

Children's Health Care Bill



Senator Olympia Snowe (R-ME)

Access to affordable, quality health care is the No. 1 one domestic priority of Americans, and the public will hold us all--Republicans and Democrats alike--accountable on delivering that goal. ... We cannot defer the urgency of providing health insurance for our children while we continue to procrastinate on the issue of the uninsured.

Some of my colleagues will contend that the SCHIP reauthorization we are considering is the first step toward government-run health care and that we will substitute public coverage for private insurance. The fact is that this SCHIP program came into being ten years ago. We haven't seen that evolve from the SCHIP program. We didn't see it materializing into a government-run health care program, as many have alleged here today. It absolutely hasn't happened.

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-- Senate Floor Statements - September 27, 2007

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Ms. SNOWE. Madam President, I rise today to voice my strong support for the reauthorization of the State Children's Health Insurance Program. I want to extend my heartfelt congratulations to Chairman *Baucus* and Ranking Member GRASSLEY as well as to the chairman and ranking member of the Health Subcommittee, Senators ROCKEFELLER and HATCH, for their vital and resolute spirit of bipartisan cooperation and tireless perseverance in crafting an agreement with House negotiators that will maintain health insurance coverage for 6 million children and reach nearly four million more. Their work demonstrates what we can accomplish when we set aside philosophical differences in order to do the right thing for children and their families. I am pleased that we reached a veto-proof majority with the previous cloture vote, which shows strong support for extending and building upon this landmark legislation.

As we all know, the problem of the uninsured touches communities all across our country. Thankfully, we have made tremendous strides in dramatically lowering the number of uninsured children through SCHIP which, time and again, has proved to be both a successful program and a saving grace for millions of American families who otherwise simply could not afford to pay for their children's health care. The stakes could not be more monumental. The quality of the health care that one receives as a child can have dramatic implications later in life. And there is not a family in America who does not want to provide the most comprehensive health coverage possible for its children.

While some may mistakenly characterize SCHIP coverage as a welfare benefit, what they may not realize is that nearly 90 percent of uninsured children come from families where at least one parent is working. Today, fewer than half of parents in families earning less than \$40,000 a year are offered health insurance through their employer--a 9 percent drop since 1997. And for many working families struggling to obtain health care, if benefits are even accessible to them, the costs continue to rise, moving further out of their reach. In my own State of Maine, a family of four can expect to pay \$24,000 on the individual market for its coverage. For most families, taking this path is unrealistic and unworkable, especially when factoring the cost of mortgages, heating bills, and myriad other financial pressures.

That is why I am pleased that the compromise provides a significant increase in federal commitment into the SCHIP program. With lives literally hanging in the balance, we ought to be building on what works. As we move to reauthorize the SCHIP program, states not only require sufficient Federal funding to ensure that children currently enrolled in SCHIP do not lose coverage and become uninsured, they also require additional funding to enroll more uninsured children--particularly the 11,000 children in Maine who are eligible but unenrolled.

I am particularly heartened that the House and Senate negotiators recognized that dental care is not a "luxury" benefit--but one that is paramount to the healthy development of children. A guaranteed dental benefit was included in S. 1224, the Children's Health Insurance Program Reauthorization Act, legislation I introduced with Senator *Rockefeller* in April.

In addition, as members of the Finance Committee, Senator JEFF BINGAMAN and I sought to improve the quality of dental care through the provision of an assured dental benefit for all SCHIP-covered children during the committee process. Chairman *Baucus* was instrumental in the inclusion of a \$200 million dental grant program as a first step towards meeting our goal

during the Finance Committee process. And I am pleased that we were ultimately able to see such a strong dental benefit in the package we are considering today.

Most dental disease is preventable with proper care up front, but when a parent cannot access routine care for a child, taking that child to the emergency room is often their only recourse. Yet that option costs at least four times as much as seeing a dentist. Plus, the health care a child receives in the emergency room does not even resolve the underlying problem--they generally provide only pain relief and antibiotics for infection. The bill before us today provides States the choice to either provide a dental benefit as contained in the SCHIP statute or choose among three other coverage options--dental coverage equivalent to the coverage offered by the Federal Employee Health Benefit Plan, FEHBP, dental option--the largest dental plan in the State--or the State employees dental plan with the largest enrollment of children.

The compromise package also replaces the policy announced by the Centers for Medicare and Medicaid Services last month that would essentially prevent state SCHIP programs from enrolling uninsured children from families with household incomes above 250 percent of the federal poverty level. To put this into better perspective, 250 percent of the federal poverty level for a family of four is \$51,625. As I illustrated before, families in Maine faced with purchasing a policy on the individual market could face a cost well in excess of \$24,000 a year. If States such as mine were prevented from expanding eligibility over 250 percent of poverty, families with a clear, demonstrable need could be shut out.

Families could potentially spend nearly half their income on health coverage yet still not qualify for assistance. That's why 2 weeks ago, Senators KENNEDY, SMITH, ROCKEFELLER, and I introduced legislation to nullify these new restrictions. This compromise will rightfully block efforts to impose onerous and unreasonable restrictions on the States' efforts to reach every child requiring assistance--while at the same time making sure States with more generous income-eligibility levels are meeting their commitment to lower income children.

I also want to speak briefly about the offset contained in this bill. Though some may vigorously disagree, I find that an increase in the tobacco tax is an appropriate avenue to help finance health coverage for low-income children. The health complications caused by smoking--for instance, the increased risk of lung cancer and heart disease as well as the clear relationship between the number of cigarettes smoked during pregnancy and low birth weight babies--could not be more evident. It is clear to me that investing in children's health, while at the same time discouraging children from starting to smoke in the first place, is the best form of cost-effective, preventative medicine.

Regrettably, this week we will hear a litany of reasons why we shouldn't cover more children through SCHIP. Some will express concerns about the size and cost of the package. I would respond that it should inject a dose of reality on the magnitude of the problem. States have responded to the call of families who are struggling every day with the cost of health insurance and are assuming a tremendous burden in the absence of Federal action.

In addition, we should bear in mind that this bill is \$15 billion below the amount we provided for in the budget resolution. Again, this bill is the product of compromise. Some of us wanted to go further. Senator *Rockefeller* and I introduced legislation to reauthorize the program at the full \$50 billion--a bill that garnered 22 bipartisan cosponsors.

Although there were compromises made along the way on various policy positions, one point is not up for discussion--simply maintaining the status quo of current levels of coverage is unacceptable. And while the Congress and the White House argue over philosophical differences, children are either going without coverage, or their parents are financing their care on credit cards, hoping they can stay on top of their debt.

We are the wealthiest Nation on earth, and if we are unable to provide health insurance and medical care to our young people, then what does that say about our values? Some of my colleagues will contend that the SCHIP reauthorization we are considering is the first step toward government-run health care and that we will substitute public coverage for private insurance. The fact is that this SCHIP program came into being ten years ago. We haven't seen that evolve from the SCHIP program. We didn't see it materializing into a government-run health care program, as many have alleged here today. It absolutely hasn't happened. What we did was identify a need and address it in a bipartisan manner.

These claims ignore the fact that today, 73 percent of the children enrolled in Medicaid received most or all of their health care services through a managed care plan. In fact, America's Health Insurance Plans, AHIP, a national association representing nearly 1,300 member companies, has recently endorsed this legislation, stating "it repairs the safety net and is a major movement toward addressing the problems that States and Governors have been trying to address, which is how to get access for children." The bill also helps shore up employer-based coverage by granting states the option to subsidize employer-sponsored group health coverage for families that find the coverage beyond their financial means.

Some have argued that SCHIP should reduce coverage for adults, especially childless adults. While I believe that coverage for adults can have a clear benefit for children, both in terms of enrollment of children as well as the simple fact that health problems for a working parent can lead to economic insecurity for the family, this approach represents an area where we had to compromise. But I find it contradictory that the administration, which has been so vocal in its opposition to the cost and scope of the compromise package, granted the majority of the 14 adult coverage waivers granted over the past ten years and renewed a waiver for adult coverage in May!

Some will argue that reauthorization should be attached to a larger initiative on the uninsured. We must acknowledge forthrightly that working families are having a difficult, if not wrenching, time finding affordable, meaningful coverage--coverage not just in name only. Access to affordable, quality health care is the No. 1 one domestic priority of Americans, and the public will hold us all--Republicans and Democrats alike--accountable on delivering that goal. That is why I have been engaged with my colleagues in an effort to address the critical issues of extending coverage, reducing costs, and revolutionizing care delivery. But while I agree with many of my colleagues that legislative action to solve the problem of the uninsured is long-overdue, children should not be kept waiting. We cannot defer the urgency of providing health insurance for our children while we continue to procrastinate on the issue of the uninsured.

Frankly, I am outraged by the news that the President is considering a veto of this legislation. I believe this seriously misjudges the genuine concern Americans have about access to care, particularly for children. In a March New York Times/CBS News poll, 84 percent of those polled said they supported expanding SCHIP to cover all uninsured children. A similar majority

said they thought the lack of health insurance for many children was a ``very serious" problem for the country.

SCHIP has been the most significant achievement of the Congress over the past decade in legislative efforts to assure access to affordable health coverage to every American. Today, as we consider this reauthorization, we must not undermine the demonstrated success of this program over the past decade. Compromise on both sides of the aisle helped us create this program ten years ago and hopefully a renewed sense bipartisan commitment will help us successfully reauthorize this vital program.

I would strongly encourage the President to reconsider his short-sighted veto threat and work hand-in-hand with Congress to extend health insurance to countless, deserving children. I urge my colleagues to support this legislation.

I yield the floor.

Snowe Praises Bipartisan SCHIP Agreement

September 25, 2007

WASHINGTON, D.C. – U.S. Senator Olympia J. Snowe (R-Maine) released the following statement today after it was announced that Senate and House negotiators had finally reached a bipartisan agreement that would both reauthorize and expand the State Children's Health Insurance Program (SCHIP).

"SCHIP has truly been a saving grace for millions of families across America who otherwise could not afford to pay for their children's health care," Senator Snowe said. "I'm pleased that members of both the House and Senate, both Republican and Democrat, have come together in good faith to reach an agreement for the benefit of hard-working families in need including an additional 11,000 children who are eligible in my home state of Maine but not enrolled. I would strongly encourage the President to reconsider his short-sighted veto threat and work hand-in-hand with Congress to extend health insurance to countless, deserving children. I am pleased that dental coverage is included in the compromise package. Dental health benefits are not "luxury" services – they are vital to the healthy development of our children."

Snowe has been a strong advocate for the inclusion of dental benefits as part of SCHIP. A guaranteed dental benefit was included in S .1224, the "Children's Health Insurance Program Reauthorization Act," legislation Senator Jay Rockefeller (D-WV) and Snowe introduced in April. In addition, as members of the Finance Committee, Senator Jeff Bingaman (D-NM) and Snowe sought to improve the quality of dental care through the provision of an assured dental benefit for all SCHIP-covered children.

The compromise package also replaces the policy announced by the Centers for Medicare and Medicaid Services last month that would prevent state SCHIP programs from enrolling uninsured children from families with household incomes above 250 percent of the federal poverty level. Last week, Senator Snowe along with Senators Edward Kennedy, Gordon Smith, and Jay Rockefeller introduced legislation to nullify these new restrictions.

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