

jobs and contributes \$61.5 billion to the States economy each year.

We are not, however, alone. Nationwide, the coast-to-coast wine industry, active in all 50 States, has an economic impact of some \$122 billion annually.

And, in fact, 37 States and the District of Columbia currently allow direct shipment of wine from winemakers to consumers. Such laws increase choice for consumers. They also keep small wineries in business as wholesalers grow increasingly consolidated, offering less selection and squeezing out producers in the process.

As the joint resolution passed Monday, August 2, 2010, makes evident, H.R. 5034 threatens serious harm to winemakers in California and across the country, as well as to consumers and competition in these markets. Should it be introduced in the Senate or passed by the House, I will oppose it and will urge my colleagues to do the same.

TIBETAN REFUGEES

Mr. LEAHY. Mr. President, I want to call attention to language in Senate Report 111-237 accompanying the fiscal year 2011 Department of State, Foreign Operations, and Related Programs appropriations bill, which passed out of the Appropriations Committee on July 29, 2010.

That language notes the committee's concern with recent events in Nepal, where Tibetan refugees have been forcibly turned over to Chinese border police. This contradicts Nepal's long and generous history of providing safe passage for Tibetans on route to India, and it is inconsistent with international law. In the past, Nepal has provided safe haven, and the United States, the United Nations, and other donors have provided the funds necessary to care for these people in transit.

This is a matter of grave concern to the Congress and to people everywhere who know of the danger of arrest and imprisonment and the physical hardships Tibetans face, fleeing their homeland by crossing the Himalayas with little more than the clothes on their backs. I hope the Nepali Government will take note of the committee's concern and take immediate steps to reaffirm its policy of permitting Tibetan refugees to travel safely to India.

I ask unanimous consent that this language in Report 111-237 be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

"Tibetan Refugees.—The Committee is concerned with recent actions by the Government of Nepal to prevent safe passage for Tibetan refugees, including reports that some fleeing Tibetans have been turned over to Chinese border authorities. The Committee urges the Government of Nepal to reaffirm its long tradition of permitting Tibetans to safely transit Nepal, and continues to support assistance for these refugees as well as Tibetans who have resettled in India."

CHILDREN'S HEALTH INSURANCE PROGRAM

Mr. BAUCUS. Mr. President, today, the Children's Health Insurance Program turns 13. But instead of facing the difficulties of adolescence, CHIP is enjoying the advantages that come with being one of the most popular programs in the country.

I would like to take this moment to reflect on the history of CHIP and to think about the role that CHIP will play in the future.

Prior to 1997, kids of the working poor had nowhere to go to get health insurance. Their parents' employers didn't offer health insurance benefits, and the individual market offered only low-quality insurance options at unaffordable prices.

Without health insurance, kids couldn't see the doctor for a checkup, couldn't get a prescription for an earache, and couldn't get treatment for common chronic conditions like asthma. Unhealthy kids can't run and play, can't do well in school, and can't grow into healthy and productive adults.

In 1997, Congress took action to address this problem by establishing the Children's Health Insurance Program. And today, we celebrate 13 years of success—expanding high quality coverage to kids all across the country.

I would like to remind my colleagues of CHIP's history—its bipartisan roots and its tremendous success in achieving what we created the program to do: cover low-income, uninsured kids.

Congress enacted the Children's Health Insurance Program as a bipartisan compromise back in 1997, with leadership from Senator ROCKEFELLER, Senator HATCH, and the late Senators Kennedy and Chafee. At that time, Members of Congress wanted to address the rising number of children without health insurance.

The Finance Committee reached a compromise that allowed States to set up Children's Health Insurance Programs that would meet their unique needs. CHIP is optional for States, but within just 2 years of its creation, all States decided to participate to address the health care needs of our country's most vulnerable children.

I am proud to have helped write and pass CHIP 13 years ago. It has been a tremendous success.

In its first decade, CHIP cut the number of uninsured children by more than a third. Today, more than 7½ million children get the doctor's visits and medicines they need to have a healthy childhood, enabling them to become healthy and productive adults.

After 10 years of success, CHIP came up for reauthorization in 2007. In the summer and fall of that year, Congress worked hard to pass a bipartisan reauthorization package. But President Bush vetoed it twice. Ultimately, we had to settle for an extension.

In January of 2009, with two of our former colleagues in the White House, I was thrilled to get started on a CHIP reauthorization bill as soon as possible.

Finally, the stars had aligned—President Obama was looking forward to signing the CHIP reauthorization bill, and the Congress was prepared to act. We were finally able to deliver what Americans had asked for—reestablishing kids' coverage as a national priority.

President Obama signed the bill on February 4, 2009. The new law maintained coverage for all children in the program at that time and started on a path to reach more than 4 million additional uninsured, low-income kids.

We had a couple of goals in mind as we drafted the CHIP Reauthorization Act of 2009.

We kept CHIP focused on low-income kids. We prioritized coverage of the lowest-income kids, but without limiting State flexibility in designing CHIP programs. We set up parameters to transition adults out of CHIP and into Medicaid or other appropriate coverage. And we also encouraged States to improve their outreach practices and streamline their enrollment procedures in order to reach all eligible kids.

We maintained State flexibility. We gave States the option to cover legal immigrant children and pregnant women during their first 5 years in America and receive the corresponding Federal match. We also created a State option that allows States to designate CHIP funds to offer premium assistance, helping families afford private coverage offered by employers or other sources.

And we improved the quality of care. The CHIP Reauthorization Act launched a substantial new initiative to improve children's health quality. This initiative invested \$45 million a year for 5 years to develop national core measures for children's health quality, improve data collection in CHIP and Medicaid, and promote the use of electronic health records.

The CHIP Reauthorization Act I helped to craft allowed us to cover as many uninsured low-income kids as possible. I made sure that we respected our budgetary limits, and made compromises in good faith with my Republican colleagues. In committee, further compromises were made which I hope strengthened the act even more.

The only disappointment that came out of the 2009 CHIP Reauthorization Act was that we weren't able to come to agreement with Senators GRASSLEY and HATCH, two colleagues that worked tirelessly to reauthorize CHIP in 2007. But I'm proud to say that CHIP's bipartisan reputation has not been marred.

Senators on both sides of the aisle continue to support CHIP and have even used it as a model for other programs. And I have continued to work with Senator GRASSLEY and all Senators on the Finance Committee overseeing the implementation of the CHIP Reauthorization Act.

A year and a half after enactment, more than half the States have taken advantage of the new coverage options in the CHIP Reauthorization Act, including 15 States that expanded income