



Thoughts From . . .

CAPITOL HILL

By Congressman Rodney Alexander



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Congress Must Protect the Purpose of SCHIP, Reach Out to Children Not Yet Enrolled

This week, the President vetoed legislation to expand the State Children's Health Insurance Program (SCHIP), an action I believe was necessary in order to protect the original purpose of the program – to provide health insurance to children in low-income families who cannot afford private insurance, but make too much money to qualify for Medicaid.

I want to make it clear that I am in favor of continuing this vital program, which presently assists over 100,000 Louisiana families with obtaining health insurance for their children. In fact, a few years back while serving as Chairman of the Health and Welfare Committee in the Louisiana State Legislature, I worked with my colleagues to launch the Louisiana Children's Health Insurance Program (LaCHIP), which receives funding through SCHIP.

For this reason, I am proud to have joined my colleagues on both sides of the aisle on September 26 in passing legislation to extend the current SCHIP, which was set to expire at the end of last month, through November.

However, I could not support the expansion legislation passed by Congress, H.R. 976, the Children's Health Insurance Program Reauthorization Act of 2007. This legislation calls for a massive expansion of SCHIP, and I have a problem with that considering the current program is not even being fully utilized. Nationwide, there are approximately 750,000 who qualify to receive SCHIP benefits under the current program but are not enrolled. More than 70,000 of those children live in Louisiana. Though I cannot say for sure why these children are not enrolled, what I do know is that Congress' focus should be on helping those children by educating their parents or caregivers on the help that SCHIP can provide.

In addition to losing the focus on the true intention of SCHIP, H.R. 976 would force taxpayers to commit to an additional \$112 billion in federal entitlement spending when the unfunded liability of Medicare and Medicaid is already \$452 trillion over the next 75 years. Specifically, some of the provisions in the bill I object to are as follows:

■ **H.R. 976 would enable illegal immigrants to receive SCHIP benefits.**

H.R. 976 eliminates the citizenship test for individuals to become eligible for SCHIP and only requires individuals to submit a Social Security number. Since the Social Security Administration cannot determine the citizenship status of an individual by simply matching a name with a Social Security number, illegal immigrants using a stolen Social Security number can gain access to thousands of dollars in taxpayer-funded benefits.

Additionally, non-citizens who are eligible to work in the United States, such as H-2A-temporary agricultural workers, H-2B- temporary professional workers, J-1 – cultural exchange visitors, are eligible for Social Security numbers and their children could receive SCHIP benefits under H.R. 976.

■ **H.R. 976 would raise taxes dramatically.**

The bill imposes a \$71-billion tax increase by raising the regressive tax on cigarettes by 61 cents a pack. According to a study by the Heritage Foundation, to produce the revenue needed to fund the SCHIP expansion through such a tax would require 22.4 million new smokers by 2017.

■ **H.R. 976 puts no limit on SCHIP eligibility.**

The original intent of SCHIP is to cover children from families who do not qualify for Medicaid but have annual incomes at or below 200 percent of the federal poverty level. H.R. 976 would allow and strongly encourage states to provide government health insurance for children in families making 300 percent of the federal poverty level, or almost \$62,000 for a family of four.

Also, because H.R. 976 would allow states to establish their own eligibility standards, the bill would enable states to expand coverage for higher income families up to 400 percent of the federal poverty level, an annual income of about \$83,000.

■ **H.R. 976 uses funds intended to help children to cover adults.**

Under this bill, the age cap is lifted from 19-years-old to 21-years-old.

■ **H.R. 976 will expand the program then cut off funding.**

This legislation proposes to increase spending from \$6.3 billion in 2007 to \$9.6 billion in 2009 and to \$13.9 billion in 2012. Then, from 2012 to 2014, it cuts spending by 65 percent and finally drops to \$5.1 billion by 2017.

Congress is expected to hold the vote to override the veto later on this month, and it appears the House of Representatives lacks the needed votes to overrule the President, which means Congress will have to start over.

Perhaps this time around, Congress will remember who this program is designed to help.

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