeting.

RULE II. REGULAR, ADDITIONAL, AND SPECIAL MEETINGS.

(a) REGULAR MEETINGS.—

(1) IN GENERAL.—Regular meetings of the Committee shall be held on the first Wednesday of every month to transact its business unless such day is a holiday, or the House is in recess or is adjourned, in which case the Chairman shall determine the regular meeting day of the Committee for that month.

(2) NOTICE.—The Chairman shall give each member of the Committee, as far in advance of the day of the regular meeting as the circumstances make practicable, a written notice of such meeting and the matters to be considered at such meeting. To the maximum extent practicable, the Chairman shall provide such notice at least 3 days prior to such meeting.

(3) CANCELLATION OR DEFERRAL.—If the Chairman believes that the Committee will not be considering any bill or resolution before the full Committee and that there is no other business to be transacted at a regular meeting, the meeting may be canceled or it may be deferred until such time as, in the judgment of the Chairman, there may be matters which require the Committee's consideration.

(4) APPLICABILITY.—This paragraph shall not apply to meetings of any subcommittee.

(b) ADDITIONAL MEETINGS.—The Chairman may call and convene, as he or she considers necessary, additional meetings of the Committee for the consideration of any bill or resolution pending before the Committee or for the conduct of other Committee business. The Committee shall meet for such purpose pursuant to the call of the Chairman.

(c) SPECIAL MEETINGS.—If at least three members of the Committee desire that a special meeting of the Committee be called by the Chairman, those members may file in the offices of the Committee their written request to the Chairman for that special meeting. Such request shall specify the measure or matter to be considered. Immediately upon the filing of the request, the clerk of the Committee shall notify the Chairman of the filing of the request. If, within 3 calendar days after the filing of the request, the Chairman does not call the requested special meeting to be held within 7 calendar days after the filing of the request, a majority of the members of the Committee may file in the offices of the Committee their written notice that a special meeting of the Committee will be held, specifying the date and hour thereof, and the measure or matter to be considered at that special meeting. The Committee shall meet on that date and hour. Immediately upon the filing of the notice, the clerk of the Committee shall notify all members of the Committee that such meeting will be held and inform them of its date and hour and the measure or matter to be considered; and only the measure or matter specified in that notice may be considered at that special meeting.

(d) PROHIBITION ON SITTING DURING JOINT SESSION.—The Committee may not sit during a joint session of the House and Senate or during a recess when a joint meeting of the House and Senate is in progress.

RULE III. MEETINGS AND HEARINGS GENERALLY.

(a) OPEN MEETINGS.—Each meeting for the transaction of business, including the markup of legislation, and each hearing of the Committee or a subcommittee shall be open to the public, except as provided by clause 2(g) of Rule XI of the Rules of the House.

(b) MEETINGS TO BEGIN PROMPTLY.—Each meeting or hearing of the Committee shall begin promptly at the time so stipulated in the public announcement of the meeting or hearing.

(c) ADDRESSING THE COMMITTEE.—A Committee member may address the Committee or a subcommittee on any bill, motion, or other matter under consideration—

(1) only when recognized by the Chairman for that purpose; and

(2) only for 5 minutes until such time as each member of the Committee or subcommittee who so desires has had an opportunity to address the Committee or subcommittee.

A member shall be limited in his or her remarks to the subject matter under consideration. The Chairman shall enforce this subparagraph.

(d) PARTICIPATION OF MEMBERS IN SUBCOMMITTEE MEETINGS AND HEARINGS.—All members of the Committee who are not members of a particular subcommittee may, by unanimous consent of the members of such subcommittee, participate in any subcommittee meeting or hearing. However, a member who is not a member of the subcommittee may not vote on any matter before the subcommittee, be counted for purposes of establishing a quorum, or raise points of order.

(e) BROADCASTING.—Whenever a meeting for the transaction of business, including the markup of legislation, or a hearing is open to the public, that meeting or hearing shall be open to coverage by television, radio, and still photography in accordance with clause 4 of Rule XI of the Rules of the House. Operation and use of any Committee Internet broadcast system shall be fair and nonpartisan and in accordance with clause 4(b) of Rule XI of the Rules of the House and all other applicable rules of the Committee and the House.

(f) ACCESS TO THE DAIS AND LOUNGES.—Access to the hearing rooms' daises and to the lounges adjacent to the Committee hearing rooms shall be limited to Members of Congress and employees of Congress during a meeting or hearing of the Committee unless specifically permitted by the Chairman or ranking minority member.

(g) USE OF CELLULAR TELEPHONES.—The use of cellular telephones in the Committee hearing room is prohibited during a meeting or hearing of the Committee.

RULE IV. POWER TO SIT AND ACT; POWER TO CONDUCT INVESTIGATIONS; OATHS; SUBPOENA POWER.

(a) AUTHORITY TO SIT AND ACT.—For the purpose of carrying out any of its functions and duties under Rules X and XI of the Rules of the House, the Committee and each of its subcommittees, is authorized (subject to paragraph (d)(1))—

(1) to sit and act at such times and places within the United States whether the House is in session, has recessed, or has adjourned and to hold such hearings; and

(2) to require, by subpoena or otherwise, the attendance and testimony of such witnesses and the production of such books, records, correspondence, memorandums, papers, and documents, as it deems necessary.

(b) AUTHORITY TO CONDUCT INVESTIGATIONS.—

(1) IN GENERAL.—The Committee is authorized at any time to conduct such investigations and studies as it may consider necessary or appropriate in the exercise of its responsibilities under Rule X of the Rules of the House and (subject to the adoption of expense resolutions as required by Rule X, clause 6 of the Rules of the House) to incur expenses (including travel expenses) in connection therewith.

(2) MAJOR INVESTIGATIONS BY SUBCOMMITTEES.—A subcommittee may not begin a major investigation without approval of a majority of such subcommittee.

(c) OATHS.—The Chairman of the Committee, or any member designated by the Chairman, may administer oaths to any witness.

(d) ISSUANCE OF SUBPOENAS.—

(1) IN GENERAL.—A subpoena may be issued by the Committee or subcommittee under paragraph (a)(2) in the conduct of any investigation or activity or series of investigations or activities, only when authorized by a majority of the members voting, a majority being present. Such authorized subpoenas shall be signed by the Chairman of the Committee or by any member designated by the Committee. If a specific request for a subpoena has not been previously rejected by either the Committee or subcommittee, the Chairman of the Committee, after consultation with the ranking minority member of the Committee, may authorize and issue a subpoena under paragraph (a)(2) in the conduct of any investigation or activity or series of investigations or activities, and such subpoena shall for all purposes be deemed a subpoena issued by the Committee. As soon as practicable after a subpoena is issued under this rule, the Chairman shall notify all members of the Committee of such action.

(2) ENFORCEMENT.—Compliance with any subpoena issued by the Committee or subcommittee under paragraph (a)(2) may be enforced only as authorized or directed by the House.

(e) EXPENSES OF SUBPOENAED WITNESSES.—Each witness who has been subpoenaed, upon the completion of his or her testimony before the Committee or any subcommittee, may report to the offices of the Committee, and there sign appropriate vouchers for travel allowances and attendance fees. If hearings are held in cities other than Washington, D.C., the witness may contact the counsel of the Committee, or his or her representative, before leaving the hearing room.

RULE V. QUORUMS AND RECORD VOTES; POSTPONEMENT OF VOTES

(a) WORKING QUORUM.—One-third of the members of the Committee or a subcommittee shall constitute a quorum for taking any action other than the closing of a meeting pursuant to clauses 2(g) and 2(k)(5)

of Rule XI of the Rules of the House, the authorizing of a subpoena pursuant to paragraph (d) of Committee Rule IV, the reporting of a measure or recommendation pursuant to paragraph (b)(1) of Committee Rule VII, and the actions described in paragraphs (b), (c), and (d) of this rule.

(b) QUORUM FOR REPORTING.—A majority of the members of the Committee or a subcommittee shall constitute a quorum for the reporting of a measure or recommendation.

(c) APPROVAL OF CERTAIN MATTERS.—A majority of the members of the Committee or a subcommittee shall constitute a quorum for approval of a resolution concerning any of the following actions:

(1) A prospectus for construction, alteration, purchase, or acquisition of a public building or the lease of space as required by section 3307 of title 40, United States Code.

(2) Survey investigation of a proposed project for navigation, flood control, and other purposes by the Corps of Engineers (section 4 of the Rivers and Harbors Act of March 4, 1913, 33 U.S.C. 542).

(3) Construction of a water resources development project by the Corps of Engineers with an estimated Federal cost not exceeding $15,000,000 (section 201 of the Flood Control Act of 1965).

(4) Deletion of water quality storage in a Federal reservoir project where the benefits attributable to water quality are 15 percent or more but not greater than 25 percent of the total project benefits (section 65 of the Water Resources Development Act of 1974).

(5) Authorization of a Natural Resources Conservation Service watershed project involving any single structure of more than 4,000 acre feet of total capacity (section 2 of P.L. 566, 83rd Congress).

(d) QUORUM FOR TAKING TESTIMONY.—Two members of the Committee or subcommittee shall constitute a quorum for the purpose of taking testimony and receiving evidence.

(e) RECORD VOTES.—A record vote may be demanded by one-fifth of the members present.

(f) POSTPONEMENT OF VOTES.—

(1) IN GENERAL.—In accordance with clause 2(h)(4) of Rule XI of the Rules of the House, the Chairman of the Committee or a subcommittee, after consultation with the ranking minority member of the Committee or subcommittee, may—

(A) postpone further proceedings when a record vote is ordered on the question of approving a measure or matter or on adopting an amendment; and

(B) resume proceedings on a postponed question at any time after reasonable notice.

(2) RESUMPTION OF PROCEEDINGS.—When proceedings resume on a postponed question, notwithstanding any intervening order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed.

RULE VI. HEARING PROCEDURES.

(a) ANNOUNCEMENT OF HEARING.—The Chairman, in the case of a hearing to be conducted by the Committee, and the appropriate subcommittee chairman, in the case of a hearing to be conducted by a subcommittee, shall make public announcement of the date, place, and subject matter of such hearing at least one week before the hearing. If the Chairman or the appropriate subcommittee chairman, as the case may be, with the concurrence of the ranking minority member of the Committee or subcommittee as appropriate, determines there is good cause to begin the hearing sooner, or if the Committee or subcommittee so determines by majority vote, a quorum being present for the transaction of business, the Chairman shall make the announcement at the earliest possible date. The clerk of the Committee shall promptly notify the Daily Digest Clerk of the Congressional Record as soon as possible after such public announcement is made.

(b) WRITTEN STATEMENT; ORAL TESTIMONY.—So far as practicable, each witness who is to appear before the Committee or a subcommittee shall file with the clerk of the Committee or subcommittee, at least 2 working days before the day of his or her appearance, a written statement of proposed testimony and shall limit his or her oral presentation to a summary of the written statement.

(c) MINORITY WITNESSES.—When any hearing is conducted by the Committee or any subcommittee upon any measure or matter, the minority party members on the Committee or subcommittee shall be entitled, upon request to the Chairman by a majority of those minority members before the completion of such hearing, to call witnesses selected by the minority to testify with respect to that measure or matter during at least one day of hearing thereon.

(d) SUMMARY OF SUBJECT MATTER.—Upon announcement of a hearing, to the extent practicable, the Committee shall make available immediately to all members of the Committee a concise summary of the subject matter (including legislative reports and other material) under consideration. In addition, upon announcement of a hearing and subsequently as they are received, the Chairman shall make available to the members of the Committee any official reports from departments and agencies on such matter.

(e) QUESTIONING OF WITNESSES.—The questioning of witnesses in Committee and subcommittee hearings shall be initiated by the Chairman, followed by the ranking minority member and all other members alternating between the majority and minority parties. In recognizing members to question witnesses in this fashion, the Chairman shall take into consideration the ratio of the majority to minority members present and shall establish the order of recognition for questioning in such a manner as not to disadvantage the members of the majority nor the members of the minority. The Chairman may accomplish this by recognizing two majority members for each minority member recognized.

(f) PROCEDURES FOR QUESTIONS.—

(1) IN GENERAL.—A Committee member may question a witness at a hearing—

(A) only when recognized by the Chairman for that purpose; and

(B) subject to subparagraphs (2) and (3), only for 5 minutes until such time as each member of the Committee or subcommittee who so desires has had an opportunity to question the witness.

A member shall be limited in his or her remarks to the subject matter under consideration. The Chairman shall enforce this paragraph.

(2) EXTENDED QUESTIONING OF WITNESSES BY MEMBERS.—The Chairman of the Committee or a subcommittee, with the concurrence of the ranking minority member, or the Committee or subcommittee by motion, may permit a specified number of its members to question a witness for longer than 5 minutes. The time for extended questioning of a witness under this subdivision shall be equal for the majority party and minority party and may not exceed one hour in the aggregate.

(3) EXTENDED QUESTIONING OF WITNESSES BY STAFF.—The Chairman of the Committee or a subcommittee, with the concurrence of the ranking minority member, or the Committee or subcommittee by motion, may permit Committee staff for its majority and minority party members to question a witness for equal specified periods. The time for extended questioning of a witness under this subdivision shall be equal for the majority party and minority party and may not exceed one hour in the aggregate.

(4) RIGHT TO QUESTION WITNESSES FOLLOWING EXTENDED QUESTIONING.—Nothing in subparagraph (2) or (3) affects the right of a member (other than a member designated under subparagraph (2)) to question a witness for 5 minutes in accordance with subparagraph (1)(B) after the questioning permitted under subparagraph (2) or (3).

(g) ADDITIONAL HEARING PROCEDURES.—Clause 2(k) of Rule XI of the Rules of the House (relating to additional rules for hearings) applies to hearings of the Committee and its subcommittees.

RULE VII. PROCEDURES FOR REPORTING BILLS, RESOLUTIONS, AND REPORTS.

(a) FILING OF REPORTS.—

(1) IN GENERAL.—The Chairman of the Committee shall report promptly to the House any measure or matter approved by the Committee and take necessary steps to bring the measure or matter to a vote.

(2) REQUESTS FOR REPORTING.—The report of the Committee on a measure or matter which has been approved by the Committee shall be filed within 7 calendar days (exclusive of days on which the House is not in session) after the day on which there has been filed with the clerk of the Committee a written request, signed by a majority of the members of the Committee, for the reporting of that measure or matter. Upon the filing of any such request, the clerk of the Committee shall transmit immediately to the Chairman of the Committee notice of the filing of that request.

(b) QUORUM; RECORD VOTES.—

(1) QUORUM.—No measure, matter, or recommendation shall be reported from the Committee unless a majority of the Committee was actually present.

(2) RECORD VOTES.—With respect to each record vote on a motion to report any measure or matter of a public character, and on any amendment offered to the measure or matter, the total number of votes cast for and against, and the names of those members voting for and against, shall be included in the Committee report on the measure or matter.

(c) REQUIRED MATTERS.—The report of the Committee on a measure or matter which has been approved by the Committee shall include the items required to be included by clauses 2(c) and 3 of Rule XIII of the Rules of the House.

(d) ADDITIONAL VIEWS.—If, at the time of approval of any measure or matter by the Committee, any member of the Committee gives notice of intention to file supplemental, minority, or additional views, that member shall be entitled to not less than two additional calendar days after the day of such notice (excluding Saturdays, Sundays, and legal holidays) in which to file such views in accordance with clause 2(l) of Rule XI of the Rules of the House.

(e) ACTIVITIES REPORT.—

(1) IN GENERAL.—The Committee shall submit to the House, not later than January 2 of each odd-numbered year, a report on the activities of the Committee under Rules X and XI of the Rules of the House during the Congress ending on January 3 of such year.

(2) CONTENTS.—Such report shall include separate sections summarizing the legislative and oversight activities of the Committee during that Congress.

(3) OVERSIGHT SECTION.—The oversight section of such report shall include a summary of the oversight plan submitted by the Committee pursuant to clause 2(d) of Rule X of the Rules of the House, a summary of the actions taken and recommendations made with respect to such plan, and a summary of any

additional oversight activities undertaken by the Committee, and any recommendations made or actions taken thereon.

(f) OTHER COMMITTEE MATERIALS.—

(1) IN GENERAL.—All Committee and subcommittee prints, reports, documents, or other materials, not otherwise provided for under this rule, that purport to express publicly the views of the Committee or any of its subcommittees or members of the Committee or its subcommittees shall be approved by the Committee or the subcommittee prior to printing and distribution and any member shall be given an opportunity to have views included as part of such material prior to printing, release, and distribution in accordance with paragraph (d) of this rule.

(2) DOCUMENTS CONTAINING VIEWS OTHER THAN MEMBER VIEWS.—A Committee or subcommittee document containing views other than those of members of the Committee or subcommittee shall not be published without approval of the Committee or subcommittee.

(3) DISCLAIMER.—All Committee or subcommittee reports printed pursuant to legislative study or investigation and not approved by a majority vote of the Committee or subcommittee, as appropriate, shall contain the following disclaimer on the cover of such report: ''This report has not been officially adopted by the Committee on Transportation and Infrastructure (or pertinent subcommittee thereof) and may not therefore necessarily reflect the views of its members.''.

(4) COMPILATIONS OF LAWS.—To the maximum extent practicable, the Committee shall publish a compilation of laws under the jurisdiction of each subcommittee.

(g) AVAILABILITY OF PUBLICATIONS.—Pursuant to clause 2(e)(4) of Rule XI of the Rules of the House, the Committee shall make its publications available in electronic form to the maximum extent feasible.

RULE VIII. ESTABLISHMENT OF SUBCOMMITTEES; SIZE AND PARTY RATIOS.

(a) ESTABLISHMENT.—There shall be 6 standing subcommittees. These subcommittees, with the following sizes (including delegates) and majority/minority ratios, are:

(1) Subcommittee on Aviation (43 Members: 26 Majority and 17 Minority).

(2) Subcommittee on Coast Guard and Maritime Transportation (16 Members: 10 Majority and 6 Minority).

(3) Subcommittee on Economic Development, Public Buildings, and Emergency Management (20 Members: 12 Majority and 8 Minority).

(4) Subcommittee on Highways and Transit (55 Members: 33 Majority and 22 Minority).

(5) Subcommittee on Railroads, Pipelines, and Hazardous Materials (45 Members: 27 Majority and 18 Minority).

(6) Subcommittee on Water Resources and Environment (40 Members: 24 Majority and 16 Minority).

(b) EX-OFFICIO MEMBERS.—The Chairman of the Committee shall serve as an ex-officio voting member on each subcommittee.

(c) RATIOS.—On each subcommittee there shall be a ratio of majority party members to minority party members which shall be no less favorable to the majority party than the ratio for the full Committee. In calculating the ratio of majority party members to minority party members, there shall be included the ex-officio member of the subcommittees.

RULE IX. POWERS AND DUTIES OF SUBCOMMITTEES.

(a) AUTHORITY TO SIT.—Each subcommittee is authorized to meet, hold hearings, receive evidence, and report to the full Committee on all matters referred to it or under its jurisdiction. Subcommittee chairmen shall set dates for hearings and meetings of their respective subcommittees after consultation with the Chairman and other subcommittee chairmen with a view toward avoiding simultaneous scheduling of full Committee and subcommittee meetings or hearings whenever possible.

(b) CONSIDERATION BY COMMITTEE.—Each bill, resolution, or other matter favorably reported by a subcommittee shall automatically be placed upon the agenda of the Committee. Any such matter reported by a subcommittee shall not be considered by the Committee unless it has been delivered to the offices of all members of the Committee at least 48 hours before the meeting, unless the Chairman determines that the matter is of such urgency that it should be given early consideration. Where practicable, such matters shall be accompanied by a comparison with present law and a section-by-section analysis.

RULE X. REFERRAL OF LEGISLATION TO SUBCOMMITTEES.

(a) GENERAL REQUIREMENT.—Except where the Chairman of the Committee determines, in consultation with the majority members of the Committee, that consideration is to be by the full Committee, each bill, resolution, investigation, or other matter which relates to a subject listed under the jurisdiction of any subcommittee established in Committee Rule VIII referred to or initiated by the full Committee shall be referred by the Chairman to all subcommittees of appropriate jurisdiction within two weeks. All bills shall be referred to the subcommittee of proper jurisdiction without regard to whether the author is or is not a member of the subcommittee.

(b) RECALL FROM SUBCOMMITTEE.—A bill, resolution, or other matter referred to a subcommittee in accordance with this rule may be recalled therefrom at any time by a vote of a majority of the members of the Committee voting, a quorum being present, for the Committee's direct consideration or for reference to another subcommittee.

(c) MULTIPLE REFERRALS.—In carrying out this rule with respect to any matter, the Chairman may refer the matter simultaneously to two or more subcommittees for concurrent consideration or for consideration in sequence (subject to appropriate time limitations in the case of any subcommittee after the first), or divide the matter into two or more parts (reflecting different subjects and jurisdictions) and refer each such part to a different subcommittee, or make such other provisions as he or she considers appropriate.

RULE XI. RECOMMENDATION OF CONFEREES.

The Chairman of the Committee shall recommend to the Speaker as conferees the names of those members (1) of the majority party selected by the Chairman, and (2) of the minority party selected by the ranking minority member of the Committee. Recommendations of conferees to the Speaker shall provide a ratio of majority party members to minority party members which shall be no less favorable to the majority party than the ratio for the Committee.

RULE XII. OVERSIGHT.

(a) PURPOSE.—The Committee shall carry out oversight responsibilities as provided in this rule in order to assist the House in—

(1) its analysis, appraisal, and evaluation of—

(A) the application, administration, execution, and effectiveness of the laws enacted by the Congress; or

(B) conditions and circumstances which may indicate the necessity or desirability of enacting new or additional legislation; and

(2) its formulation, consideration, and enactment of such modifications or changes in those laws, and of such additional legislation, as may be necessary or appropriate.

(b) OVERSIGHT PLAN.—Not later than February 15 of the first session of each Congress, the Committee shall adopt its oversight plan for that Congress in accordance with clause 2(d)(1) of Rule X of the Rules of the House.

(c) REVIEW OF LAWS AND PROGRAMS.—The Committee and the appropriate subcommittees shall cooperatively review and study, on a continuing basis, the application, administration, execution, and effectiveness of those laws, or parts of laws, the subject matter of which is within the jurisdiction of the Committee, and the organization and operation of the Federal agencies and entities having responsibilities in or for the administration and execution thereof, to determine whether such laws and the programs thereunder are being implemented and carried out in accordance with the intent of the Congress and whether such programs should be continued, curtailed, or eliminated. In addition, the Committee and the appropriate subcommittees shall cooperatively review and study any conditions or circumstances which may indicate the necessity or desirability of enacting new or additional legislation within the jurisdiction of the Committee (whether or not any bill or resolution has been introduced with respect thereto), and shall on a continuing basis undertake future research and forecasting on matters within the jurisdiction of the Committee.

(d) REVIEW OF TAX POLICIES.—The Committee and the appropriate subcommittees shall cooperatively review and study on a continuing basis the impact or probable impact of tax policies affecting subjects within the jurisdiction of the Committee.

RULE XIII. REVIEW OF CONTINUING PROGRAMS; BUDGET ACT PROVISIONS.

(a) ENSURING ANNUAL APPROPRIATIONS.—The Committee shall, in its consideration of all bills and joint resolutions of a public character within its jurisdiction, ensure that appropriations for continuing programs and activities of the Federal Government and the District of Columbia government will be made annually to the maximum extent feasible and consistent with the nature, requirements, and objectives of the programs and activities involved.

(b) REVIEW OF MULTI-YEAR APPROPRIATIONS.—The Committee shall review, from time to time, each continuing program within its jurisdiction for which appropriations are not made annually in order to ascertain whether such program could be modified so that appropriations therefore would be made annually.

(c) VIEWS AND ESTIMATES.—In accordance with clause 4(f)(1) of Rule X of the Rules of the House, the Committee shall submit to the Committee on the Budget—

(1) its views and estimates with respect to all matters to be set forth in the concurrent resolution on the budget for the ensuing fiscal year which are within its jurisdiction or functions; and

(2) an estimate of the total amount of new budget authority, and budget outlays resulting therefrom, to be provided or authorized in all bills and resolutions within its jurisdiction which it intends to be effective during that fiscal year.

(d) BUDGET ALLOCATIONS.—As soon as practicable after a concurrent resolution on the budget for any fiscal year is agreed to, the Committee (after consulting with the appropriate committee or committees of the Senate) shall subdivide any allocations made to it in the joint explanatory statement accompanying the conference report on such resolution, and promptly report such subdivisions to the House, in the manner provided by section 302 of the Congressional Budget Act of 1974.

(e) RECONCILIATION.—Whenever the Committee is directed in a concurrent resolution on the budget to determine and recommend changes in laws, bills, or resolutions under the reconciliation process, it shall promptly make such determination and recommendations, and report a reconciliation bill or resolution (or both) to the House or submit such recommendations to the Committee on the Budget, in accordance with the Congressional Budget Act of 1974.

RULE XIV. RECORDS.

(a) KEEPING OF RECORDS.—The Committee shall keep a complete record of all Committee action which shall include—

(1) in the case of any meeting or hearing transcripts, a substantially verbatim account of remarks actually made during the proceedings, subject only to technical, grammatical, and typographical corrections authorized by the person making the remarks involved; and

(2) a record of the votes on any question on which a record vote is demanded.

(b) PUBLIC INSPECTION.—The result of each such record vote shall be made available by the Committee for inspection by the public at reasonable times in the offices of the Committee. Information so available for public inspection shall include a description of the amendment, motion, order, or other proposition and the name of each member voting for and each member voting against such amendment, motion, order, or proposition, and the names of those members present but not voting.

(c) PROPERTY OF THE HOUSE.—All Committee hearings, records, data, charts, and files shall be kept separate and distinct from the congressional office records of the member serving as Chairman of the Committee; and such records shall be the property of the House and all members of the House shall have access thereto.

(d) AVAILABILITY OF ARCHIVED RECORDS.—The records of the Committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House. The Chairman shall notify the ranking minority member of the Committee of any decision, pursuant to clause 3(b)(3) or clause 4(b) of such rule, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on written request of any member of the Committee.

(e) AUTHORITY TO PRINT.—The Committee is authorized to have printed and bound testimony and other data presented at hearings held by the Committee. All costs of stenographic services and transcripts in connection with any meeting or hearing of the Committee shall be paid as provided in clause 1(c) of Rule XI of the House.

RULE XV. COMMITTEE BUDGETS.

(a) BIENNIAL BUDGET.—The Chairman, in consultation with the chairman of each subcommittee, the majority members of the Committee, and the minority members of the Committee, shall, for each Congress, prepare a consolidated Committee budget. Such budget shall include necessary amounts for staff personnel, necessary travel, investigation, and other expenses of the Committee.

(b) ADDITIONAL EXPENSES.—Authorization for the payment of additional or unforeseen Committee expenses may be procured by one or more additional expense resolutions processed in the same manner as set out herein.

(c) TRAVEL REQUESTS.—The Chairman or any chairman of a subcommittee may initiate necessary travel requests as provided in Committee Rule XVII within the limits of the consolidated budget as approved by the House and the Chairman may execute necessary vouchers thereof.

(d) MONTHLY REPORTS.—Once monthly, the Chairman shall submit to the Committee on House Administration, in writing, a full and detailed accounting of all expenditures made during the period since the last such accounting from the amount budgeted to the Committee. Such report shall show the amount and purpose of such expenditure and the budget to which such expenditure is attributed. A copy of such monthly report shall be available in the Committee office for review by members of the Committee.

RULE XVI. COMMITTEE STAFF.

(a) APPOINTMENT BY CHAIRMAN.—The Chairman shall appoint and determine the remuneration of, and may remove, the employees of the Committee not assigned to the minority. The staff of the Committee not assigned to the minority shall be under the general supervision and direction of the Chairman, who shall establish and assign the duties and responsibilities of such staff members and delegate such authority as he or she determines appropriate.

(b) APPOINTMENT BY RANKING MINORITY MEMBER.—The ranking minority member of the Committee shall appoint and determine the remuneration of, and may remove, the staff assigned to the minority within the budget approved for such purposes. The staff assigned to the minority shall be under the general supervision and direction of the ranking minority member of the Committee who may delegate such authority as he or she determines appropriate.

(c) INTENTION REGARDING STAFF.—It is intended that the skills and experience of all members of the Committee staff shall be available to all members of the Committee.

RULE XVII. TRAVEL OF MEMBERS AND STAFF.

(a) APPROVAL.—Consistent with the primary expense resolution and such additional expense resolutions as may have been approved, the provisions of this rule shall govern travel of Committee members and staff. Travel to be reimbursed from funds set aside for the Committee for any member or any staff member shall be paid only upon the prior authorization of the Chairman. Travel shall be authorized by the Chairman for any member and any staff member in connection with the attendance of hearings conducted by the Committee or any subcommittee and meetings, conferences, and investigations which involve activities or subject matter under the general jurisdiction of the Committee. Before such authorization is given there shall be submitted to the Chairman in writing the following:

(1) The purpose of the travel.

(2) The dates during which the travel is to be made and the date or dates of the event for which the travel is being made.

(3) The location of the event for which the travel is to be made.

(4) The names of members and staff seeking authorization.

(b) SUBCOMMITTEE TRAVEL.—In the case of travel of members and staff of a subcommittee to hearings, meetings, conferences, and investigations involving activities or subject matter under the legislative assignment of such subcommittee, prior authorization must be obtained from the subcommittee chairman and the Chairman. Such prior authorization shall be given by the Chairman only upon the representation by the chairman of such subcommittee in writing setting forth those items enumerated in subparagraphs (1), (2), (3), and (4) of paragraph (a) and that there has been a compliance where applicable with Committee Rule VI.

(c) TRAVEL OUTSIDE THE UNITED STATES.—

(1) IN GENERAL.—In the case of travel outside the United States of members and staff of the Committee or of a subcommittee for the purpose of conducting hearings, investigations, studies, or attending meetings and conferences involving activities or subject matter under the legislative assignment of the Committee or pertinent subcommittee, prior authorization must be obtained from the Chairman, or, in the case of a subcommittee, from the subcommittee chairman and the Chairman. Before such authorization is given there shall be submitted to the Chairman, in writing, a request for such authorization. Each request, which shall be filed in a manner that allows for a reasonable period of time for review before such travel is scheduled to begin, shall include the following:

(A) The purpose of the travel.

(B) The dates during which the travel will occur.

(C) The names of the countries to be visited and the length of time to be spent in each.

(D) An agenda of anticipated activities for each country for which travel is authorized together with a description of the purpose to be served and the areas of Committee jurisdiction involved.

(E) The names of members and staff for whom authorization is sought.

(2) INITIATION OF REQUESTS.—Requests for travel outside the United States may be initiated by the Chairman or the chairman of a subcommittee (except that individuals may submit a request to the Chairman for the purpose of attending a conference or meeting) and shall be limited to members and permanent employees of the Committee.

(3) REPORTS BY STAFF MEMBERS.—At the conclusion of any hearing, investigation, study, meeting, or conference for which travel has been authorized pursuant to this rule, each staff member involved in such travel shall submit a written report to the Chairman covering the activities and other pertinent observations or information gained as a result of such travel.

(d) APPLICABILITY OF LAWS, RULES, POLICIES.—Members and staff of the Committee performing authorized travel on official business shall be governed by applicable laws, resolutions, or regulations of the House and of the Committee on House Administration pertaining to such travel, and by the travel policy of the Committee.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

STIMULATE THE ECONOMY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, we've heard a lot about stimulating the economy. We've passed legislation to stimulate the economy. The Senate is doing the same thing. It's all in the effort to get us out of this economic slump that we are going to supposedly pass legislation of $800 billion to move America forward to stimulate the economy, to have pro-growth.

But if you look at this massive bill a little closer, I would like to ask this question: There are some programs in

this bill—just a few that I've picked out; there are a lot more—that I question whether or not these will stimulate the economy. By Congress taking taxpayer money and giving it to certain entities, does it stimulate the economy or is it just more pork? Is it just more favoritism to certain entities?

In the new Stimulation Economy Act, there's $4 billion that goes to neighborhood stabilization activities. What is that? That's the community groups like ACORN. You know ACORN. That's the one being investigated for voter fraud in several States, yet to be prosecuted, of course, but money to give to these organizations. How does that stimulate the economy? I don't know.

Three billion dollars goes to wellness programs; how we can take care of ourselves better. Does that stimulate the economy? Maybe not.

One billion dollars for census follow-up. What that means is after the census is taken, then a billion dollars is given to follow up on that.

Eight hundred million dollars goes to Amtrak. You know, Amtrak loses money every year. We have to give them money of the taxpayers to fund this subsidy.

Four hundred million dollars for climate change research. Now, I'm sure we all think we ought to study the climate and global warming and that sort of thing, but does that stimulate the economy to give $400 million to certain special interest groups to study climate change?

Six billion dollars to colleges. No question about it. Universities and colleges need money. But shouldn't a bill that appropriates money to the universities go in an appropriations bill rather than a bill that stimulates the economy?

Six hundred million dollars is going for new cars for government workers—not the average taxpayer but just government workers.

Fifty million dollars goes to the National Endowment of the Arts. Don't see how that's going to stimulate our economy.

I like this one a lot: $250 million for tax breaks for Hollywood movie producers so they can buy more film. Now, I don't know that those people in Hollywood need taxpayer money, but they're going to get it. And how that stimulates the economy, we'll let the taxpayers decide.

The Coast Guard is getting a new ice breaker, $88 million. Stimulate the economy? Maybe not.

Homeland Security is getting new furniture in the amount of $250 million taxpayer expense.

Seventy-five million dollars for stop-smoking programs. I'm not sure that will stimulate the economy.

And the one I like the most is $25 million for tribal, alcohol, and substance abuse reduction.

Now, this is taxpayer money. This doesn't belong to the Congress, it belongs to the people. And we have the obligation to take the people's money and use it wisely; in this case, to make the economy better. I doubt if these programs that I mentioned—and many, many others that are in this massive pork bill—will stimulate the economy. It's just another way of giving taxpayer money out to different groups.

What can we do to stimulate the economy? We ought to do the simple things. There are two things that I would suggest. One of those is a bill that Mr. GOHMERT has sponsored, my cohort from Texas. It's no taxes for 2 months. Everybody in the United States that works, no W–2 taken out of their income for 2 months. When we have our own money—that's the taxpayers—we will spend the money how we see fit, not how the government sees fit. Don't you think that might stimulate the economy in the short term?

And in the long term, rather than spend money that we do not have, that we have to go in debt for, that we have to borrow from the Chinese of all people, and saddle that debt to our kids and our grandkids and our great-grandkids, why don't we have a tax break for everybody that pays taxes? Straight across-the-board income tax reduction. People keep their own money. They will decide how to spend it. They will decide better than government how to spend the money.

These suggestions won't cost the government anything. Won't cost the people anything. It's an approach that I think that it's worth that we have a lively debate about on the House floor.

It's important that we get out of this economic decline, but the way to do it is not to spend more money and make government bigger. And the stimulus package is a big spending bill for government. More government control, more government involvement in our lives, and it doesn't help the economy a bit.

And that's just the way it is.

RECOGNIZING JANUARY AS POVERTY IN AMERICA AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, I rise to recognize this past January as Poverty in America Awareness Month and to thank the young intern in my office, Ms. Foster, for developing this very excellent statement.

Mr. Speaker, Nelson Mandela once proclaimed, ''Overcoming poverty is not a gesture of charity. It is an act of justice. It is the protection of a fundamental human right: the right to dignity and a decent life.''

During this season of economic crisis, we policymakers have an obligation to promote justice and to protect our citizens who are struggling. Poverty is a reality for far too many people in Chicago, Illinois, and throughout the Nation.

In the United States, 36 percent of our Nation is considered low income, with 17 percent living in poverty. In Illinois, 33 percent of the population is low income, with about 15 percent living in poverty

In 2007, 21 percent of Chicagoans lived in poverty, with another 21 percent teetering on its edge.

The current economic crisis is exacerbating these conditions. The unemployment rate in Illinois in the Nation is over 7 percent. Hundreds of thousands of jobs in Illinois have been lost in recent months. There are more than 500,000 foreclosures, 50,000 foreclosures in Cook County alone.

And due to an almost $4 billion State budget gap, programs vital to assisting the public, such as mental health centers, are facing funding reductions in the range of millions of dollars.

Poverty is most harmful to children, especially young children. Children in poverty are more likely to experience child abuse or neglect. Families in poverty often cannot provide appropriate resources for healthy child development. Children's physical health and cognitive abilities can be compromised. When compared with wealthier children, poor children have poorer outcomes in the areas of school achievement, emotional control, and behavior.

Living in poverty affects the quality of education, health care, and living conditions.

Mr. Speaker, I'm proud to be a part of a Congress that has crafted an economic recovery package that provides critical aid to families experiencing poverty. The substantial increases in the food stamp program will directly help families make ends meet. The provisions providing health care for those who lost their jobs during this crisis will help many in Chicago and throughout the Nation.

The one-time payment for families who rely on supplemental security income for the poor, elderly, and individuals with disabilities will provide a lifeline for families that are barely making it. The increases in the child tax credit will help families stand on their own feet.

In addition to these provisions of the American Recovery Bill that will help alleviate the effects of poverty, I look forward to moving towards a system of universal health coverage during this Congress to help all Americans have access to health care. I also anticipate that Congress will consider ways in which to improve public assistance programs, such as simplifying enrollment procedures for Medicaid and other safety net programs.

During this economic downturn, it is critical that we continue to support safety net programs to assure that those in need are assisted. The role of the Federal Government is especially necessary given that many State governments are cutting vital support programs to comply with State balanced-budget requirements.

And Mr. Speaker, as Mr. Mandela recognized, we have a responsibility to work to minimize the harm of poverty. Therefore, I join with my colleagues in recognizing January as Poverty in America Awareness Month and promise to continue to promote programs—no matter what else it is that I do—that are designed to help eliminate and reduce poverty in America.

I thank you, Mr. Speaker.

ONE TEAM—ONE FIGHT—ONE NAME: THE DEPARTMENT OF THE NAVY AND MARINE CORPS

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. Mr. Speaker, thank you very much.

Mr. Speaker, last month I introduced H.R. 24, legislation to redesignate the Department of the Navy to be the Department of Navy and Marine Corps.

For the past 7 years, the language of this bill has been part of the House version of the National Defense Authorization Act, and I would like to thank the former chairman of the House Armed Services Committee, DUNCAN HUNTER, the current chairman of the Armed Services Committee, IKE SKELTON, and all of the members of the committee for their support.

Each year, the full House of Representatives have supported this change. This year I hope the Senate will support the change and adopt the House position and join in bringing proper respect to the fighting team, the Navy and Marine Corps.

There is much I could say about the history of both great services, but the reason for this legislation always comes down to one issue—whenever a chief of Navy operations or commandant of the Marine Corps has come to testify before the Armed Services Committee, I've heard the Navy and the Marine Corps say, ''We are one fighting team.'' This is true, and I believe this. Then why should not the team be named ''Navy and Marine Corps''?

Changing the name of the Department of the Navy to the Department of the Navy and Marine Corps is a symbolic gesture, but it is important to the team.

This legislation is not about changing the responsibilities of the Secretary of the Department, reallocating resources between the Navy and Marine Corps, or altering their mission. The Navy and Marine Corps have operated as one entity for more than 2 centuries, and H.R. 24 would enable the name of their department to illustrate this fight.

Over the years, I have been encouraged by the overwhelming support I have received for this change from so many members of the United States Armed Forces. I will quote one supporter of this change, the Honorable Wade Sanders, Deputy Assistant Secretary of the Navy for Reserve Affairs from 1993 to 1998, who said, ''As a combat veteran and former Naval officer, I understand the importance of the team dynamic, and the importance of recognizing the contributions of team components. The Navy and Marine Corps team is just that: a dynamic partnership, and it is important to symbolically recognize the balance of that partnership.''

Mr. Speaker, I would like to submit for the RECORD a list of others who have supported this effort to provide proper recognition for the Marine Corps. With their backing, I will continue to work diligently to see this bill through the House and push for the Senate's support. The Marines who are fighting today deserve this recognition.

Mr. Speaker, in closing, I would like to show what this change could mean to a family of a fallen Marine.

Mr. Speaker, first, this is a copy of a letter to a Marine family, a Marine captain who was killed for this Nation. The Secretary of the Navy sent this letter. We have removed the name respectfully, and it says, ''The Secretary of the Navy.''

''On behalf of the Department of the Navy''—this is a proud team. ''On behalf of the Department of Navy,'' the captain, Marine captain's wife received this letter of condolences. And I do commend the Secretary of the Navy for writing the letter of condolences.

But Mr. Speaker, if this bill should ever become the law of the land—and I hope this will be the year—that Marine family who gave a loved one for this country will receive the letter from the Department of Navy and Marine Corps and it will say in the heading, ''Dear Marine Corps Family, on behalf of the Department of Navy and Marine Corps, please accept my very sincere condolences.''

Mr. Speaker, this is what it should be: one Department of Navy and Marine Corps.

I hope, again, the House will send this to the Senate. I hope this year the Senate will accept the House position. It is the right thing to do for the team.

God bless America, and God bless our men and women in uniform, and please, God, continue to bless America.

H.R. 24: SUPPORTERS OF THE REDESIGNATION OF THE DEPARTMENT OF THE NAVY TO BE THE DEPARTMENT OF THE NAVY AND MARINE CORPS

In the past eight years, the following have supported the change:

INDIVIDUALS

Secretary of the Navy Paul Nitz (1963–1967); Assistant Secretary of the Navy H. Lawrence Garrett, III (1989–1992); Acting Secretary of the Navy Daniel Howard (1992); Secretary of the Navy John Dalton (1998–2001); General Carl Mundy, 30th Commandant of the Marine Corps; General Charles Krulak, 31st Commandant of the Marine Corps; Admiral Stansfield Turner; Rear Admiral James T. Carey (Chairman, National Defense PAC); Deputy Asst. Secretary of the Navy for Reserve Affairs Wade Sanders (1993–1998); James Zumwalt, Jr., (Son of the former CNO).

ASSOCIATIONS

Fleet Reserve Association; Marine Corps League; National Defense PAC; National Association of Uniformed Services; Veterans of Foreign Wars.

□ 1700

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.)

OUR BRAVE VETERANS NEED GOOD JOBS

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, there are many reasons to support the President's economic recovery package. Today, I rise to talk about one especially good reason, a reason that will help our Nation's brave veterans to get good jobs.

As we know, President Obama has ordered his military commanders to draw up plans for the withdrawal of our troops from Iraq. Many of them will be returning to civilian life. Making the transition from battlefield to the civilian workforce is always challenging. But, in these hard times, it's going to be harder than ever.

Last March, the Veterans' Affairs Department reported that returning veterans were having a harder time finding work than their civilian counterparts, and were earning less. That, Mr. Speaker, was before the economic crisis hit with full force.

We got another look at the problem in November, when the recruitment Web site, Monster.com, surveyed veterans about their experiences in the job market. It found that 81 percent of veterans don't feel fully prepared to enter the workforce and, of that number, 76 percent said they were having trouble translating their military skills to the civilian world. In addition, hundreds of thousands of veterans are struggling with fiscal and mental problems, making it that much more difficult to get and to keep a job.

Mr. Speaker, veterans and their advocates have begun to report that some employers are ignoring the Federal law requiring them to give returning soldiers their jobs back—their jobs back, at the same pay. To make matters even worse, many military family members have taken time off from their own jobs or even left those jobs completely in order to take care of their injured loved ones.

I was proud to sponsor the bill in the last Congress that doubled the amount of time that a military family member could take off under the Family and Medical Leave Act. But it's still unpaid leave, Mr. Speaker, and few Americans can afford that, particularly now. That is why we need to revisit the law and to amend it to provide paid leave under FMLA.

Mr. Speaker, there are many other things that we must do to help our brave veterans. Our new Veterans' Affairs Secretary, former General Eric Shinseki, has promised to make employment to veterans a top priority. He also wants to fast-track implementation of the new GI Bill, which will help more veterans to get the education they will need to succeed in the workforce.

I also know that my good friend, HILDA SOLIS, will make veterans' employment a priority when she becomes our new Secretary of Labor. She has seen firsthand the challenges that the servicemen and women face when they try to get jobs. I know that she will work to expand the Department of Labor's programs and job training and job search assistance for veterans.

Most importantly, Congress must move with a sense of urgency to pass an effective and far-reaching economic recovery package. The President's proposal is a very good start, but it needs to do even more to create jobs for veterans, because veterans have a lot to offer employers. They are mature, they are skilled, hardworking, dedicated, respectful of authority, and they know how to be part of a team. And they have proven that they can do their job even under the toughest of circumstances.

All they need, Mr. Speaker, is a chance. They did their job in Iraq and Afghanistan. Now it's time for us to do our job and to send an economic recovery package to the President's desk that will give our veterans and their families the bright future that they deserve.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. PENCE) is recognized for 5 minutes.

(Mr. PENCE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

BRING FEDERAL SPENDING UNDER CONTROL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. DUNCAN) is recognized for 5 minutes.

Mr. DUNCAN. Mr. Speaker, when a family is deeply head-over-heels in debt, they don't go out and borrow even more so they can double or triple spending, even if it would help the economy. And that is exactly the situation our government is in in regard to the so-called stimulus package, which we will take up again next week.

I voted against the big bailout of our financial firms both times. But the majority voted for this, and raised our national debt limit to an astounding $11.315 trillion. No one can comprehend a figure like $11.315 trillion. However, even worse, the Government Accountability Office has told us that we have over $55 trillion in unfunded future pension liabilities.

If we don't bring Federal spending under control, we will soon not be able to pay all of our Social Security, veterans' pensions, and all the other things we have promised our own people with money that will buy anything.

The Federal Government has become addicted to spending. The stimulus is a short-term fix that will cause even more serious problems in the very near future. Drug addicts prove every day that short-term fixes do not satisfy for very long.

When another Member of this body was asked a few days ago on MSNBC that, since our house was on fire, did we not need to pour water on it? He replied, Yes, but what we are doing with this stimulus package is like pouring kerosene on that fire.

The bill has some good things in it, but we simply cannot afford them. Probably the falsest charge made against those who oppose this stimulus is that we have to do something, and that if you vote against this, you're voting to do nothing.

First of all, we have, through the Treasury Department and the Federal Reserve, taken hundreds of billions of dollars worth of action in just the last few months. Because we rushed into some of those moves, we have been finding out that some of that money has been spent in ways that are simply ridiculous and in ways that justifiably angered the taxpayers.

One example. In fact, the Bank of America took $7 billion of the first $15 billion it received and increased its investment in a bank in China.

Now we are rushing through this stimulus package, and the taxpayers will find out over the next few weeks or months some of the ridiculous or wasteful things this money will be spent on.

What we should do is give these hundreds of billions in actions already taken some time to work, coupled with some really effective stimulus moves, like a cut in the payroll tax and a tax credit for people who buy or build homes or purchase cars or equipment.

Now, some of our leaders seem to be looking back in a dreamily but blind way to the New Deal. Most historians do not seem to realize this, but most economists realize that the New Deal delayed our recovery during the Depression.

In fact, in today's Washington Times, Mr. Speaker, 203 leading university economists have signed a full page ad which says, ''We, the undersigned, do not believe that more government spending is a way to improve economic performance. More government spending by Hoover and Roosevelt did not pull the United States economy out of the Great Depression in the 1930s. More government spending did not solve Japan's ''lost decade'' in the 1990s. As such, it is a triumph of hope over experience to believe that more government spending will help the U.S. today.''

These economists continue, ''To improve the economy, policymakers should focus on reforms that remove impediments to work, saving, investment and production. Lower tax rates and a reduction in the burden of government are the best ways of using fiscal policy to boost growth.''

That is an ad signed by 203 leading university economists in today's Washington Times.

Unemployment—just speaking about that—unemployment averaged over 17 percent a year all through the 1930s, and even averaged 10 percent during World War II. The Nation did not really begin the return to prosperity until after World War II ended.

Those who do not believe this should read a 2003 book by Jim Powell, called FDR's Folly—How Roosevelt and his New Deal Prolonged the Great Depression. Mr. Powell quotes David Kennedy, who wrote a Pulitzer Price-winning book in 1999, called Freedom From Fear, about the Great Depression.

Mr. KENNEDY wrote, ''Whatever it was, the New Deal was not a recovery program or, at least at any rate, not an effective one.''

Economists Richard Vedder and Lowell Gallaway wrote in 1977 that New Deal policies raised, ''labor costs, prolonging the misery of the Great Depression, and creating a situation where many people were living in rising prosperity at a time when millions of others were suffering severe deprivation.''

Vedder and Gallaway estimated that by 1940, unemployment was eight points higher than it would have been in the absence of higher payroll costs imposed by New Deal policies.

Economists Thomas Hall and J. David Ferguson reported, ''It is difficult to ascertain just how much the New Deal programs had to do with keeping the unemployment rate high, but surely they were important. A combination of fixing farm prices, promoting labor unions, and passing a series of antibusiness tax laws would certainly have had a negative impact on employment.''

Economist David Bernstein reported, ''New Deal labor policies contributed to a persistent increase in African American unemployment.''

Historian Michael Bernstein made a case that New Deal agriculture policies ''sacrificed the interests of the marginal and the unrecognized to the welfare of those with greater political and economic power.''

Mr. Powell summed his book up by saying, ''A principle lesson for us today is that if economic shocks are followed by sound policies, we can avoid another Great Depression. A government will best promote a speedy business recovery by making recovery the top priority, which means letting people keep more of their money, removing obstacles to productive enterprise, and providing stable money and a political climate where investors feel that it's safe to invest for the future.''

WE CANNOT SUBSIDIZE OR BORROW OUR WAY TO GROWTH

The SPEAKER pro tempore (Mr. BOCCIERI). Under a previous order of

the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. Mr. Speaker, when is the group in charge of the U.S. economy here in Washington going to wake up and take notice our trade accounts are as out of balance as our mortgage market?

Congress can't keep tweaking consumer purchasing with stimulus checks and then crossing its fingers in hopes that by some miracle it will actually lift our economy. More borrowed money simply means more short-term palliatives.

Hardworking families in our country do not need a consolation prize. They demand a real solution. What they need is a workable path by which they can become part of a growing economy. When recovery dollars are spent on goods largely imported from somewhere else, the promised bang to rescue our economy is received but as a mere whimper.

Congress must address the greater trade and tax structure problems pulling on our purse strings. Take, for example, trade deficits growing between our Nation and industrialized economies from other parts of the world. Those are just getting worse. Like the outsourcing of U.S. jobs. What are we going to do about that? Like global closed markets. Who's going to open those up? And, like the value added tax, which creates such a damper on U.S. production.

A trillion dollars more in spending by Congress will miss the real mark of healing our economy by adding the important legs of tax reform and trade reform. While trade laws and tax laws remain as critical components of real long-term recovery, we cannot subsidize or borrow our way to growth. We are already paying over $200 billion on borrowed money to foreign interests, and those numbers are going to grow. And they are more than willing to put America in hock.

Wake up and take notice. If we want to see the benefits of growth, America must produce, not placate its way to prosperity.

As we approach NAFTA's 15-year anniversary, let's take a look at a textbook example of failed promises of prosperity. When NAFTA passed Congress by a tiny margin in 1993, proponents like President Clinton said that this new trade agreement would bring unprecedented prosperity and create millions of jobs across America. It was said the agreement would lock in trade surpluses, expand trade gains, and solve many of the social and economic ills facing North America, like illegal immigration.

Let's take a look at the record. On its 10th anniversary, the U.S.-Mexico trade surplus wallowed into an estimated $40 billion deficit.

□ 1715

And U.S. jobs reported lost? 879,000. And workers' wages? They failed to keep pace with productivity gains. We have not seen a single year of trade balance with Mexico since 1994, much less a surplus as was promised.

The growing trade deficit with Mexico is just one staggering figure in our trade deficit accounts. Wages in Mexico have fallen dramatically, and the drug trade has snuggled up against our border and yielded murder as well as violent crime that has surged over into our country in places like Phoenix. And there is an upheaval churning on both sides of the border.

Fifteen years ago, NAFTA was sold by the Clinton administration as a development strategy for Mexico, promising alleviation of poverty and inequity, while simultaneously halting illegal border crossings because it promised so much opportunity at home for Mexicans. Sound familiar? It is no surprise that many of the Wall Street proponents of the bailout were the same ones who wrote NAFTA 15 years ago and fought on the side of big business, just like today. Take Citigroup, for example, or Goldman Sachs. They were in there with both fists.

Mr. DREIER. Mr. Speaker, will the gentlewoman yield?

Ms. KAPTUR. I will be pleased to yield to the gentleman when I am finished.

A healthy economy will require policy changes, not cough drops. We need products on our shelves that are produced by Americans. We need real wealth creation here at home. We need trade that is prosperous and balanced, in the black, not in the red. And, we must infuse the power of our marketplace here at home to produce long term, to spur the necessary social and physical infrastructures to restore economic strength to our Nation rather than growing weakness. We need free trade among free people. America needs balanced trade accounts, not more trade deficits and one-sided trade agreements. And America needs production, not subsidy.

Most of all, we need changes in our trade policies and our tax policies that create real investment and long-term growth in our Nation so we don't have to continue borrowing our way forward and making our children and grandchildren debtors into the vast part of this new century and millennium.

Now, the gentleman, who was a chief opponent to my views on NAFTA, what does he have to report as he asks for some of this time?

Mr. DREIER. I thank the gentlewoman for yielding. I wanted to rise and congratulate her for making some very good points, and to say that I completely concur with her argument in support of free trade among free peoples.

And I believe that if you look at the dramatic changes that have taken place, still very serious problems, the gentlewoman is absolutely right in focusing on narcotrafficking, which has been one of the most serious challenges. And President Felipe Calderon, the relatively new president of Mexico, has been very bold and courageous in standing up to those narcotraffickers.

And it is true, much of that has spilled over into the United States. But I believe that the fact that we are working together, Mexico and the United States, to try and focus on narcotrafficking and to try and encourage greater commerce so that we can sell more into Mexico is in fact a very good policy for us to pursue. We have the North American Free Trade Agreement. It is my hope, Mr. Speaker, that we will be able to build on that so that we can address the very correct concerns that my colleague has raised. And I thank my friend for yielding.

Ms. KAPTUR. I thank the gentleman for his comments, and just say I just wish that the main product that was being sent here wasn't illegal narcotics.

DEFICIT SPENDING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

Mr. GOHMERT. Mr. Speaker, I do appreciate my friend from Ohio pointing out the problems that arise with the trade deficit. That has been a problem.

When I first came here and was sworn in on this House floor back January of 2005, what I began to hear from the other side of the aisle, correctly, was that the Republicans controlled the White House, they controlled the House, and controlled the Senate, and they are spending too much money. They are engaged in deficit spending, and it has to stop. And they were right.

In my first 2 years here, we had on some bills the White House asking for way too much money; and, to try to be a party that went along with the President, many of my colleagues would say we have got to do this, we are in charge, and money got spend when it shouldn't have been spent. And we should have been better about not having deficit spending, but we blew it, and the American voters called us on it, properly.

I say us. I was often not happy and on the contrary, and some in my party called me a troublemaker and still do. But we call them the way we see them. And the fact is, deficit spending was wrong when it was being done by a Republican White House and Congress, or requesting from the Congress and the Republican Congress was doing it, because it is the Congress that does the appropriations, and it is wrong today. And so in November of 2006, when the Democrats were put in the majority in both the House and the Senate, I was hoping we would see the end of deficit spending, just as they promised. But that is not what happened. The deficit spending has gotten increasingly higher, and now in the first few weeks of this new term it has hit an all-time high.

You can't spend your way to prosperity. It doesn't work when you are

spending your grandchildren and your great grandchildren's money. And you know, you have to know some day when we are dead and gone they are going to be cussing our names: Why did you run us up into such debt so we couldn't live like you did because you wouldn't control your spending? That is our obligation, and we owe so much better to the children and the generations to come.

There was a Rasmussen poll today that came out, and it says 45 percent of the American public are in favor of a tax cut-only stimulus bill. Stop the run-away spending on things that aren't stimulus. Why would Congress do that? Why did Congress do it, and why is it increasing in such a dramatic scale?

Well, there is an atmosphere of arrogance that is growing all the time in Washington that the people out there who are stimulating the economy, they are working, they are doing all they can, well, there are some in Washington who think they are just too stupid to spend the money so that it stimulates the economy, so we must have people in Washington, who know so much more and are so much better at spending other people's money, let the people in Washington spend the hard-working folks' money.

In the last couple of weeks we had $350 billion, the second half of that bailout that was such a mistake back in September, that other half has been allocated and approved. Then you add the $819 billion plus whatever the Senate is going to add, you put those together, it is around $1.2 trillion. Why is that a significant number? Because $1.2 trillion happens to be the amount basically that every individual income taxpayer in America will pay for 2008 income tax. You want to see the economy stimulated? You give back every dime that every individual taxpayer paid in 2008, you will see the economy stimulated.

I am not even advocating that. I am just saying, give people back their money in their next two paychecks, the next two months' paychecks, a 2-month tax holiday, a 16⅔ percent tax cut for this year. A study by Moody's Economy says that will increase the GDP more in 1 year than any other tax proposal out there. It would be a 2-month tax holiday. And for those who don't make enough to pay income tax, you get to keep your FICA, so everyone, just like President Obama promised, will get an income tax holiday. You will get your money back.

But I was told last week when President Obama—and you can't be in a room with that guy and not really like him. He is a likeable, smart, congenial man. And when I was telling him about the tax holiday idea, it is not 3 months, 6 months, next year, it is in your next paycheck. He wanted the idea talked about, and now Larry Summers won't call me back.

EXECUTIVE COMPENSATION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. SHERMAN) is recognized for 5 minutes.

Mr. SHERMAN. I am all for the private sector paying executives whatever the private sector wants to, but it is very different when the so-called private sector firms, the firms that demand hundreds of billions of dollars in Federal funds, decide that they want to pay executives lavish salaries and enormous bonuses. That is why I have come to this floor often to talk about the executive compensation of those firms that have benefited from the $700 billion bailout also known as the TARP.

Why is this executive compensation issue important for those companies that have received TARP funds?

First, because of fairness. Executives who have driven their companies into the ditch so badly that they need a Federal bailout shouldn't be receiving enormous salaries.

Second, our constituents demand it. And if you don't think they demand it, see what happens when the administration comes, having gotten the second $350 billion and asks for another one-half trillion dollars, a third installment on the TARP. We will hear from our constituents.

Third, the law we passed demands that there be reasonable standards of executive compensation at every company that receives TARP funds. I thought the Bush administration would fail to follow that law, one of the many reasons I voted against it, and Section 111 of the TARP bill continues not to be applied.

And finally, and most importantly, our economy demands that we be tough with those who are coming to Washington for bailouts, because otherwise every executive and every industry is going to be coming here asking for a bailout.

So I was surprised this morning when my staff called me and said, ''Congressman, announce victory. President Obama and the Secretary of the Treasury have announced that we are going to have a $500,000 limit on executive compensation of those who have received TARP funds.'' That was even stricter than the limit that I was proposing.

Unfortunately, the Treasury Department has now issued a detailed statement of how they are going to carry out this $500,000 limit, and they have made a mockery of the solemn pledge made today by the President of the United States to the American people. The headline is, ''$500,000 Limit.'' However, the text of the Treasury announcement has three giant loopholes that make a nullity out of the statement of the President.

First, the limit has no application to those companies who have already received money unless they come back for even more. So Citigroup and AIG, who have already received well over $40 billion apiece in government money, have no limits, and they can pay $1 million a month, $2 million a month, to whatever executive they choose.

But, second, what about those companies that are going to get more money in the future? How are they affected by the Treasury Department's interpretation of the President's statement? Well, they can pay any amount they want as long as they have a shareholder vote. And here is the beautiful part. They can pay it even if the shareholders vote against paying it. It is a nonbinding resolution. So you can get a huge amount of money from the government before today, then get another helping of TARP money after today and pay any executive anything you want as long as you have a nonbinding resolution of your shareholders which you are free to ignore.

Now, there are a few companies that are going to face a real limit, not the ones who got the first helping like the $25 billion that went to the major banking institutions; not those who got their second helping, an extraordinary amount of money that they may have gotten prior to today; not those who got the third helping of TARP funds, the ''ordinary'' amount that might be distributed in the future. But if you come back for a fourth helping, then and only then do you face a real $500,000 limit on executive compensation.

Finally, the proposal is supposed to contain limits on luxury perks. But what does the proposal really contain in the fine print? It says that the board of directors of these companies has got to adopt a policy dealing with such items as private jets and lavish parties. Well, these are the boards of directors who have already approved every private jet and the concept behind every lavish party that these companies have already had. So what good is it to have these same board of directors adopt new policies which will simply mirror their own old policies on luxury perks?

I look forward to working with the administration, with the Treasury Department, so that the words of the President of the United States to the American people today are not rendered moot, but rather are actually carried out. We need a real $500,000 limit on all those firms that are holding our TARP funds, our taxpayer money. And I hope those companies choose to return the money to the Treasury, then they can pay their executives whatever they want.

□ 1730

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. DREIER) is recognized for 5 minutes.

(Mr. DREIER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

PUBLICATION OF THE RULES OF THE COMMITTEE ON THE BUDGET, 111TH CONGRESS

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, pursuant to House Rule XI clause 2, I am submitting the Committee on the Budget's rules for the 111th Congress. The rules were adopted during our Committee's organizational meeting, which was held January 22, 2009.

RULES OF PROCEDURE OF THE COMMITTEE ON THE BUDGET, HOUSE OF REPRESENTATIVES OF THE UNITED STATES, 111TH CONGRESS

GENERAL APPLICABILITY

Rule 1—Applicability of House Rules

Except as otherwise specified herein, the Rules of the House are the rules of the committee so far as applicable, except that a motion to recess from day to day is a motion of high privilege.

MEETINGS

Rule 2—Regular meetings

(a) The regular meeting day of the committee shall be the second Wednesday of each month at 11 a.m., while the House is in session.

(b) The chairman is authorized to dispense with a regular meeting when the chairman determines there is no business to be considered by the committee. The chairman shall give written notice to that effect to each member of the committee as far in advance of the regular meeting day as the circumstances permit.

(c) Regular meetings shall be canceled when they conflict with meetings of either party's caucus or conference.

Rule 3—Additional and special meetings

(a) The chairman may call and convene additional meetings of the committee as the chairman considers necessary, or special meetings at the request of a majority of the members of the committee in accordance with House Rule XI, clause 2(c).

(b) In the absence of exceptional circumstances, the chairman shall provide written notice of additional meetings to the office of each member at least 24 hours in advance while Congress is in session, and at least 3 days in advance when Congress is not in session.

Rule 4—Open business meetings

(a) Each meeting for the transaction of committee business, including the markup of measures, shall be open to the public except when the committee, in open session and with a quorum present, determines by roll call vote that all or part of the remainder of the meeting on that day shall be closed to the public in accordance with House Rule XI, clause 2(g)(1).

(b) No person other than members of the committee and such congressional staff and departmental representatives as the committee may authorize shall be present at any business or markup session which has been closed to the public.

Rule 5—Quorums

A majority of the committee shall constitute a quorum. No business shall be transacted and no measure or recommendation shall be reported unless a quorum is actually present.

Rule 6—Recognition

Any member, when recognized by the chairman, may address the committee on any bill, motion, or other matter under consideration before the committee. The time of such member shall be limited to 5 minutes until all members present have been afforded an opportunity to comment.

Rule 7—Consideration of business

Measures or matters may be placed before the committee, for its consideration, by the chairman or by a majority vote of the members of the committee, a quorum being present.

Rule 8—Availability of legislation

The committee shall consider no bill, joint resolution, or concurrent resolution unless copies of the measure have been made available to all committee members at least 6 hours prior to the time at which such measure is to be considered. When considering concurrent resolutions on the budget, this requirement shall be satisfied by making available copies of the complete chairman's mark (or such material as will provide the basis for committee consideration). The provisions of this rule may be suspended with the concurrence of the chairman and ranking minority member.

Rule 9—Procedure for consideration of budget resolution

(a) It shall be the policy of the committee that the starting point for any deliberations on a concurrent resolution on the budget should be the estimated or actual levels for the fiscal year preceding the budget year.

(b) In the consideration of a concurrent resolution on the budget, the committee shall first proceed, unless otherwise determined by the committee, to consider budget aggregates, functional categories, and other appropriate matters on a tentative basis, with the document before the committee open to amendment. Subsequent amendments may be offered to aggregates, functional categories, or other appropriate matters, which have already been amended in their entirety.

(c) Following adoption of the aggregates, functional categories, and other matters, the text of a concurrent resolution on the budget incorporating such aggregates, functional categories, and other appropriate matters shall be considered for amendment and a final vote.

Rule 10—Roll call votes

A roll call of the members may be had upon the request of at least one-fifth of those present. In the apparent absence of a quorum, a roll call may be had on the request of any member.

HEARINGS

Rule 11—Announcement of hearings

The chairman shall make a public announcement of the date, place, and subject matter of any committee hearing at least 1 week before the hearing, beginning with the day in which the announcement is made and ending the day preceding the scheduled hearing unless the chairman, with the concurrence of the ranking minority member, or the committee by majority vote with a quorum present for the transaction of business, determines there is good cause to begin the hearing sooner, in which case the chairman shall make the announcement at the earliest possible date.

Rule 12—Open hearings

(a) Each hearing conducted by the committee or any of its task forces shall be open to the public except when the committee or task force, in open session and with a quorum present, determines by roll call vote that all or part of the remainder of that hearing on that day shall be closed to the public because disclosure of testimony, evidence, or other matters to be considered would endanger the national security, or would compromise sensitive law enforcement information, or would tend to defame, degrade, or incriminate any person, or would violate any law or rule of the House of Representatives. The committee or task forces may by the same procedure vote to close one subsequent day of hearing.

(b) For the purposes of House Rule XI, clause 2(g)(2), the task forces of the committee are considered to be subcommittees.

Rule 13—Quorums

For the purpose of hearing testimony, not less than two members of the committee shall constitute a quorum.

Rule 14—Questioning witnesses

(a) Questioning of witnesses will be conducted under the 5-minute rule unless the committee adopts a motion pursuant to House Rule XI clause 2(j).

(b) In questioning witnesses under the 5-minute rule:

(1) First, the chairman and the ranking minority member shall be recognized;

(2) Next, the members present at the time the hearing is called to order shall be recognized in order of seniority; and

(3) Finally, members not present at the time the hearing is called to order may be recognized in the order of their arrival at the hearing.

In recognizing members to question witnesses, the chairman may take into consideration the ratio of majority members to minority members and the number of majority and minority members present and shall apportion the recognition for questioning in such a manner as not to disadvantage the members of the majority.

Rule 15—Subpoenas and oaths

(a) In accordance with House Rule XI, clause 2(m) subpoenas authorized by a majority of the committee may be issued over the signature of the chairman or of any member of the committee designated by him, and may be served by any person designated by the chairman or such member.

(b) The chairman, or any member of the committee designated by the chairman, may administer oaths to witnesses.

Rule 16—Witnesses' statements

(a) So far as practicable, any prepared statement to be presented by a witness shall be submitted to the committee at least 24 hours in advance of presentation, and shall be distributed to all members of the committee in advance of presentation.

(b) To the greatest extent possible, each witness appearing in a nongovernmental capacity shall include with the written statement of proposed testimony a curriculum vitae and a disclosure of the amount and source (by agency and program) of any Federal grant (or sub-grant thereof) or contract (or subcontract thereof) received during the current fiscal year or either of the two preceding fiscal years.

PRINTS AND PUBLICATIONS

Rule 17—Committee prints

All committee prints and other materials prepared for public distribution shall be approved by the committee prior to any distribution, unless such print or other material shows clearly on its face that it has not been approved by the committee.

Rule 18—Committee publications on the Internet

To the maximum extent feasible, the committee shall make its publications available in electronic form.

STAFF

Rule 19—Committee staff

(a) Subject to approval by the committee, and to the provisions of the following paragraphs, the professional and clerical staff of the committee shall be appointed, and may be removed, by the chairman.

(b) Committee staff shall not be assigned any duties other than those pertaining to

committee business, and shall be selected without regard to race, creed, sex, or age, and solely on the basis of fitness to perform the duties of their respective positions.

(c) All committee staff shall be entitled to equitable treatment, including comparable salaries, facilities, access to official committee records, leave, and hours of work.

(d) Notwithstanding paragraphs a, b, and c, staff shall be employed in compliance with House rules, the Employment and Accountability Act, the Fair Labor Standards Act of 1938, and any other applicable Federal statutes.

Rule 20—Staff supervision

(a) Staff shall be under the general supervision and direction of the chairman, who shall establish and assign their duties and responsibilities, delegate such authority as he deems appropriate, fix and adjust staff salaries (in accordance with House Rule X, clause 9(c)) and job titles, and, at his discretion, arrange for their specialized training.

(b) Staff assigned to the minority shall be under the general supervision and direction of the minority members of the committee, who may delegate such authority, as they deem appropriate.

RECORDS

Rule 21—Preparation and maintenance of committee records

(a) A substantially verbatim account of remarks actually made during the proceedings shall be made of all hearings and business meetings subject only to technical, grammatical, and typographical corrections.

(b) The proceedings of the committee shall be recorded in a journal, which shall among other things, include a record of the votes on any question on which a record vote is demanded.

(c) Members of the committee shall correct and return transcripts of hearings as soon as practicable after receipt thereof, except that any changes shall be limited to technical, grammatical, and typographical corrections.

(d) Any witness may examine the transcript of his own testimony and make grammatical, technical, and typographical corrections.

(e) The chairman may order the printing of a hearing record without the corrections of any member or witness if he determines that such member or witness has been afforded a reasonable time for correction, and that further delay would seriously impede the committee's responsibility for meeting its deadlines under the Congressional Budget Act of 1974.

(f) Transcripts of hearings and meetings may be printed if the chairman decides it is appropriate, or if a majority of the members so request.

Rule 22—Access to committee records

(a)(1) The chairman shall promulgate regulations to provide for public inspection of roll call votes and to provide access by members to committee records (in accordance with House Rule XI, clause 2(e)).

(2) Access to classified testimony and information shall be limited to Members of Congress and to House Budget Committee staff and staff of the Office of Official Reporters who have appropriate security clearance.

(3) Notice of the receipt of such information shall be sent to the committee members. Such information shall be kept in the committee safe, and shall be available to members in the committee office.

(b) The records of the committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House of Representatives. The chairman shall notify the ranking minority member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of the rule, to withhold a record otherwise available, and the matter shall be presented to the committee for a determination on the written request of any member of the committee.

OVERSIGHT

Rule 23—General oversight

(a) The committee shall review and study, on a continuing basis, the application, administration, execution, and effectiveness of those laws, or parts of laws, the subject of which is within its jurisdiction.

(b) The committee is authorized at any time to conduct such investigations and studies as it may consider necessary or appropriate in the exercise of its responsibilities under clause (1)(d) of Rule X of the Rules of the House, and, subject to the adoption of expense resolutions as required by clause 6 of Rule X, to incur expenses (including travel expenses) in connection therewith.

(c) Not later than February 15 of the first session of a Congress, the committee shall meet in open session, with a quorum present, to adopt its oversight plans for that Congress for submission to the Committee on House Administration and the Committee on Oversight and Government Reform in accordance with the provisions of clause (2)(d) of House Rule X.

REPORTS

Rule 24—Availability before filing

(a) Any report accompanying any bill or resolution ordered reported to the House by the committee shall be available to all committee members at least 36 hours prior to filing with the House.

(b) No material change shall be made in any report made available to members pursuant to section (a) without the concurrence of the ranking minority member or by a majority vote of the committee.

(c) Notwithstanding any other rule of the committee, either or both subsections (a) and (b) may be waived by the chairman or with a majority vote by the committee.

Rule 25—Report on the budget resolution

The report of the committee to accompany a concurrent resolution on the budget shall include a comparison of the estimated or actual levels for the year preceding the budget year with the proposed spending and revenue levels for the budget year and each out year along with the appropriate percentage increase or decrease for each budget function and aggregate. The report shall include any roll call vote on any motion to amend or report any measure.

Rule 26—Parliamentarian's Status Report and Section 302 Status Report

(a)(1) In order to carry out its duty under sections 311 and 312 of the Congressional Budget Act to advise the House of Representatives as to the current level of spending and revenues as compared to the levels set forth in the latest agreed-upon concurrent resolution on the budget, the committee shall advise the Speaker on at least a monthly basis when the House is in session as to its estimate of the current level of spending and revenue. Such estimates shall be prepared by the staff of the committee, transmitted to the Speaker in the form of a Parliamentarian's Status Report, and printed in the Congressional Record.

(2) The committee authorizes the chairman, in consultation with the ranking minority member, to transmit to the Speaker the Parliamentarian's Status Report described above.

(b)(1) In order to carry out its duty under sections 302 and 312 of the Congressional Budget Act to advise the House of Representative as to the current level of spending within the jurisdiction of committees as compared to the appropriate allocations made pursuant to the Budget Act in conformity with the latest agreed-upon concurrent resolution on the budget, the committee shall, as necessary, advise the Speaker as to its estimate of the current level of spending within the jurisdiction of appropriate committees. Such estimates shall be prepared by the staff of the committee and transmitted to the Speaker in the form of a Section 302 Status Report.

(2) The committee authorizes the chairman, in consultation with the ranking minority member, to transmit to the Speaker the Section 302 Status Report described above.

Rule 27—Activity report

After an adjournment of the last regular session of a Congress sine die, the Chair of the committee may file any time with the Clerk the committee's activity report for that Congress pursuant to clause (1)(d)(1) of rule XI of the Rules of the House without the approval of the committee, if a copy of the report has been available to each member of the committee for at least seven calendar days and the report includes any supplemental, minority, or additional views submitted by a member of the committee.

MISCELLANEOUS

Rule 28—Broadcasting of meetings and hearings

(a) It shall be the policy of the committee to give all news media access to open hearings of the committee, subject to the requirements and limitations set forth in House Rule XI, clause 4.

(b) Whenever any committee business meeting is open to the public, that meeting may be covered, in whole or in part, by television broadcast, radio broadcast, still photography, or by any of such methods of coverage, in accordance with House Rule XI, clause 4.

Rule 29—Appointment of conferees

(a) Majority party members recommended to the Speaker as conferees shall be recommended by the chairman subject to the approval of the majority party members of the committee.

(b) The chairman shall recommend such minority party members as conferees as shall be determined by the minority party; the recommended party representation shall be in approximately the same proportion as that in the committee.

Rule 30—Waivers

When a reported bill or joint resolution, conference report, or anticipated floor amendment violates any provision of the Congressional Budget Act of 1974, the chairman may, if practical, consult with the committee members on whether the chairman should recommend, in writing, that the Committee on Rules report a special rule that enforces the Act by not waiving the applicable points of order during the consideration of such measure.

REVISION TO BUDGET ALLOCATIONS AND AGGREGATES FOR CERTAIN HOUSE COMMITTEES FOR FISCAL YEARS 2008 AND 2009 AND THE PERIOD OF FISCAL YEARS 2009 THROUGH 2013

Mr. SPRATT. Madam Speaker, under section 201 of S. Con. Res. 70, the Concurrent Resolution on the Budget for fiscal year 2009, I hereby submit for printing in the CONGRESSIONAL RECORD a revision to the budget allocations and aggregates for certain House committees for fiscal years 2008 and 2009

and the period of fiscal years 2009 through 2013. 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 consideration of the Senate amendment to the bill H.R. 2 (Children's Health Insurance Program Reauthorization Act of 2009). Corresponding tables are attached.

Under section 323 of S. Con. Res. 70, 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 323 of S. Con. Res. 70 is to be considered as an allocation included in the resolution.

BUDGET AGGREGATES

[On-budget amounts, in millions of dollars]

	Fiscal Year 2008 [1]	Fiscal Year 2009 [1 2]	Fiscal Years 2009–2013
Current Aggregates:			
Budget Authority	2,564,244	2,532,592	n.a.
Outlays	2,466,685	2,572,179	n.a.
Revenues	1,875,401	2,029,659	11,780,293
Change in the Childrens' Health Insurance Program Reauthorization Act (H.R. 2):			
Budget Authority	0	10,621	n.a.
Outlays	0	2,387	n.a.
Revenues	0	3,801	32,826
Revised Aggregates:			
Budget Authority	2,564,244	2,543,213	n.a.
Outlays	2,466,685	2,574,566	n.a.
Revenues	1,875,401	2,033,460	11,813,119

n.a. = Not applicable because annual appropriations Acts for fiscal years 2010 through 2013 will not be considered until future sessions of Congress.
[1] Current aggregates include spending covered by section 301(b)(1) (overseas deployments and related activities) that has not been allocated to a committee.
[2] Current aggregates do not include Corps of Engineers emergency spending assumed in the budget resolution, which will not be included in current level due to its emergency designation (section 301(b)(2)).

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

[Fiscal years, in millions of dollars]

	2008		2009		2009–2013 Total	
	BA	Outlays	BA	Outlays	BA	Outlays
House Committee:						
Current allocation:						
Energy and Commerce	89	81	884	847	3,153	3,148
Change in the Childrens' Health Insurance Program Reauthorization Act (H.R. 2):						
Energy and Commerce	0	0	10,621	2,387	50,060	32,817
Revised allocation:						
Energy and Commerce	89	81	11,505	3,234	53,213	35,965

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. INGLIS) is recognized for 5 minutes.

(Mr. INGLIS addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

AMERICA'S FINANCIAL CRISIS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Mr. Chairman, it is a pleasure to be able to join with some of my colleagues here tonight. And we're going to be talking about a subject that is, I believe, near and dear to many people's hearts, or at least of concern to many people. And I suppose one way to introduce this subject would be to take a look at something that has been in the news now for 6 and 7 years, and that would be the subject of how much money we have spent in the war in Iraq.

Many people were observing that we were spending way too much money, that the budget was out of balance and we are just wasting money over in Iraq and in Afghanistan. And yet ironically, in the very first month of this new administration and this new Congress, we spent more money in that first month than what we spent in 2 years in the two different wars for 6 and 7 years added together. If you add all of the money spent in Iraq, all of the money spent in Afghanistan and add it all together, it is less than what we spent in the first couple of months of Congress this year.

Now, how do we get to that point? What brought this about? If you want to try to take a look at how much money does that mean, that says that we spent in the first month more money than the entire tax revenue that we're planning to collect for the year 2008. It would be as if you had your own family budget, and in January you spent all of your income for the year. You have got 11 very lean months to take a look at.

So how is it that we got to this point? That is what we are going to be talking about. We're going to have a nice kind of roundtable discussion with many people from different States. And so I want to back up just a little bit and take a look at how did we get to this point that we have the economy in the condition that it's in?

Well, the story goes back quite a ways. It goes back to the Carter years. People found that as people were trying to get mortgages, particularly in certain areas of economically disadvantaged areas in various cities, that it was hard for them to get home loans. And so they put together the Community Reinvestment Act. And in a sense, what it was saying to banks is, you have got to take a few of your loans and loan them to people who it's not clear that they will be able to pay it back, because somehow or another people everywhere need to have a chance to buy a home and to own a home.

Well, that idea was then followed up with the creation of a couple of quasi-governmental but also quasi-private organizations that were little known at the time called Freddie Mac and Fannie Mae. And those organizations were in the same business of trying to help people that were sort of middle-income buyers or lower-income buyers to be able to buy a house. And so they helped to write loans and underwrite loans. The theory was, at least implicit, that the government IOU was behind the things that Freddie and Fannie took care of.

Then as we moved along further, we moved up to the Clinton era. Toward the end of Clinton's days, what he did was increased the percentage of the loans that Freddie and Fannie had to make and increased the percentage of them that were very risky loans. In other words, essentially what he was saying was that the government is forcing Freddie and Fannie to make loans and that we know an awful lot of them are not going to be paid. And of course when you start to mandate that quasi-governmental groups are going to make bad loans, then pretty soon you're going to have trouble.

Well, this coincided then, as we move along a couple further years, to the era when Alan Greenspan drops the interest rates extremely low because the economy is tanking. In 2000, Greenspan started dropping the interest rates. And then you create this idea of, well, hey, if we have got all of this money at tremendously low interest rates, where are you going to park it? Well, let's park it in real estate because real estate always goes up. You can't make a mistake in real estate.

In my first early days here at Congress, boy, did I feel stupid that I hadn't bought a great big multimillion-dollar house, because if I could have just afforded the interest payments on it for 4 years, it would have doubled in value between 2000 and 2004 or 2005. Of course, I would have to have been smart enough to buy it in 2000 and smart enough to sell it by 2005.

Well, as everybody knows, that old bubble popped. And increasingly all of these loans that were being made started in the process of defaulting. And it was not just people in economically disadvantaged areas that were making these loans. No. Wall Street got into the deal. And so did the speculators. And so what started to happen was you had people going out there and selling all of these loans. The local banks went through the Community Reinvestment Act and would make the loans. But as soon as they made the loan, they turned it right on over to Fannie and Freddie, assuming that if anything goes wrong, the Federal Government is going to bail them out.

Then you get to the point where people are running around who are mortgage brokers. And they don't care what kind of job you have. If you want to borrow a half a million bucks, fine, because they simply write the loan, make the commission on the loan, and the loan is passed on largely to Freddie and Fannie.

In the meantime, Wall Street was taking all of these loans, packaging them together and slicing and dicing them and selling them all over the world and making a great deal of money in the process as the housing bubble was going up and up. Everything looked pretty good.

And then you had the rating agencies, such as Standard & Poor's or the other one would be Moody's. They were all giving these things Triple A ratings. This is good stuff. Everybody around the world, buy all of these loans that are made to people who we know really don't have the ability to pay these loans.

And so now you get this situation where you're spiraling upward and upward. The bubble is about to pop. Did anybody see it coming? Well, the answer is, yes, as a matter of fact they did. President Bush saw it coming. He saw it coming in 2003. And he approached the legislature. He said, I have got to have the legislative authority to rein Freddie and Fannie in because these guys are going crazy making these loans, and it's going to mess the whole economy up.

And so Congress, while we were in the majority in 2004, we passed a bill that allowed the President to have the authority to regulate Freddie and Fannie to stop this runaway train. It went to the Senate, and it was killed by the Democrats.

Now let's take a look at what appeared in the New York Times, not exactly a right-wing oracle, about that very time, September 11, 2003. And this is part of the quote, September 11, 2003, New York Times, ''These two entities, Fannie Mae and Freddie Mac, are not facing any kind of financial crisis.'' Who would say that? Representative BARNEY FRANK of Massachusetts, the ranking Democrat on the Financial Services Committee. ''The more people exaggerate these problems, the more pressure there is on these companies, the less we will see in terms of affordable housing.''

Mr. BROUN of Georgia. Would the gentleman yield?

Mr. AKIN. I would yield to the gentleman from Georgia who is quite an authority on this subject. Thank you for joining us tonight, gentleman.

Mr. BROUN of Georgia. Mr. AKIN, I just appreciate your yielding time. I would like to clarify something you said here just for my own personal edification and I hope the edification of the people who are watching tonight. You said just a few moments ago that the President of the United States asked for more regulatory authority over Freddie and Fannie. Is that correct?

Mr. AKIN. That's correct. That was 2003 in the New York Times, September 11, the President sees this coming, he says that we've got to regulate them more.

I'm reclaiming my time. People are saying that this is a failure of free enterprise. This has nothing to do with the failure of free enterprise. This is a failure of socialism.

Mr. BROUN of Georgia. That is what I wanted to clarify, if you don't mind yielding back a second. But the thing is, the President of the United States, President Bush, who I have not always been in agreement with on many things, but he was asking to regulate these GSEs, government-sponsored enterprises, Freddie Mac and Fannie Mae. And it was actually Freddie and Fannie, along with the Community Reinvestment Act, plus the low interest rates that were out there so that these subprime loans could be made. This is what created our housing bubble that just rose so quickly and then burst so rapidly that the housing prices went down. If I remember correctly, the Republicans in the House, we also, in fact, passed a bill. Is that not correct?

Mr. AKIN. That's correct. We passed a bill. Reclaiming my time, we did pass a bill. And this is something that we saw as a problem. But as you will recall, the way that the Senate body works, while we sent legislation over to them, this article goes on to say the Democrats opposed it. And we did have the 60 votes to get it passed. So nothing was done. And perhaps if there is any blame that needs to be made on the economy being in the condition it's in, it really rests with the U.S. Congress, with the House and the Senate.

Now these other rating agencies that said that you're going to give a Triple A rating to this trash, certainly they ought to have to be accountable as well. And certainly Wall Street was knowing that they were selling trash and rating it Triple A and selling it all over the world. It wasn't that they hadn't done some things wrong, but to allow that to happen, first of all, the Congress was out to lunch.

Mr. BROUN of Georgia. But it was not the free enterprise system. It was not deregulation. It was not anything except for the Democrats here in Congress that blocked regulation. And it was, actually, there were programs that were established by Congress. If I remember correctly, the Carter administration passed the Community Reinvestment Act initially. And under the Clinton administration it was markedly expanded to force banks to make these loans where people couldn't pay. Is that not correct?

Mr. AKIN. Reclaiming my time, my understanding was what Clinton did was not so much in the Community Reinvestment Act, although that was done with ACORN and all, but more particularly he specifically required that Fannie and Freddie make loans that essentially we knew weren't going to be any good. I yield.

Mr. BROUN of Georgia. I appreciate that. So, the Community Reinvestment Act, and that is where I was going, and I appreciate your mentioning that, and ACORN became a bunch of thugs using extortion. That is what I hear from my bankers at home in Georgia, that ACORN folks would come in and threaten them because they couldn't expand their services and they couldn't put in ATM machines unless they would make these bad loans. And that is what created this whole financial debacle. And the blame, though, lies right at the feet of the people who are pushing this stimulus package saying it was free enterprise.

Mr. ACKERMAN. Reclaiming my time, gentlemen. I think you struck something that strikes me as being a tremendous irony. The people who created the problem now are charged with fixing it. And that leaves us in kind of an interesting—and I think that the reason that I wanted to take a little bit of time with you, gentlemen, and knowing that you know this subject, the reason I want to take time on it is because sometimes people want to say, oh, we don't want to go witch-hunting or go looking at who we are going to blame. But on the other hand, if we don't understand how we got into the problem, we will end up doing the same dumb thing over again. And that is my concern.

Mr. BROUN of Georgia. Absolutely. If the gentleman will yield, I'm a physician, as the gentleman knows. And in medical practice we look at problems and we try to find solutions to those problems. In fact, it is quite different from what lawyers do. Lawyers generally just argue problems. We try to fix problems. We try to find solutions to those problems. And so we look at all the symptoms. We look at the causative factors that come to bear in any disease entity.

Now we've got a horrible disease problem of a poor economy. The American people are hurting, hurting terribly. And we're right now in a debate about a bill that the House passed last week, the Senate is taking it up now. But there is in my opinion a tremendous amount of blindness by our colleagues, particularly on the other side, about what are the causation factors of the housing burst that has really created this economic problem that we have in this Nation.

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And I commend the gentleman for bringing this up because that statement that the New York Times put in place, I think, is very indicative of what's going on now. And I heard the same people who were arguing back in 2003 and earlier against regulating Fannie and Freddie, those same people, when we were talking about the TARP funds, the Wall Street bailout, kept making a case that we need to make more of these loans in the name of affordable housing, make those loans to people who cannot afford to pay them.

Mr. AKIN. Reclaiming my time, you know, gentlemen, somehow or other people want to try and package this as compassionate. I'm trying to think of people such as myself or other people in my district and what happens if you put someone into a house, and maybe they can afford a $250,000 house, and you put them in a $400,000 house, and all of a sudden, every month they've got that mortgage payment coming due; and the financial pressure, it starts to drive the husband and wife apart and make the children's lives hell as eventually they end up on a street side with their sofa on the sidewalk because they can't afford it. How is that compassionate? I don't understand.

But gentleman, I note that we have some other distinguished guests here. Could we come back to you in just a minute?

Mr. BROUN of Georgia. Well, I have to leave in a second.

Mr. AKIN. I will yield.

Mr. BROUN of Georgia. I'd like to tell you and the American public a story if you yield just another minute or two.

Mr. AKIN. I yield.

Mr. BROUN of Georgia. Okay. Thank you. I've got a friend who's in the timber land business. He buys and sells timber land. And he was telling me a story during this whole period of time when real estate prices were going up. He had a piece of property in my district on the market for $1.3 million. A gentleman came in and said, I want to buy your land. My buddy said fine. Here's the contract. The buyer signed it. Went to closing.

My good friend, when he got to closing, of course, got his check for the $1.3 million. But he found out because of the problems with the banking industry making these sub prime low doc, no doc, low documentation, no documentation loans, that the buyer actually borrowed $1.7 million for a $1.3 million piece of property. So he put $400,000 cash money in his pocket.

Now, if the property went up to $2 million or 2.1 or $2 million then the bank would be happy. Both the buyer, and the seller in this deal would have been happy, and everybody would have been fine.

But my friend found out that the buyer had no job. He had no assets. He had no way to pay for this loan for $1.7 million.

Mr. AKIN. So reclaiming my time, you're just giving an example of this absolutely crazy runaway policy that we have. It's basically a free money, you don't have any job, you don't have any money, borrow whatever you want and speculate and hope things work out right.

Mr. BROUN of Georgia. Well, that's the point I was trying to make if the gentleman would yield.

Mr. AKIN. I yield.

Mr. BROUN of Georgia. That's exactly the point I'm trying to make is that this whole banking industry debacle was crazy and it was set up by policy that Congress established, and Republicans tried to do something about it because we, as the Republican Party, people here in the House, members of the Banking Committee in the Senate, Financial Services over here on the House side, realized that this was a disaster in the making and they tried to do something about it. And every effort that we did was blocked by the Democrats, who, right now, today want to force down the throat of the American people this stimulus bill that, in reality, is nothing, nothing but a steam roller of socialism that's being shoved down the throat of the American public and it's going to strangle to death the American economy, as well as the American people.

Mr. AKIN. Reclaiming my time, gentleman, we are going to get to that very point that you're making, and I thank you so much, Congressman BROUN from Georgia. And I sometimes think of it as doctor, but now you're congressman. You've got a couple of different hats. I appreciate your just straightforward approach. This is what we're talking about that's hurting a whole lot of very small, very average people. And the thing that really makes me sick about it is we saw the thing coming, and not only has the American economy got a cold, we've given pneumonia to the rest of the world, and there are people starving because of these very policies.

And somehow, putting somebody in a house that they can't afford, I don't see how there's anything compassionate about that.

But we are joined by another doctor from the great State of Georgia as well, Dr. GINGREY, but maybe we should call him Congressman GINGREY. I would be happy to yield to you sir.

Mr. GINGREY of Georgia. And I thank the gentleman from Missouri for yielding. And I thank my colleague from Georgia, Dr. BROUN, for his timely and insightful comments.

It's good to join with you this hour, Mr. Speaker, to try to shed some light on this issue, a terribly important issue to the American people when we're in these rather dire economic circumstances. But the big problem, of course Representative AKIN and Representative BROUN, Mr. Speaker, spent time explaining how we got into this mess. And I think it's very important that they did this and kind of set the stage for where we are today, why we're here, how we got there, what the problem is and basically, who's to blame. And certainly, if you do the math, connect the dots, it's pretty clear. I won't go back through that important information.

But we're now trying to decide, Mr. Speaker, what to do about it, how to get out of this recession that we're in. And unfortunately, what the Democratic majority and what President Obama has recommended, I just don't think passes the smell test. I really feel that the likelihood of this being successful, when you look, Mr. Speaker, at the spending in this bill, this economic stimulus bill as it's called, where's the beef? I mean, the old expression—I don't see where there's anything or hardly anything in $825 billion that's going to do a whole lot of stimulating.

Mr. AKIN. Reclaiming my time just a minute. What you're doing is you're fast forwarding a little bit. We started by talking about how did we get in this mess. I was going to make just a comment. Sometimes people say this is as bad as the Great Depression. Certainly it's not. It's not as bad as what things were under Jimmy Carter when we had double digit unemployment and double digit inflation. But we can make it that bad if we work at it and do the wrong things. So that's scaling it.

Now, what you're talking about is we've got a solution that's being proposed. It's a solution that's proposed by the Pelosi Democrat Congress. We saw the vote on that last week. Not a single Republican voted for it. But they had a proposal, and I think it's great that we do have a problem. We acknowledge there's a problem, and they made a proposal. And that's what you're talking about, Doctor, and you're talking about the mechanics of what they're proposing, and I think we need to take a look at that. And what you're saying, from what I'm hearing you say is, you don't think it's going to work. And I yield.

Mr. GINGREY of Georgia. Well, if the gentleman will yield to me again and I appreciate it. He said it exactly right. It is the Pelosi proposal, the Democratic majority proposal, the Harry Reid proposal. But it's certainly not the Congressional proposal, because we Republicans, Mr. Speaker, are part of that mix. And as the gentleman from Missouri points out, we were never consulted. There was no essentially no markup, no regular order.

And as Representative AKIN says, the importance of getting it right—you know, some people use the expression for goodness sake, don't just sit there, do something. Well, I happen to be a doctor too, an OB/GYN doctor, and I know a lot of times it's better to not just do something, sit there. The baby will come.

But we're not recommending though that we do nothing, Mr. Speaker. We're just saying that when you've got a bill with 825, more in the Senate, billions of dollars in it, it needs to stimulate the economy for sure. And it needs to put people back to work for sure, not just maybe.

And as the gentleman from Missouri said, we could make matters far worse than they were in the late 70s under President Jimmy Carter, and we could even get as bad as it was back in 1929, 30, 31, 32, so we want to get it right.

And if the gentleman will bear with me just for a minute, I would appreciate it. I wanted to show a poster or two to just to kind of put the spending, the so-called stimulus, in perspective. And if my colleagues will look at this first poster, and the question at the top says, can you afford to pay for the Democratic spending bill? And basically, at $825 billion, the economic stimulus plan that's sailing through Congress would cost each American family more than $10,000 on average. More than $10,000. In fact $10,500.

Mr. AKIN. Reclaiming my time, you're saying this is $10,000 for every family in America is what this thing is going to cost?

Mr. GINGREY of Georgia. Exactly. If the gentleman will yield further. Exactly that's what I'm saying. And to put that in more perspective, the average family, for food, clothing and health care, an expensive line item in the family budget, food, clothing and health care, they spend $10,400 and for shelter, $11,600. Fully a third of that cost is what we're putting on their backs.

Listen, colleagues on both sides of the aisle, wouldn't we be better off just giving every family in America a check for $3,000? And we could probably end up doing it a whole lot cheaper than $825 billion. And by golly, that would work.

So that's what we're trying to do here tonight, Mr. Speaker, is just point out that there's a better way of doing this. We, in the Republican minority, who have not been included, not been asked except asked to vote for this thing, no questions asked, no amendments, we do have a better idea. And I know as we get further into the hour tonight, Mr. Speaker, we'll be talking about that. And I will look forward to that opportunity. I will yield back to the gentleman. I know there's others here on the floor that would like to speak on this issue.

Mr. AKIN. Reclaiming my time, I appreciate, Doctor, and Congressman your joining us and your perspective. I think when you start talking about $800 billion or $1 trillion, those are such box car size numbers, it's a little bit tricky to put them in perspective. I think you've done a great job when you bring it down to the fact that the stimulus package that was just passed last week by the Democrats, that would be your medical care and your food and clothing for an average family. That's what that would be. That's how much it's going to cost an average family. Or you could say it's what it costs you to have your house. Those are significant numbers. I think it brings it home, and we really to ask ourselves what are we getting for this stimulus package?

And with that, I note that we have a distinguished colleague of mine from all the way out on the West Coast, Congressman DREIER, who has been here a number of years and is really on top of these issues. It's an honor to have you joining us. I yield to the gentleman.

Mr. DREIER. Thanks for reminding me that I've been around a long time. I appreciate that very much.

Let me, Mr. Speaker, express my appreciation to my very good friend from St. Louis for taking this time to talk about what obviously is priority number one for working families all across this country, and that is survival; survival, because we all know how difficult it is out there. We're regularly hearing from our constituents that they are losing their homes, they are having a difficult time making ends meet.

This afternoon I had the chance to meet with some local officials from one of the counties that I'm privileged to represent. And in San Bernardino County in California, the numbers of homes that have gone into foreclosure, it is mind boggling to see the challenges.

And I will tell you, when you think of a young family out there, working, trying to hold things together and they're losing their home and having a difficult time making ends meet, we all know, Democrat and Republican alike, that it is absolutely essential that we put into place government policies that will help to address those challenges.

Now, Mr. Speaker, my friend from St. Louis just brought to my attention an amazing quote that his 88-year old father brought to mind for him since he had lived through this period of time, that being the Great Depression. And it's a quote from the Treasury Secretary, I appreciate his putting this chart up there because I actually scribbled it down, and I don't know if I could read my scribbling of it. But I'd like to share it with our colleagues.

The Secretary of the Treasury, Henry Morgenthau, in 1939, as we were tragically headed into the great World War II, and as we were, in large part because of the war, able to emerge from the Great Depression, had an amazing statement that he, as Franklin Delano Roosevelt's Treasury Secretary, at the end of the Great Depression in 1939, in his testimony provided before the House Ways and Means Committee. And in that, and Mr. Speaker, I commend this to my colleagues. He said, ''We have tried spending money. We are spending more than we have ever spent before and it does not work. I say, after 8 years of the administration,'' that being the Roosevelt administration, ''we have just as much unemployment as when we started, and an enormous debt to boot.'' What an incredible statement that was made by Franklin Delano Roosevelt's Treasury Secretary in 1939. And the last line, Mr. Speaker, an enormous debt to boot, of course, brings to mind the fact that in 1939, the American people and financial interests in this country were financing that debt.

□ 1800

Today, we know that that debt is coming from all over the world, that it is held by peoples all over the world, and that creates another very unique challenge for us.

So I would say that, as we know that our constituents are hurting, I believe very, very strongly that the answer to the problem of the families who have lost their homes and of the people who are losing their jobs is not to put into place a $1.1, $1.2, $1.3 trillion spending package. We don't know what the size of it is going to be because, with $1.1 trillion, if you take the $347 billion in servicing, that would have been an $825 billion program over the next decade. It is being debated on by our friends, our colleagues, in the Senate now.

As we look at that challenge, it seems to me that people understand that that is not the panacea, and nowhere is that made clearer than in the words of the Treasury Secretary who served under the great President Franklin Roosevelt when he said that we have tried spending money, that we are spending more than we have ever spent before, and it does not work. I say, after 8 years of the Roosevelt administration, there was just as much unemployment as when we started and an enormous debt to boot.

Mr. AKIN. Reclaiming my time for just a minute, I appreciate your perspective because we can stand here and talk about boxcar numbers and economic theory and policy, but you are bringing it down to what it has to do with the guy in the street, what it has to do with me.

There is a picture that always sticks in my mind. I don't know. You know, sometimes you take in mental pictures, and there is a picture that sticks in my mind. When we get talking about these charts and everything, I always want to come back to this picture, and that is a picture of a house, and sitting right there on the sidewalk is somebody's sofa. I think about the young dads who have just gotten married and who may have a kid or two, and they are struggling, and they are trying to keep their heads above water, and they tell their wives not to buy any food, and they tell their kids not to buy any toys. They are still trying to pay this

debt off, and they keep getting worse and worse behind. Finally, they go out there, and that is when they end up with that sofa that's sitting on a sidewalk.

That is what we are talking about with these socialistic policies. Here it all started with this ''give somebody something,'' and somehow or other, Uncle Sam and socialism are going to make it work.

Mr. DREIER. Would my friend yield for just one moment again?

Mr. AKIN. I would yield.

Mr. DREIER. I will say that, as I look at that last line once again, an enormous debt to boot, it brings to mind that child who is there. It is that child who is going to be shouldering the burden of a $1.1, $1.2, $1.3 trillion spending package that has been put before us, and that package has already passed through this House. Speaker PELOSI has announced that it is going to be completed by the end of next week.

I wish very much that we would spend some time looking at what it is that we have offered as an alternative to create jobs and to allow people to keep dollars in their pockets.

I thank my friend for yielding. I suspect that he is going to outline the very, very viable package which can provide that immediate boost which the American people want and need.

Mr. AKIN. Reclaiming my time, yes. Gentlemen, thank you for coming to that point, because I don't like people to come in here and be critical and say that it's no good, that it will not work, and then don't offer a better alternative. The good news is that there is a better alternative. We don't have to be doing what we are doing.

I noticed that my colleague from Georgia, again Dr. GINGREY, Congressman GINGREY, has got a chart here.

Would you like me to yield, and do you want to explain what you have?

Mr. GINGREY. I very much appreciate the gentleman's yielding. I thank him for that. I do have a chart I want to reference.

First of all, Mr. Speaker, I want to say that the American people are beginning to realize that this is unlikely to work and that there is a tremendous burden that it is going to put on them. As I pointed out on the previous chart, it is $10,400 per family. Now, they don't get that. That is not any money that comes to them. That is the debt burden.

Now, in fact, in a recent Gallup Poll—the very reliable Gallup Poll. Everybody has heard of Gallup—there was a survey of 1,000 adult people nationwide; thirty-eight percent were in opposition to this bill as proposed, and another 17 percent said no matter what they do with it, no matter what changes they make, this is not the way to go. It is just as Secretary Morgenthau knew back in 1939. I wish Secretary Paulson and Secretary Geithner could understand that. Just throwing more money at this indiscriminately is not going to solve the problem. It is just going to sink us deeper and deeper into a recession and possibly even into a depression.

So, yes, we have some ideas, and of course, my colleagues are here, and they are going to present some of these ideas.

I want to yield back to the gentleman from Missouri, but let me quickly reference the poster.

''Sizing up the Stimulus'' is the title of the poster. Again, just to put this into perspective, the proposed stimulus is $1.2 trillion when you include the debt service over 10 years. So it's $825 billion and then the debt service. Then you compare that to other expenditures, to very important expenditures—to the Vietnam War, which was $111 billion with a B, not a T; to the invasion of Iraq, which was $551 billion with a B, not a T; and to the New Deal. We were referencing that, and that is what Mr. Morgenthau was talking about. It was $32 billion, and he said it was way too much spending, and here we're talking about $1.2 trillion.

Again, I think it would be better to cut taxes for everybody. We'll get into that later. I know the gentleman will do that, and maybe we'll give everybody a check for $2,500 rather than what we are doing.

So I yield back to the gentleman, and I thank him for the time.

Mr. AKIN. Reclaiming my time, I am also joined here today with Congressman LATTA from Ohio. I believe he has got some charts and can help cast a little bit more light on exactly what this bill is that was just passed last week and what it means.

It has $500 million for the National Endowment for the Arts. I wonder if that's going to get the economy going. It has got $54 billion for 19 programs that the OMB—that is the Office of Management and Budget—said were completely ineffective programs. Yet we are going to put $54 billion into programs that, by our own definition, do not work. Particularly if you want to take a look at another one, there is $355 million for STD funding. That may put a totally different meaning on the word ''stimulus.''

Anyway, we are joined here by Congressman LATTA from Ohio. Thank you for joining us, gentlemen, and I am interested in your perspective. I yield.

Mr. LATTA. I appreciate the gentleman for yielding, and I also appreciate the comments that we have already heard from the gentleman from Georgia and also from the gentleman from California.

Just to follow up, I was not going to speak to this, but if I may, I just happen to have in front of me the unemployment numbers during the Great Depression and the numbers leading into the Great Depression. I think about the statement from the Secretary of Treasury in 1939 and what he said about what the spending had done. When President Roosevelt was sworn into office in 1933, according to the Bureau of Labor Statistics, we had a 24.9 percent unemployment rate.

Mr. AKIN. Reclaiming my time, let's get this number down. As to the number of unemployed when we started into the first big recession that was going to become the Great Depression, what was the percentage?

Mr. LATTA. According to the Bureau of Labor Statistics, in 1933, when he was sworn in, there was 24.9 percent unemployment.

Just to kind of jump forward a little bit to the statement that was made to the House Ways and Means Committee by FDR's Secretary of the Treasury in 1939, that number was at 17.2 percent unemployment in this country. So, when they were talking of their trying the spending and of their trying to see how much they could do by spending more and more and more to get these numbers down, it did not work.

Just fast-forwarding a little bit, unfortunately, when we got close to entering World War II in 1941—when the United States was becoming that arsenal of democracy—we had an unemployment rate of 9.9 percent. Then through the main war years of '42, '43, '44, and '45, we saw our unemployment rate go down to 4.7, 1.9, 1.2, and 1.9 percent. Again, let's just think about that. We had 16 million Americans in uniform at that time. We had everybody working—we had everybody in the war plants. All of the women were working—so Rosie the Riveter was everywhere. That unemployment rate dropped, but it was because of World War II, not because of what was going on in the Roosevelt administration in the 1930s.

Mr. AKIN. Reclaiming my time, your point is just what was observed by the guy who was doing all of this Keynesian economics, this guy Morgenthau. After spending us into tremendous debt, he just basically said, after 8 years, we weren't able to create any jobs, and you're saying it was basically World War II that generated the jobs; am I correct? I yield.

Mr. LATTA. I appreciate the gentleman for yielding.

That is absolutely correct. I don't think there is any economist out there who will say there was anything until we got into World War II when we saw the Great Depression break. Before Pearl Harbor in 1941, December 7, the unemployment rate was going down. Why? Because we had Americans working in those defense plants, who were making those arms that we were shipping overseas at the time, for example, under Lend-Lease. So we watched those numbers start to drop, and they really dropped, of course, during World War II when Americans were out there in uniform and in the defense plants.

As the gentleman had mentioned a little bit earlier, one of the things that concerns me is: Where are we going with this debt? Because we just keep adding to it in this country.

Mr. AKIN. I hate to interrupt you. Could I reclaim my time for just a minute?

We are joined here on the floor by another expert we have got, and I want to get right back to you, but Congressman SCALISE is trying to catch an airplane pretty soon. I wanted to try to fit him in because I think he has an interesting perspective that just ties in beautifully with where you were going, Congressman LATTA.

So I yield to you, Congressman SCALISE.

Mr. SCALISE. I thank the gentleman from Missouri for yielding. I thank the gentleman from Ohio for yielding.

What we have been talking about is a discussion we have been having here on this floor for the last few weeks. I am very encouraged that so many people across this country have started to really look at this bill closely and to recognize that, in fact, the bill that has been moving through the legislature here in Congress in the last few weeks is not, in fact, a stimulus bill. It is a massive spending bill, a bill that really will not do much to help get the economy started.

The Congressional Budget Office reports, of course, show that very little of this money will go into the economy, but what it will do is add a massive additional national debt to a debt that is already over $11 trillion. We are already hearing that this bill is already approaching $900 billion. Some reports show over $1 trillion. In addition, the budget that is going to be presented in just a few weeks by President Obama is expected to be $1 trillion out of balance.

All of this money that would be added to the national debt could add over 25 percent in 1 year to the total national debt of this country, whether or not it would actually provide stimulus to the economy. Most reports show it would not create any jobs. What it would do is increase inflation, devalue the dollar and put a tremendous burden on our children and grandchildren. I think that is why it is so important that we have worked so hard to come up with an alternative plan, a better way to solve this problem. That is, to go and look at tax cuts that will actually help middle-class families and small businesses that will create the jobs, not government spending, which in many cases has been spent on programs that have failed in the past and that create more government jobs. We need to be creating jobs in the private sector, and that is what I think is so encouraging.

As we have been presenting these alternatives, I think people across the country have seen and have realized that this is a much better way. It is so important after the failed bailouts of the last year that we get this right, and that is why it is important that we have been talking about this as people are seeing it. I think they are realizing some of the same things that we saw in that bipartisan vote last week when not only all Republicans voted ''no'' but when, in fact, nearly a dozen Democrats also could not even stomach some of the spending by their own leadership and said ''no'' as well, because there is a better way.

I appreciate the fact that you have been highlighting this, as have other Members, to show that there are better ways to solve this problem for the American people and to show how the American people have, I think, galvanized and have said the same thing. Big government spending in Washington is not going to solve this problem. Let's let middle-class families who are out there tightening their belts already in States that are trying to balance their own budgets show the better way as opposed to the failed old approaches of liberal, big government spending.

So I think the fact that we need to look out for our children and grandchildren is an extra highlight and why it is so important that we get this right and that we solve this problem the correct way. That is what this alternative plan does.

I yield back.

□ 1815

Mr. AKIN. Reclaiming my time, Congressman SCALISE, thank you very much for your perspective, and I appreciate your optimistic and positive approach.

We're not here just to say something won't work. We've got a better way to solve the problem. We've got something that has worked time after time historically, and the approach that is being proposed, which is just massive government spending, not only did it not work for Morgenthau, who was the guy who was the champion of this Keynesian economics for FDR, but it's never worked subsequently. It didn't work for the Japanese for 10 years, as they ran up huge debts, spent a whole lot of money.

And the average American in this country has got enough common sense to realize that just dumping a whole lot of money, if you're in financial trouble and you're the captain of your own little family, you're not going to go out and buy brand new cars and run up a whole lot of debt. It doesn't make any sense. And for government to do that, the public knows that won't work either.

But I want to get back to my good friend, Congressman LATTA from Ohio, and I did interrupt you, and I yield to the gentleman.

Mr. LATTA. I appreciate you yielding back, and I think what you're talking about is, when we're running up these debts, I'd just like to run across just numbers.

Let's just go back. If you look at this number on this chart right now, we're looking at over $10 trillion, $10.6 trillion of debt that this country owes, but let's just go back a few years, and it doesn't take us very long to do this.

In 1979, the United States debt was at $829 billion; 1989, it was $2.8 trillion; 1999, $5.6 trillion. And here we are 10 years later just doubling this number, when you look from 1999 to where we are today at $10.6 trillion.

But the real question that really concerned me is this, not only that massive huge debt but who owns this debt, you know, and you start looking at this chart right here. Right now, $682 billion of our debt today is owned by China. Going across, you're looking at Japan. Japan owns $577 billion; the United Kingdom, $360 billion; the Caribbean Banking Centers, $220 billion; the oil exporters—we send our money over to them. They're using our money to buy our debt. They have $198 billion; Brazil, $129 billion.

But it always wasn't this way. You know, in 1979, let's just go back a few years again. 1979, we had foreign debt of $119 billion; 1989, $429 billion; 1999, $1.2 trillion. These numbers are just escalating.

And the problem we have today is this. We're having a situation out there is what happens when these other countries start stimulating their own economy and they start saying, you know what, we can't buy that American debt, who's going to be out there to buy that debt? And we have a couple of alternatives; either not issue that debt or have to put a higher interest rate out there to make these other countries want to buy our debt. Americans are saying we're not buying it; these other countries are.

So I have a real concern of these problems, that other countries are owning our debt, that they could actually start dictating to the United States. The Chinese are telling us that we have to do something about our economy, you know.

Mr. AKIN. Reclaiming my time, I think the gentleman, what you are saying is—and you're saying it in a pretty sophisticated way, but just some poor old guy from Missouri, what I think you are saying, just like when we issued all of these loans that people couldn't pay, what we're doing, in a national sense, is we're like running down a dead-end street, and pretty soon, as we keep printing more and more money and keep getting more and more foreign countries buying our debt, there's going to become a time, a reckoning, and boy, it's really going to be unpleasant when we hit that stone wall at 70 miles an hour. Is that getting in the direction of what you're saying, Congressman? I yield.

Mr. LATTA. I appreciate the gentleman for yielding again.

Again, you are absolutely correct. We're hitting that situation right now. The rest of the world is looking at the same problems that we're having in this country, but we're issuing this massive debt out there, saying, please, buy our debt.

And all we can do is, there's been very few articles in the national papers about this, and one of the few times we've seen some of the articles, they're saying, well, we have to make it attractive enough to keep people wanting to buy it out there. Well, how far is that and when are we going to get to that?

My good German grandmother used to tell her grandkids this one saying, that he who goes a borrowing goes a sorrowing. And you know, we're at that point.

And the real question is how are the future generations of this country, not just this generation but the next generation, and the one right after that, going to pay for this debt and how are they going to do that?

Mr. AKIN. Reclaiming my time, that is the question, isn't it? How is this going to work? And I think that really there are two theories here in terms of the way you handle the problem that we're in with the economy.

One is you spend money like mad, which is what FDR tried to do and turned a recession into a Great Depression, and the Japanese followed that same example, went down the same street for 10 years, had a great big depression over there because they had a bunch of these guys thinking you could, quote, stimulate the economy by spending money like mad that you don't have.

But that raises the question in that we already have the amount of debt that you're talking about. We should have great economy if that theory worked, shouldn't we?

Mr. LATTA. Absolutely.

Mr. AKIN. I mean, we've got a tremendous amount of debt; therefore, we shouldn't have any economic troubles. And just as Henry Morgenthau found out, it doesn't work. And the approach that is being done by the Pelosi Congress and what is being asked for by our new President is based on this Keynesian model of economics which really doesn't work.

I also promised my good friend, the gentleman from the congressional district in Ohio, Congressman JORDAN, wanted to let you have—we've got about 5 minutes or so here. I wanted to let you have a chance to chip in on the whole conversation. You have been very helpful, and your thinking is highly respected, I know, in our caucus.

Mr. JORDAN of Ohio. I appreciate the gentleman for putting this Special Order hour together. This must be the Ohio hour because I notice the last two presiding officers over the Chamber were Ohioans as well, and then of course my friend from just north of our district, Congressman LATTA and his expertise in this.

Think about the average family, what they saw from their government last week. I think it's an important place to start as we think about this discussion.

The typical family, what did they see from their government? They saw the United States Senate confirm for Secretary of the Treasury a gentleman who didn't pay his taxes on time. Think about it, not just any Cabinet position but Secretary of the Treasury. Then they saw from the House of Representatives, the other side of Congress, they saw the House of Representatives pass a stimulus package that will not do anything to foster and promote economic growth. I mean, that's your government at work, America, certainly not where we need to be.

Think about this stimulus package that we've been talking about and what it doesn't mean for promoting economic growth now and what it means, long-term implications for our kids and grandkids and the debt that it preserves.

First thing is this, and my colleague, our colleague from Louisiana I think said it right. The American people get it. They have figured out that this, quote, stimulus package is not what our country needs at this particular time. They don't like the process that was used and, frankly, the lack of process, the lack of the fact that the Republicans weren't included, and they don't like the finished product, the finished product that has such things in it like $600 million for the government to buy a new fleet of automobiles.

I'd much rather cut taxes so that families can use that tax money, their tax money, to purchase their own car versus giving more cars to the bureaucrats who work here in Washington.

So they don't like the process. They don't like the product. And I think they also understand, which was being pointed out very well by our friend and colleague from Ohio, Congressman LATTA, they understand that this spending spree that has grabbed Washington over the last several months is just wrong to do to future generations of Americans. It is wrong to saddle our kids and our grandkids with this kind of debt, the kind of debt that Congressman LATTA was pointing out and I know Congressman AKIN has pointed out earlier in the hour.

Think about this. We're going to run a deficit this fiscal year approaching 10 percent of gross domestic product. Never in the history of this country have we run that kind of debt. You have to go back to World War II when we're fighting a world war to when it's close to 6 percent of GDP. This year it looks like it's going to be close to 10 percent of gross domestic product.

They understand that's not the direction to go. They understand that what really fosters economic growth is reducing the tax burden on families, on taxpayers, on small business owners so they can keep more of their money, put it to work in the private sector, put it to work in their small business, creating jobs, protecting jobs, and promoting economic growth for the future. That's where we need to focus.

Short-term, fast-acting tax relief versus big government spending. The American people understand tax relief is where we need to go. That's the alternative we've been supporting. That's the alternative we'll continue to support. And the good news is, that's what the Senate is beginning to look at.

We did a press conference today with some of the Senate Republicans, and they are talking about focusing on some of the same tax cut provisions we tried to get in the bill over here on the House side.

Mr. AKIN. Reclaiming my time for just a second here, what you're talking about is where I really wanted to get to with this conversation tonight.

We're not just saying things won't work. Yes, what's being proposed, putting the government tremendously into debt, a lot Federal spending does not solve the problem, but there is a way to solve this problem. It's just going to require a little discipline, like some good wrestlers in the State of Ohio know, and I want to let you continue with that because we have a solution, a positive way, a bold approach to take care of this problem. We don't have to turn a recession into a great depression. But the solution that's being proposed always created depressions from recessions. We don't want to do that. We've got a way to solve the problem.

I yield.

Mr. JORDAN of Ohio. I appreciate the gentleman yielding.

My colleague said earlier that if big Federal Government spending was going to get us out of this mess it would have happened a long time ago because we've certainly been doing that. And you're exactly right. The easiest thing in the world to do for politicians, for policy-makers, for Members of Congress is to spend money. It's the easy thing to do.

The tough thing to do is the discipline thing to do. I had an old coach in high school and he talked about discipline every day in practice. And his definition was this. Discipline is doing what you don't want to do when you don't want to do it. It meant doing it his way when you'd rather do it your way, but it left an impression on me.

And frankly, the disciplined thing to do is to say we're going to stop this excessive spending; we're going to reduce the tax burden here so that business owners and families can have more of their money and promote economic growth and do the things that we know work in an economy. That's what we have to focus on and have the discipline to say we're not going to continue to spend and spend and spend and mortgage our kids' and grandkids' future.

Mr. AKIN. Reclaiming my time, I very much appreciate your perspective in getting to the positive solution.

And I would yield to the gentleman. We've just got a minute or two, but if you'd like to join us, I yield.

Mr. FORTENBERRY. I want to thank the gentleman for having this very important discussion tonight on the House floor.

My fear is what we've done here in the name of stimulus is actually create an unrestrained, unsustainable spending bill. And since the year 2000 or so, it's very important to note that the Federal Government has actually grown by about 60 percent. We've been on an 8-year stimulus run in the name of spending, if you will, and yet we remain in economic straits at the moment.

I think this is very important to point out because the other problem here is the massive amounts of debt that we're going to compile if this bill should be passed. Debt that is unpaid for—the stimulus bill not being paid for—will be passed along to future generations, children and grandchildren, or it will be sold, the wealth asset value of this country sold overseas to foreign debt holders, or it will come out in other forms of taxation such as inflation.

Mr. AKIN. Just reclaiming my time for a second, you're talking in kind of economic terms, but further, what does that mean to the average person in our district? It means a lower standard of living, doesn't it? It means you can't make ends meet. It means you're not going to buy the food you want to buy. And I yield again.

Mr. FORTENBERRY. Inflation is a very regressive form of taxation, particularly among the most vulnerable among us.

With that, let me say, I don't want to see any family experience unemployment, any business take a downturn or any family experience a foreclosure. And with that said, I think it's very, very important that we work very hard to get this right, a plan that makes sense, that maximizes economic productivity through any type of new governmental policies that we set, but a plan that is also potentially paid for over time and that does have some new bold ideas in it.

One of the problems here as well, though, is that much of the spending is targeted to States, and some States like Nebraska, we've been very fortunate to be insulated from these larger downward economic trends. We have a strong ag economy that is hitting some bumps at the moment, but nonetheless, we also have a set of values, if you will, where people work hard and take responsibility for themselves and care for their neighbor. Businesses, as well as our citizens, have made prudential decisions about buying and lending, and we haven't suffered like the rest of the country in this regard.

But with that said, this bill effectively asks Nebraskans to subsidize other States that may have been poorly governing and want the Federal Government basically to make the tough decisions for them, not force them to make the tough decisions.

Mr. AKIN. Reclaiming my time, I think what you're saying in a polite, sort of sensitive way is California has been spending money at an incredible pace, and the question is, should Nebraska have to subsidize California? And that's really what we're talking about, isn't it? I yield back to the gentleman from Nebraska.

Mr. FORTENBERRY. I thank the gentleman for the time.

I think we are. It's a very important point to be made that a lot of communities in a lot of places have had to make choices with limited budgets to set priorities and have not rushed up to Washington to say bail us out, help us out. They have made those tough choices responsibly, and it's places like those, like Nebraska and other places, that I fear are subsidizing other places that have not performed admirably in terms of governance.

Another point here is I think there are some bold, new, innovative ideas in this overall package. I think they could be potentially considered as stand-alone measures. President Obama has a strong focus on, for instance, alternative energy development for a sustainable energy future.

□ 1830

This economic crisis was precipitated by, you recall, a very high spike in energy costs which accelerated other difficulties in the economy. But we've almost forgotten that now. Can you imagine where we would be if gas were $4 a gallon right now? So we've dodged a bullet right there.

But trying to get underneath the question as to what our real economic vulnerabilities are, including our overdependence on foreign oil and fossil fuel in general, is an important policy consideration.

So there are some admirable components here that might ought to be considered as a part of a reasoned stimulus plan that has a payment schedule for it, or stand alone separately.

So we don't want to stand here and simply oppose everything in that regard. But we are halfway.

Mr. AKIN. Reclaiming my time.

I think we've got just a very short amount of time left.

But your point is so good. Our objective is not just to say what won't work but to say what won't work because we know it won't work, and instead, let's adopt something that's helping those families. I was talking about it earlier, the picture that just keeps jumping in my mind—and this is happening all over the world because of our lack of bold and decisive and disciplined action here—the picture that comes to my mind is the house with the foreclosure and the easy chair and the sofa sitting on the sidewalk. And I'm thinking about the mom or the dad of that family and the pressure that they feel where they're just dumped right out of their house. This is not just economic numbers, this is the people of our country.

I yield my last 30 seconds.

Mr. FORTENBERRY. Well, again, I'm grateful.

We don't, again, want to see any family suffer any unemployment or suffer any situation like that. But I think this letter that I got today from a constituent back home from Gail in Fremont says quite a bit. She said, ''I'm writing to let you know I oppose the stimulus, Congressman. I'm opposed,'' she adds, ''to the overwhelming debt the government is all too willing to place on us with no long-range plan for getting us back on stable ground.''

She goes on, ''What is the Federal Government doing without during this emergency?'' She says, ''In my home when there's no money, we do without. We don't spend money we don't have. I'd rather tighten my belt for a time than to live the rest of my life under the burden of increased taxes for this bloated stimulus package.''

Unrestrained, unsustainable spending is the issue here, and we need to maximize economic productivity through smart thinking about what really is stimulus.

Mr. AKIN. Reclaiming my time.

Thank you, Madam Speaker.

RELATING TO SELECTION OF MEMBERS TO SERVE ON INVESTIGATIVE SUBCOMMITTEE OF COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT

The SPEAKER pro tempore (Ms. KILROY). Without objection, upon a joint determination under clause 5(a)(4) of rule X not later than February 27, 2009, the Chair and ranking minority member of the Committee on Standards of Official Conduct may select an uneven number of Members named under that rule to serve on an investigative subcommittee.

There was no objection.

APPOINTMENT OF MEMBERS TO PERMANENT SELECT COMMITTEE ON INTELLIGENCE

The SPEAKER pro tempore. Pursuant to clause 11 of rule X, clause 11 of rule I, and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following Members of the House to the Permanent Select Committee on Intelligence:

Mr. HASTINGS, Florida
Ms. ESHOO, California
Mr. HOLT, New Jersey
Mr. RUPPERSBERGER, Maryland
Mr. TIERNEY, Massachusetts
Mr. THOMPSON, California
Ms. SCHAKOWSKY, Illinois
Mr. LANGEVIN, Rhode Island
Mr. PATRICK J. MURPHY, Pennsylvania
Mr. SCHIFF, California
Mr. SMITH, Washington
Mr. BOREN, Oklahoma
Mr. GALLEGLY, California
Mr. THORNBERRY, Texas, and
to rank after Mr. ROGERS, Michigan:
Mrs. MYRICK, North Carolina
Mr. BLUNT, Missouri
Mr. MILLER, Florida
Mr. KLINE, Minnesota
Mr. CONAWAY, Texas

APPOINTMENT OF MEMBERS TO SELECT INTELLIGENCE OVERSIGHT PANEL

The SPEAKER pro tempore. Pursuant to clause 4(a)(5) of rule X, and the order of the House of January 6, 2009, the Chair announces the Speaker's appointment of the following Members of the House to the Select Intelligence

Oversight Panel of the Committee on Appropriations:

Mr. HOLT, New Jersey, Chairman
Mr. OBEY, Wisconsin
Mr. MURTHA, Pennsylvania
Mr. REYES, Texas
Mr. DICKS, Washington
Mrs. LOWEY, New York
Mr. SCHIFF, California
Mr. ISRAEL, New York
Mr. CALVERT, California, Ranking Minority Member
Mr. LEWIS, California
Mr. YOUNG, Florida
Mr. HOEKSTRA, Michigan
Mr. FRELINGHUYSEN, New Jersey

CONGRESSIONAL PROGRESSIVE CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Minnesota (Mr. ELLISON) is recognized for 60 minutes as the designee of the majority leader.

Mr. ELLISON. Thank you, Madam Speaker.

Tonight we're here for the Congressional Progressive Caucus, and I'm joined by my colleague, the honorable HANK JOHNSON, who hails from the State of Georgia. And we are the Progressive Caucus. And we're here week after week, month after month to help the American people understand that the progressive community throughout America has a group of people in Congress who are willing to stand up and stand strong and project a progressive vision for all of the Nation.

The Progressive Caucus has designed something we call the progressive message. So this is what we do. We come together, and we talk about our progressive vision for our country.

We started off only a few weeks ago talking about the need to hold the executives accountable and to not simply wipe things that happened in the past 8 years under the rug. Then we came back last week to talk about the economy and the stimulus package. And because we're facing a rising unemployment rate, foreclosure rate that is increasing, because people are losing their jobs, because things are getting tougher every day, we've got to stick with this issue of the economy so we can talk to people about which way forward, what do we do, what is the progressive message to help America go forward.

So with that, I want to introduce my colleague, my good friend from the great State of Georgia, to introduce himself and the topic tonight, Mr. HANK JOHNSON.

Congressman, let me yield to you. How are you doing?

Mr. JOHNSON of Georgia. I'm doing great.

Mr. ELLISON, you have been a shining light and a great example of a courageous congressman who doesn't run with the crowd and do what's popular but you do what's right, and I'm happy to join you tonight.

You know, I am deeply concerned—and have always been deeply concerned—about the fact that there's been a transfer of wealth in this country, a shift of the money from the middle class to the upper 10 percent of earners here in this country. In fact, since 2001, the figures show that worker productivity went up, while at the same time, 96 percent of the income growth went to the wealthiest 10 percent of this country. And so that's a clear indication that something is wrong with the policies that we have been following over the last 8 years.

And despite the wealth that has been transferred into the hands of a small minority of Americans, we still see that the pursuit of greed has brought us to the point where we're closer to a depression than we have been since the Great Depression. And so I'm happy to be a progressive.

The other side of that is conservative. Let's leave everything the way we want to leave it, and let's do business as usual.

We cannot do that.

So I'm happy to be a member of the Progressive Caucus espousing, along with yourself, new ideas; and it's a new time. It's time for change.

Mr. ELLISON. If the gentleman yields back.

Congressman JOHNSON, you know, we are the progressives. We want progress. And if you say you're a conservative, what, over the past 8 years, do you want to conserve? Do you want to conserve these exploding unemployment rates they've handed us? Do you want to conserve this war in Iraq and Afghanistan? Maybe you want to conserve this regime of deregulation which has allowed businesses, and particularly in the financial sector, to do whatever they want and not have to worry about consumers. Is that what you're trying to conserve?

The fact is the people of America don't want conservatism. They want a progressive vision. They're looking at things like I have up on this graph right here.

They're looking at Minnesota. We have an unemployment rate in 2008 of 6.9 percent. Last year, 2007, it was 4.7. In California, they're looking at 9.3 percent unemployment this year, 5.9 percent the year before.

What about our colleagues from Michigan, Congressman JOHNSON? We've got a serious problem.

The question is if you look at these high unemployment rates, and you look at every blue line is 2007 and every red line is 2008, as you can tell, unemployment is up all across the Nation everywhere.

These things did not happen by accident. They are the product of a set of policies, many of which were promulgated right in this gallery you and I are in right now. Many of the policies saying that poor people have too much money and rich people don't have enough money promulgated right here. Tax cuts for the wealthiest Americans, no accountability. As a matter of fact, it was put into legislation that the whole credit default swap market would be excluded from regulation, and now we know that these derivative products cause so much risk in the system that we don't know what to do about it.

The fact is, the policies and the procedures that have brought this about were done right here during the last 8 years, and we are now going to project a progressive vision to get us out of it.

Let me just say this before I turn it over to you, Congressman.

America has suffered 11 straight months of joblessness, of increasing job losses, totaling more than two million in the last year, 1.3 million jobs lost in the last 3 months alone. The job losses totaled over 500,000 in November, the biggest 1-month jump in 34 years. Now that's serious business.

So, facing these kinds of things, Congressman, what would be your thought as to what we should be thinking about right now?

Let me yield to you.

Mr. JOHNSON of Georgia. Okay. Before I answer that, Congressman, I do want to talk about—you mentioned something very interesting and that is the lack of regulation in the financial markets. Oil futures contracts were taken out of the regulatory process by the laws of a senator who would become the Republican nominee for president's financial adviser. And now we have that candidate, that unsuccessful candidate for President, proposing his own economic plan, is what he said he was going to do.

And it took me back to as a young man, my dad decided that he wanted to get under the sink and do something with the plumbing. And he's like a college-educated guy. Never took any plumbing classes or anything. But anyway, we came out of that situation with puddles and puddles of water in the kitchen. So, you know, my mother called in the plumber. She did not entrust fixing what had been messed up to the guy who messed it up.

And so that's where we are right now with our economic plans in this country, our—we call it the stimulus package.

Mr. ELLISON. If I can reclaim my time.

The American Recovery and Reinvestment Act.

I yield back to the gentleman.

Mr. JOHNSON of Georgia. Yes. Thank you.

So we've got a group of folks who were right here as you say, Congressman ELLISON, they were right here in this very Chamber, and they had the leadership up until 2006; and they aided and abetted this country's decline and all of the things that contributed to it.

And so but now they want to dictate the solutions to getting us out of this morass. And it just doesn't make sense.

I hope the American people are paying great attention because my friends on the other side of the aisle, the only

thing that they propose is more tax cuts for the wealthiest 10 percent, and that's certainly not going to work.

We've got to take care of our basic safety net. We've got people in this country who've lost their jobs, they've lost their homes. They are on the street—families, no place to live, no food. And so we've got to fix those things while we also pay attention to the future needs of this country preparing us for the global economy and the long-term future.

And with that, Congressman. I'm going to yield back.

□ 1845

Mr. ELLISON. Congressman JOHNSON has correctly pointed out that we have got people losing their jobs. Unemployment is climbing up to 10 percent in many States, and we don't want to reach that point nationally. But one of the things that I think you will agree with me, Congressman JOHNSON, is that when you lose your job in America, so often you also lose something else—your health care.

You and I have been joined by JIM MCDERMOTT from the great State of Washington, who has been fighting the good fight for so long, knows this issue of health care, and many other issues as well.

Congressman MCDERMOTT, welcome. What can you tell us about the other side of losing a job, or even folks who do have a job, their health care crisis?

Mr. MCDERMOTT. You know, first, I want to say that I want to commend you, KEITH, for bringing this issue of the real vision we need at a time like this. People are looking out there and feeling pretty bummed out by an awful lot of what is going on. Yet, America has been able to rise above things like this in the past, and we are going to do it again.

One of the issues the last time we had this kind of mess—in 1932—that we didn't get done, was health care for everybody. Now, when you lose your job, that is bad enough. Not to have money to send your kids to college, just to barely pay the mortgage and maybe keep some food on the table, keep the car running, and that is all, and suddenly not be able to take your kids to the doctor when you're sick is a horrible feeling as a parent because your kids look to you to take care of them. They haven't got anybody else.

And so what we did today on SCHIP was really the beginning of the vision of what needs to be happening for all Americans because today we were talking about 8 million kids in this country that don't have health insurance, and we took care of 4 million of them, but we didn't talk about the 40-some million adults who don't have health insurance, many of whom are being added to the roles every day as they lose their insurance when they lose their job.

Now, in this country we have always said the market will take care of them; that people can go out and buy their own health insurance, and the insurance companies will have some kind of plan. But it flat is not true. When you lose your job, the likelihood of you being able to find an insurance policy that you can afford and still pay your mortgage and still pay some money for food and run the car and a few things, is absolutely zero.

I mean, in the State of Washington, the highest paid unemployed person gets $518 a week. That is $2,000 a month. Now that is a very slim group of people. Most people are getting the average in the State of Washington—$360 a week. So that is a little over $1,200, $1,300, $1,400 a month to live on. And to be able to buy a policy that can cover the problems of your family is almost nonexistent.

So what I am here to talk about is the fact that this country needs a national health insurance. Buried in this economic recovery package are the seeds of beginning that process. What we have said is if you are losing your job—and we have a program today called COBRA. I don't know what it stands for. It's some acronym in the government. But what it means is when you lose your job, you can keep your health insurance in the company you work for if you can pay the premium.

You have to pay the premium plus 2 percent. So you have to pay 102 percent of the premium, right. So here you are, unemployed, and you get out there and you're supposed to come up with the money to pay 102 percent of the premium. Most people can't do it.

So in this bill we made it possible. We put money in there for us to pay 65 percent of the premium for people who have lost their job and are eligible to take advantage of staying in their company plan under the COBRA program.

It's the first step because the people that are losing their jobs—if you think about it, if you're 65, you're taken care of. You have got Medicare. But if you're below 65, you're really dependent on where your employment is or how rich you are. Most people are getting their health insurance through their employment.

Well, between 55 and 65 is when the wheels start falling off your wagon. When you're 30, you're never going to be sick. You're going to be able to do anything you want in your life. When you get to 50, maybe a little high blood pressure, a little arthritis. Things start to happen to people. It's just at that point they lose their job. They are absolutely uncovered.

So this provision buried in this $900- or $800-some-odd-billion is the first step toward dealing with the problem of people who are under 65 and not children. We took care of most of the children today, and we have taken care of the seniors, but we have got this whole other group of people between the ages of 18 and 65 who it's a lottery—where do you work, who covers you.

We really need a single-payer health care system, in my view. People immediately say, oh, no, no. You're talking about Canada, you're talking about Great Britain.

Mr. ELLISON. Would the gentleman yield for just a moment?

Mr. MCDERMOTT. Sure.

Mr. ELLISON. So you think America should join the 36 other countries in the world that have a single-payer system?

Mr. MCDERMOTT. Absolutely. It's ridiculous that we are the only industrialized country who have never figured out how to do this. And I am going to enter into the RECORD an article from the New Yorker Magazine by Atul Gawande, who is a doctor and a medical writer, about the process by which we are going to get to a plan. Let me just lay it out for you. I think people out there ought to be thinking about it.

Every country in the industrialized world has a different plan. None of the plans are the same. Germany started in 1883. The Prime Minister at that point was worried about the social disruption and said, Let's give them some health care benefits. So they got started on this process, and it's been going since 1883, through two world wars, the German system.

The German system is different than ours would be. The French system, the British system, the Canadian system. The Canadian system started in British Colombia in Saskatchewan, one of the central provinces of the country. Different circumstances.

In British Colombia, the doctors said we can't take care of these old people in the hospitals. We have got to start a health insurance plan. So they started the BC health program.

Saskatchewan, they had a socialist government in that province at that point. They started the system, and it gradually spread all across Canada, and finally at the end they put together an umbrella that sort of tied it all together.

Now, Great Britain started in a different way. Great Britain started in the middle of the Second World War. They realized they had to have healthy people. So the government built hospitals, the government hired the doctors. It was all government everything. And that is their system. Every system comes in a different way.

Now, the United States in 2009 is not going to have Canada, it's not going to have Great Britain, it's not going to have France, it's not going to have anybody else. It's going to have an American system designed by this Congress, with the leadership of President Obama, that deals with the problems as they are today in this country.

Mr. JOHNSON of Georgia. Would the gentleman yield?

Mr. MCDERMOTT. Sure.

Mr. JOHNSON of Georgia. Congressman, it's nice to have you with us, and I admire you so much, both in your foreign affairs philosophy as well as your domestic philosophy. I appreciate the fight that you have put up over many years.

You know, as I see it, health care is also an economic issue, and it's an issue of education as well, because if you have got children who are not healthy, when they go to school, they can't give their best. And so, as they grow up, they can't compete with other students from other countries who have had a healthy preventive health-type of experience.

It's an economic issue because we have got to compete in a global economy now. American workers—and it's so important that our workers, our middle-class workers, that they are able to access health care, remain healthy, wealthy, and wise, if you will. And so it's an economic issue. It's like removing termites from your house. If you know you have got termites, you know that they are going to at some point eat up the whole frame. And so to prevent that from happening is very important.

Health care is one of those important areas that has been neglected for so long for working-class people. And so I am glad that we have a President that is going to be assertive in terms of changing this system that does not work for anybody but the insurance companies as far as I can see.

And so this American Recovery and Reinvestment Plan includes, of course, some outlay for health care. If you could comment, if I might ask.

Mr. MCDERMOTT. There's another piece. I have got to say I am excited because I was just down at the White House and the President just signed SCHIP. He gave a wonderful speech before he signed the bill, and said, This is just a start. We are going to take some more steps.

It's exciting to have somebody leading. And a part of what he has asked us to do in this economic recovery bill is begin the IT buildup that we need in our health care system. When you go to a doctor, and I practiced medicine for 20 years, so I wrote all my stuff out. And if you went to see a doctor somewhere else across the country, there's no way that doctor would know what I had done for you or what I might have prescribed for you, or anything else.

But if we have an electronic system that is protected so privacy is protected—I mean you have got to protect people's privacy. But if you get sick in Minneapolis—or St. Paul, I guess more like it—and you then come to Seattle, the doctor who sees you in Seattle doesn't know anything, because if you don't remember what the medications are or what the x-rays showed or anything else, there's no way he is going to know it.

But with the money that is invested in this economic recovery package for medical technology, for IT work, intellectual properties, you are making it possible for a doctor in Seattle to sit down at his computer with the numbers that Mr. ELLISON would give him and find out what went on with him when he was treated in St. Paul.

Mr. JOHNSON of Georgia. Would the gentleman yield?

Mr. MCDERMOTT. Sure.

Mr. JOHNSON of Georgia. We have cut down on so many medical errors. I know that you being a doctor, you could probably relate to this. The penmanship of the average doctor is quite, some say, arrogant. You can't understand what is written.

So electronic medical records would be a clear communications device that would cut down on medical mistakes, pharmaceutical errors, and the like. That is an investment in the future of this country, and also it sets up our entrepreneurs, Congressman ELLISON. It sets us up to lead the way as future developing nations see the need to bring that kind of technical expertise to their own health care systems.

And so it puts us in a great position in the future, as does the recovery package with respect to energy.

Congressman ELLISON.

Mr. ELLISON. Thank you, Congressman. I am going to yield back to Dr. MCDERMOTT because he was driving at a point that I think the American people need to hear about.

Congressman MCDERMOTT, when you were there at the White House and President Obama had just given his speech, all you guys who were instrumental in getting SCHIP together probably gathered around the desk and you saw him write his name on that bill which, in effect, makes SCHIP law, as a medical professional, as a person dedicated to the health of our Nation, what did you feel?

Mr. MCDERMOTT. You know, I have got to admit, it brought a tear to my eye when he talked in his speech about the fact that when your kids look at you, they expect you to be able to take care of them. And if you haven't got health insurance, then you're caught between a kid that has got a problem and, Can I fill the prescription? Or, If I go and get a big hospital bill with my kid, how am I going to deal with that?

□ 1900

It is a terrible feeling. I remember once when my daughter was in the hospital and she was in the ICU, and you are sitting there wondering if your child is going to make it or not. It is a scary kind of thing as a parent. And to see the President talk about it and say we are going to fix this was really very exciting. And I think that, although I was here in 1993 when we tried it with Mrs. Clinton and at that time business was opposed to us and the medical profession was opposed to us and some labor unions were opposed, and it was really tough going.

Things have changed today. Business wants to have a change, the medical professions want to have a change, and labor unions. And I think it is not going to come quickly and easily, because the status quo is always hard to change in a country. But I bring this article, and I am going to put it in the RECORD, because I want people to read it and realize that it is absolutely possible for us to make a major change, not just tinkering around the edges, but to really make a change that will make it possible to take away from all of us any fear that we are ever going to be economically destroyed, as Mr. JOHNSON says, or that we are going to be not able to be taken care of when we are sick, just on a human basis.

Mr. ELLISON. If the gentleman would yield back for a moment. I want to thank Congressman JOHNSON and you, Congressman MCDERMOTT, for coming here today, because what you are talking about is not just dealing with the immediate situation. We are not saying, well, we are on the Titanic, let's put the deck chairs over there. No, let's move them back over there. We are projecting a progressive vision for our Nation. We are saying we are going this way. And that is why we are here with the progressive message today.

I just want to remind people, we are here with the Progressive Caucus projecting a progressive message, talking about economic prosperity for all Americans. We have talked about unemployment. And Congressman JOHNSON and I had a great dialogue; and when you came, Congressman MCDERMOTT, we began an important conversation about how health care has a vital role to play in the economic health of a family and a Nation. I think we pointed out, when General Mills spends more money on health care than it does on steel, we have got a problem. When Starbucks spends more money on health care than it does on coffee beans, we have got a problem. Both things are true. It is time to move forward. Medical debt being one of the major drivers in bankruptcy. This is the time. The time is now to begin universal health care. And signing SCHIP I believe was the beginning of good times to come.

Mr. MCDERMOTT. You are going to hear people say it is too much, it is too big, we can't do it. But all you have to do is look back at what Franklin Delano Roosevelt did in 1932, when he came into office, with 25 percent unemployment in this country, and he sat down with his people and he said, ''We have got to have Social Security because old people don't have any money to live on when they get old. We don't have any money for poor people, so we are going to have a welfare program. We don't have any money for workers when they lose their jobs, so we are going to have unemployment insurance. And we don't have any money for kids that get dropped off in orphanages because their parents can't take care of them, so we are going to put together a foster care program.'' That was all done in 1935, in the Social Security Act of 1935. It was a huge step forward. And we have a progressive message for this country that we can do that again.

Even in the midst of our darkest hours with all the banks and foreclosures and all this stuff, if we think small, we are going to do small; but if we do and we think big, we can actually get some major steps forward. And

I think the American people are ready to listen to this. I think that they have listened to the fiscal conservatives say, ''We are going to be a fiscal conservative; we are going to waste $1 trillion on a war, and we are going to run the banks into the ditch and we are going to bail them out,'' people are tired of hearing that. I fly home on the planes, and the flight attendants say to me, ''My tax money is going to bail out those guys. I want my tax money to go for things that will help me and my family and all the Americans.''

And I think that the progressive message, its time is now. So I really commend you guys for coming down here and doing this. I have to run off, but I will come back another night and work with you.

Mr. JOHNSON of Georgia. If the gentleman will yield for just one second. Let me start by saying this. The new deal and the investment that was made in this country after the great depression caused this country to prosper; and the money, there were jobs for middle class, and people accumulated wealth. They were able to buy their homes, buy their cars, send their kids to college. But back then there was a whole set of conditions in existence that are not in existence now. But things like infrastructure, health care, which have gone neglected for so long, these are the new areas that we can create jobs. We are talking about 3 million to 4 million jobs will be saved or created by this American Recovery and Reinvestment Act, and we have got to think out of the box in terms of what these long-term measures that are included in the stimulus package will produce in the long term. And if I could get you to just comment on that.

Mr. MCDERMOTT. You go back and you look at history; and I was reading something just today in the Smithsonian magazine. Do you realize that the land grant colleges, the universities in this country were started in the middle of the civil war by Abraham Lincoln? I mean, the country is in chaos, people are dying everywhere. All this is going on, and he said, ''We have to think about the future. We are going to start land grant universities. We are going to give them.'' And every State has one. I am sure Georgia has one, I am sure Minnesota has one. We have got one. Washington State University was created, the idea was created in the middle of the war. The National Science Foundation was created by Abraham Lincoln in the middle of the war.

In these times of the deepest darkest stuff, you have to make long-term investments and think about where we are going in the future. And this bill is filled with it in terms of the health care and in terms of the alternative energy things. Those are changes that are not going to be on the table next Wednesday; they are going to be affecting us in 2 or 3 or 4 or 5 years, but our kids are going to be better off and our country will be better off because we got back up on the road and started thinking long term.

Mr. JOHNSON of Georgia. I think we have got to be broad-minded as we look for solutions to this difficulty that we face that was caused by the conservative movement, the trickled-down economic theories, a failed policy, miserably, a miserably failed policy. And it is causing so much misery to the 90 percent of the people who were working and did not participate in the accumulation of wealth over the last 8 years.

So I am glad that Congressman ELLISON and the Progressive Caucus is taking the lead in ushering in change in the United States Congress. And I will say that I think that the House version of the American Recovery and Reinvestment Act; I don't like the way that the plan is shaping up on the Senate side, it seems like they are wanting to cut things that are important for a changing economy. They want to cut, things like $400 million has been removed for HIV/AIDS prevention and treatment and also STD prevention. Our schools, our middle schools, junior high schools, high schools are rife with persons who are either infected or at risk for being infected by these illnesses. And to the extent that we can prevent these kinds of developments, which are so costly to treat, we are going to actually have a savings when we look at it holistically.

Mr. ELLISON. Well, Congressman, I know you and I join together in thanking Congressman MCDERMOTT, who did such a great job. But on your point, I just want to say that it is too bad that the Senate proposed to cut the provisions on HIV and STD treatment, because it is stimulative. We would be hiring people who would go out to these schools and talk to young people about the importance of proper sexual health, of respecting their bodies and respecting other people, understanding the medical situation that arises when you are irresponsible, when you are unlucky enough to be infected with these horrendous diseases, which are preventable if you know what you are talking about, if you are well armed with good information. It is really too bad. And that is one of the reasons we have to come here, because we are not here as an extension of the Obama administration. We love the fact that he signed SCHIP today. Go for it, President Obama. But if it ever comes a time when we don't agree, we will be here saying that.

So it is critical today that you bring out differences that we have with the Senate package, because it is our job to project a progressive vision. And if you want to know and if folks want to know how to reach us with their progressive vision, they can send their ideas to this e-mail at the bottom of this document here.

I didn't really want to interrupt you, but I just thought it would be an important time to say, don't expect the Progressive Caucus to come to the House floor saying thumbs up to everybody. Expect the Progressive Caucus to say that we agree with some things, we don't agree with others. We are projecting a progressive vision that includes all Americans, that says all Americans should have health, all Americans should have civil rights, all Americans should have a shared economic prosperity.

So forgive me for that interruption, but you inspired me for a moment.

Mr. JOHNSON of Georgia. It is important to note that in addition to promoting policies that led us into this economic downturn in previous House sessions under the control of my friends on the other side, in addition to them willingly going along with certain things that they should have known were going to result in problems for the middle-class people of this country, there was also just simply being a rubber stamp and letting things go by without caring about the impact just to be team players. That kind of situation destroyed the check and balance system between the President, the executive branch, and the legislative branch. So we are now charged with the responsibility and the obligation to be, as much as we really like the new President and the new administration and the new policies and that kind of thing, we have got to remain diligent that we move with haste and with all deliberate speed on certain things.

The American people voted for change. They voted for change in this body, they voted for change in the executive branch, and change we must fight for. And so when we have those who would take us back, it is our duty and our obligation to speak out against them. And that is why I support our courageous Speaker of the House, NANCY PELOSI. She gets a bad rap on radio and sometimes in print with people demonizing her.

□ 1915

But there is a reason why you want to reach out and kill the head of a movement. And it is because that person is being very effective. And so I think that for the most part, we should stand tall with the House version and stand behind our House leadership as they fight for the things that we've worked so carefully for and got into the American Recovery and Reinvestment Act that the Senate threatens now to take away because of wanting to compromise and getting some Republican votes.

Mr. ELLISON. Will the gentleman yield? If you don't mind, if you have a few other facts and figures at your disposal, would you mind detailing for us tonight some of the other things that you believe we need to stick with and not compromise away? Do you have a list of those kinds of things?

Mr. JOHNSON of Georgia. Yes. I would say one of the things would be the extension of the unemployment benefits. And another thing would be the increase in public assistance

money, food stamps, and the like that serve as a safety net. It is just obscene in this country that we would allow people to be living under bridges and we don't even have enough homeless shelters for people. And many of the people are suffering from some kind of health ailment that has been neglected chronically. And so that is important.

I think it is very important that we make a strong investment in our public transportation system. And that money, that pot of money has been decimated by the Senate. And it doesn't take us well into the future. We have to think more in terms of clean and efficient energy that is environmentally safe, that starts contributing to the global warming, because that threatens to take us all out, all the people on Earth. It changes our entire way of living. And so there are certain things we must address and we must address them now. And it is for the long-term benefit of America and the world.

Mr. ELLISON. Will the gentleman yield?

Mr. JOHNSON of Georgia. I will.

Mr. ELLISON. One of the things that I think is important to bear in mind is that as we look at the American Recovery and Reinvestment Act, it is not only stimulus. We keep talking stimulus, stimulus, stimulus. That is not really the right way to describe what we're doing. It is for long-term investment. It is to deal with an emergency issue, but it is also to invest in the long-term health of our Nation. So it is not just stimulus. It is important for the American people to know that.

But I do like this chart because a conservative economist named Mark Zandi did it. And he got his computers out, did some readings and figured out what is going to stimulate the economy the most, what is going to give the economy the most punch. And he found that one of the lowest things on his chart was make the income tax cuts expiring in 2010 permanent. That is like .9 percent. That is pretty low. But the big ones, the big ones that he found were things like temporary increase in food stamps. That is 1.73. That is the highest one on here. That is going to jack up and get people, that is going to help stimulate the economy, things like extend unemployment compensation benefits, 1.64 percent, things you mentioned just a moment ago, that we have to stick with the House version and hold up. Increasing infrastructure spending, 1.59. These are things that are really going to stimulate the economy. And I think it is important that as we really focus on stimulating the economy, we don't give in to ideological matters.

One thing I will say regarding the Obama administration, and you know I'm a big fan, is that President Obama reached out to the Republican Caucus, came to talk to them and tried to work with them. And they completely rebuffed him. And they told him just nothing doing. And here he is reaching across the aisle, trying to move us to this post-partisan place. And not one of them, even though they got their tax cuts, voted for the stimulus package. So in my opinion, I think we should not try to, we should put all the weight on stimulating the economy. We get the economy moving.

We have proved to the American people that conservatives are bad in economics. They don't understand economics very well. When the Democratic President left office in the year 2000, we had a $288 billion surplus. It didn't take long for the Republican President to mess it all up. And the reason was because they are bad at economics. They don't understand economics. Actually they like economics where the rich people get and the poor people don't. If I may, they don't quite understand that a rising tide lifts all boats. You have to make sure that everyone is part of the economic life of the country in order to have a strong, robust economy. You can't just have tax cuts for the rich people. By definition, being rich means you don't need the money. You just stick that money in your back pocket. Maybe it can just sit in an account. But when you give moneys to the poor for things like unemployment insurance, things like food stamps, when you invest in the Nation's infrastructure, then you are really building the economy. Then you're really stimulating the economy.

In my view, I will say with all due respect to our President, who I believe is a great leader, that he has tried to work with them on the other side of the aisle. They have rejected and rebuffed his overture. So skip their tax cuts. Let's get to some real stimulative stuff.

And I yield back.

Mr. JOHNSON of Georgia. Thank you, Congressman. That whole process of trying to get bipartisan support here in the House I guess was probably doomed to failure from the outset because there was no good-faith being exercised by my friends on the other side. It was just politics as usual. Let's play ''gotcha'' politics, and let's use our control over the media to get our message out and to undercut public support for the change that Americans voted for in November.

And I think that the fact that no Republican bucked their leadership to vote in favor of this plan despite the fact that President Obama made significant concessions to my friends on the other side of the aisle, they kept moving the goalposts. If you do this, then they want something down here.

Mr. ELLISON. Do you remember Charlie Brown, whenever he tried to kick the ball, Lucy always picks the ball up. And they picked the ball up on the President, even though they said they were going to hold it down.

I yield back.

Mr. JOHNSON of Georgia. A tremendous analogy. And so we have seen what happened in the House of Representatives. The Senate is supposed to be a more thoughtful and deliberative body. But isn't that the place where all of the earmarks come from? And it is politics up there, too, even though the Senators are elected for 6 years as opposed to the 2 years that Representatives are elected for. And we simply cannot afford to cede our constitutional obligations to the Senate with respect to this reinvestment plan.

Mr. ELLISON. So Congressman, we're going to begin to wrap up our hour at this time. We're going to allow somebody else to offer their views to the American people. But as we get ready to wrap up, I wonder if you have any remarks you would like to share before we hand it over.

Mr. JOHNSON of Georgia. Yes. My friends on the other side have become what they call ''fiscally conservative'' once they lost the majority in the House. And the reason why they lost the majority is because people did not like this idea of increasing spending while at the same time cutting revenues by giving a tax break to the top 10 percent of wealthiest individuals who didn't need it. And so I find it ironic that we hear the voices of those same proponents of failed policy wanting to dictate how we get out of this and what policies we should have. And I just think that now is the time for change. Now is the time for Members of the Progressive Caucus and all the other caucuses to insist that our carefully structured recovery and reinvestment package is not eviscerated by the Senate and then is crammed down our throat in conference committee. I just really want us to stand tall on this one. And I do believe that our Speaker is going to lead that effort. And for that I want to thank her and let her know that we will be right there for her.

Mr. ELLISON. And if the gentleman yields back, you can bet I will be right there with you standing behind our great Speaker, NANCY PELOSI, a leader for all America, a transformative leader, a leader with energy. The fact that she has children the same age as you and I, Congressman, doesn't undermine her energy level. She is energetic. She is powerful. She is visionary. She is progressive. And you and I are here today talking about the Progressive Caucus.

We're here talking about a progressive vision for our Nation. We're making an obvious observation. In the Progressive Caucus you say, look, if you don't like government, if you believe government is the problem, as Ronald Reagan famously said, ''government is the problem,'' it stands to reason you might not be good at it. If you think government is not a good idea to begin with, you might not invest the time, energy and resources necessary to be good at it. And therefore it should be no surprise to anyone that the government, that the Republicans and the conservatives are bad at economics. They are just not good at it. And so it is not surprising to me that they would think that you could increase spending

around a war, cut taxes, and then think that things are going to go well economically—they didn't go well economically—and then deregulate everything, and then neglect the infrastructure.

Well, we're back to offer a progressive vision, to say to America that it is time to have an inclusive economy, to have civil rights, to have environmental protection and to make a better way forward for all Americans. This has been Congressman KEITH ELLISON with the Progressive Caucus with Congressman JOHNSON. Thank you, sir. Congressman MCDERMOTT joined us and we are very proud to be here representing the Progressive Caucus with the progressive message.

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ANNALS OF PUBLIC POLICY: GETTING THERE FROM HERE

HOW SHOULD OBAMA REFORM HEALTH CARE?

(By Atul Gawande)

In every industrialized nation, the movement to reform health care has begun with stories about cruelty. The Canadians had stories like the 1946 Toronto Globe and Mail report of a woman in labor who was refused help by three successive physicians, apparently because of her inability to pay. In Australia, a 1954 letter published in the Sydney Morning Herald sought help for a young woman who had lung disease. She couldn't afford to refill her oxygen tank, and had been forced to ration her intake ''to a point where she is on the borderline of death.'' In Britain, George Bernard Shaw was at a London hospital visiting an eminent physician when an assistant came in to report that a sick man had arrived requesting treatment. ''Is he worth it?'' the physician asked. It was the normality of the question that shocked Shaw and prompted his scathing and influential 1906 play, ''The Doctor's Dilemma.'' The British health system, he charged, was ''a conspiracy to exploit popular credulity and human suffering.''

In the United States, our stories are like the one that appeared in the Times before Christmas. Starla Darling, pregnant and due for delivery, had just taken maternity leave from her factory job at Archway & Mother's Cookie Company, in Ashland, Ohio, when she received a letter informing her that the company was going out of business. In three days, the letter said, she and almost three hundred co-workers would be laid off, and would lose their health-insurance coverage. The company was self-insured, so the employees didn't have the option of paying for the insurance themselves—their insurance plan was being terminated.

''When I heard that I was losing my insurance, I was scared,'' Darling told the Times. Her husband had been laid off from his job, too. ''I remember that the bill for my son's delivery in 2005 was about $9,000, and I knew I would never be able to pay that by myself.'' So she prevailed on her midwife to induce labor while she still had insurance coverage. During labor, Darling began bleeding profusely, and needed a Cesarean section. Mother and baby pulled through. But the insurer denied Darling's claim for coverage. The couple ended up owing more than seventeen thousand dollars.

The stories become unconscionable in any society that purports to serve the needs of ordinary people, and, at some alchemical point, they combine with opportunity and leadership to produce change. Britain reached this point and enacted universal health-care coverage in 1945, Canada in 1966, Australia in 1974. The United States may finally be there now. In 2007, fifty-seven million Americans had difficulty paying their medical bills, up fourteen million from 2003. On average, they had two thousand dollars in medical debt and had been contacted by a collection agency at least once. Because, in part, of underpayment, half of American hospitals operated at a loss in 2007. Today, large numbers of employers are limiting or dropping insurance coverage in order to stay afloat, or simply going under—even hospitals themselves.

Yet wherever the prospect of universal health insurance has been considered, it has been widely attacked as a Bolshevik fantasy—a coercive system to be imposed upon people by benighted socialist master planners. People fear the unintended consequences of drastic change, the blunt force of government. However terrible the system may seem, we all know that it could be worse—especially for those who already have dependable coverage and access to good doctors and hospitals.

Many would-be reformers hold that ''true'' reform must simply override those fears. They believe that a new system will be far better for most people, and that those who would hang on to the old do so out of either lack of imagination or narrow self-interest. On the left, then, single-payer enthusiasts argue that the only coherent solution is to end private health insurance and replace it with a national insurance program. And, on the right, the free marketeers argue that the only coherent solution is to end public insurance and employer-controlled health benefits so that we can all buy our own coverage and put market forces to work.

Neither side can stand the other. But both reserve special contempt for the pragmatists, who would build around the mess we have. The country has this one chance, the idealist maintains, to sweep away our inhumane, wasteful patchwork system and replace it with something new and more rational. So we should prepare for a bold overhaul, just as every other Western democracy has. True reform requires transformation at a stroke. But is this really the way it has occurred in other countries? The answer is no. And the reality of how health reform has come about elsewhere is both surprising and instructive.

No example is more striking than that of Great Britain, which has the most socialized health system in the industrialized world. Established on July 5, 1948, the National Health Service owns the vast majority of the country's hospitals, blood banks, and ambulance operations, employs most specialist physicians as salaried government workers, and has made medical care available to every resident for free. The system is so thoroughly government-controlled that, across the Atlantic, we imagine it had to have been imposed by fiat, by the coercion of ideological planners bending the system to their will.

But look at the news report in the Times of London on July 6, 1948, headlined ''FIRST DAY OF HEALTH SERVICE.'' You might expect descriptions of bureaucratic shock troops walking into hospitals, insurance-company executives and doctors protesting in the streets, patients standing outside chemist shops worrying about whether they can get their prescriptions filled. Instead, there was only a four-paragraph notice between an item on the King and Queen's return from a holiday in Scotland and one on currency problems in Germany.

The beginning of the new national health service ''was taking place smoothly,'' the report said. No major problems were noted by the 2,751 hospitals involved or by patients arriving to see their family doctors. Ninety per cent of the British Medical Association's members signed up with the program voluntarily—and found that they had a larger and steadier income by doing so. The greatest difficulty, it turned out, was the unexpected pent-up demand for everything from basic dental care to pediatric visits for hundreds of thousands of people who had been going without.

The program proved successful and lasting, historians say, precisely because it was not the result of an ideologue's master plan. Instead, the N.H.S. was a pragmatic outgrowth of circumstances peculiar to Britain immediately after the Second World War. The single most important moment that determined what Britain's health-care system would look like was not any policymaker's meeting in 1945 but the country's declaration of war on Germany, on September 3, 1939.

As tensions between the two countries mounted, Britain's ministers realized that they would have to prepare not only for land and sea combat but also for air attacks on cities on an unprecedented scale. And so, in the days before war was declared, the British government oversaw an immense evacuation; three and a half million people moved out of the cities and into the countryside. The government had to arrange transport and lodging for those in need, along with supervision, food, and schooling for hundreds of thousands of children whose parents had stayed behind to join in the war effort. It also had to insure that medical services were in place—both in the receiving regions, whose populations had exploded, and in the cities, where up to two million war-injured civilians and returning servicemen were anticipated.

As a matter of wartime necessity, the government began a national Emergency Medical Service to supplement the local services. Within a period of months, sometimes weeks, it built or expanded hundreds of hospitals. It conducted a survey of the existing hospitals and discovered that essential services were either missing or severely inadequate—laboratories, X-ray facilities, ambulances, care for fractures and burns and head injuries. The Ministry of Health was forced to upgrade and, ultimately, to operate these services itself.

The war compelled the government to provide free hospital treatment for civilian casualties, as well as for combatants. In London and other cities, the government asked local hospitals to transfer some of the sick to private hospitals in the outer suburbs in order to make room for victims of the war. As a result, the government wound up paying for a large fraction of the private hospitals' costs. Likewise, doctors received government salaries for the portion of their time that was devoted to the new wartime medical service. When the Blitz came, in September, 1940, vast numbers of private hospitals and clinics were destroyed, further increasing the government's share of medical costs. The private hospitals and doctors whose doors were still open had far fewer paying patients and were close to financial ruin.

Churchill's government intended the program to be temporary. But the war destroyed the status quo for patients, doctors, and hospitals alike. Moreover, the new system proved better than the old. Despite the ravages of war, the health of the population had improved. The medical and social services had reduced infant and adult mortality rates. Even the dental care was better. By the end of 1944, when the wartime medical service began to demobilize, the country's citizens did not want to see it go. The private hospitals didn't, either; they had come to depend on those government payments.

By 1945, when the National Health Service was proposed, it had become evident that a

national system of health coverage was not only necessary but also largely already in place—with nationally run hospitals, salaried doctors, and free care for everyone. So, while the ideal of universal coverage was spurred by those horror stories, the particular system that emerged in Britain was not the product of socialist ideology or a deliberate policy process in which all the theoretical options were weighed. It was, instead, an almost conservative creation: a program that built on a tested, practical means of providing adequate health care for everyone, while protecting the existing services that people depended upon every day. No other major country has adopted the British system—not because it didn't work but because other countries came to universalize health care under entirely different circumstances.

In France, in the winter of 1945, President de Gaulle was likewise weighing how to insure that his nation's population had decent health care after the devastation of war. But the system that he inherited upon liberation had no significant public insurance or hospital sector. Seventy-five per cent of the population paid cash for private medical care, and many people had become too destitute to afford heat, let alone medications or hospital visits.

Long before the war, large manufacturers and unions had organized collective insurance funds for their employees, financed through a self-imposed payroll tax, rather than a set premium. This was virtually the only insurance system in place, and it became the scaffolding for French health care. With, an almost impossible range of crises on its hands—food shortages, destroyed power plants, a quarter of the population living as refugees—the de Gaulle government had neither the time nor the capacity to create an entirely new health-care system. So it built on what it had, expanding the existing payroll-tax-funded, private insurance system to cover all wage earners, their families, and retirees. The self-employed were added in the nineteen-sixties. And the remainder of uninsured residents were finally included in 2000.

Today, Sécurité Sociale provides payroll-tax-financed insurance to all French residents, primarily through a hundred and forty-four independent, not-for-profit, local insurance funds. The French health-care system has among the highest public-satisfaction levels of any major Western country; and, compared with Americans, the French have a higher life expectancy, lower infant mortality, more physicians, and lower costs. In 2000, the World Health Organization ranked it the best health-care system in the world. (The United States was ranked thirty-seventh.)

Switzerland, because of its wartime neutrality, escaped the damage that drove health-care reform elsewhere. Instead, most of its citizens came to rely on private commercial health-insurance coverage. When problems with coverage gaps and inconsistencies finally led the nation to pass its universal-coverage law, in 1994, it had no experience with public insurance. So the country—you get the picture now—built on what it already had. It required every resident to purchase private health insurance and provided subsidies to limit the cost to no more than about ten per cent of an individual's income.

Every industrialized nation in the world except the United States has a national system that guarantees affordable health care for all its citizens. Nearly all have been popular and successful. But each has taken a drastically different form, and the reason has rarely been ideology. Rather, each country has built on its own history, however imperfect, unusual, and untidy. Social scientists have a name for this pattern of evolution based on past experience. They call it ''path-dependence.'' In the battles between Betamax and VHS video recorders, Mac and P.C. computers, the QWERTY typewriter keyboard and alternative designs, they found that small, early events played a far more critical role in the market outcome than did the question of which design was better. Paul Krugman received a Nobel Prize in Economics in part for showing that trade patterns and the geographic location of industrial production are also path-dependent. The first firms to get established in a given industry, he pointed out, attract suppliers, skilled labor, specialized financing, and physical infrastructure. This entrenches local advantages that lead other firms producing similar goods to set up business in the same area—even if prices, taxes, and competition are stiffer. ''The long shadow cast by history over location is apparent at all scales, from the smallest to the largest—from the cluster of costume jewelry firms in Providence to the concentration of 60 million people in the Northeast Corridor,'' Krugman wrote in 1991.

With path-dependent processes, the outcome is unpredictable at the start. Small, often random events early in the process are ''remembered,'' continuing to have influence later. And, as you go along, the range of future possibilities gets narrower. It becomes more and more unlikely that you can simply shift from one path to another, even if you are locked in on a path that has a lower payoff than an alternate one.

The political scientist Paul Pierson observed that this sounds a lot like politics, and not just economics. When a social policy entails major setup costs and large numbers of people who must devote time and resources to developing expertise, early choices become difficult to reverse. And if the choices involve what economists call ''increasing returns''—where the benefits of a policy increase as more people organize their activities around it—those early decisions become self-reinforcing. America's transportation system developed this way. The century-old decision to base it on gasoline-powered automobiles led to a gigantic manufacturing capacity, along with roads, repair facilities, and fuelling stations that now make it exceedingly difficult to do things differently.

There's a similar explanation for our employment-based health-care system. Like Switzerland, America made it through the war without damage to its domestic infrastructure. Unlike Switzerland, we sent much of our workforce abroad to fight. This led the Roosevelt Administration to impose national wage controls to prevent inflationary increases in labor costs. Employers who wanted to compete for workers could, however, offer commercial health insurance. That spurred our distinctive reliance on private insurance obtained through one's place of employment—a source of troubles (for employers and the unemployed alike) that we've struggled with for six decades.

Some people regard the path-dependence of our policies as evidence of weak leadership; we have, they charge, allowed our choices to be constrained by history and by vested interests. But that's too simple. The reality is that leaders are held responsible for the hazards of change as well as for the benefits. And the history of master-planned transformation isn't exactly inspiring. The familiar horror story is Mao's Great Leap Forward, where the collectivization of farming caused some thirty million deaths from famine. But, to take an example from our own era, consider Defense Secretary Donald Rumsfeld's disastrous reinvention of modern military operations for the 2003 invasion of Iraq, in which he insisted on deploying far fewer ground troops than were needed. Or consider a health-care example: the 2003 prescription-drug program for America's elderly.

This legislation aimed to expand the Medicare insurance program in order to provide drug coverage for some ten million elderly Americans who lacked it, averaging fifteen hundred dollars per person annually. The White House, congressional Republicans, and the pharmaceutical industry opposed providing this coverage through the existing Medicare public-insurance program. Instead, they created an entirely new, market-oriented program that offered the elderly an online choice of competing, partially subsidized commercial drug-insurance plans. It was, in theory, a reasonable approach. But it meant that twenty-five million Americans got new drug plans, and that all sixty thousand retail pharmacies in the United States had to establish contracts and billing systems for those plans.

On January 1, 2006, the program went into effect nationwide. The result was chaos. There had been little realistic consideration of how millions of elderly people with cognitive difficulties, chronic illness, or limited English would manage to select the right plan for themselves. Even the savviest struggled to figure out how to navigate the choices: insurance companies offered 1,429 prescription-drug plans across the country. People arrived at their pharmacy only to discover that they needed an insurance card that hadn't come, or that they hadn't received pre-authorization for their drugs, or had switched to a plan that didn't cover the drugs they took. Tens of thousands were unable to get their prescriptions filled, many for essential drugs like insulin, inhalers, and blood-pressure medications. The result was a public-health crisis in thirty-seven states, which had to provide emergency pharmacy payments for the frail. We will never know how many were harmed, but it is likely that the program killed people.

This is the trouble with the lure of the ideal. Over and over in the health-reform debate, one hears serious policy analysts say that the only genuine solution is to replace our health-care system (with a single-payer system, a free-market system, or whatever); anything else is a missed opportunity. But this is a siren song.

Yes, American health care is an appallingly patched-together ship, with rotting timbers, water leaking in, mercenaries on board, and fifteen per cent of the passengers thrown over the rails just to keep it afloat. But hundreds of millions of people depend on it. The system provides more than thirty-five million hospital stays a year, sixty-four million surgical procedures, nine hundred million office visits, three and a half billion prescriptions. It represents a sixth of our economy. There is no dry-docking health care for a few months, or even for an afternoon, while we rebuild it. Grand plans admit no possibility of mistakes or failures, or the chance to learn from them. If we get things wrong, people will die. This doesn't mean that ambitious reform is beyond us. But we have to start with what we have.

That kind of constraint isn't unique to the health-care system. A century ago, the modern phone system was built on a structure that came to be called the P.S.T.N., the Public Switched Telephone Network. This automated system connects our phone calls twenty-four hours a day, and over time it has had to be upgraded. But you can't turn off the phone system and do a reboot. It's too critical to too many. So engineers have had to add on one patch after another.

The P.S.T.N. is probably the shaggiest, most convoluted system around; it contains tens of millions of lines of software code. Given a chance for a do-over, no self-respecting engineer would create anything remotely

like it. Yet this jerry-rigged system has provided us with 911 emergency service, voice mail, instant global connectivity, mobile-phone lines, and the transformation from analog to digital communication. It has also been fantastically reliable, designed to have as little as two hours of total downtime every forty years. As a system that can't be turned off, the P.S.T.N. may be the ultimate in path-dependence. But that hasn't prevented dramatic change. The structure may not have undergone revolution; the way it functions has. The P.S.T.N. has made the twenty-first century possible.

So accepting the path-dependent nature of our health-care system—recognizing that we had better build on what we've got—doesn't mean that we have to curtail our ambitions. The overarching goal of health-care reform is to establish a system that has three basic attributes. It should leave no one uncovered—medical debt must disappear as a cause of personal bankruptcy in America. It should no longer be an economic catastrophe for employers. And it should hold doctors, nurses, hospitals, drug and device companies, and insurers collectively responsible for making care better, safer, and less costly.

We cannot swap out our old system for a new one that will accomplish all this. But we can build a new system on the old one. On the start date for our new health-care system—on, say, January 1, 2011—there need be no noticeable change for the vast majority of Americans who have dependable coverage and decent health care. But we can construct a kind of lifeboat alongside it for those who have been left out or dumped out, a rescue program for people like Starla Darling.

In designing this program, we'll inevitably want to build on the institutions we already have. That precept sounds as if it would severely limit our choices. But our health-care system has been a hodgepodge for so long that we actually have experience with all kinds of systems. The truth is that American health care has been more flotilla than ship. Our veterans' health-care system is a program of twelve hundred government-run hospitals and other medical facilities all across the country (just like Britain's). We could open it up to other people. We could give people a chance to join Medicare, our government insurance program (much like Canada's). Or we could provide people with coverage through the benefits program that federal workers already have, a system of private-insurance choices (like Switzerland's).

These are all established programs, each with advantages and disadvantages. The veterans' system has low costs, one of the nation's best information-technology systems for health care, and quality of care that (despite what you've heard) has, in recent years, come to exceed the private sector's on numerous measures. But it has a tightly limited choice of clinicians—you can't go to see any doctor you want, and the nearest facility may be far away from where you live. Medicare allows you to go to almost any private doctor or hospital you like, and has been enormously popular among its beneficiaries, but it costs about a third more per person and has had a hard time getting doctors and hospitals to improve the quality and safety of their care. Federal workers are entitled to a range of subsidized private-insurance choices, but insurance companies have done even less than Medicare to contain costs and most have done little to improve health care (although there are some striking exceptions).

THE AMERICAN ECONOMY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. Madam Speaker, I very much appreciate the privilege to address you this evening on the floor of the United States House of Representatives. And I also appreciate the dialogue that takes place here on the floor. This is the most deliberative body anywhere in the world. And we have a privilege to be part of it. And as we engage in this debate, it is the circumstance that across this country, Madam Speaker, people listen in. And they're reading the newspapers and following the blogs and watching their cable news networks and also some regular TV. And as this conversation goes on here, Madam Speaker, it echoes out across the entire land. And as this conversation echoes across the entire land, it also becomes part of the national dialogue, this national dialogue that takes place in our schools, in our churches, at the workplace, in the coffee shop, in the break room, across the backyard fence, on the snowmobile and outside doing chores.

Over and over again, Americans interact with each other. And while that is going on, they talk about a lot of things that matter to them such as the aftermath of the Super Bowl, but also current events. And America is, at this point, transfixed on the current event of the—I think not aptly named—''stimulus plan'' that is being debated over in the Rotunda of the United States Senate, Madam Speaker.

And so as this American conversation takes place, they are moving towards a consensus. And sometimes we don't achieve that consensus, Madam Speaker. But the more dialogue we have, the more facts that are brought to play, and in fact many Members in this body know that if they can bring the emotional anecdote to play, it also moves people's opinions.

□ 1930

The things that move people's opinions bring us towards a consensus. When we arrive at a consensus, that consensus, if America's consensus doesn't match up with the Congressional census you will see many Members, Madam Speaker, in this Chamber will shift their position to realign themselves with their constituents.

Now, there are two ways to do this job. One way is to stand up and lay out the framework of the principles that we believe in as individual Members, and then hang on to that framework, attach to it the components of public policy that are compatible with the fundamental belief framework. That's what I believe I've done. And I very much like the input that I received from my constituents the people from my State and across the country, that adds to my knowledge base so that I can make a reasoned, informed decision. That's the approach I think the founders had in mind when they wrote this Constitution and established this constitutional republic, was that there would be representatives in this constitutional republic that would come here. We owe our constituents, all of them, our best effort. And more importantly, Madam Speaker, we owe them our best judgment. That's one way of doing this job here in the United States Congress.

The other is, Madam Speaker, to take a position that you're going to get in front of your constituents, see where they are going, check the wind speed, the barometer, so to speak, and then put up a vote and take a position that reflects the position of your constituents. That goes on in this Congress too often, Madam Speaker, and it troubles me. It troubles me because we are elected for our effort and our judgment, and we owe our constituents our best judgment. But if our judgment is just simply to check the wind, put our finger in the air, then we're not offering to the system we have here the things that we should have to contribute.

And I would bring a little anecdote of Robespierre to mind. He was pretty well established within the French revolution. He was an advocate for the effective and ruthless utilization of the guillotine to get rid of his political enemies and get rid of the aristocracy that he believed had drug the French down and brought about this revolution. But as the people marched in the streets Robespierre went to the window and looked out and saw the mobs marching through the streets in France. This would be about 1789. And he said, I'd better get in front of them and see where they are going for I am their leader.

Now, that's no kind of leader that just simply tries to lead the mob wherever it is that they happen to be going. And some months later Robespierre was one of about 16,000 Frenchmen and women that found themselves a head shorter. But that kind of leadership didn't work very well for Robespierre, and it doesn't work very well for the United States of America.

It's our task to have a vision for the future. We need to articulate that vision. We need to articulate the principles that we believe in and build policies around those tried and true principles that have created this great American Nation. It isn't going to be a giant mosaic of 435 Members that stick their finger in the wind and decide what position they're going to take that will extend their tenure here in the United States Congress, Madam Speaker. It's going to be the people who look into the future with a vision that they can sell to the American people and say, maybe you're not here yet. Maybe you're not ready to move where we need to go. But this Nation is too important to be a reactionary Member of Congress. We've got to be leadership Members of Congress. We're each elected for our leadership as well.

So let me submit, Madam Speaker, that I look back on last year's vote, that vote before the election. There

was a $700 billion bailout, without a prediction on the prospects of it's success, it simply was an emphatic request from then Secretary of the Treasury Paulson that he needed to have a checking account with $700 billion in it, all borrowed money, I might add, so that he could spend it at his discretion to pick up the toxic debt, as he described it. And that's how we ended up with the TARP fund.

And so we let the first half of that out, the $350 billion. And the second half was contingent upon the successful deployment of the first half. And I've seen not the signs of success of that first half. In fact, our stock market has continued to tank. Our economic indicators are going in the wrong direction. There's $350 billion that went into his hand that much of it did get expended, with the other $350 billion, and now this Congress has approved that it go there. It only took the approval of one body to do that. And the Senate did that. That's a start on this economic stimulus component.

But I did not hear a clearly articulated argument back then, back that started here on September 19 when Secretary Paulson came to this Congress and culminated in a vote that was in early October. I didn't hear clearly articulated principles that they would adhere to on how America was going to get back on track.

And so I look on this continuum of mistakes that have been made, and I take us back to a year, and it's my recollection, it's not confirmed date, but about 1978 when the Community Reinvestment Act was passed and became law. That's a component of the flaws that we have. It was legislation that I think was inspired for the right reasons. I think it was well-intentioned, but it turned out to be a large mistake. And it was because there were lenders that would redline certain inner city neighborhoods that they decided that the value of the real estate wasn't going to be sustained in those neighborhoods and sometimes the residents didn't have a very good credit rating. So, with the combination of those two things they just said these whole neighborhoods we're not going to loan money in. People there couldn't buy a house. They can't buy a house. That sent the real estate value spiraling downward. And a blanket decision like that, by drawing a red line around the map was the wrong thing to do, Madam Speaker. But the roots of problem were created out of the good intentions of trying to provide for loans for residences within those neighborhoods that had been redlined, and the Community Reinvestment Act was born. And it was refreshed again in the early '90s, I believe it was 1993, brought up to a little more modern language. But in it all, it held lenders accountable if they wanted to expand their lending operations, set up a branch operation somewhere, they had to meet the scrutiny of the regulators who would look at the Community Reinvestment Act and say, what are you doing to expand your loans into these neighborhoods? And if the answer was nothing, they were denied an opportunity to expand their operations, set up a branch or consolidate. They were essentially stuck in place unless they could comply with this regulation of really making bad loans in neighborhoods that the real estate value couldn't be sustained.

Once you lay down a foundation and a parameter like that, then you encourage the lenders to give bad loans. And when the lenders were giving bad loans in order to be positioned so that their portfolios were a certain percentage of those bad loans, doing so so they had the ability to expand, and we had an economy that was expanding, although, going to the '80s it was not. We had our farm crisis, our real estate crisis and our energy crisis all together in the '80s and we lost 3,000 banks in the United States. And I remember clearly the load and the difficulties that we had. My neighborhood and myself included, aged very quickly during those years of the '80s. So the Community Reinvestment Act from 1978 didn't turn out to manifest itself in its negative composition because we had an economic crisis in the '80s that was taking banks down and requiring the FDIC to come in and take over the banks and make some moves to prop back up our financial world. And they did some moves then in the '80s that we haven't done here in this particular era.

But in any case, by the time we got into the early '90s, the Community Reinvestment Act was re-established and refreshed; and at that point, things started to move. When we got into the late 1990s and the early 2000s, then we saw unnatural interest rates. We saw the money supply such that the interest rate was driven down. Part of the reason for that was to create an economy that would create a housing boom. So if you have a housing boom that's driven by low interest rates, people would look at that and conclude that they could build a new home or they could buy a high quality used home that allowed someone in that used home to build a new home. And the housing boom began. And it set up a market that exceeded the demand. And we reached the point where we had the highest home ownership of any time in our Nation's history. I remember President Bush announcing that we'd reached 68 percent of the people in America lived in their own homes. And I think that number got marginally higher after he had made that statement.

But in any case, as this came together we had a lot of those were bad loans. We had bad loans that were made into these neighborhoods under the incentive of the Community Reinvestment Act and facilitated in a very large way, by Fannie Mae and Freddie Mac. Fannie Mae and Freddie Mac, who had been set up as a quasi-government entities, later privatized, and then moved towards the quasi-government agencies again, and here on the floor of this Congress, when the problems began to arise and we saw that Fannie Mae and Freddie Mac weren't capitalized consistent with the other lending institutions, their competitors, and they weren't regulated in the same fashion as their competitor lending institutions, that gave an unfair advantage to the Fannie Mae and Freddie Mac institutions who were the secondary loan market. And they nearly cornered the secondary loan market, the mortgage market in the United States.

And we came to the floor in this Congress once in 2001, plus or minus a year on that one if you might, Madam Speaker. But again, and made the debate that we should regulate Fannie Mae and Freddie Mac more like other lending institutions because it was too high a risk for the taxpayers to take. Well, that amendment and that effort failed in those earlier years in this millennium, Madam Speaker.

And then, I remember the date, it was here on this floor and it took place from that microphone there and that microphone over there. It was an amendment that was brought to the floor October 26, 2005, by Congressman Jim Leach of Iowa, who was and remains very well respected among the banking community and the lending institutions. He brought an amendment that would have brought Fannie Mae and Freddie Mac into the similar capital requirements of the banks, and the similar regulatory requirements of the banks.

I think he stopped one step short with that amendment. I think he should have moved them towards the clear free market side of this. But in any case, as that amendment was debated, twice in this millennia, twice in this last decade at least we've had an opportunity to get Fannie Mae and Freddie Mac right.

They were, again, Madam Speaker, playing off and capitalizing on the language in the Community Reinvestment Act that said make bad loans in these neighborhoods that don't have a very good value of their real estate. But twice we turned away from shoring up Fannie Mae and Freddie Mac, tightening them up, putting them back into the competitive marketplace. And so we found ourselves in a situation, when AIG was ready to go under and the $85 billion got poured in there about in that era, that's a little bit before that, Fannie Mae and Freddie Mac became very unstable and we had to step in as the Federal Government and nationalize the balance of Fannie Mae and Freddie Mac. Now the taxpayers own Fannie and Freddie. And now Fannie and Freddie don't have any new regulation that requires them to meet those capital and regulatory requirements. But we missed an opportunity to privatize them and regulate them according to the other lending institutions.

The compound effect of the Community Reinvestment Act, mark-to-market accounting, the credit default swaps that were taking place, the lack of regulation on Fannie Mae and Freddie Mac and the defense that came from the now chairman of the Financial Services Committee, from Massachusetts, who stood at that microphone and debated Mr. Leach, who was at this microphone, and at a certain point the political center of gravity on that debate went towards the gentleman from Massachusetts, and I think the lobbying effect had an effect on the result as well, Madam Speaker.

But in any case, the Leach amendment went down. That was our last opportunity that I know on this floor to get Fannie Mae and Freddie Mac right.

So we had large financial indicators that were going in the wrong direction. And as this started to tumble it started to snowball down hill it took us to this point on September 19, when Secretary Paulson came to the Capitol and insisted that he have the $700 billion checking account to spend as he saw fit, and within those narrow parameters. Well, not so very narrow parameters, within a broad definition, a huge authorization/appropriation, and maybe the largest that had ever passed out of this Congress. And I'm not certain about that. But it was huge.

□ 1945

So it brought us to this point where there was a $700 billion bill on the floor of the United States House of Representatives, and that bill passed off the floor with, I think, too many Republican votes, and I would have been pleased if it had had none, but there were an awful lot of Democratic votes as well, Madam Speaker. That was the time that this Congress passed the Rubicon. It was the time we had a chance to draw back.

If cooler heads had prevailed and if we had gone back and had actually gotten a do-over on that, I do not believe the $700 billion bailout bill would have passed, because the American people have now seen what has unfolded. They expected to see the markets increase and stability come into our marketplace and to see capital that had been chased to the sidelines come back into the marketplace again. It has not done that. In fact, it looks like more capital has gone to the sidelines because money is smart, and smart money finds its way into the best investment at the time. Right now, that money has been scared out of the marketplace.

I listened to the gentleman from Minnesota, who left the floor a moment ago, Madam Speaker, and he talked about the surplus that we had in the year 2000. That happens to be the last year of the Clinton administration. It is true that we had a surplus during several of those years, and the gentleman from Minnesota, I will say, recognized that he was in the process of misspeaking and backed up to say that the budget surplus was an accomplishment of the administration at the time. At least that was the implication of his words. It was not a quote. I don't want it to be characterized as that, Madam Speaker. Then they go on and argue that this deficit is a deficit that comes out of the Bush administration, and so here we are.

We have a Member of Congress here who will argue and who has argued that the Clinton administration deserves the credit for the surplus that was in our budget in the year 2000 and that the Bush administration deserves the blame for the deficit that we have today. Well, all right. On the surface, maybe you can make that connection, and I would be happy to have this dialogue with the gentleman from Minnesota. Should he arrive on this floor, I would be happy to yield and have that dialogue.

The first point I would make is that all of this spending starts here in the House of Representatives. There is no President who can initiate spending. There is no Senator who can initiate spending. According to the Constitution, all appropriations bills start here in the House of Representatives. We start them here, and they cannot be authorized and they cannot be spent until the majority of the House of Representatives approves them. Sure, we start them here. We send them to the Senate. The Senate passes them. They come back to a conference. We conference, both vote and pass them. If they pass, then they go to the President for his signature. Yet the House, if determined and organized and unwilling to cave in to the Senate or in to the White House, controls every penny of spending that comes through this United States Government—every penny of appropriations. We do it here. It is ordered by the Constitution.

So it does not do for any Member of Congress or for the rest of the world to say, Madam Speaker, that the responsibility was in the hands of the President. Although, we recognize that the Presidents do exert significant influence on the judgment of Members of Congress and that they do present a budget to this floor and that they do negotiate those budgets, because they sit back with the veto power that gives an appropriate tension that helps bring out a negotiated solution most of the time.

Madam Speaker, Congress has the responsibility, and the President cannot initiate spending, and so I will submit this: this $700 billion bailout plan that passed last year was on our watch. It was on my watch, and it was on the watch of the gentleman from Minnesota. I voted "no." He can speak to how he voted. I believe I recall that was a "yes." The $700 billion, as big a mistake as I believe it was, was also a mistake that was made not just by the gentleman from Minnesota but by the current President of the United States, who voted for the $700 billion plan as a Senator of the United States, and that is attached to him as his responsibility. He needs to answer for the $700 billion bailout plan that gets attached to this huge stimulus package that he is partly the author of and the advocate of.

So, even though the stimulus plan passed out of the House with not a single Republican vote, when it came time to vote for this stimulus plan, so to speak, the "yes" votes by the Republicans were a big goose egg up on the scoreboard. Not one Republican thought it was a good idea to roll out this $819 billion in spending in the stimulus plan from the House, which was accompanied by $347 billion in interest liability that goes with it.

You have to pay interest on your debt. We are probably going to end up borrowing money to pay interest on the debt, and I can tell you that spirals downward pretty fast.

When added to the roughly $100 billion in the Senate, the $819 billion takes it up to about $900 billion. The interest rate that is out of the House side, $347 billion, is the low number. The lowest estimated number I can come up with, with the interest and with the Senate dollars in there, is $1.25 trillion in stimulus money. That number is $1.247 trillion. That gets coupled to the $700 billion that was the bailout plan from last year, the $700 billion that President Obama and the gentleman from Minnesota voted for. Now the $1.25 trillion that is being debated in the United States Senate is all his. The President owns that. When you add that together, it rounds pretty handily to $2 trillion.

Now we have a $2 trillion bailout/stimulus plan and a stock market that continues to tank and a financial world out there that lacks confidence that government has been doing the right thing since the election and, in fact, since before the election. We have watched our economy spiral downward. We have watched our market indicators spiral downward. We have watched our unemployment rates go up. Those indicators do not indicate confidence in the leadership that we have in the financial world.

So the financial world, the investment world, the people who are putting capital in that is used to expand the productivity and the distribution and the market share of our companies, are pulling their capital out. They are increasingly holding it. They are buying bonds. I am sure that some of it is sewn up in the mattress by now, that some of it is invested in gold, that some of it is invested in foreign currency as well. Although, I am a bit surprised that our dollar has held up as strongly as it has, and that is more an indicator of the weakness of foreign currency rather than a reason to consider there to be strength in this U.S. dollar today. In any case, the supply of U.S. dollars has gone up, and as it has, the instability goes with it.

So we have a $2 trillion stimulus plan that is 100 percent lock, stock and barrel owned by President Obama, who

said to us that it is one leg of a multi-legged stool that has to be built in order to get this economy back on track again.

Now let me submit that there are two ways to look at this economic situation. One of them is the Keynesian approach, which is, if government can pour enough money into the economy and get enough money into the hands of enough people who will take that money and spend enough of it, that it will stimulate the economy. So, if more people go out and buy a loaf of bread or buy a car or maybe go to the theater or to the ball game or maybe buy a ball glove themselves, that increased spending will stimulate a demand that will cause more manufacturing and more goods to be brought into our economy. That is the Keynesian approach.

The problem with it is that, looking back in history and at the times when we have done such things, the actual economic numbers do not support the idea that pouring money willy-nilly into the economy in an indiscriminate fashion results in the stimulation of our economy.

I will not argue, Madam Speaker, that there aren't some places where government can invest money that does stimulate the economy. One of those places would be investing in transportation links that open up development in new areas and that help goods and services move back and forth in a more efficient fashion. That does create economic development. Transportation has been the number one best tool to use to grow economic development throughout the history of all of humanity.

So I do not take it all off the table, but there is much that is on the table that I would take off. I would not put a dollar into the National Endowment for the Arts and call it economic development or stimulus.

Here is another piece that I was just looking at. Of the infrastructure funding within the stimulus package, there is language in there that bans that money from going into facilities that allow religious worship in them. To me, it looks like that is a first amendment violation in that we would discriminate against facilities that allow people to pray and to have religious worship. Maybe they've got a different definition of ''religious worship'' than I have, but I don't know of a single school where there isn't prayer that takes place, not just by students who are sitting there, taking a test, but by faculty/administration where prayer is also a part of their daily lives.

I can think of the public school where my kids graduated. On the Friday after September 11, the superintendent invited in all of the pastors in the community and brought together all of the students in the school, K through 12. They had a prayer service there for the victims of September 11 and for this Nation, which was in great peril at the time. It was an open, full-blown prayer session in the gymnasium of the public school. That is worship, Madam Speaker.

If none of those dollars could go to a public school like that because people prayed inside that building, I have to tell you I think there are folks writing this legislation who are praying on the constitutional rights of the American people. I would reject that thought process. I would find the person who put that language in there—I suspect it was a staff person more than a Member, but the Member must have facilitated it—and I would pull them out root and branch. We don't need those kinds of people in this Congress who are going to put America's religious faith as a target and write it into legislation and exclude facilities from public finance that allow worship in them. It is an outrageous thing. It is the most outrageous.

Among the other outrageous things that are in this bill or where there have been precedents set and parameters set: $400 million for education and for the prevention of sexually transmitted diseases. Economic stimulus plan. I wonder what economic guru and I wonder what department of economics would be sitting around to come up with an idea like that.

I know that President Obama has said that he is familiar with the College of Economics at the University of Chicago, where he taught constitutional law. I don't know that that would be the kind of a policy that would emerge from a think tank at the University of Chicago. I suspect not.

As for the places I have been and as for the people whom I have met, if I took them seriously, it would not come out of their economics departments either. I can't imagine the mindset of people, who have the public trust, drafting into legislation legislation that now is in the $900 billion zone, plus the more than $347 million in interest. I can't imagine what kind of a think tank would produce an idea that got past the first sentence where we would stimulate the economy by investing $400 million in sexually transmitted diseases. It may be a good program, but I can tell you, Madam Speaker, that the return on that investment with regard to a stimulus plan would no way in the world be measured in our economy by investing $400 million in sexually transmitted disease prevention. So that is one of those bizarre ideas. If that is a stimulus plan, that is not it, not for me, not for the taxpayers of America, and it ought to be out of there.

I will just read from this: ''In order to control and prevent sexually transmitted diseases, the Centers for Disease Control used its budget for the following purposes:'' This is within the existing budget of the Centers for Disease Control. ''A transgender beauty pageant in San Francisco that advertised available HIV testing.'' There would be an economic stimulus plan within the budget of the CDC, I presume. I would reject that as well. The Centers for Disease Control funded an event also put on by the Stop AIDS Project called ''Got Love: Flirt, Date, Score'' that taught participants how to flirt with greater finesse. This our Federal tax dollars.

It embarrasses me to read that for two reasons. One is this dialogue in this public sphere makes me a little uneasy. The other is that we have people who are entrusted, Madam Speaker, with the American people's tax dollars who would, with a straight face and maybe even under the light of day, take that money and divert it to these kinds of projects.

I have a list here. I cannot bring myself to read the rest of it because I think that it goes downhill from there. In fact, clearly, it does.

So a $700 billion bailout plan, coupled with a $1.25 trillion stimulus package. It is a $2 trillion approach here that is designed to supposedly stimulate and fix this economy. The President has said that he inherited a $1 trillion deficit. I do not know that it is $1 trillion—it may be—but he also owns a $2 trillion bailout/stimulus plan. It is his plan. He voted for the $700 billion.

□ 2000

He's advocated the 1¼ trillion, even though I think that the President's approach to this is slightly more reasonable than that of the Speaker of the House, Madam Speaker, in that there's at least been lip service paid to the idea that there should be a little more stimulus in it, a little more for small business, and there should be less in this wish list. But when I look at the wish list, it comes to me this way. It appears to be the huge wish list that's been produced by the activist liberals in this Congress, Madam Speaker, and they can't seem to restrain themselves from jumping on this and putting in everything under the sun that they couldn't get passed when they were held more accountable.

One of the former Members of the Congress who has been an effective leader on the other side of the aisle, from where I stand, said never let a crisis go to waste. Well, I have to tip my hat to that philosophy, however much I disagree with it. The Speaker, the leadership, the Chairs of the committees, both Appropriations, Financial Services and a number of others, have not allowed this crisis to go to waste. They've jumped on it with every opportunity to expand government, to grow government, to raise the baseline, to pour hundreds of billions of dollars and, in fact, cumulatively $2 trillion into this President Obama-owned $2 trillion bailout/stimulus plan that has no record of working.

And there's a belief over on this side of the aisle—and I'd love to do this debate on the floor of Congress one day, maybe even today, maybe even tonight. There's a belief that Franklin Delano Roosevelt somehow saved America from the Great Depression.

Well, I looked at that. I was taught that. I sat in the classrooms from probably eighth grade on where it was the mantra that FDR saved us from the Great Depression and won World War II. In fact, I didn't hear my parents rebut that either. It didn't come from the home when I began to look at it differently.

I will say FDR was very, very useful in fighting and winning World War II. He was great for the spirit of America. He held our will together, and it was a hard thing to do, and he provided a high level of confidence in American military and our Commander in Chief that was, I will say, essential in winning World War II in the way that we did, but that doesn't equate into giving him a pass into what went on in the 1930s.

And I'm not here either, Madam Speaker, to advocate that my Iowa President, Herbert Hoover, got everything right. He got almost everything right up to and until the time—in his entire life, he was a magnificent individual, an utterly brilliant man that sometimes the things he touched literally turned to gold, speaking of the gold mining industry in Australia. His life and his history was just a never-ending string of success, which gave him a sense, I think, of false confidence that he could manage an economy, support Smoot-Hawley, and use the government to get us out of an economic problem.

That set the stage for FDR to be elected in 1932, who came into this and began to kick off the New Deal, the New Deal that had within it a multitude of projects. Ones that come to mind are WPA, the CCC. There were a number of others. And as I watched that unfold, I went through the history of the New Deal, having been taught continually that the New Deal was what bailed us out of the Great Depression.

And so when I was a junior in high school, I was assigned the task of writing a term paper, and I don't recall clearly, but I believe I had to select from a list of possible topics, and I think we might have been able to offer our own. But in any case, I chose the New Deal and the Great Depression and FDR because I had been convinced by the educators that FDR got us through the depression, and it was his creativity and innovativeness that saved us from that economic crisis.

And so I began to do the homework to write that term paper, and I took it very seriously. It was a project for me and it was personal. It was personalized and it was internalized. And the big part of it for me was to go into the public library, the public library, the Carnegie library in Denison, Iowa, where I went to high school. I sat down in there and I began to pull the newspapers. The newspaper was a county seat newspaper, remains today, same newspaper, county seat of about 6,500 people today, and they published twice a week.

I began getting those old newspapers out, and I started when the stock market crashed in October of 1929, and I read that newspaper thoroughly, took my notes. There were no copy machines in those days, so I was preparing the footnotes for the term paper that I was writing. And then I went through newspaper by newspaper, turning the pages, reading the relevant articles that had to do with the financial situations, any layoffs that we had, any notices, advertisement by banks, interest rates, things of that nature.

I actually remember the cigarette commercials stood out to me as being far different than they were even at that time, and as I read through those newspapers and tracked the beginning, the discussion, the dialogue, the acts of Congress and the implementation of the components of the New Deal, I read it all the way through twice a week, newspapers from October 1929 all the way up until the Japanese attacked Pearl Harbor, December 7, 1941. At that point, all the news became war, and it was impossible to track the economics in any kind of a relevant fashion.

But it was a good study period to look at. October 29 to December 1941, every newspaper, took notes, wrote footnotes, wrote a term paper which I wish I had it today, and I actually looked for it and can't find it. But in any case, when I completed that study and was ready to put the term paper together, I remember sitting in the room, the newspaper room in the library, looking up at the ceiling and thinking, this is far different than I thought it would be.

I really didn't see evidence there that the New Deal had stimulated the economy. I didn't see evidence it had saved us from the depths of the Great Depression. I couldn't follow that huge vast government programs, government taking over entity after entity and managing an economy, I couldn't see the evidence that it had significantly reduced unemployment. I couldn't see the evidence that capital had come into the investment markets, and if you tracked the Dow Jones Industrial Average, that Dow stayed down and way down throughout the 1930s, and unemployment that was about 25 percent going into FDR's first term hung in there pretty tough all the way through. And I believe the lowest unemployment we had throughout that entire decade was 14 percent.

Now, those things that I saw, that I read, when I come into something with a conclusion that I'm seeking to ratify with evidence and walk away from that having turned 180 degrees, realizing that FDR's New Deal plan wasn't a plan that bailed us out of the Great Depression but at best, at best, it can only be critiqued and analyzed to have perhaps diminished the depths to which we fell in the Great Depression, at the great cost of delaying the recovery, all of that borrowed money and the tax money that came away from the private sector and was poured into growing government, that money that went in was money that scared other capital out of the investment business and kept private industry from growing. And so government investment made private capital hesitant, that that was left that wasn't taxed away, and Madam Speaker, it delayed the recovery from the Great Depression.

So even if FDR's New Deal diminished the depths to which we might have fallen if he would have done a hands-off, if he would have been a cool Ike, not a Hoover, if he had done that, I think we would have recovered quickly. I think we would have bounced back quickly, but that wasn't what happened.

Government spending brought about indecision and scared capital way from the marketplace, and it hired government workers, many, many government workers. The CCC camps would be among them, and I know what it's like to try to hire labor when government competes against you for that labor. Government will always pay when you're talking about blue collar jobs. Government will pay the highest wages. They'll pay the highest benefits. They'll give the most job security.

So if you're out there and you have a family to raise and you're unemployed, you're looking for a job, and you go out into the job market and you put out your applications and you stand in line and you begin to market yourself and you have a choice between going to work for Uncle Sam and going to work for the new entrepreneur down the road that just put together enough capital on a wing and a prayer to start up an entrepreneurial business that might grow into something magnificent, when government outbids the private sector for labor, they also, Madam Speaker, delay the recovery of a depression, of recession, or they diminish the growth during our bull markets in our good times as well.

And that is what happened during the Great Depression. The Federal Government competed with the private sector for capital, by nationalizing, by competing for labor. When that happened, it diminished the inspirations of the entrepreneurs. They hired workers away that might have been entrepreneurs themselves but took them out of the labor force and the private sector. Government grew, the private sector shrunk, the stock market sunk and stayed flat.

In fact, from that time in October of 1929, the Dow Jones Industrial Average did not recover to that level, not at all through the 1930s, not at all through the 1940s. Not until 1954 did the Dow Jones Industrial Average get back to the place where it was in October of 1929.

So one might even argue—in fact, Madam Speaker, I will argue—that not only did not the New Deal get us out of the depression, it might have helped bridge us marginally to get to the Second World War, but I'll argue the Second World War didn't take us out of it

either because we didn't get recovered. But what did happen was the Second World War destroyed the rest of the world's industry, and it left the U.S., having been on a huge growth boom in our manufacturing and industry here to meet the war effort for the world and for our 16,000, mostly men but also women, that served in uniform during that period of time.

So we found ourselves in a world that needed to be rebuilt, that was hungry for the products of industry, and with the only major industrial country in the world that hadn't been destroyed in the Second World War, and as our industry cranked out product after product, and as we exported overseas and as the greenback became the currency of the world, when all that happened, we were recovering economically. And that's why it took until 1954.

So the Second World War was a big stimulus plan. We spent a lot of big government money, but the private sector, as we emerged from the Second World War, is what put the real meat on the bones and brought us out of that and took us through the recovery that reached that level in 1954. And then that's the part of the economy that now that I remember in my life's experience, Madam Speaker.

But we should not fool ourselves into believing that the New Deal was a good deal. We should instead go back and replay history, reset that clock and play it out. What if Coolidge had remained President? What if we would have set a policy from this very floor of this Congress that we were going to have fiscal discipline and tax relief and get as much money into the hands of the productive sector of the economy as we possibly could? That would be a very interesting exercise to reset that clock and game-play that out.

I believe that we may have dropped deeper, but I also believe that we would have recovered much more quickly, and I believe we would be a stronger, more robust economy today if we had made those decisions then.

So this brings us now fast forward into 2009, this day today. We're here watching a stock market that has tanked, that hasn't quite lost half of its value, but it's juggling underneath and falling below the 8,000 floor. We have indicators that show that there are 10.5, 11 million people, maybe more, that are unemployed and looking for work; although, the real unemployment numbers are marginally a little more than half of that number.

We have economic indicators that mean capital is scarce and unemployment numbers going up. Investment capital is diminishing. Smart money is going to the sidelines. Demand for loans has shrunk substantially. It hasn't disappeared entirely. The marketing of these homes that were the toxic debt that Secretary Paulson talked about, actually there was a little bump in the transfer of those, but until we work our way through this, this economy is not going to be back on a solid foundation.

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We have to get it on a solid foundation by having solid economic theory here on the floor of this Congress, not the idea that a new New Deal is going to somehow be better than the old New Deal. And I would challenge, Mr. Speaker, our President to lay out some data, show me where the New Deal actually worked. And I understand his position that FDR didn't spend enough money, that if he had just spent more money, if he hadn't lost his nerve, if he hadn't been worried about fiscal responsibility, there would have been a lot bigger old New Deal that would have brought us out of the depression before the Second World War. I understand the President believes that because FDR lost his nerve on spending that it brought about a recession within a depression. That's something I had never heard before. I understand that's a belief. And I understand that the President of the United States believes that we have to construct a multilegged stool of New Deal-like programs in order to, in a Keynesian way, stimulate this economy, that we have a real political problem on our hands that is an economic problem on our hands that lays down a parameter here that will set a precedent if we go forward with this stimulus plan for the United States of America that we can never go back and fix again. Once you cross that line, once you write that mammoth check, once you obligate our children and our grandchildren to pay the interest on this debt—and Lord knows if they could ever pay the principal—once you buy into this huge, humongous, Keynesian, multitrillion-dollar bailout/stimulus plan which says that government is the solution and the only answer and that, yes, private sector can tag along but they aren't big enough to make a difference. Even though some of these companies are, quote, too big to fail, or, more accurately, too big to be allowed to fail. If the private sector can be too big to be allowed to fail, how can they not be big enough to work us out of this calamity? How can we draw a conclusion that we can create jobs out there from the government side of this argument when the very fact that those jobs haven't been created in the private sector says there wasn't a demand for them, they weren't economically sound or smart capital would have found a way to create those jobs in the first place. But what we have is a self-confident, overconfident, in fact, arrogant government that believes that they are the solution and that they can lead the private sector. And when I hear the statement come out that the CEOs of these corporations that receive bailout money will be limited to no more than $500,000 a year in compensation, it sounds like enough money to me, also, Mr. Speaker. But I will tell you that it's wrongheaded policy and it's what happens when you have the Federal Government engaging in providing capital into the private sector, they also begin to micromanage the private sector. When they micromanage the private sector, you get things like wage reductions for CEOs and boards of directors. And you get things like perhaps one day you'll see, well, a wage increase for the workers. Now when I hear that and I think the President of the United States wants to tell a company how much they can pay their CEOs and their board of directors, is there any principle there that remains that would keep, Mr. Speaker, the President of the United States or this Congress from telling these companies what they will pay their workers? If the President has enough influence in this Congress and holds the checkbook through the Secretary of the Treasury, and I'm pretty uneasy about him having our checkbook actually with his tax problems, but in any case, if he holds the checkbook and the directive of the President is that the blue collar workers on the line aren't making enough money per hour, if you're going to see a stream of capital come into the company, the lending institution, for example, then you're going to comply with the demands of the President. They don't have to be the law of the land. They don't have to be something that is legislation that is debated and voted up or down on the floor of this Congress. They only have to be the intimidation effect of we will make your life miserable, Mr. CEO and Board of Directors, if you don't comply with this verbal comment that was made by the President of the United States, or the chairman of a committee. That's how government gets in the business of managing corporations. That's how European socialism emerges in our private sector, a little piece at a time, sometimes in a veiled way and it seems to all be justified as it comes along and it sounds good to us because we don't want to be bailing out companies whose CEOs and boards of directors are taking out hundreds of millions of dollars in bonuses. I agree with that, that sentiment. I think I saw that the Wall Street executives only bonused themselves, in the aggregate, $20 billion last year. $20 billion? While we saw our stock market tank, while we saw all of our indicators go down and meanwhile while they're taking checks from the Federal Government. But it's very dangerous to be in the business, the Federal Government, of managing the private sector. So the alternative is we have to let some of them fail. There has to be a deterrent there to allow some of them to fail. And if we're not willing to do that, then European-style socialism at best here we come, faster than you can believe, fast enough that an historian will get whiplash watching what happens in this Congress.

And as I looked at the poster that was put up on the floor, Mr. Speaker, the poster that says Congressional Progressives, I was about ready to go to that Web site, cpc.grijalva.house.gov, and I will go there within the next few hours, Mr. Speaker, because I have

taken a look at these Web sites and it helps me understand what's going on in the minds of the folks that are voting on that side of the aisle of the United States Congress. So my little visit over last weekend to the Democratic Socialists of America Web site, and I would point out that is the Socialist Party of America, that little visit to that Web site tells me a few things. First, they make the argument that they're not Communists. You can get into the nuances of that, Mr. Speaker, and I would encourage you to look at that definitional difference. I think it's a nuance, the difference between their definition of socialism and communism, but it comes to this. They don't believe everything should be owned by the government. They think that there are small businesses that need to be run by entrepreneurs, supply and demand, barber shops and convenience stores, presumably, not the chains, just the individuals, maybe the doughnut shop down the road, some of those things need to be run by individuals, but by and large their statement very clearly is, large companies need to be run by the people affected by them. That is a dramatic departure from one of the huge foundations of what's made this country great, our free market economy.

So we would actually see a position taken on a Web site of the Democratic Socialists of America that the government should make sure that we run these corporations for the benefits of, well, let's just say the people affected by them. That would mean, then, that the telephone customers would be the ones who would call the shots. They would say, here's how it benefits me, and you would make those decisions according to my wishes, not according to me paying by bills willingly. Let's just say that you had a sports bar chain. Well, then you'd run that for the benefit of the people that are using it. So I guess the drinkers would make the call there, Mr. Speaker. That's the philosophy that they define as different than communism, and I think it's a nuance. But when I look at that philosophy and I see within that page that they call for the nationalization of the oil industry, the nationalization of the refineries and I'm watching out of this Congress come a call for the nationalization of our auto manufacturers and imposing regulations on them so that they do not have the latitude to clearly and freely make a profit without the government telling them what to do, then I read through the Democratic Socialists of America and they say we are an active political party but we do not advance candidates on our ticket because our legislative wing is the Progressive Caucus in the United States Congress. I'll say it again. Our legislative wing is the Progressive Caucus in the United States Congress. That's right off the Democratic Socialists of America Web site. So go there. I think that's the Congressional Progressives that was the poster that was here and that's what I want to check. But I know that on that list there are 72 Members of Congress, one Member of the United States Senate, a self-professed socialist, 72 Members in this Congress who constantly are advocating for the policies that I read on the socialist Web site. The link is there. They claim the link. The Progressive Caucus has the Web site and it names the people and the Members, and today they hold gavels and they're Chairs of committees, full committees, Chairs of subcommittees. These are the people that are advocating the policies that scared the living daylights out of the American people in the aftermath of World War II. And we quit saying words that are considered to be pejorative about folks who want to collectivize our American economy and assets.

And so, Mr. Speaker, I think it is important that you, all Members of this Congress and the American people go visit those Web sites, do a little research, dig into it themselves and then listen to the debate. Because once you understand the source of the ideas, then it's easier to understand where this is going. And we can see piece by piece, component by component, how this is being linked together, how Americans are losing their freedom piece by piece, how we're trading our freedom off for dependency one government policy at a time. A perfect example would be the SCHIP legislation that passed off the floor of this house today on its way to the President's desk. It may have been signed by now. I saw the giddy glee with which some people were applauding when that passed. I will tell you, it makes me sick at heart, Mr. Speaker. The SCHIP program, I describe it as Socialized Clinton-style Healthcare for Illegals and their Parents. And it is. It lays a foundation stone for socialized medicine in America. It was passed out of this Congress first in 1997. And I supported it as a State Senator. We took it up to 200 percent of poverty. I didn't have the understanding of how the machinery of politics churns us through year by year, decade by decade and generation by generation and brings us inevitably to a point where SCHIP at 200 percent of poverty, designed to help needy children and needy families that couldn't pay for the health insurance and made enough money that they didn't qualify for Medicaid, all under the right kind of motives, both sides, Republicans and Democrats, was brought first out of the floor of this Congress a little over a year ago, not at 200 percent of poverty but a family of four, all families that is a standard, at 400 percent of poverty, brought to this floor, passed off this floor with a straight face over to the Senate. 400 percent of poverty. That in my State would have paid a subsidy for health insurance premiums in families of four that made $106,000 a year, while we're charging people alternative minimum tax because that's taxing people that are too rich, and 70,000 families in America would qualify to pay the rich man's tax, the alternative minimum tax, 70,000 families, and at the same time qualify to have the health insurance for their children subsidized by the taxpayer. We've crossed the line, gone across that line over into a huge foundation stone for socialized medicine.

Well, it came back to this Congress, we shot it down, the President of the United States, President Bush, vetoed the SCHIP bill. Now it came back to us today, the conference report, that set simply a 300 percent of poverty to avoid the criticism. There are waivers in there that allow States like New Jersey and New York to go to 400 percent of poverty, or more, and the restraints are not there so that they can write more waivers and essentially it is health insurance for children and children of millionaires do qualify for this bill that passed the floor today. Children of millionaires will have their health insurance paid for by middle-income and low-income and upper-income taxpayers when it can't be justified. This bill that passed off of here today takes at least 2.4 million children off of private sector insurance and puts them over onto the public dole. And when you get to that point, you have reached a foundation stone for socialism, Mr. Speaker, and that's the essence of my discussion today.

I thank the Speaker for his indulgence, and I would yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. STARK (at the request of Mr. HOYER) for today on account of medical reasons.

Mr. POE of Texas (at the request of Mr. BOEHNER) for today until 3 p.m. on account of official business.

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. DAVIS of Illinois, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SCHIFF, for 5 minutes, today.

Mr. SHERMAN, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

(The following Members (at the request of Mr. DUNCAN) to revise and extend their remarks and include extraneous material:)

Ms. ROS-LEHTINEN, for 5 minutes, February 10 and 11.

Mr. INGLIS, for 5 minutes, today and February 10.

Mr. POE of Texas, for 5 minutes, February 11.

Mr. JONES, for 5 minutes, February 11.

Mr. PENCE, for 5 minutes, today.

Mr. DUNCAN, for 5 minutes, today.

Mr. GOHMERT, for 5 minutes, today.

Mr. DREIER, for 5 minutes, today.

(The following Members (at their own request) to revise and extend their remarks and include extraneous material:)

Mr. GORDON of Tennessee, for 5 minutes, today.

Mr. OBERSTAR, for 5 minutes, today.

ENROLLED BILL SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 2. 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.

ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, pursuant to House Concurrent Resolution 26, 111th Congress, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 29 minutes p.m.), the House adjourned until Monday, February 9, 2009, at 2 p.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

381. A letter from the Assistant Secretary for Health Affairs, Department of Defense, transmitting an annual report providing information requested by House Report 106-616 of the National Defense Authorization Act for Fiscal Year 2001; to the Committee on Armed Services.

382. A letter from the Deputy Secretary, Securities and Exchange Commission, transmitting the Commission's ''Major'' final rule — Interactive Data to Improve Financial Reporting [Release Nos. 33-9002; 34-59324; 39-2461; IC-28609; File No. S7-11-08] (RIN: 3235-AJ71) received February 2, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

383. A letter from the Secretary, Department of Education, transmitting the Department's report on how to improve the Historically Black College and University (HBCU) Capital Financing Program; to the Committee on Education and Labor.

384. A letter from the Vice Admiral, USN Director, Defense Security Cooperation Agency, transmitting the Agency's reports containing the 30 September 2008 status of loans and guarantees issued under the Arms Export Control Act; to the Committee on Foreign Affairs.

385. A letter from the Secretary, Department of Commerce, transmitting the Department's report on Foreign Policy-Based Export Controls for 2009; to the Committee on Foreign Affairs.

386. A letter from the Acting Assistant Secretary Legislative Affairs, Department of State, transmitting correspondence from the Speaker of the National Assembly for the Republic of Korea; to the Committee on Foreign Affairs.

387. A letter from the Acting Assistant Secretary Legislative Affairs, Department of State, transmitting a certification pertaining to Australia Group members consistent with the resolution of advice and consent to ratification of the Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons on Their Destruction; to the Committee on Foreign Affairs.

388. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-632, ''Boys and Girls Clubs of Greater Washington Plan Repeal Temporary Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

389. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-631, ''Fiscal Year 2009 Balanced Budget Support Temporary Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

390. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-630, ''Public Schools Hearing Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

391. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-629, ''Targeted Ward 4 Single Sales Moratorium and Neighborhood Grocery Retailer Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

392. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-627, ''Langston Hughes Way Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

393. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-626, ''Solid Waste Disposal Fee Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

394. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-625, ''Retired Police Annuity Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

395. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-624, ''School Saftey and Security Contracting Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

396. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-623, ''Abatement of Nuisance Properties and Tenant Receivership Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

397. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-622, ''Washington Metropolitan Area Transit Commission Composition Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

398. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-621, ''Debris Removal Mutual Aid Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

399. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-620, ''Insurance Coverage for Emergency Department HIV Testing Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

400. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-656, ''Bolling Air Force Base Military Housing Real Property Tax Exemption and Equitable Tax Relief Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

401. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-655, ''Prohibition of the Investment of Public Funds in Certain Companies Doing Business with the Government of Iran and Sudan Divestment Conformity Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

402. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-663, ''Real Property Tax Benefits Revision Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

403. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-664, ''Emergency Care for Sexual Assault Victims Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

404. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-665, ''Grocery Store Sidewalk Cafe in the Public Space Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

405. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-666, ''Eckington One Residential Project Economic Development Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

406. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-667, ''Approval of the Verizon Washington, DC Inc. Cable Television System Franchise Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

407. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-668, ''Mortgage Lender and Broker Temporary Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

408. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-685, ''Walker Jones/Northwest One Unity Health Center Tax Abatement Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

409. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-686, ''Bicycle Safety Enhancement Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

410. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-687, ''Technical Amendments Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

411. A letter from the Chairman, Council of the District of Columbia, transmitting a

copy of D.C. ACT 17-701, ''Housing Regulation Administration Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

412. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-702, ''Timely Transmission of Compensation Agreements Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

413. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-688, ''Conversion Fee Clarification and Technical Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

414. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-689, ''St. Martin's Apartments Tax Exemption Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

415. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-690, ''Inoperable Pistol Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

416. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-691, ''Emergency Medical Services Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

417. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-692, ''Domestic Partnership Police and Fire Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

418. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-693, ''Gateway Market Center and Residences Real Property Tax Exemption Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

419. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-694, ''Equitable Street Time Credit Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

420. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-695, ''Limitation on Borrowing and Establishment of the Operating Cash Reserve Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

421. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-696, ''Alcoholic Beverage Enforcement Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

422. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-703, ''Intrafamily Offenses Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

423. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-704, ''Medical Insurance Empowerment Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

424. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-705, ''Water and Sewer Authority Equitable Ratemaking Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

425. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-706, ''Comprehensive Stormwater Management Enhancement Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

426. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-707, ''Washington, D.C. Fort Chaplin Park South Congregation of Jehovah's Witnesses, Inc. Real Property Tax Relief Temporary Act of 2009,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

427. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-697, ''Office of Public Education Facilities Modernization Clarification Temporary Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

428. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-698, ''AED Installation for Safe Recreation and Exercise Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

429. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-699, ''Housing Waiting List Elimination Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

430. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-700, ''Housing Production Trust Fund Stabilization Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

431. A letter from the Chief Operating Officer/ Executive Secretary, Agency for International Development, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

432. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-641, ''Appointment of the Chief Medical Examiner Temporary Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

433. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-642, ''Day Care and Senior Services Temporary Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

434. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-640, ''Hal Gordon Way Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

435. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-639, ''Dr. Purvis J. Williams Auditorium and Athletic Field Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

436. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-638, ''Taxation Without Representation Street Renaming Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

437. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-636, ''Reverend Dr. Luke Mitchell, Jr. Way Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

438. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-635, ''Duke Ellington Way, Chuck Way, and Cathy Hughes Way at the Howard Theater Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

439. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-634, ''Juvenile Speedy Trial Equity Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

440. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-662, ''Closing of a Public Alley and Extinguishment of a Public-Alley Easement in Square 749, S.O. 07-8916, Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

441. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-661, ''Bud Doggett Way Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

442. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-660, ''Rhode Island Avenue Metro Plaza Revenue Bonds Approval Amendment Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

443. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-659, ''Closing of a Public Alley in Square 617, S.O. 07-9709, Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

444. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-658, ''Asbury United Methodist Church Equitable Real Property Tax releif Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

445. A letter from the Chairman, Council of the District of Columbia, transmitting copy of D.C. ACT 17-657, ''New Convention Center Hotel Technical Amendments Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

446. A letter from the Chairman, Council of the District of Columbia, transmitting a copy of D.C. ACT 17-637, ''Dr. Ethel Percy Andrus Designation Act of 2008,'' pursuant to D.C. Code section 1-233(c)(1); to the Committee on Oversight and Government Reform.

447. A letter from the Secretary, Department of Education, transmitting the Department's thirty-ninth Semiannual Report on Audit Follow-Up, covering the period April 1 through September 20, 2008, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b) Public Law 100-504; to the Committee on Oversight and Government Reform.

448. A letter from the White House Liaison, Department of Health and Human Services, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

449. A letter from the Deputy White House Liaison, Department of Justice, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

450. A letter from the Secretary, Department of Veterans Affairs, transmitting the Department's report on competitive sourcing efforts for fiscal year 2008, pursuant to Public Law 108-199, section 647(b) of Division F; to the Committee on Oversight and Government Reform.

451. A letter from the Chief Financial Officer, Federal Mediation and Conciliation Service, transmitting a report under the Federal Manager's Integrity Act (FMFIA) for Fiscal Year 2008; to the Committee on Oversight and Government Reform.

452. A letter from the Director of Administration, National Labor Relations Board, transmitting the Board's report on competitive sourcing efforts for the prior fiscal year, pursuant to Public Law 108-199, section 647(b) of Division F; to the Committee on Oversight and Government Reform.

453. A letter from the General Counsel, Office of Government Ethics, transmitting the Office's report on competitive sourcing efforts completed or initiated in fiscal year 2008, pursuant to Public Law 108-199, section 647(b); to the Committee on Oversight and Government Reform.

454. A letter from the Senior Associate General Counsel, Office of the Director of National Intelligence, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

455. A letter from the Acting General Counsel, Peace Corps, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

456. A letter from the Director, Department of Interior, transmitting the Department's report entitled, ''National Park Service Centennial Initiative 2008 Progress Report''; to the Committee on Natural Resources.

457. A letter from the Director, Department of Justice, transmitting the Department's report entitled, ''National Drug Threat Assessment (NDTA) 2009''; to the Committee on the Judiciary.

458. A letter from the President and CEO, National Safety Council, transmitting the Council's Fiscal Year 2008 Audit Report, pursuant to 36 U.S.C. 463 Public Law 259-83d; to the Committee on the Judiciary.

459. A letter from the Program Analyst, Department of Transportation, transmitting the Department's ''Major'' final rule — Washington, DC Metropolitan Area Special Flight Rules Area; Correction [Docket No. FAA-2004-17005; Amendment No. 93-91] (RIN: 2120-AI17) received January 26, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

460. A letter from the Assistant Secretary for Legislative Affairs, Department of the Treasury, transmitting the Department's report entitled, ''Report on the Taxation of Social Security and Railroad Retirement Benefits in Calendar Years 1997 through 2004,'' pursuant to Public Law 98-21, section 121; to the Committee on Ways and Means.

461. A letter from the Director, Executive Office of the President Office of National Drug Control Policy, transmitting a letter regarding Plan Colombia; jointly to the Committees on Appropriations and Foreign Affairs.

462. A letter from the Assistant Secretary for Civil Rights, Department of Education, transmitting the Department's annual report for the Office for Civil Rights for Fiscal Years 2007-2008; jointly to the Committees on Education and Labor and the Judiciary.

463. A letter from the Secretary, Department of Health and Human Services, transmitting the Department's report entitled, ''Final Report to Congress on the Informatics for Diabetes Education and Telemedicine (IDEATel) Demonstration, Phases I and II,'' pursuant to pUB. l. 105-33, section 4207(e); jointly to the Committees on Ways and Means and Energy and Commerce.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. REHBERG:

H.R. 845. A bill to authorize the Crow Tribe of Indians water rights settlement, and for other purposes; to the Committee on Natural Resources.

By Mr. CUMMINGS:

H.R. 846. A bill to require institutions receiving assistance under the Emergency Economic Stabilization Act of 2008 to report certain corporate data, and for other purposes; to the Committee on Financial Services.

By Mrs. MALONEY (for herself, Mr. NADLER of New York, Mr. KING of New York, Mr. MCMAHON, Mr. RANGEL, Mr. ACKERMAN, Mr. ARCURI, Mr. BISHOP of New York, Mr. BURGESS, Mr. CROWLEY, Mr. ENGEL, Mr. HALL of New York, Mr. HIGGINS, Mr. HIMES, Mr. HINCHEY, Mr. ISRAEL, Mr. LEE of New York, Mrs. LOWEY, Mr. MAFFEI, Mr. MASSA, Mrs. MCCARTHY of New York, Mr. MCGOVERN, Mr. MCHUGH, Mr. MEEKS of New York, Mr. PASCRELL, Mr. SERRANO, Ms. SUTTON, Mr. TONKO, Mr. TOWNS, Mr. WEINER, Ms. WOOLSEY, and Ms. CLARKE):

H.R. 847. A bill to amend the Public Health Service Act to extend and improve protections and services to individuals directly impacted by the terrorist attack in New York City on September 11, 2001, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, 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. CONYERS (for himself, Mr. ISSA, Mr. BERMAN, Mrs. BLACKBURN, Mr. HODES, Ms. WASSERMAN SCHULTZ, Mr. WEINER, Mr. COHEN, Mr. NADLER of New York, Mr. WEXLER, Mr. PETERSON, Mr. JOHNSON of Georgia, Mr. SCHIFF, Mr. SHERMAN, Mr. SHADEGG, Ms. JACKSON-LEE of Texas, Ms. LINDA T. SÁNCHEZ of California, Ms. HARMAN, and Mr. WAXMAN):

H.R. 848. A bill to provide parity in radio performance rights under title 17, United States Code, and for other purposes; to the Committee on the Judiciary.

By Mr. GEORGE MILLER of California (for himself, Mr. BARROW, and Ms. WOOLSEY):

H.R. 849. A bill to require the Secretary of Labor to issue interim and final occupational safety and health standards regarding worker exposure to combustible dust, and for other purposes; to the Committee on Education and Labor.

By Ms. VELÁZQUEZ (for herself, Mr. PITTS, Mr. GRAVES, Mr. SHULER, Mr. MORAN of Virginia, and Mr. FATTAH):

H.R. 850. A bill to encourage the development of small business cooperatives for healthcare options to improve coverage for employees (CHOICE) including through a small business CHOICE tax credit; 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.

By Ms. GIFFORDS:

H.R. 851. A bill to establish executive compensation and corporate governance requirements for institutions receiving assistance under the Troubled Assets Relief Program; to the Committee on Financial Services.

By Ms. LORETTA SANCHEZ of California (for herself, Mr. HILL, Mr. SHULER, Mr. ELLSWORTH, Mr. COSTA, and Mr. BARROW):

H.R. 852. A bill to authorize the Secretary of the Treasury to issue Re-Build America Bonds to finance essential infrastructure projects; to the Committee on Ways and Means, and in addition to the Committee on Transportation and Infrastructure, 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. HERGER (for himself, Mr. MATHESON, Ms. BORDALLO, and Mrs. MYRICK):

H.R. 853. A bill to amend title 18, United States Code, to prohibit the use of interstate commerce for suicide promotion; to the Committee on the Judiciary.

By Mr. CLAY (for himself and Mr. TOWNS):

H.R. 854. A bill to require the Archivist of the United States to promulgate regulations to prevent the over-classification of information, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. FORBES (for himself and Mr. KENNEDY):

H.R. 855. A bill to amend the Public Health Service Act to authorize medical simulation enhancement programs, and for other purposes; to the Committee on Energy and Commerce.

By Mr. RADANOVICH (for himself, Mr. NUNES, Mr. CARDOZA, Mr. CALVERT, Mr. MCCARTHY of California, Mr. ROHRABACHER, Mrs. MCMORRIS RODGERS, and Mr. COSTA):

H.R. 856. A bill to provide flexibility for the operation of the Bureau of Reclamation C.W. ''Bill'' Jones Pumping Plant and the Harvey O. Banks Pumping Plant of the State of California in times of drought emergency, to support the establishment of a fish hatchery program to preserve and restore the Delta Smelt in the Sacramento-San Joaquin Delta, and for other purposes; to the Committee on Natural Resources.

By Mr. MOORE of Kansas (for himself, Mr. CLEAVER, Mrs. MCCARTHY of New York, Ms. GIFFORDS, Mr. SCOTT of Georgia, Mr. CHILDERS, Mr. GRAYSON, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. RYAN of Ohio, Mr. DEFAZIO, Mr. ELLISON, Mr. ISRAEL, Mr. MCDERMOTT, Mr. SCHIFF, Mr. DOGGETT, Ms. BERKLEY, Mr. BOCCIERI, Mr. KISSELL, Mr. MASSA, Mr. PERRIELLO, Mr. GENE GREEN of Texas, Mr. MCGOVERN, Mr. EDWARDS of Texas, Mr. HOLT, Mr. CONYERS, Mr. BRALEY of Iowa, Mr. CHANDLER, Mr. SCHAUER, Mr. CARNAHAN, Mr. LIPINSKI, Mr. HINOJOSA, Mr. SPACE, Mr. REYES, Mr. TIERNEY, Mr. CLAY, Ms. PINGREE of Maine, Mr. DRIEHAUS, and Mr. MELANCON):

H.R. 857. A bill to limit compensation to officers and directors of entities receiving emergency economic assistance from the Government, and for other purposes; to the Committee on Financial Services.

By Mr. ENGEL (for himself, Mr. TERRY, and Mrs. SCHMIDT):

H.R. 858. A bill to prohibit the manufacture, marketing, sale, or shipment in interstate commerce of products designed to assist in defrauding a drug test; to the Committee on Energy and Commerce.

By Ms. VELÁZQUEZ (for herself, Mr. PITTS, Mr. GRAVES, Mr. SHULER, Mr. MORAN of Virginia, Mr. FATTAH, Mr. BARTLETT, Mr. LUETKEMEYER, Ms. CLARKE, Mr. GRIFFITH, and Mr. SCHOCK):

H.R. 859. A bill to encourage the development of small business cooperatives for healthcare options to improve coverage for employees (CHOICE) including through a small business CHOICE tax credit; 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.

By Ms. BORDALLO (for herself, Mr. FALEOMAVAEGA, Ms. ROS-LEHTINEN, Mr. ABERCROMBIE, Mr. FARR, Mr. HASTINGS of Florida, Mr. HINCHEY, Mrs. CHRISTENSEN, Mrs. CAPPS, Mr. HONDA, Mr. KIRK, Ms. LEE of California, Mr. GRIJALVA, Ms. WASSERMAN SCHULTZ, Ms. HIRONO, Mr. KLEIN of Florida, and Mr. SABLAN):

H.R. 860. A bill to reauthorize the Coral Reef Conservation Act of 2000, and for other purposes; to the Committee on Natural Resources.

By Mr. MINNICK:

H.R. 861. A bill making supplemental appropriations for job creation, school repair and modernization, and tax reduction for the fiscal year ending September 30, 2009, and for other stimulative 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. ABERCROMBIE (for himself, Ms. HIRONO, Ms. BORDALLO, Mr. FALEOMAVAEGA, Mr. COLE, Mr. MORAN of Virginia, Mr. YOUNG of Alaska, and Mr. KILDEE):

H.R. 862. A bill to express the policy of the United States regarding the United States relationship with Native Hawaiians, to provide a process for the reorganization of a Native Hawaiian government and the recognition by the United States of the Native Hawaiian government, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on the Judiciary, 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. BLUMENAUER (for himself and Mr. MCGOVERN):

H.R. 863. A bill to amend the Internal Revenue Code of 1986 to allow employees to receive transportation fringe benefits for the same month both in the form of transit passes and reimbursement of bicycle commuting expenses; to the Committee on Ways and Means.

By Mr. BOSWELL (for himself, Mr. TERRY, Mr. BRALEY of Iowa, Mr. LATHAM, Mr. PETERSON, Mr. LOEBSACK, and Mr. KING of Iowa):

H.R. 864. A bill to amend the Energy Policy Act of 2005 to provide loan guarantees for projects to construct renewable fuel pipelines, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Transportation and Infrastructure, 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. BOUCHER (for himself and Mr. GOODLATTE):

H.R. 865. A bill to convey the New River State Park campground located in the Mount Rogers National Recreation Area in the Jefferson National Forest in Carroll County, Virginia, to the Commonwealth of Virginia, and for other purposes; to the Committee on Natural Resources, and in addition to the Committee on Agriculture, 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. BRADY of Texas (for himself, Mr. BILBRAY, Mr. CULBERSON, Mr. ROHRABACHER, Mr. MCCAUL, Mr. MARCHANT, Mr. LATTA, Mr. GINGREY of Georgia, Mr. GOHMERT, Mr. FRANKS of Arizona, Mr. BROUN of Georgia, Mr. HARPER, Mr. BURTON of Indiana, Mr. KINGSTON, and Mr. SAM JOHNSON of Texas):

H.R. 866. A bill to provide an exception to certain mandatory minimum sentence requirements for a law enforcement officer who uses, carries, or possesses a firearm during and in relation to a crime of violence committed while pursuing or apprehending a suspect; to the Committee on the Judiciary.

By Mr. BRIGHT (for himself and Mr. ROGERS of Alabama):

H.R. 867. A bill to authorize the Secretary of the Interior to conduct a study to assess the suitability and feasibility of designating certain lands as the Chattahoochee Trace National Heritage Corridor, and for other purposes; to the Committee on Natural Resources.

By Mrs. CAPPS (for herself and Mr. TERRY):

H.R. 868. A bill to amend title XIX of the Social Security Act to provide funds to States to enable them to increase the wages paid to targeted direct support professionals in providing services to individuals with disabilities under the Medicaid Program; to the Committee on Energy and Commerce.

By Mr. CHANDLER (for himself and Mr. ROGERS of Kentucky):

H.R. 869. A bill to designate the Federal building and United States courthouse located at 101 Barr Street in Lexington, Kentucky, as the ''Scott Reed Federal Building and United States Courthouse''; to the Committee on Transportation and Infrastructure.

By Mr. COHEN (for himself, Mr. WHITFIELD, Mr. CONYERS, Mr. SULLIVAN, and Mrs. BONO MACK):

H.R. 870. A bill to amend title XVIII of the Social Security Act to provide for coverage under part B for medically necessary dental procedures; 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.

By Mr. CONAWAY (for himself, Mr. BOREN, Mr. OLSON, Mr. BRADY of Texas, Mr. CARTER, Mr. BURGESS, Mr. BARTON of Texas, Mr. CULBERSON, Mr. THORNBERRY, Mr. BOUSTANY, Mr. SCALISE, Mr. NEUGEBAUER, Mr. GENE GREEN of Texas, Mr. RODRIGUEZ, Mr. ORTIZ, Mr. REYES, and Mr. GONZALEZ):

H.R. 871. A bill to amend the Internal Revenue Code of 1986 to provide that the taxable income limit on the allowance for depletion shall not apply in 2008 to domestic marginal oil or gas wells; to the Committee on Ways and Means.

By Ms. DEGETTE (for herself and Mr. CASTLE):

H.R. 872. A bill to amend the Public Health Service Act to provide for human embryonic stem cell research, to direct the National Institutes of Health to issue guidelines for such stem cell research, and for other purposes; to the Committee on Energy and Commerce.

By Ms. DEGETTE (for herself and Mr. CASTLE):

H.R. 873. A bill to amend the Public Health Service Act to provide for human embryonic stem cell research; to the Committee on Energy and Commerce.

By Mr. DELAHUNT (for himself, Mr. FLAKE, Ms. DELAURO, Mrs. EMERSON, Mr. MCGOVERN, Mr. MORAN of Kansas, Ms. EDWARDS of Maryland, Mr. PAUL, and Mr. FARR):

H.R. 874. A bill to allow travel between the United States and Cuba; to the Committee on Foreign Affairs.

By Ms. DELAURO (for herself, Ms. ESHOO, Ms. DEGETTE, Ms. SCHAKOWSKY, Mr. ENGEL, Ms. CASTOR of Florida, Mr. MURPHY of Connecticut, Ms. SUTTON, Mrs. LOWEY, Ms. SLAUGHTER, Mr. HINCHEY, Mr. MCGOVERN, Ms. WASSERMAN SCHULTZ, Ms. HIRONO, Mr. GRIJALVA, Mr. SCHAUER, Mr. NADLER of New York, Mr. BISHOP of New York, Ms. LINDA T. SÁNCHEZ of California, Mr. MCDERMOTT, Mr. RYAN of Ohio, Ms. GIFFORDS, Mr. FILNER, Mr. HALL of New York, Ms. LEE of California, Ms. PINGREE of Maine, Ms. KAPTUR, Mr. BISHOP of Georgia, Ms. MOORE of Wisconsin, and Mr. DEFAZIO):

H.R. 875. A bill to establish the Food Safety Administration within the Department of Health and Human Services to protect the public health by preventing food-borne illness, ensuring the safety of food, improving research on contaminants leading to food-borne illness, and improving security of food from intentional contamination, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Agriculture, 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. FALEOMAVAEGA:

H.R. 876. A bill to authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to the products of Kazakhstan; to the Committee on Ways and Means.

By Mr. FORBES (for himself and Mr. LIPINSKI):

H.R. 877. A bill to intensify stem cell research showing evidence of substantial clinical benefit to patients, and for other purposes; to the Committee on Energy and Commerce.

By Mr. GINGREY of Georgia (for himself, Mr. AKIN, Mr. ALEXANDER, Mr. BILBRAY, Mr. BOOZMAN, Mr. BROUN of Georgia, Mr. BURTON of Indiana, Mr. DEAL of Georgia, Ms. FALLIN, Mr. GOHMERT, Mr. HARPER, Mr. SAM JOHNSON of Texas, Mr. JONES, Mr. KING of Iowa, Mr. KINGSTON, Mr. LINDER, Mr. MARCHANT, Mr. PRICE of Georgia, Mr. ROE of Tennessee, and Mr. WESTMORELAND):

H.R. 878. A bill to amend the Immigration and Nationality Act to make changes related to family-sponsored immigrants and to reduce the number of such immigrants; to the Committee on the Judiciary.

By Ms. GRANGER:

H.R. 879. A bill to amend the Internal Revenue Code of 1986 to allow individuals a refundable credit against income tax for the purchase of private health insurance; to the Committee on Ways and Means.

By Mr. HASTINGS of Washington (for himself and Mrs. MCMORRIS RODGERS):

H.R. 880. A bill to amend the Internal Revenue Code of 1986 to allow tax-exempt bond financing for fixed-wing emergency medical aircraft; to the Committee on Ways and Means.

By Mr. HUNTER (for himself, Mr. HOEKSTRA, Mrs. SCHMIDT, Mr. BISHOP of Utah, Mr. LAMBORN, Mr. BROUN of Georgia, Mr. BACHUS, Mr. FRANKS of Arizona, Mr. ROGERS of Kentucky, Mr. EHLERS, Mr. GOODLATTE, Mr. RADANOVICH, Mr. INGLIS, Mr. JORDAN of Ohio, Mr. FORTENBERRY, Mr. JOHNSON of Illinois, Mr. MCCAUL, Mr. ROGERS of Alabama, Mr. WILSON of South Carolina, Mr. GINGREY of Georgia, Mr. SMITH of New Jersey, Mr. CARTER, Mr. SHIMKUS, Mr. SULLIVAN, Mr. MARCHANT, Mrs. BACHMANN, Mr. TERRY, Mr. NEUGEBAUER, Mr. LATTA, Mr. WAMP, Mr. MCHENRY, Mr. DAVIS of Kentucky, Mr. GARY G. MILLER of California, Mr. BARTLETT, Mr. BOOZMAN, Mr. SCALISE, Mr. SOUDER, Mr. FORBES, Mr. ROONEY, Mr. PITTS, Mrs. MCMORRIS RODGERS, Mr. MCCOTTER, Mr. WESTMORELAND, and Mr. COLE):

H.R. 881. A bill to implement equal protection under the 14th article of amendment to the Constitution for the right to life of each born and preborn human person; to the Committee on the Judiciary.

By Mr. KING of New York:

H.R. 882. A bill to amend the Internal Revenue Code of 1986 to increase the age at which distributions from qualified retirement plans are required to begin from 70 1/2 to 75, and for other purposes; to the Committee on Ways and Means.

By Mr. KING of New York:

H.R. 883. A bill to amend the Internal Revenue Code of 1986 to repeal the 1993 increase in income taxes on Social Security benefits; to the Committee on Ways and Means.

By Mr. KIRK:

H.R. 884. A bill to amend the Internal Revenue Code of 1986 to increase the limitation on the capital loss carryovers of individuals to $20,000; to the Committee on Ways and Means.

By Mr. LARSON of Connecticut (for himself, Mr. HINCHEY, Mr. HOLT, Mr. DEFAZIO, Mr. NYE, and Mr. TOWNS):

H.R. 885. A bill to elevate the Inspector General of certain Federal entities to an Inspector General appointed pursuant to section 3 of the Inspector General Act of 1978; to the Committee on Oversight and Government Reform.

By Mr. LEWIS of Georgia:

H.R. 886. A bill to amend title II of the Social Security Act to apply an earnings test in determining the amount of monthly insurance benefits for individuals entitled to disability insurance benefits based on blindness; to the Committee on Ways and Means.

By Mr. LOEBSACK (for himself, Mr. BRALEY of Iowa, Mr. BOSWELL, Mr. KING of Iowa, and Mr. LATHAM):

H.R. 887. A bill to designate the United States courthouse located at 131 East 4th Street in Davenport, Iowa, as the ''James A. Leach United States Courthouse''; to the Committee on Transportation and Infrastructure.

By Mrs. MALONEY:

H.R. 888. A bill to amend the Robert T. Stafford Disaster Relief and Emergency Assistance Act to reauthorize the temporary mortgage and rental payments program; to the Committee on Transportation and Infrastructure.

By Mr. MARKEY of Massachusetts:

H.R. 889. A bill to amend title VI of the Public Utility Regulatory Policies Act of 1978 to establish a Federal energy efficiency resource standard for retail electricity and natural gas distributors, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MARKEY of Massachusetts (for himself and Mr. PLATTS):

H.R. 890. A bill to amend title VI of the Public Utility Regulatory Policies Act of 1978 to establish a Federal renewable electricity standard for certain electric utilities, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MCGOVERN (for himself, Ms. LEE of California, Mr. HINCHEY, Mr. NADLER of New York, Mr. MCMAHON, Mr. BERMAN, Mr. KIRK, Mr. SERRANO, Mr. INSLEE, Mr. ISRAEL, Mr. DAVIS of Illinois, Mrs. LOWEY, Mr. KING of New York, Mr. SIRES, Mr. MORAN of Virginia, Mr. DOYLE, Mr. FILNER, Mr. CAPUANO, Mr. VAN HOLLEN, Ms. SCHWARTZ, Mr. CONNOLLY of Virginia, Mr. BISHOP of New York, Mr. TIERNEY, Mr. FRANK of Massachusetts, Mr. MARKEY of Massachusetts, Mrs. TAUSCHER, Mr. DELAHUNT, Mr. HALL of New York, Mr. CARNAHAN, Mr. BLUMENAUER, Mrs. CAPPS, and Mr. PRICE of North Carolina):

H.R. 891. A bill to amend the Internal Revenue Code of 1986 to equalize the exclusion from gross income of parking and transportation fringe benefits and to provide for a common cost-of-living adjustment, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Oversight and Government Reform, 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 Mrs. MYRICK:

H.R. 892. A bill to deny certain Federal funds to any institution of higher education that admits as students aliens who are unlawfully present in the United States; to the Committee on Education and Labor.

By Mr. NADLER of New York (for himself, Mr. DELAHUNT, Mr. CONYERS, Mr. BISHOP of Georgia, Mr. BISHOP of New York, Mr. BLUMENAUER, Mr. BOUCHER, Mrs. CAPPS, Mr. CAPUANO, Mr. CLAY, Ms. DELAURO, Mr. DOGGETT, Mr. FATTAH, Mr. FILNER, Mr. HINCHEY, Mr. HODES, Mr. HOLT, Mr. HONDA, Ms. MCCOLLUM, Mr. MCGOVERN, Mr. MORAN of Virginia, Ms. NORTON, Mr. PASTOR of Arizona, Mr. PAUL, Mr. RANGEL, Mr. ROTHMAN of New Jersey, Mr. SCOTT of Virginia, Ms. SHEA-PORTER, Mr. SHERMAN, Mrs. TAUSCHER, Mr. VAN HOLLEN, Mr. WELCH, Mr. WEXLER, and Mr. WU):

H.R. 893. A bill to modify certain provisions of law relating to torture; to the Committee on Armed Services, and in addition to the Committee on the Judiciary, 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. ORTIZ (for himself and Mr. BRADY of Texas):

H.R. 894. A bill to ensure the safety of expeditionary facilities, infrastructure, and equipment supporting United States military operations overseas; to the Committee on Armed Services.

By Mr. PASCRELL (for himself and Mr. CAMP):

H.R. 895. A bill to amend the Federal Water Pollution Control Act to reauthorize the sewer overflow control grants program; to the Committee on Transportation and Infrastructure.

By Mr. PITTS (for himself, Mr. BARTLETT, Mr. GINGREY of Georgia, Mr. PENCE, Mr. COLE, Mr. HERGER, Mr. LATTA, Mrs. BLACKBURN, Ms. FALLIN, Mr. BRADY of Texas, Mr. ISSA, Mr. BROWN of South Carolina, Ms. FOXX, Mr. MARCHANT, Mr. MCKEON, Mr. AKIN, Mr. CONAWAY, Mr. WESTMORELAND, Mr. MILLER of Florida, Mr. RADANOVICH, Mr. LAMBORN, Mr. SOUDER, Mr. ROONEY, Mrs. MYRICK, Mrs. BACHMANN, Mr. ROGERS of Kentucky, Mr. BURTON of Indiana, Mr. LEE of New York, Mr. WILSON of South Carolina, Mr. BOOZMAN, Mr. BROUN of Georgia, Mr. SENSENBRENNER, Mr. WITTMAN, Mr. KLINE of Minnesota, and Mr. LINDER):

H.R. 896. A bill to expedite the construction of new refining capacity on closed military installations in the United States, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Armed Services, 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. PUTNAM (for himself, Mr. COURTNEY, Mr. PAUL, Mr. SESSIONS, Mr. BURTON of Indiana, Mr. GRIJALVA, Ms. GRANGER, Mr. BOUSTANY, Mr. KENNEDY, and Mrs. BACHMANN):

H.R. 897. A bill to amend the Internal Revenue Code of 1986 to allow individuals a deduction for qualified long-term care insurance premiums, use of such insurance under cafeteria plans and flexible spending arrangements, and a credit for individuals with long-term care needs; to the Committee on Ways and Means.

By Mr. ROSKAM:

H.R. 898. A bill to authorize grants to establish and improve criminal forensic laboratories; to the Committee on the Judiciary.

By Mr. SCHOCK (for himself, Mr. SHIMKUS, and Mr. PETRI):

H.R. 899. A bill to require States to hold special elections in the event of a vacancy in the office of a Senator representing the State, and for other purposes; to the Committee on House Administration.

By Mr. SHADEGG (for himself, Mrs. BLACKBURN, Mr. KINGSTON, Mr. CARTER, Mr. HERGER, Mrs. MCMORRIS RODGERS, Mr. RADANOVICH, Mr. MCCOTTER, Mr. BARRETT of South Carolina, Ms. FOXX, Mr. DANIEL E. LUNGREN of California, Mr. PITTS, Mr. MILLER of Florida, and Mrs. MYRICK):

H.R. 900. A bill to establish procedures for causes and claims relating to the leasing of Federal lands (including submerged lands) for the exploration, development, production, processing, or transmission of oil, natural gas, or any other source or form of energy, and for other purposes; to the Committee on the Judiciary.

By Ms. SHEA-PORTER:

H.R. 901. A bill to amend title 11 of the United States Code to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems; to the Committee on the Judiciary.

By Mr. SMITH of Washington (for himself, Mr. DICKS, Mr. MCDERMOTT, Mr. INSLEE, Mr. BAIRD, and Mr. LARSEN of Washington):

H.R. 902. A bill to amend title XVIII of the Social Security Act to improve the provision of items and services provided to Medicare beneficiaries residing in rural areas; to the

Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, 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. STUPAK (for himself and Mrs. MILLER of Michigan):

H.R. 903. A bill to amend the Public Health Service Act to enhance the roles of dentists and allied dental personnel in the Nation's disaster response framework, and for other purposes; to the Committee on Energy and Commerce.

By Mr. STUPAK (for himself and Mr. RYAN of Ohio):

H.R. 904. A bill to amend title XIX of the Social Security Act to reduce the costs of prescription drugs for enrollees of Medicaid managed care organizations by extending the discounts offered under fee-for-service Medicaid to such organizations; to the Committee on Energy and Commerce.

By Mr. STUPAK (for himself, Mr. MCCOTTER, and Mr. KILDEE):

H.R. 905. A bill to expand the boundaries of the Thunder Bay National Marine Sanctuary and Underwater Preserve, and for other purposes; to the Committee on Natural Resources.

By Mrs. TAUSCHER (for herself, Mr. CARDOZA, Ms. ZOE LOFGREN of California, Ms. BERKLEY, and Mr. HINCHEY):

H.R. 906. A bill to provide incentives for affordable housing; to the Committee on Financial Services, 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.

By Mr. TERRY:

H.R. 907. A bill to amend the Internal Revenue Code of 1986 to provide for a livestock energy investment credit; to the Committee on Ways and Means.

By Ms. WATERS (for herself, Mr. MARKEY of Massachusetts, Mr. SMITH of New Jersey, Mr. SCHIFF, Mr. CONYERS, Mr. SCOTT of Virginia, and Mr. WAXMAN):

H.R. 908. A bill to amend the Violent Crime Control and Law Enforcement Act of 1994 to reauthorize the Missing Alzheimer's Disease Patient Alert Program; to the Committee on the Judiciary.

By Ms. WATSON (for herself, Mr. SERRANO, Mr. NADLER of New York, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. SLAUGHTER, Ms. KILPATRICK of Michigan, Ms. SHEA-PORTER, Mr. HARE, Mr. MICHAUD, Mr. KUCINICH, Ms. MATSUI, Ms. EDWARDS of Maryland, Mr. CARSON of Indiana, Ms. CLARKE, Mr. TOWNS, Ms. WOOLSEY, Mr. BUTTERFIELD, Mr. CUMMINGS, Mr. SCHIFF, Mr. DAVIS of Illinois, Mr. RUSH, and Ms. KAPTUR):

H.R. 909. A bill to amend the State Department Basic Authorities Act of 1956 to provide for the establishment and maintenance of existing libraries and resource centers at United States diplomatic and consular missions to provide information about United States culture, society, and history, and for other purposes; to the Committee on Foreign Affairs.

By Mr. HOYER (for himself, Mr. VAN HOLLEN, Mr. WOLF, Mr. MORAN of Virginia, Ms. NORTON, Ms. EDWARDS of Maryland, and Mr. CONNOLLY of Virginia):

H. Con. Res. 37. Concurrent resolution authorizing the use of the Capitol Grounds for the Greater Washington Soap Box Derby; to the Committee on Transportation and Infrastructure.

By Ms. NORTON (for herself, Mr. MARIO DIAZ-BALART of Florida, Mr. HOYER, Mr. WOLF, Mr. MORAN of Virginia, Mr. CUMMINGS, Mr. VAN HOLLEN, Ms. EDWARDS of Maryland, Mr. CONNOLLY of Virginia, and Mr. KRATOVIL):

H. Con. Res. 38. Concurrent resolution authorizing the use of the Capitol Grounds for the National Peace Officers' Memorial Service; to the Committee on Transportation and Infrastructure.

By Ms. NORTON (for herself, Mr. MARIO DIAZ-BALART of Florida, Mr. HOYER, Mr. WOLF, Mr. MORAN of Virginia, Mr. CUMMINGS, Mr. VAN HOLLEN, Ms. EDWARDS of Maryland, Mr. CONNOLLY of Virginia, and Mr. KRATOVIL):

H. Con. Res. 39. Concurrent resolution authorizing the use of the Capitol Grounds for the District of Columbia Special Olympics Law Enforcement Torch Run; to the Committee on Transportation and Infrastructure.

By Mr. PASCRELL (for himself, Mr. PLATTS, Mr. GRIJALVA, Mr. MCGOVERN, Mr. MCDERMOTT, Mr. DELAHUNT, Mr. SMITH of New Jersey, Mr. HINCHEY, Mr. CARNEY, Mr. KENNEDY, Mr. THOMPSON of California, Mr. GEORGE MILLER of California, Ms. HERSETH SANDLIN, Mrs. NAPOLITANO, Ms. BERKLEY, Ms. BORDALLO, Mr. VAN HOLLEN, Mr. ALTMIRE, Mr. ROSS, Mr. MURTHA, Mr. HOLT, Mr. LOBIONDO, Mr. LAMBORN, Ms. ROS-LEHTINEN, Ms. EDWARDS of Maryland, Mr. BOSWELL, Mr. SNYDER, Mr. TAYLOR, Mr. ROGERS of Alabama, Ms. SUTTON, Mrs. DAVIS of California, Mr. CUMMINGS, Mr. SESTAK, Ms. MCCOLLUM, Mr. NYE, Mr. MARKEY of Massachusetts, Mr. BRADY of Pennsylvania, Mr. HOLDEN, Mrs. MCCARTHY of New York, Mr. CAPUANO, Ms. GIFFORDS, Mrs. CHRISTENSEN, Mr. WALZ, Mr. SPRATT, Mr. HARE, Mr. MICHAUD, Mr. GONZALEZ, Mr. BROWN of South Carolina, Mr. BRALEY of Iowa, Mr. RYAN of Ohio, Mr. ROTHMAN of New Jersey, Mr. SIRES, Mr. CONNOLLY of Virginia, Mrs. EMERSON, and Mr. LEWIS of Georgia):

H. Con. Res. 40. Concurrent resolution expressing the need for enhanced public awareness of traumatic brain injury and support for the designation of a National Brain Injury Awareness Month; to the Committee on Energy and Commerce.

By Mr. GORDON of Tennessee:

H. Res. 115. A resolution providing amounts for the expenses of the Committee on Science and Technology in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. HALL of Texas (for himself and Mr. SKELTON):

H. Res. 116. A resolution expressing support for the designation of February 8, 2010, as ''Boy Scouts of America Day'', in celebration of the Nation's largest youth scouting organization's 100th anniversary; to the Committee on Oversight and Government Reform.

By Mr. LIPINSKI (for himself, Mr. EHLERS, Mr. AKIN, Mr. BAIRD, Mr. BARTLETT, Mr. BILBRAY, Ms. BORDALLO, Mr. BROUN of Georgia, Mr. CALVERT, Mr. CLEAVER, Mr. COSTELLO, Mr. GORDON of Tennessee, Mr. HINCHEY, Mr. HINOJOSA, Mr. HOLT, Mr. HONDA, Mr. INGLIS, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. LEE of California, Mr. MANZULLO, Ms. MATSUI, Mr. NEUGEBAUER, Mr. OLSON, Mr. PETRI, Mr. REYES, Ms. RICHARDSON, Mr. ROHRABACHER, Mr. SMITH of Nebraska, Ms. SUTTON, Mr. WILSON of Ohio, Mr. BRADY of Pennsylvania, and Mr. MCNERNEY):

H. Res. 117. A resolution supporting the goals and ideals of National Engineeers Week, and for other purposes; to the Committee on Science and Technology.

By Mr. TOWNS:

H. Res. 119. A resolution providing amounts for the expenses of the Committee on Oversight and Government Reform in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Ms. SLAUGHTER (for herself and Mr. DREIER):

H. Res. 120. A resolution providing amounts for the expenses of the Committee on Rules in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. SKELTON:

H. Res. 121. A resolution providing amounts for the expenses of the Committee on Armed Services in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. FILNER:

H. Res. 122. A resolution providing amounts for the expenses of the Committee on Veterans' Affairs in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. BERMAN (for himself and Ms. ROS-LEHTINEN):

H. Res. 123. A resolution providing amounts for the expenses of the Committee on Foreign Affairs in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. OBERSTAR:

H. Res. 124. A resolution providing amounts for the expenses of the Committee on Transportation and Infrastructure in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. SMITH of New Jersey:

H. Res. 125. A resolution calling on the central authority of Brazil to immediately discharge all its duties under the Hague Convention by facilitating and supporting Federal judicial proceedings as a matter of extreme urgency to obtain the return of Sean Goldman to his father, David Goldman, for immediate return to the United States; to the Committee on Foreign Affairs.

By Mr. GEORGE MILLER of California (for himself and Mr. MCKEON):

H. Res. 126. A resolution providing amounts for the expenses of the Committee on Education and Labor in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. THOMPSON of Mississippi (for himself and Mr. KING of New York):

H. Res. 127. A resolution providing amounts for the expenses of the Committee on Homeland Security in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. BOEHNER (for himself, Mr. DRIEHAUS, Mr. RYAN of Wisconsin, Ms. KAPTUR, Mr. RYAN of Ohio, Mr. TURNER, Mr. JORDAN of Ohio, Ms. SUTTON, Mr. LATTA, Ms. FUDGE, Mr. AUSTRIA, Mr. BOCCIERI, and Ms. KILROY):

H. Res. 128. A resolution honoring Miami University for its 200 years of commitment to extraordinary higher education; to the Committee on Education and Labor.

By Mr. CARDOZA (for himself, Mr. COSTA, Mr. HONDA, and Ms. MATSUI):

H. Res. 129. A resolution recognizing the historical significance of the Merced Assembly Center to the Nation and the importance of establishing an appropriate memorial at that site to serve as a place for remembering the hardships endured by Japanese Americans, so that the United States remains vigilant in protecting our Nation's core values of

equality, due process of law, justice, and fundamental fairness; to the Committee on the Judiciary.

By Mr. DELAHUNT (for himself, Mr. FILNER, Mr. BOUSTANY, Mr. CAPUANO, Ms. SCHAKOWSKY, Mr. ELLISON, Mr. COHEN, Mrs. CAPPS, Mr. GEORGE MILLER of California, Mr. FRANK of Massachusetts, Mrs. DAVIS of California, Ms. MCCOLLUM, Mr. NEAL of Massachusetts, Ms. KILROY, Mr. BLUMENAUER, Mr. HINCHEY, Ms. EDWARDS of Maryland, Mrs. HALVORSON, Mr. PERRIELLO, Mr. YARMUTH, Mr. SESTAK, Mr. RAHALL, Mr. ISSA, Mr. OLVER, Mr. PRICE of North Carolina, Mr. SCHIFF, Mr. GRIJALVA, Mr. POLIS of Colorado, Ms. PINGREE of Maine, Ms. BALDWIN, Mr. RANGEL, and Mr. FORTENBERRY):

H. Res. 130. A resolution expressing support for the appointment of former Senator George Mitchell as Special Envoy for Middle East Peace, and for other purposes; to the Committee on Foreign Affairs.

By Mr. FRANK of Massachusetts:

H. Res. 131. A resolution providing amounts for the expenses of the Committee on Financial Services in the One Hundred Eleventh Congress; to the Committee on House Administration.

By Mr. GRIJALVA (for himself and Mr. KILDEE):

H. Res. 132. A resolution honoring the life and memory of the Chiricahua Apache leader Goyathlay or Goyaale, also known as Geronimo, and recognizing the 100th anniversary of his death on February 17, 2009, as a time of reflection and the commencement of a ''Healing'' for all Apache people; to the Committee on Natural Resources.

By Ms. EDDIE BERNICE JOHNSON of Texas (for herself, Ms. LEE of California, Mr. CLEAVER, Mrs. CHRISTENSEN, Ms. FUDGE, Mr. AL GREEN of Texas, Ms. EDWARDS of Maryland, Ms. CLARKE, Mr. JOHNSON of Georgia, Mr. CLAY, Mr. MEEKS of New York, Mr. BUTTERFIELD, Mr. CONYERS, Mr. SCOTT of Georgia, Mr. DAVIS of Illinois, Mr. RANGEL, Mr. SCOTT of Virginia, Ms. MOORE of Wisconsin, Mr. CARSON of Indiana, Mr. LEWIS of Georgia, Mr. BISHOP of Georgia, Ms. JACKSON-LEE of Texas, Mr. RUSH, and Mr. THOMPSON of Mississippi):

H. Res. 133. A resolution honoring Barack Hussein Obama and the significance of his becoming the first African-American President of the United States; to the Committee on Oversight and Government Reform.

By Mr. LEWIS of Georgia (for himself, Mr. CONYERS, Mr. MCDERMOTT, Mr. SCOTT of Virginia, Mr. SCHIFF, and Mr. JOHNSON of Georgia):

H. Res. 134. A resolution recognizing the 50th Anniversary of Dr. Martin Luther King, Jr.'s visit to India, and the positive influence that the teachings of Mahatma Gandhi had on Dr. King's work during the Civil Rights Movement; to the Committee on the Judiciary.

By Mr. SPRATT:

H. Res. 135. A resolution providing amounts for the expenses of the Committee on the Budget in the One Hundred Eleventh Congress; to the Committee on House Administration.

PRIVATE BILLS AND RESOLUTIONS

Under clause 3 of rule XII,

Ms. BORDALLO introduced a bill (H.R. 910) for the relief of Judge John S. Unpingco; which was referred to the Committee on the Judiciary.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 13: Mr. TIM MURPHY of Pennsylvania.

H.R. 19: Mr. LEWIS of California, Mr. HUNTER, Mr. ROYCE, and Mr. DREIER.

H.R. 22: Mr. TERRY.

H.R. 28: Mr. MCHUGH.

H.R. 31: Mr. BISHOP of Utah, Mr. HOLT, Mr. MANZULLO, Mr. MORAN of Virginia, Mrs. NAPOLITANO, Mrs. CHRISTENSEN, Mr. DAVIS of Kentucky, Mr. LIPINSKI, and Mr. PALLONE.

H.R. 81: Mr. MCNERNEY.

H.R. 104: Mr. FRANK of Massachusetts and Mr. PASTOR of Arizona.

H.R. 116: Mr. BILBRAY.

H.R. 131: Mr. HALL of Texas, Mr. BAIRD, Mr. DUNCAN, Mr. MARIO DIAZ-BALART of Florida, Mr. MARCHANT, Mr. BRADY of Texas, Mr. COLE, Mr. CULBERSON, Mr. DEAL of Georgia, Ms. FOXX, Mr. GOHMERT, Mr. FORBES, Mr. ISSA, Mr. LAMBORN, Mr. KING of Iowa, Mr. KINGSTON, Mr. KIRK, Mr. KLINE of Minnesota, Mr. LINDER, Mr. LOBIONDO, Mr. LUCAS, Mr. DANIEL E. LUNGREN of California, Mr. MCCOTTER, Mr. MCKEON, Mr. MANZULLO, Mr. GARY G. MILLER of California, Mr. NEUGEBAUER, Mr. NUNES, Mr. PENCE, Mr. RADANOVICH, Mr. RAHALL, Mr. REHBERG, Mr. REYES, Mr. SESSIONS, Mr. SHADEGG, Mr. SHIMKUS, Mr. SHULER, Mr. SMITH of Nebraska, Mr. SMITH of Texas, Mr. STUPAK, Mr. STEARNS, Mr. UPTON, Mr. WESTMORELAND, Mr. WHITFIELD, Mr. LATOURETTE, Mrs. MILLER of Michigan, Mrs. MYRICK, Mr. PITTS, Mr. POE of Texas, Mr. REICHERT, Mr. ROYCE, Mr. SENSENBRENNER, Mr. TANNER, Mr. TERRY, Mr. THORNBERRY, Mr. WALDEN, Mr. TIBERI, Mr. MICA, Mr. FRELINGHUYSEN, Mr. HUNTER, Mr. AKIN, Mr. BILBRAY, Mr. BURGESS, Mr. EHLERS, Mr. MCCARTHY of California, Mr. MILLER of Florida, Mr. PUTNAM, Mr. SHUSTER, Mr. SIMPSON, Mr. SMITH of New Jersey, Mr. SULLIVAN, Mr. TIAHRT, Mr. BROWN of South Carolina, Mr. ROGERS of Michigan, Mr. WAMP, Mr. MOORE of Kansas, Mr. KIND, Mr. KILDEE, Mr. BACA, and Mr. COSTELLO.

H.R. 146: Mr. GARY G. MILLER of California.

H.R. 148: Mr. LATHAM.

H.R. 155: Mr. LATTA, Mr. GERLACH and Ms. GINNY BROWN-WAITE of Florida.

H.R. 156: Ms. GRANGER, Mr. MARCHANT, Mr. STUPAK, and Mr. DRIEHAUS.

H.R. 159: Mrs. MILLER of Michigan, and Mr. PASTOR of Arizona.

H.R. 200: Mr. LEWIS of Georgia.

H.R. 235: Ms. WASSERMAN SCHULTZ, Mr. RYAN of Ohio, Mr. GARY G. MILLER of California, Mr. WILSON of Ohio, Mr. SMITH of New Jersey, Mr. GORDON of Tennessee, Mr. POE of Texas, Mr. COSTELLO, Mr. LOBIONDO, Mr. ROE of Tennessee, Mr. ROSKAM, Mr. HALL of Texas, Mr. SKELTON, Ms. MATSUI, and Mr. EDWARDS of Texas.

H.R. 265: Mr. PAYNE.

H.R. 272: Mr. SIRES, Mrs. MILLER of Michigan, and Mr. BROWN of South Carolina.

H.R. 274: Mr. GERLACH.

H.R. 305: Mr. OLVER, Mr. GUTIERREZ, Ms. JACKSON-LEE of Texas, Mrs. MALONEY, Mr. GEORGE MILLER of California, and Mr. RANGEL.

H.R. 336: Mr. MCNERNEY and Ms. SUTTON.

H.R. 347: Mr. MITCHELL and Mr. FALEOMAVAEGA.

H.R. 385: Mr. POSEY, Mr. MCKEON, and Mr. Bright.

H.R. 393: Ms. GRANGER.

H.R. 395: Mr. MARCHANT.

H.R. 398: Mr. HALL of New York, Mr. NADLER of New York, Mrs. BIGGERT, Mr. MCNERNEY, Mr. BAIRD, Ms. WOOLSEY, Mr. SMITH of Washington, and Mr. CAPUANO.

H.R. 404: Ms. GIFFORDS, Ms. SCHAKOWSKY, Ms. BERKLEY, Mr. SERRANO, Mr. CONNOLLY of Virginia, Mr. HONDA, Mr. GONZALEZ, Mr. MCNERNEY, Mr. MARKEY of Massachusetts, and Mrs. NAPOLITANO.

H.R. 415: Mr. LEE of New York.

H.R. 444: Mr. ABERCROMBIE, Mr. MOORE of Kansas, Mr. WEXLER, Mr. WELCH, Mr. JOHNSON of Georgia, Mr. MURTHA, and Mr. ROSS.

H.R. 467: Ms. LINDA T. SÁNCHEZ of California.

H.R. 502: Mr. TERRY.

H.R. 503: Mrs. CAPPS, Mr. RYAN of Ohio, Ms. SHEA-PORTER, Mr. LANGEVIN, Mr. MARIO DIAZ-BALART of Florida, and Mr. BAIRD.

H.R. 515: Mr. DEFAZIO, Mr. RYAN of Ohio, Mr. GALLEGLY, Mr. COSTELLO, Mr. SIRES, Mr. TONKO, Mr. WILSON of Ohio, Ms. LINDA T. SÁNCHEZ of California, Ms. EDDIE BERNICE JOHNSON of Texas, and Mr. ROTHMAN of New Jersey.

H.R. 527: Ms. SLAUGHTER and Ms. BERKLEY.

H.R. 528: Mr. LATOURETTE.

H.R. 550: Mrs. MILLER of Michigan.

H.R. 560: Mr. BAIRD.

H.R. 578: Ms. SLAUGHTER.

H.R. 579: Mr. HALL of New York.

H.R. 593: Mr. HOLT, Mrs. NAPOLITANO, Mr. LUJÁN, and Ms. WOOLSEY.

H.R. 595: Ms. LINDA T. SÁNCHEZ of California, and Mr. KUCINICH.

H.R. 610: Mr. KENNEDY, Ms. JACKSON-LEE of Texas, Mr. KUCINICH, and Mr. PASCRELL.

H.R. 614: Mr. MCCOTTER, Mr. WITTMAN, Mr. COBLE, and Mr. TIM MURPHY of Pennsylvania.

H.R. 616: Mr. HASTINGS of Washington, Mr. CHANDLER, Mr. ADERHOLT, Mr. ROSS, Mr. BOUCHER, Mr. GRIFFITH, Mr. MCMAHON, Mr. BRALEY of Iowa, Mr. PATRICK J. MURPHY of Pennsylvania, Mr. WALZ, Mr. BLUNT, Mr. GRAVES, Mr. BISHOP of Georgia, Mr. ALEXANDER, and Mr. LATHAM.

H.R. 620: Mr. OLSON, Mrs. EMERSON, and Mr. YOUNG of Florida.

H.R. 624: Mr. BERRY, Mr. NADLER of New York, Mr. TIBERI, and Mr. HILL.

H.R. 626: Mr. RUPPERSBERGER.

H.R. 630: Mr. CONAWAY, Mr. HERGER, Mr. MCCAUL, Mr. BURTON of Indiana, Mr. LAMBORN, Mr. GERLACH, Mr. COFFMAN of Colorado, Mr. PLATTS, Mr. NEUGEBAUER, and Mr. KLINE of Minnesota.

H.R. 634: Mr. TIM MURPHY of Pennsylvania and Mr. BOEHNER.

H.R. 636: Mr. TIM MURPHY of Pennsylvania.

H.R. 644: Ms. GIFFORDS, Mrs. NAPOLITANO, Mrs. KIRKPATRICK of Arizona, and Mr. GONZALEZ.

H.R. 661: Mr. SCHOCK and Mr. LATHAM.

H.R. 664: Mr. SOUDER, Mr. SCHOCK, and Mr. BROUN of Georgia.

H.R. 683: Ms. TITUS.

H.R. 684: Mr. OLVER, Mrs. CAPPS, and Ms. WOOLSEY.

H.R. 699: Ms. DEGETTE.

H.R. 707: Mr. GARY G. MILLER of California, Mr. SENSENBRENNER, Ms. ZOE LOFGREN of California, Mr. OLSON, Mr. TIBERI, Mr. MCCOTTER, Mr. YOUNG of Florida, Mr. DENT, Mr. ROONEY, Ms. JENKINS, Ms. ROS-LEHTINEN, Mr. SHULER, Mr. TOWNS, Ms. WATERS, Mrs. MYRICK, Ms. KILPATRICK of Michigan, Mrs. NAPOLITANO, Mr. ROGERS of Michigan, Mr. ORTIZ, Mr. MCINTYRE, Mr. LAMBORN, and Mr. OBERSTAR.

H.R. 708: Mr. BACHUS, Mr. BOEHNER, Mr. BUCHANAN, Mr. CAO, Mr. COBLE, Mr. DAVIS of Kentucky, Mr. FLEMING, Mr. HALL of Texas, Mr. HOEKSTRA, Mr. SAM JOHNSON of Texas, Mr. LAMBORN, Mr. LINDER, Mrs. MCMORRIS RODGERS, Mr. PETERSON, Mr. PITTS, Mr. ROGERS of Kentucky, Mr. ROGERS of Alabama, Mr. ROONEY, Mr. TIBERI, and Mr. WAMP.

H.R. 715: Ms. GIFFORDS.

H.R. 731: Mr. BROUN of Georgia and Mr. MILLER of Florida.

H.R. 734: Mr. RAHALL.

H.R. 746: Mr. CARSON of Indiana, Mr. KAGEN, Ms. BORDALLO, and Ms. GIFFORDS.

H.R. 757: Ms. EDDIE BERNICE JOHNSON of Texas.

H.R. 758: Mr. VAN HOLLEN, Mr. TIM MURPHY of Pennsylvania, Ms. JACKSON-LEE of Texas, Mr. SCHAUER, Mr. SESTAK, Mr. RYAN of Ohio, Ms. SCHWARTZ, Mr. DRIEHAUS, Mr. ROGERS of Alabama, and Mr. CARNAHAN.

H.R. 759: Mrs. CHRISTENSEN, and Ms. DEGETTE.

H.R. 764: Mr. LATTA and Mrs. MYRICK.

H.R. 774: Mr. MAFFEI, Ms. SLAUGHTER, Mr. ARCURI, and Mr. BISHOP of New York.

H.R. 775: Mr. GERLACH, Mr. BOYD, Mr. SHUSTER, Mr. WELCH, Mr. WHITFIELD, Mr. RAHALL, Mr. ROTHMAN of New Jersey, and Mr. KLINE of Minnesota.

H.R. 779: Mr. SENSENBRENNER.

H.R. 795: Mr. YARMUTH.

H.R. 800: Mr. LATTA and Mrs. MYRICK.

H.R. 812: Mr. SENSENBRENNER, Mr. MOORE of Kansas, and Mr. MCHUGH.

H.R. 836: Mr. LINDER and Ms. BERKLEY.

H.J. Res. 1: Mr. DEAL of Georgia.

H.J. Res. 18: Mr. DOGGETT and Mr. CONNOLLY of Virginia.

H. Con. Res. 14: Mrs. EMERSON, Mr. MCHUGH, Mr. FRANK of Massachusetts, Mr. SERRANO, and Mr. DAVIS of Illinois.

H. Con. Res. 29: Mr. MCHENRY and Mr. MCHUGH.

H. Con. Res. 34: Mr. CONNOLLY of Virginia, Mr. SESTAK, and Mr. ROTHMAN of New Jersey.

H. Con. Res. 36: Mr. KLEIN of Florida.

H. Res. 22: Ms. KILPATRICK of Michigan and Mr. MCGOVERN.

H. Res. 36: Ms. SUTTON.

H. Res. 49: Mr. MCKEON, Mr. BISHOP of Georgia, Ms. FUDGE, Ms. EDWARDS of Maryland, Ms. TITUS, Mr. CUELLAR, Mr. CARSON of Indiana, and Ms. DELAURO.

H. Res. 54: Mr. BILBRAY.

H. Res. 65: Mr. TOWNS, Ms. BERKLEY, Ms. EDDIE BERNICE JOHNSON of Texas, and Mr. GRIJALVA.

H. Res. 69: Ms. ROS-LEHTINEN and Mr. FRANK of Massachusetts.

H. Res. 76: Mr. HINCHEY, Mr. GRIJALVA, Ms. BORDALLO, Mr. HASTINGS of Florida, Mr. FORTENBERRY, and Mr. WOLF.

H. Res. 77: Mr. GOODLATTE.

H. Res. 110: Mr. BRADY of Pennsylvania, Mr. HOLDEN, Mrs. DAHLKEMPER, Mr. MURTHA, Mr. PITTS, Mr. SHUSTER, Mr. GERLACH, Ms. SCHWARTZ, Mr. BILIRAKIS, Mr. THOMPSON of Pennsylvania, Mr. KANJORSKI, Mr. PLATTS, Mr. FATTAH, Mr. SESTAK, Mr. BARROW, Ms. CASTOR of Florida, Mr. DINGELL, Mr. WEINER, Mr. STUPAK, Mr. BOUCHER, Mr. MATHESON, Mr. SCOTT of Virginia, Mr. ALTMIRE, Mr. MARKEY of Massachusetts, Mr. RUSH, Mr. INSLEE, Mr. WILSON of Ohio, Mr. SHULER, Mr. BACA, Mr. ETHERIDGE, Mr. CHANDLER, Mr. RYAN of Ohio, Mr. WELCH, Mr. VISCLOSKY, Mr. TOWNS, Mr. SPACE, Mr. SHIMKUS, Mr. HINCHEY, Mr. LYNCH, Mr. BISHOP of New York, Mr. WEXLER, Ms. LINDA T. SÁNCHEZ of California, Ms. DELAURO, Mr. NEAL of Massachusetts, Mr. HARE, Mr. KILDEE, Mr. BOCCIERI, Mrs. MCCARTHY of New York, Mr. BUTTERFIELD, Mr. HIGGINS, Mr. PASCRELL, Mr. KIND, Mr. CAPUANO, Mr. THOMPSON of California, Mr. CRENSHAW, Mr. BOSWELL, Mr. Carney, Mr. GUTIERREZ, Mr. CLAY, Mr. CLYBURN, and Mr. PATRICK J. MURPHY of Pennsylvania.

H. Res. 111: Mr. ROTHMAN of New Jersey.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 135: Mrs. NAPOLITANO.