

we realize that small differences between people become critically important in devising more effective, tailored treatments to improve and extend quality of life while helping doctors and patients better prevent and treat disease. Language and cultural barriers, stigma about participating in studies, and a historical lack of diverse community involvement in clinical trials by industry must be overcome so that all of our communities can be assured that they equally participate in the future of medicine.

To address this problem, we need more studies that reflect the changing face of the HIV/AIDS and other epidemics, both on effective messaging and education campaigns for the diverse group of affected individuals and on possible vaccines. One notable example of this kind of effort is the Gender Race and Clinical Experience (GRACE) study conducted by Tibotec Therapeutics, part of the Johnson & Johnson family of companies. The GRACE study, findings from which were recently presented at the International AIDS Society conference in South Africa, is the largest study to date to examine gender and race differences in response to an HIV therapy. In addition, the trial was designed to help overcome some of the barriers, identified by the advisors, which have historically deterred women and people of color from participating in clinical studies, including stigma, lack of child care, transportation and personal support systems. Based upon advisor and community input, study participants could obtain assistance to cover costs associated with their participation in the study, including funds for travel and childcare, as well as food vouchers. Through innovative strategies like these, the GRACE study was able to enroll seventy percent women, sixty percent African Americans and twenty-two percent Latinos. I believe that the GRACE study is significant for reasons beyond just its clinical results. Studies like this, which are designed to overcome the barriers to participation and engage affected communities and providers show that with greater industry effort, meaningful numbers of women and racial and ethnic minorities can be enrolled in important clinical trials.

For example, studies in the United States and across the world are seeking an answer to the devastating HIV/AIDS epidemic. The epidemic is changing its face, spreading into new populations and presenting new challenges to education and outreach efforts. In the United States, women are increasingly affected by HIV/AIDS, accounting for more than one quarter of all new HIV/AIDS diagnoses, with African American and Latina women representing seventy-nine percent of women living with the disease. HIV/AIDS disproportionately impacts our African American and Latino communities, and the infection rate is rising among Asian American and Pacific Islanders as well. In my home state of California, there are almost 150,000 people living with AIDS, and Latinos represent about one-quarter of these cases. There are over 60,000 people living with HIV/AIDS in the greater Los Angeles area alone. In terms of new HIV infections, Latina women are infected at a rate almost four times as high as white women. African Americans in my district are also highly impacted by HIV/AIDS.

I commend Tibotec Therapeutics, Johnson & Johnson, and all researchers and companies actively engaged in diversifying their clinical trials and creating new relationships with

affected communities. As Congress moves forward with health reform, with outcome and effectiveness-based reimbursement models, we must strongly encourage the expansion of efforts industry and academia are making to reflect the diversity of our nation in their workforce and clinical trials.

PERSONAL EXPLANATION

HON. RON KLEIN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. KLEIN of Florida. Madam Speaker, I would have voted on September 15, 2009 when I was unavoidably detained as follows:

Had I voted, I would have voted "yes" on rollcall No. 702.

GOVERNORS OF NEBRASKA, NORTH DAKOTA, NEVADA, AND RHODE ISLAND EXPRESS CONCERNS WITH UNFUNDED MANDATES IN HEALTH REFORM

HON. MIKE ROGERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. ROGERS of Michigan. Madam Speaker, I rise today to express concerns regarding health reform proposals which would create unfunded state mandates. Legislation currently before the House would dramatically expand the Medicaid program and place over \$35 billion in new liabilities on state budgets over the next ten years. In addition, these proposals would expand the federal government's role in administering Medicaid, which would severely handcuff states' ability to run their own programs and preempt state authority to manage Medicaid eligibility and benefits.

Over the last several weeks, governors have expressed concerns over these proposals. I would like to submit for the RECORD the following letters from the governors of Nebraska, North Dakota, Nevada and Rhode Island:

SEPTEMBER 16, 2009.

Hon. BENJAMIN NELSON,
U.S. Senator, Hart Building, Washington, DC.

Hon. MIKE JOHANNIS,
U.S. Senator, Russell Senate Office Building, Washington, DC.

DEAR SENATOR NELSON AND SENATOR JOHANNIS: I am writing to alert you that the analysis provided by the staff to the members of the NGA Health Care Reform Task Force indicates that the Chairman's Mark released by Senator Baucus this morning contains a new unfunded Medicaid mandate. Earlier this year I wrote both of you expressing my concern that this might occur as part of health care reform.

I greatly appreciate the fact that both of you have repeatedly expressed concerns about the negative impact that health care reform could have on the Federal deficit and the State budget. As former Governors you understand the impact that Medicaid has on state spending. This new unfunded federal Medicaid mandate could result in higher taxes on Nebraskans or in cutting state aid to Nebraska's school districts as well as state appropriations to our universities, state colleges and community colleges. This proposal is not in Nebraska's best interests.

As we develop more specific information, I will be providing you with our best estimates of the magnitude of the impact on Nebraska. Thank you for your attention to this matter.

Sincerely,

DAVE HEINEMAN,
Governor, Nebraska.

SEPTEMBER 30, 2009.

KATHLEEN SEBELIUS,
Secretary of Health and Human Services, Hubert H. Humphrey Building, Washington DC.

DEAR SECRETARY SEBELIUS: As Congress and the Administration work through the various versions of health care reform currently moving through the legislative process, we ask that you carefully consider the following issues.

First, having served as chief executive of a state yourself, I am sure you are mindful of the growing concern among the nation's governors about the risk to states of including unfunded mandates in national healthcare legislation. States are constitutionally mandated to balance their budgets, which means that any shortfalls caused by unfunded federal mandates could force increases in taxes, a reduction in services or both. This potential is especially troubling at a time when states are financially struggling.

We cannot be certain what form evolving legislation will take, and what the impact of that final legislation will be on state budgets. For that reason, we, along with the National Governors Association, urge extreme caution in moving forward with any plan that would commit the states, without their express participation and consent, to obligations that may financially bind them for decades into the future.

Second, it is important that any healthcare reform plan passed by Congress and signed by the President reward the states for good Medicare and Medicaid outcomes. North Dakota health care providers, for example, consistently provide low-cost, high-quality healthcare, yet have the lowest reimbursement rates in the nation. Any reform of the system must have incentives for good performance and cost-effectiveness.

Notwithstanding these issues, like Americans everywhere, we too are concerned about rising healthcare costs and the need to provide access to affordable, high-quality healthcare for our citizens. Congress and the Administration should be looking at a range of reforms that can deliver meaningful and almost immediate benefits for our healthcare system. These include measures, among others, like tort reform for medical liability; tax credits to help make insurance more affordable; providing transparency in billing; ensuring healthcare insurance portability; and limiting denials for preexisting conditions.

Clearly, healthcare reform is needed. On that matter there is no disagreement, but it needs to be done right. To that end, I do hope that you will keep in mind OUR concerns and recommendations as you consider proposals to improve America's healthcare system.

Sincerely,

JOHN HOEVEN,
Governor, North Dakota.

SEPTEMBER 11, 2009.

Hon. HARRY REID,
Senate Majority Leader, U.S. Senate, Washington, DC.

DEAR SENATOR REID: It has been clear from the early days of the 111th Congress that health insurance reform will be a top priority for lawmakers this year. Comprehensive reform should lower health care costs while increasing insured populations, quality of care, and point-of service accessibility for all Nevadans.

One common thread appears throughout recent legislative proposals: the expansion of Medicaid as a central "reform" component. Simply put, the expansion of existing healthcare programs is not authentic reform and further, places the cost burden to the states at a time when states can ill afford it.

It is essential that Congress take the time to examine all possible options for health insurance reform in order to find sustainable long-term solutions. Lowering healthcare costs and reforming the healthcare system is possible without unfunded mandates or Medicaid expansions forced on the states. While certain changes to the current Medicaid program could advance the overall function of health insurance reform, expansion of the program without a permanent funding mechanism is not something that any state can support, nor is it a viable solution.

As you know, unlike the United States Constitution, most state constitutions require a balanced budget, including Nevada. In Nevada, we will spend nearly \$907,000,000 for Medicaid programs in Fiscal Years 2010 and 2011. This accounts for 13.8 percent of our General Fund budget. Any further expansion of this program would be another great example of Washington playing budget games by passing on costs to the state—this is unrealistic in the current economy and as a long term resolution.

Additional expansions of the Medicaid program will force Nevada into deep cuts in other programs and services which are not federally mandated in order to balance our General Fund. In the current fiscal year gaming revenues are down 12.5 percent, and sales tax revenues are down 20 percent. By overriding my veto, the 2009 Nevada Legislature passed substantial tax increases to burden our already beleaguered citizens.

Many current proposals also include significant cuts to the Medicare program. Nevada's growing senior population is frightened by the proposed \$162,200,000 reductions which will impact an estimated 11,000,000 seniors. Harmful and arbitrary cuts to Medicare Advantage may result in plans dropping out of the program, limiting beneficiary choice, and causing millions of seniors to lose their current coverage. These proposals must be stopped.

Nevadans cannot afford more taxes. Now is not the time to place unfunded Medicaid or other mandates on the states. By expanding Medicaid programs, the United States Congress will be forcing the State of Nevada into deep budget cuts in other state programs. I do not believe that any child's education should be placed on the chopping block to fund these new programs, but we will face that dilemma if these proposals of the Democratic Congress are enacted.

Health insurance reform should be addressed in a cooperative manner by both the federal and state governments. If states are treated as partners—not pawns—we can work to enact important reforms in concert with federal efforts. State-enacted caps on medical malpractice lawsuits, for example, would have a transformative impact on the health care and health insurance industry in each state, cutting costs for consumers without negatively affecting the stability of our current health care industry.

I am ready to work with my fellow Governors and the U.S. Congress in order to support sensible, accountable, and workable health insurance reform that helps, not hurts, Nevadans.

Sincerely,

JIM GIBBONS,
Governor, Nevada.

SEPTEMBER 25, 2009.

Hon. JACK REED,
Senator, U.S. Senate, Hart Building, Washington, DC.

DEAR SENATOR REED: I appreciate your work and that of your colleagues in the Congress to craft legislation to reform the health care system in America. As you know, Rhode Island took on reform last year, albeit on a smaller scale, as we developed and pursued approval of our groundbreaking Global Consumer Choice Waiver.

One of the primary reasons the State pursued the Global Waiver is that federal Medicaid rules often limit the ability of the states to adapt to fiscal realities and the complex and changing needs of beneficiaries. It is difficult to deliver vital services to the beneficiaries and be fair to all taxpayers when the federal government denies us the flexibility to effectively structure and manage a program representing such a significant financial investment.

I am extremely concerned that several of the health reform initiatives recently introduced in Congress will prevent Rhode Island from fulfilling the Global Waiver's promise. Such initiatives will further strain the state's budget at a time of great fiscal uncertainty and impose even more debt on our children, grandchildren and great grandchildren.

Therefore, I ask for your support and that of all members of the Rhode Island Congressional Delegation, to preserve the innovative health care initiatives now under way in Rhode Island and in many other states. I ask that you reject any reform proposals that impose additional financial burdens on the states and the people and communities we serve or that otherwise limit our capacity to meet our constituents' needs.

As originally proposed, the Senate Finance bill required a significant portion of the costs for covering the uninsured through Medicaid to be paid by lower and middle income taxpayers and the states. I am aware that changes in the proposed legislation provide, at least temporarily, additional funding for the required Medicaid expansions to "high need" states like Rhode Island. However, full federal funding will only be available for a limited period and would cease at the very time population projections estimate we will begin to see a surge in Medicaid eligibility for elders. It is unclear how the state or federal government will be able to sustain these Medicaid expansions in light of these projections and at a time of decreasing revenues and sky-rocketing deficits. The House legislation imposes burdens on state budgets and working Americans that are unacceptable.

Likewise, there still remain Medicaid eligibility and coverage mandates that will limit the flexibility of the states to operate financially sound, sustainable programs. Moreover, ongoing health reform efforts, such as those now under way in Rhode Island, may be hampered as limited administrative resources are diverted to finance the mandated expansions. Federal oversight of the Medicaid program should be streamlined, and allow for far greater innovation at the state level.

As a Governor, I am particularly concerned about the prospect of additional "short-term funded" federal Medicaid mandates. The Medicaid program itself is expensive, provider-centered, inefficient, slow to innovate and, as such, ultimately unsustainable. For these reasons, the Medicaid program is hardly the best and by no means the most appropriate platform for expanding health coverage to tens-of-thousands of additional Rhode Islanders and millions of other Americans.

I hope you will ensure that any legislation enacted by Congress does not include additional mandates on states, or at the very least compensates states fully for those it does impose, including the administrative costs associated with expansion. Additionally, providing states with the flexibility they need to implement the relevant provisions of reform should be a top priority today and in the future.

There are better ways to reform America's health care system, and I hope that President Obama and Congress will work with Governors, providers, consumers and others to bring about sensible reforms that increase quality, contain costs and ensure portability of health care.

Sincerely,

DONALD L. CARCIERI,
Governor, Rhode Island.

CONFERENCE REPORT ON H.R. 3183, ENERGY AND WATER DEVELOPMENT AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

SPEECH OF

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 1, 2009

Mr. HOLT. Madam Speaker, I rise in support of the conference report on the Fiscal Year 2010 Energy and Water Development and Related Agencies Appropriations Act. Programs funded under this legislation range from nuclear weapons and nonproliferation capabilities to basic research on current and next generation energy sources and distribution technologies. I am pleased that the conference agreement before us today reflects a strong commitment to our nation's needs in these areas.

I believe that nuclear proliferation is the single greatest threat to global peace and security. The United States should be leading efforts to eliminate nuclear weapons and secure loose or inadequately safeguarded nuclear material. That is why I am very pleased that the conference agreement increases our investment in nonproliferation programs to \$2.1 billion, including a 43 percent increase in funding for International Nuclear Material Protection and Cooperation. These funds will improve our ability to stop illicit nuclear trafficking and prevent terrorists from gaining access to unsecured nuclear material around the world. Equally important is the fact this agreement exceeds the budget request for weapons dismantlement and disposition, reflecting a dedication to reduced U.S. nuclear weapon stockpiles.

The conference agreement also maintains significant investments in Department of Energy research and development programs that are critical to placing our nation on a path toward a sustainable energy future. The support for energy efficiency and renewable energy research in this legislation will help us develop new, less expensive ways to produce and use energy. Funding for electricity delivery and reliability will allow us to begin modernizing and securing our aging electrical grid against internal and external threats. The \$4.9 billion in funding for the Office of Science will support the basic research that will be the foundation of tomorrow's transformative discoveries and innovations. I appreciate the \$426 million investment for fusion energy sciences included