

Amendment 3358 – Requires Congress to prioritize children’s health care instead of special interest pork projects.

There were 9.5 million children in the United States who lacked health insurance for at least part of last year. About 3.9 million of these have been uninsured for more than one year.

Congress has spent much of the year debating how to best provide health care to uninsured children. Yet, Congress has failed to develop a fiscally responsible plan that does not burden the same children it is seeking to insure with insurmountable debt that will burden these same children for the rest of their lives.

While failing to meet the health care needs of children, Congress has been quite successful in meeting its own self-serving needs, as well as the needs of special interests and campaign contributors, by providing hundreds of millions of dollars in earmarks.

The Fiscal Year 2008 Labor/Health and Human Services/Education appropriations bill alone contains 1,000 earmarks costing \$469,569,000.

It is shameful for Congress to divert nearly \$470 million in a bill intended to fund health and education programs towards parochial pork projects when millions of children do not have access to appropriate health care.

This amendment gives Congress an opportunity to choose between competing priorities—children’s health care or special interest pork projects.

Nearly \$470 Million Would Be Set Aside for Congress to Re-Allocate for Children’s Health

If approved, the \$469,569,000 in earmarks contained within this bill would essentially be set aside for Congress to reallocate for children’s health.

In effect, it would impose a moratorium on Congressional earmarks funded out of federal health, education, and labor programs until it was certain that all children were covered by health insurance of some kind.

The Hundreds of Earmarks in This Bill Could Provide Health Care to More Than 200,000 Children

This amendment, “The Children's Health Care First Act,” simply states that none of the funds appropriated or otherwise made available by this Act may be used for any congressionally directed spending item, or earmark, until the Secretary of the Department of Health and Human Services certifies that all children under the age of 18 years of age in the United States are insured by a private or public health care insurance plan.

The bill to reauthorize and expand the State Children’s Health Insurance Program (SCHIP) vetoed by the President last month would have cost taxpayers \$4,000 per year for every child covered. It costs about \$2,300 to purchase private health insurance for a child.

The \$469,569,000 cost of the 1,000 earmarks in this bill could enroll 204,160 children in private insurance.

Congress Should Prioritize Children’s Health Rather Than Its Own Parochial Pork Projects

This is **the** bill through which Congress can and should provide funding for health care for children. Yet, the bill diverts hundreds of millions of dollars away from children’s health in order to pay for earmarks.

The earmarks in this bill include:

- \$350,000 for an arts center in Iowa;
- \$100,000 for a celebration around Lake Champlain in Vermont;
- \$500,000 for field trips in the Chesapeake Bay;
- \$500,000 for the “Virtual Herbarium” in New York;

- \$50,000 for an ice center in Utah; and
- \$130,000 for the National First Ladies' Library Catalogue in Ohio.

How can Congress justify spending funds on these projects when millions of children in America can not even afford basic health care needs?

There has been lots of talk by members of Congress about putting children first. This amendment provides each member of the Senate an opportunity to vote to do just that.

Unfortunately in vote after vote, Congress has put its own interests first, which is how our nation has amassed a \$9 trillion debt and millions of children remain without appropriate health care coverage.

Table 1: STATE-BY-STATE COMPARISON OF UNINSURED CHILDREN
AVERAGE NUMBER OF CHILDREN UNDER 18 AND
PERCENT AND NUMBER OF UNINSURED CHILDREN
BY STATE AND IN THE TOTAL U.S.
(TWO-YEAR AVERAGE 2002-2003)

Please note: This chart does not include 18-year-olds. Therefore, it undercounts the number of uninsured children who might be helped by Medicaid or the State Children's Health Insurance Program (SCHIP).

State	Two-Year Average Percent Uninsured (2002-2003)	Two-Year Average Number of Uninsured Children (2002-2003)	Two-Year Average Number of Children (2002-2003)	State	Two-Year Average Percent Uninsured (2002-2003)	Two-Year Average Number of Uninsured Children (2002-2003)	Two-Year Average Number of Children (2002-2003)
Alabama	9.7%	108,545	1,114,445	Montana	16.3%	35,301	216,353
Alaska	12.8%	24,969	194,443	Nebraska	6.3%	27,903	443,587
Arizona	14.7%	220,309	1,503,650	Nevada	18.6%	108,639	586,198
Arkansas	10.3%	69,022	672,755	New Hampshire	5.1%	15,759	306,512
California	13.3%	1,273,892	9,596,277	New Jersey	10.4%	223,116	2,155,255
Colorado	14.1%	161,893	1,152,220	New Mexico	13.9%	69,178	498,370
Connecticut	8.2%	71,123	868,726	New York	9.7%	446,151	4,617,250
Delaware	9.2%	18,099	197,378	North Carolina	12.3%	254,647	2,065,610
District of Columbia	10.0%	11,249	113,271	North Dakota	7.5%	10,924	146,475
Florida	15.0%	589,586	3,924,340	Ohio	8.2%	237,845	2,884,160
Georgia	13.0%	296,581	2,283,576	Oklahoma	14.8%	128,244	870,593
Hawaii	7.4%	23,770	320,230	Oregon	12.4%	103,653	835,936
Idaho	13.6%	50,502	371,212	Pennsylvania	9.3%	264,800	2,847,645
Illinois	10.6%	346,434	3,261,189	Rhode Island	4.9%	12,097	244,900
Indiana	9.4%	150,340	1,596,035	South Carolina	7.9%	80,427	1,012,259
Iowa	7.2%	50,946	704,988	South Dakota	8.0%	15,845	197,508
Kansas	7.3%	51,320	707,311	Tennessee	8.8%	122,257	1,386,174
Kentucky	11.5%	114,185	992,236	Texas	21.2%	1,308,327	6,189,435
Louisiana	13.6%	160,882	1,184,792	Utah	9.2%	69,935	761,207
Maine	7.0%	19,430	280,413	Vermont	4.8%	6,659	138,254
Maryland	9.0%	126,934	1,407,118	Virginia	10.6%	191,254	1,802,660
Massachusetts	6.9%	103,016	1,495,632	Washington	8.7%	130,926	1,504,728
Michigan	6.4%	161,061	2,532,146	West Virginia	9.4%	36,658	392,574
Minnesota	6.0%	74,382	1,243,078	Wisconsin	6.2%	83,338	1,353,275
Mississippi	11.5%	87,759	761,871	Wyoming	13.4%	16,034	120,092
Missouri	6.2%	86,160	1,389,812	Total		8,452,292	73,446,140

Source: Compiled by the State Health Access Data Assistance Center (SHADAC), University of Minnesota School of Public Health, using data from the U.S. Census Bureau's Current Population Survey, 2003 and 2004.