

Children's Health Care Bill



Senator Pat Roberts (R-KS)

In the ultimate paradox of enormous irony, it seems the administration is threatening to veto a bill which does exactly what they want us to do in focusing SCHIP on low-income children and making sure the program does not become the vehicle for universal health care.

I am not for excessive spending, and I strongly oppose the federalization of health care. And if the administration's concerns with this bill were accurate, I would support a veto. But, bluntly put, they are not.

This bill is more fiscally responsible than the administration's approach or an extension of this program by \$1 billion.

I appreciate the administration's passion and persistence on having a broader health care debate. However, holding a children's health insurance bill hostage is not the right way to achieve this goal.

SCHIP has long enjoyed bipartisan support, and I am glad we have come to a strong bipartisan agreement on a program that is critical for our low-income children.

What we are debating today is something that is often hard to come by these days in Washington. It is called a bipartisan, bicameral compromise.

-- Senate Floor Statements - September 27, 2007

I am also very disappointed that many have been mischaracterizing what this bill actually does. This bill does not cover illegal immigrants, it does not allow for SCHIP funds to cover abortions, it does not grant families making over \$80,000 SCHIP coverage, and it does not change the definition of a child to age 25. In fact, this bill takes the necessary steps to ensure these policies do not and cannot happen.

-- Press Release - September 28, 2007

Senate - September 27, 2007

Mr. ROBERTS. Madam President, I rise today to express my support for the SCHIP compromise bill. I believe this agreement represents a good balance and continues the historic bipartisan support for this program.

On Tuesday, the House passed this bill with wide bipartisan support, and I expect the Senate to do the same. I also rise today, Madam President, to ask and to strongly recommend that the administration rethink the threat to veto this important legislation. Simply put, this bill should not be vetoed.

Here in Washington, we often talk about the programs that directly affect our constituents back home. The State Children's Health Insurance Program, or SCHIP is the acronym, is truly one of those programs. SCHIP has long enjoyed bipartisan support, and I am glad we have come to a strong bipartisan agreement on a program that is critical for our low-income children.

In Kansas, our SCHIP is called HealthWave, and it supports over 35,000 Kansas children. It is a critical tool for our hard-working families who would otherwise struggle to provide health care for their children. Renewing this program has been a top priority of mine for the 110th Congress. While our Kansas HealthWave Program has made great strides in providing health care to low-income children, unfortunately we still have 50,000 uninsured children in Kansas--50,000. There are 35,000 now covered by the program but 50,000 who are not covered.

Many of these children are currently eligible for SCHIP but are not enrolled because of the lack of resources in the program. We can clearly do better. The bill before us would provide the necessary resources to Kansas and other States in order to reach these low-income children and finally provide them with the health care coverage they need.

Unfortunately, instead of talking about achieving rare bipartisan progress for these hard-working families and their children, this bill and this debate has turned into a political showdown. And, unfortunately, low-income children will be the ones to ultimately pay the price.

I am very disappointed that before the administration even received the final language their minds were apparently made up, and a line was drawn in the sand opposing this compromise. Again, this was even before the final language was in their hands. And, to my knowledge, there has been little, if any, willingness to come to the negotiating table to find the solution. I think this is unfortunate, and I think this is irresponsible.

The administration is now threatening to veto this bill because of "excessive spending" and their belief this bill is a step toward federalization of health care. Now, I agree with those concerns. I agree with those concerns. I am not for excessive spending, and I strongly oppose the federalization of health care. And if the administration's concerns with this bill were accurate, I would support a veto. But, bluntly put, they are not.

I do not believe the bill we are debating represents irresponsible spending. Instead, this bill provides necessary funding to States to cover children who should already be covered under the program. And I know there are some who believe this bill is too expensive, but there are also others who believe this bill doesn't go far enough. Many of my friends on the other side of the

aisle wanted a \$50 billion to \$75 billion expansion of SCHIP. Many in my caucus would have preferred a \$5 billion increase. As a result, we had to try to find middle ground, and we did just that. What we are debating today is something that is often hard to come by these days in Washington. It is called a bipartisan, bicameral compromise.

Now, the agreement provides \$35 billion in new funding for SCHIP and targets the program back to its original focus--low-income children. Let me repeat that. This bill targets the program back to its original focus--low-income children. We should all understand that despite the partisan bickering and the rhetoric that has poisoned the Halls of both the House and Senate, bipartisanship and compromise are absolutely necessary to achieve--to achieve--good policy. And I know President Bush understands this. In fact, the administration has been successful in working with my friends on the other side of the aisle on many issues during these two terms to achieve good legislation. One good example is the historic tax relief we were able to achieve. Obviously, that final compromise required give and take from both sides of the aisle, and this tax relief is now putting money back into the pocketbooks of our constituents back home.

I was a conferee on the No Child Left Behind legislation and know how closely the administration and Senator *Kennedy* and Congressman *Miller* and others had to work to find any common ground. That bill was certainly a great testament to bipartisanship, and we are trying to fix some of the problems in that bill on a bipartisan basis.

The SCHIP bill is yet another example of hard work to come together and find common ground. Of course, I am not pleased with everything in the bill, and I know my colleagues on both sides of the aisle feel the same. However, this bill represents a good bipartisan compromise, with the ultimate goal of providing health care coverage to low-income children. The alternative that is proposed by the administration is threatening a veto and insisting upon a larger health care reform debate.

I appreciate the administration's passion and persistence on having a broader health care debate. However, holding a children's health insurance bill hostage is not the right way to achieve this goal. I support the goals of reforming the Tax Code to promote the purchase of private health insurance. Let me repeat that, Madam President. I support the goals of reforming the Tax Code to promote the purchase of private health insurance. But I have yet to see a plan from the administration that can actually pass the Congress.

In fact, I have yet to see an actual plan from the administration. I have yet to see bullet points from the administration. I have yet to see any plan that can be articulated in some fashion to sell to the American public or to the Members of this body. We don't even have an acronym for this plan. My word, you can't do anything around here without an acronym.

The administration has also raised concerns that this bill is a march toward the federalization of health care. I would argue that is simply not true. I would never support a bill to federalize health care. I remember that battle a decade ago. There is no way I want to go down that road again.

I think it is important to point out what I think is a paradox of enormous irony in regard to the claim that this bill is a step toward the federalization of health care. In reality, this administration has approved waivers--approved waivers--to cover adults under a children's health care insurance program. Let me repeat that. Under this administration's watch, we now have 14 States covering adults under the Children's Health Insurance Program.

Now, this administration and others expressed grave concern that SCHIP is the next step to universal health care. Yet this very same administration is approving waivers to cover adults under a children's health program. And, unfortunately, a number of these States are covering more adults through their SCHIP program than they do children, even while high rates of uninsured children still remain. This is not fair. This is not right. It is wrong.

I don't mean to pick on other States, but let's take a look at a few examples. New Jersey now covers individuals up to 350 percent of the Federal poverty level and spends over 40 percent of its SCHIP funds on adults. This is even while over 100,000 low-income children in the State remain uninsured. This isn't right.

Earlier this year, Congress had to pass a stopgap funding measure to plug 14 State SCHIP shortfalls. Of the 14 States that got this emergency funding, five--five--cover adults. One of these States was Illinois, which spends over 50 percent of its SCHIP funds on adults. Wisconsin covers more adults than children under SCHIP--75 percent to be exact. And the administration just approved an extension of their waiver to cover adults. Minnesota covers more adults on their SCHIP program than they do children. The same is true for Michigan, and the same is true for Arizona.

Now, I am not trying to pick on these States. I can go on and on because, again, there are currently 14 that cover adults on a program that was meant for children. And how are these States able to cover adults under the Children's Health Insurance Program? Again, through waivers approved by this administration. This is certainly not fair to States such as Kansas that have been playing by the rules and targeting our programs to low-income children. I am beginning to wonder if we have the wrong name for the State Children's Health Insurance Program. I don't think it was intended to be the adult health care insurance program.

The greatest paradox of enormous irony, however, is that this bill actually stops the waivers this administration has been so generously granting to States to cover adults by not allowing more adult waivers to be approved. Let me say that again. The greatest paradox of enormous irony is that this bill actually stops the waivers this administration has been so generously granting the States to cover adults by not allowing more adult waivers to be approved. This means future administrations that may want to use SCHIP as a means to expand government health care to adults will be prevented by law from doing so. As a result, this bill ensures that the Children's Health Insurance Program remains just that--a program for low-income children.

This bill also phases out childless adults currently being covered with SCHIP funds and lowers the Federal matching rate for States that currently have waivers to cover parents and now must meet certain benchmarks in covering low-income children. As a result, this bill brings excessive spending on adult populations in check.

The Congressional Budget Office has estimated that spending on adults would be over \$1 billion higher under current law over the next 5 years than it would be under this compromise. This bill is more fiscally responsible than the administration's approach or an extension of this program by \$1 billion.

Most importantly, this bill ensures that we are putting kids first and returns the program to its original purpose--providing health care coverage to low-income children.

Now, on the income eligibility front, the administration unfortunately is claiming this bill does things that the bill simply does not do. It is sort of an "SCHIP In Wonderland." For example, the President claimed in a speech last week that this bill expands SCHIP coverage to families making over \$80,000 a year.

I just have to ask the speech writer for the President, are you reading the same bill I am reading? Are you reading the same bill that we are discussing on the floor of the Senate? You can twist the facts, but facts are stubborn things, Madam President.

In fact, this bill reduces the matching payment incentives that States have had for so long to cover individuals at higher income levels. In addition, by the year 2010, this bill--this bill--denies Federal matching payments to States that cover children above 300 percent of the poverty level if the State cannot meet a certain target in covering low-income children in either public or private insurance plans. And let me emphasize private insurance plans.

I think it is important to remind the administration that a State can only cover children above 200 percent of the poverty level if the administration approves the State's application or waiver.

I repeat: A State can only cover children above 200 percent of the poverty level if the administration or any administration approves that State's application or waiver. This is current law and this bill does not change that. More importantly, this bill actually provides incentives and bonus payments for States to cover children under 200 percent of the poverty level in order to truly put the focus of this program back on low-income children.

The bill also addresses the importance of including the private market in the SCHIP program. Let me repeat that for all those who want a private approach in regard to private markets, in regard to insurance: The bill addresses the importance of including the private market in the SCHIP program. In fact, the American Health Insurance Plans, also known as AHIP--that is their acronym--on Monday announced their support for this compromise bill. AHIP is the national trade organization which represents over 1,300 private health insurance companies.

The compromise makes it easier for States to provide premium assistance for children to get health care coverage through the private market--that is the goal of the administration and that should be our goal as well--rather than relying on SCHIP. That is in this bill. This is an important choice for families who would prefer a private choice in health care.

This bill also requires the GAO and the Institute of Medicine to produce analyses in the most accurate and reliable way to measure the rate of public and private insurance coverage and on best practices for States in addressing the issue of something called "crowdout." That means children switching from private health insurance to SCHIP. So we have a study to determine exactly how we fix that.

In the ultimate paradox of enormous irony, it seems the administration is threatening to veto a bill which does exactly what they want us to do in focusing SCHIP on low-income children and making sure the program does not become the vehicle for universal health care.

This bill gets adults off the program. It targets it to low-income children. It ensures appropriate steps are taken to discourage crowdout and it encourages private market participation.

I am proud to support this important bill, and I hope those who have concerns can instead focus on the positive benefits this bill will bring our low-income children and their hard-working families. I especially thank our chairman, Chairman *Baucus*, Ranking Member *Grassley*, Senator *Hatch*, all of our House colleagues for their tireless work on getting this bill together.

At the start of these negotiations I made a commitment to work with my colleagues to find a bipartisan solution to renew this important program. I am holding to that commitment today and am pleased to support this bill.

I also state to the administration I will lend my support to override the President's veto if he chooses to wield his veto pen. However, I hope--I hope--I hope the President heeds our advice and makes the right decision for our children by signing this bill into law.

I yield the remainder of my time.

FOR IMMEDIATE RELEASE - September 28, 2007
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Senator Roberts: Congress Passes SCHIP Compromise; Bill Provides Healthcare to More Uninsured Children

WASHINGTON, DC – U.S. Senator Pat Roberts late last night voted to support the State Children’s Health Insurance Program reauthorization compromise bill (H.R. 976) to make the critical program available to an estimated 4 million low-income children who would otherwise be uninsured. The Senate approved the House/Senate agreement by a vote of 67-29.

“I know there are some who feel this bill is too expensive and there are others who feel this bill doesn’t go far enough,” Senator Roberts said. “However, this bill finds a middle ground and represents a good compromise with the ultimate goal of reaching those children who should be covered under SCHIP, but still remain without health care coverage. I urge the President not to veto this important legislation.”

Senator Roberts went on to say, “While I understand the concerns with the tobacco tax increase contained in this bill, we are facing a difficult budgetary situation in this Congress known as pay-go. This means that any new spending must be offset by reductions in other spending or increases in taxes. I could not in good conscience support any reductions in programs such as Medicare or Medicaid, on which so many Kansans rely upon to survive, in order to pay for SCHIP reauthorization. I also did not think it was responsible to add to the deficit with an increase in funding for this program. This left us with limited options.

“I am also very disappointed that many have been mischaracterizing what this bill actually does. This bill does not cover illegal immigrants, it does not allow for SCHIP funds to cover abortions, it does not grant families making over \$80,000 SCHIP coverage, and it does not change the definition of a child to age 25. In fact, this bill takes the necessary steps to ensure these policies do not and cannot happen. I hope we can all look past these false rumors and support the great benefits this bill will bring to our hardworking Kansas families and their children. I know that my choice to support this bill is the right choice to make sure our children get the health care coverage they need and deserve to remain healthy and active.”

The compromise achieves significant goals for reform championed by Senator Roberts at the beginning of debate on the bill. These reforms include: not allowing states to cover adults under the program, focusing SCHIP on low income children, and improving outreach to encourage enrollment of eligible children, particularly in rural areas.

This bill also addresses the importance of including the private market in the SCHIP program. The compromise gives states the ability to provide premium assistance for children to get health care coverage through the private market rather than relying on SCHIP.

“I am proud to support this important bill, which will provide health care coverage to millions of children whose families would otherwise be unable to afford health care. This bill continues the historic bipartisan support of the SCHIP program and I’m glad my colleagues and I were able to put politics aside and do what is right for these children. I urge the President to do the same.”

The program needs to be reauthorized or extended prior to its expiration September 30, 2007. The approved bill now goes to the President for his consideration.

Senator Roberts is a member of the Senate Committee on Finance and the Senate Health, Education Labor and Pensions Committee.