

Thursday, October 18, 2007

House Meets At...	Votes Predicted At...
10:00 a.m. For Legislative Business	Last Vote: 12:30 p.m.
Five "One-minutes" Per Side	

Any anticipated Member absences for votes this week should be reported to the Office of the Majority Whip at 226-3210.

Members are advised that a Vote on the Journal is expected immediately after "one minutes." Following the vote, Member-Elect Niki Tsongas (MA) will be sworn in.

Floor Schedule and Procedure

- **Vote on Overriding the President's Veto of H.R. 976-the Children's Health Insurance Program Reauthorization Act of 2007:**
 - One hour of debate.
 - Vote on overriding the President's veto. **Democrats are urged to vote yes on the vote to override the President's veto.**

Bill Summary and Key Issues

STATE CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT OF 2007

Invests \$35 billion in new funding for SCHIP. The bill reauthorizes the State Children's Health Insurance Program, investing an additional \$35 billion over five years to strengthen SCHIP's financing; increase health care coverage for low-income, uninsured children; and improve the quality of health care children receive. As Republican Senator Grassley has pointed out, "As far as the size of the package, it's important to understand that about half of the new money is needed just to keep the program running, and the rest goes to cover more low-income kids."

Ensures health care coverage for 10 million American children. First, the bill ensures that 6 million children who currently participate in the Children's Health Insurance program continue to receive health care coverage. It also extends coverage to nearly 4 million uninsured children, according to the nonpartisan Congressional Budget Office.

Does not “expand” the Children’s Health Insurance Program; simply provides for enrolling children who are currently eligible but not yet enrolled. Despite claims by President Bush, this bill does nothing to “expand” the SCHIP program; it maintains current law regarding children’s eligibility for SCHIP. Two-thirds of uninsured children are currently eligible for coverage through SCHIP or Medicaid – but better outreach and adequate funding are needed to identify and enroll them. This bill gives states the resources and incentives necessary to reach millions of uninsured children who are eligible for, but not enrolled in, the program.

Targets lowest-income uninsured children for outreach and enrollment. The bill is designed to target specifically the lowest-income uninsured children for outreach and enrollment in SCHIP coverage. The bill does NOT call for SCHIP coverage for children in families at higher income levels. Instead, it reduces federal matching funds for future coverage of children at higher income levels, and provides incentives to cover the lowest-income children instead.

Improves SCHIP benefits -- ensuring dental coverage and mental health parity. Under the bill, quality dental coverage will now be provided to all children enrolled in SCHIP. The bill also ensures that states will offer mental health services on par with medical and surgical benefits covered under SCHIP.

Provides states incentives to enroll uninsured low-income children. The bill provides incentives for states to lower the rate of uninsured children by enrolling eligible children in SCHIP and Medicaid, including providing bonus payments. States will receive state-based allotments that are responsive to state demographic and national spending trends. States that face a funding shortfall and meet enrollment goals will receive an adjustment payment to ensure that no child who is eligible for Medicaid or SCHIP is denied coverage or placed on a waiting list.

Replaces CMS August 17th letter to the states. On August 17, the Center for Medicare and Medicaid Services (CMS) sent a letter to the states drastically changing federal policy and placing unrealistic conditions on the ability of states to cover children above 250 percent of poverty. This bill replaces that letter. First, the bill states that it agrees with the President on the importance of ensuring that low-income children have health coverage and taking steps to address substitution of private coverage. Secondly, the bill replaces the letter with a more appropriate approach. In place of the letter, the bill gives states time and assistance in developing and implementing best practices to address substitution of coverage. The bill also puts the lowest-income children first in line by phasing in a new requirement for coverage of low-income children as a condition of receiving SCHIP funding for coverage of children above 300 percent of poverty.

Improves outreach tools to streamline enrollment of eligible children. The bill provides \$100 million in grants for new outreach activities to states, local governments, schools, community-based organizations, safety-net providers and others.

Improves the quality of health care for low-income children. The bill establishes a new quality child health initiative to develop and implement quality measures and improve state reporting of quality data.

Prioritizes children’s coverage. The bill contains provisions to phase out the coverage of parents and childless adults in SCHIP. However, it provides coverage of pregnant women as a new state option as well as preserving the options to cover pregnant women through a state waiver or through regulation.

Is fully paid for – by raising the tobacco tax by 61 cents a pack. The higher the cost of cigarettes, the less likely kids will take up smoking. According to the Campaign for Tobacco-Free Kids, a 61-cent increase in the tobacco tax means that 1,873,000 fewer children will take up smoking. Furthermore, the vast majority of Members of the House and Senate – both Democratic and Republican – are on record in favor of raising tobacco taxes. In August, all but 4 House Republicans voted for the GOP motion to recommit that included an increase of 45 cents a pack in the tobacco tax.

Quote of the Day

“Nothing you do for children is ever wasted. They seem not to notice us, hovering, averting our eyes, and they seldom offer thanks, but what we do for them is never wasted.” -Garrison Keillor

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