



**October 18, 2007—** Due to a loophole in current law, some states have already enrolled more adults than children in the State CHILDREN'S Health Insurance Program. In fact, there are 12 states that have collectively enrolled 700,596 adults despite failing to achieve full enrollment of eligible children. With more than

Over the past several weeks, we have been bombarded by a political scheme masterminded in Washington. Supporters of the campaign have suggested that Republican lawmakers oppose healthcare for needy children. This allegation is dishonest and manipulative.

Under current law, families qualify for healthcare through Medicaid as long as their income does not exceed \$20,650. However, many families with modest income above the federal poverty level cannot afford insurance premiums. That's where SCHIP comes in. SCHIP picks up where Medicaid falls short, and allows children to receive federal health insurance coverage as long as their family income does not exceed \$40,000. This program has improved our healthcare safety net for children.

The facts outlined above frame the debate before Congress, which is in large part centered on how far above \$40,000 we should expand benefits, and whether or not adults should be included in a program created for low-income children. For example, I do not support efforts to expand coverage for families with incomes of \$62,000 or in some cases exceeding \$82,000. Such an approach would stretch the definition of poverty to absurdity which is why I would not vote to over-ride the president's veto of recent legislation.

I support providing children the health benefits they need. However, I do not agree with the redirection of money away from children in order to cover able-bodied

Simply put, it is unacceptable to extend this targeted benefit to families with incomes approaching six figures. According to the Congressional Budget Office, 2.4 million children will be transitioned from private insurance into government financed healthcare under the vetoed legislation. This clearly does not resolve the problem of poor children needing healthcare. What it would accomplish is a giant leap forward in the long-standing efforts of liberal leaders to establish a system of socialized medicine. A system, I might add, that has proven to be a failure in developed countries around the world.

Critics of our nation's private healthcare system often point to Canada and Europe as models for reform. However, they fail to close what we will experience as a result of government directed healthcare. For example, breast and colorectal cancer patients under treatment have a significantly higher mortality rate in Britain and the rest of Europe. The five year survival rate for all cancers in the U.K. is 35.9%. In the United States the survival rate is 66% over the same period. For this reason, foreigners who have the resources often seek complex medical care in the United States.

Underscoring this fact are many

real world examples, such as a Member of Parliament from Canada (The Honorable Belinda Strohach) traveling to the United States for treatment when she was diagnosed with cancer or a large number of Canadian women entering U.S. hospitals because facilities in British Columbia cannot accommodate their complex deliveries.

In many circumstances socialized medicine has been directly responsible for the unnecessary deaths of patients. It was particularly disturbing for me to read a report from 2005, in which Canadian hospitals were exposed for sending appointment confirmations to patients who had died waiting for treatment. This is not the kind of healthcare we want in the United States.

In conclusion, I would like to express my disappointment that health insurance for low-income children has been leveraged in such a dishonest and manipulative way. Unfortunately, this sort of political posturing has become common place in Washington. I guess I was wrong to assume that health coverage for impoverished children would be more important than the agenda of well financed leftist political groups, and their allies in our nation's capitol. Not surprisingly, Congress is faced with historically low approval ratings of 11%, which in this case is well deserved.

It is important to emphasize that SCHIP as we know it today has been extended and will continue to be extended until the political gamesmanship over whether middle income families and adults should be covered is resolved. In the meantime, despite what you may have heard, benefits are not being taken away from children.

Devin Nunes  
Member of Congress