

in the conference agreement, and I hope we will continue to strengthen this and other basic and applied energy programs in the coming years.

Finally, I applaud the conference agreement for upholding the funding goals of the America COMPETES Act—an important step toward restoring the rightful place of science in our nation. Yet we should not underestimate the size or scope of the challenges posed by climate change and energy security. As we consider future legislation, the twin goals of a clean energy future and a robust economy will require a firm dedication to providing our scientists and engineers the resources they need to initiate genuinely transformative changes in our energy sector.

EARMARK DECLARATION

HON. FRANK A. LOBIONDO

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. LOBIONDO. Madam Speaker, as per the requirements of the Republican Conference Rules on earmarks, I secured the following earmarks in the Conference Report to accompany H.R. 2997:

Requesting Member: Congressman FRANK LOBIONDO (NJ-02)

Bill Number: H.R. 2997 (Conference Report)

Account: National Institute of Food and Agriculture—SRG

Legal Name of Requesting Entity: Rutgers University Marucci Center for Blueberry and Cranberry Research and Extension

Address of Requesting Entity: 125A Oswego Road, Chatsworth, NJ 08019

Description of Request: Provide an earmark of \$550,000 for the Cranberry/Blueberry Disease Project for research on breeding and pest management to provide continued support for the \$50 million a year industry. Past research has found bacterial anti-adherence mechanisms helping to fight urinary tract infection and dental caries, and other antioxidant properties. A major effort within the breeding program aims to enhance these health beneficial properties.

Requesting Member: Congressman FRANK LOBIONDO (NJ-02)

Bill Number: H.R. 2997 (Conference Report)

Account: Animal and Plant Health Inspection Service—Salaries and Expenses

Legal Name of Requesting Entity: State of New Jersey, Department of Agriculture

Address of Requesting Entity: 369 S. Warren Street, P.O. Box 330, Trenton, NJ 08625

Description of Request: Provide an earmark of \$500,000 for the New Jersey Gypsy Moth Pest Management Program to support and enhance gypsy moth control on effected communities and public lands. Funds will be used to cost share aerial treatments borne by local municipalities; for outreach in developing a web-based interactive online map showing the distribution of the gypsy moth in New Jersey and proposed treatment areas; and for technical support for salaries for field scouts and vehicle operation.

PERSONAL EXPLANATION

HON. J. GRESHAM BARRETT

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. BARRETT of South Carolina. Madam Speaker, unfortunately, I missed recorded votes on the House floor on Tuesday, October 6, 2009.

Had I been present, I would have voted “aye” on rollcall vote No. 753 (on motion to authorize conferees to close conference on H.R. 2647), “aye” on rollcall vote No. 754 (on motion to instruct conferees to H.R. 2647), “aye” on rollcall vote No. 755 (on motion to suspend the rules and agree to H. Res. 707).

GOVERNORS OF SOUTH CAROLINA AND TEXAS 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 10 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 South Carolina and Texas:

SEPTEMBER 11, 2009.

Hon. LINDSEY O. GRAHAM,
U.S. Senate, Russell Senate Office Building,
Washington, DC.

DEAR LINDSEY: Thank you for the work you do on behalf of this country and our state.

With this work in mind I write to respectfully layout some concerns our administration has with regard to proposed health care changes in Washington. I am not writing to second guess your work, or that of Congress, but just to give you the vantage point from the seat I hold—and the consequent implications for taxpayers of this state given the proposed changes' impact in Medicaid administered by our state.

Like many governors across the nation, our administration is growing increasingly concerned about the financial strain rising health care costs are putting on South Carolina's annual budget. During the National Governors Association meeting in July, many governors joined together in a bipartisan effort to formally oppose the current Congressional health care proposals by issuing a policy opposing unfunded mandates. If these so-called reform proposals move forward, almost all states will have to raise taxes to manage this health care expansion. In South Carolina, Medicaid already receives up to \$880 million annually—16 percent of our budget.

The current House and Senate proposals would expand Medicaid and pass health care costs down to the states. Senate Finance Committee Chairman Max Baucus said that it would be impossible for the federal government to pick up all of the costs for new Medicaid recipients and that states would have to bear additional costs. To help put this matter into perspective, when the enhanced federal medical assistance percentage expires at the end of 2010, South Carolina will be spending \$1.2 billion, or more than 20 percent of our state budget, on Medicaid annually. That total represents just one-third of the total Medicaid dollars spent in our state—not counting the costs associated with the proposed changes to our health care system.

The Congressional Budget Office (CBO) estimates H.R. 3200 will cost in excess of \$1 trillion over the next ten years. However, the fine print reveals that the true cost would be much higher. The legislation relies on a large tax increase, which is implemented four years before most of the program's spending is ramped up. This delay in implementation is nothing more than a budget trick masking the true cost of the proposal. Even under the CBO projection, H.R. 3200 would add more than \$200 billion to the budget deficit in the next 10 years.

This projection is predicated on \$219 billion in spending changes that may be an illusion. A strong indicator that suggests that these savings will not materialize is found in a further analysis of the CBO study by Ways and Means Committee staff, which shows that the total price tag will reach \$2 trillion by 2024, including roughly \$600 billion in deficit spending. These are the significant costs you are contending with at the federal level in times of \$2 trillion deficits.

According to the National Association of State Budget Officers (NASBO), Medicaid expenses nationally will reach \$523 billion by 2013—a 56 percent increase in just six years. The proposed changes to the program would increase Medicaid spending by \$450 million in South Carolina—more than half of what we already spend on Medicaid. With that significant an increase, South Carolina would be forced to either raise taxes or cut critical services in education and public safety, the two other large spending items in our budget.

Any state tax increase would be in addition to the proposed federal tax increases included in the House and Senate bills, like huge tax increases in the form of an additional 8 percent payroll tax or a 5.4 percent income tax surcharge on small businesses. Even in prosperous times, we would not support the incredible burden of this unfunded mandate, but in the current global economy, that impact would be disastrous for our state.

The proposal being discussed in the United States Senate has similar problems for South Carolina as, by 2015, this proposal would add more than 400,000 South Carolinians to the Medicaid program. The federal government would cover increased funding only until 2015. After 2015, South Carolina must start picking up the tab. By 2020, South Carolina would be forced to come up with an additional nearly \$900 million annually for the increased number of Medicaid enrollees. Federal programs will grow at South Carolina's expense, and will increase Medicaid costs in our state by 50 percent.

Lastly, if we are trying to make health care more affordable, why exclude tort reform and national insurance markets from the plan? Litigation, and its negative impact on the practice of medicine, significantly increases the cost of health care in this state. South Carolina passed comprehensive tort reform legislation in 2004, partially to stop

lawsuit abuse in medical liability cases. Subsequently, medical liability insurance costs are down 42 percent, and doctors have received an average rebate of 20 percent of their annual paid premium. The number of lawsuits against South Carolina doctors fell almost 90 percent one year after tort reform went into effect. Doctors have stopped leaving the state and no longer limit their practices to avoid lawsuit abuse.

Likewise, eliminating the interstate purchasing restrictions for insurance would create a bigger market for insurance, thereby giving consumers more options and driving down the price. A national market for health or life insurance means that South Carolinians can purchase whichever policy best fits their needs—whether the policy is from South Carolina, New York or California.

With all the issues surrounding a government-run health care system, I wanted to bring to your attention the increased taxes that South Carolinians might shoulder on top of the federal tax increases in the proposed bills.

Everybody agrees that there should be reforms to our health care system, but it should be done thoughtfully. I look forward to working with you on this and other issues.

Sincerely,

MARK SANFORD,
Governor, South Carolina.

JUNE 5, 2009.

Hon. JOE L. BARTON,
House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR REPRESENTATIVE BARTON: As Congress continues to grapple with the daunting challenge of enacting significant health care reform measures before the August recess, I urge you to contemplate the effects of certain policy considerations on our great state.

Government-run health care is not the solution to fix a broken health care system, and is financially unsustainable. At today's costs, extending Medicaid benefits to uninsured citizens at or below 100 percent of the federal poverty level would cost Texas an additional \$4.6 billion in general revenue per year (equal to a 2.3 cent, or 27 percent, sales tax increase), on top of the \$19 billion in general revenue the state expects to spend on Medicaid in the 2010–11 biennium. This type of federal government spending mandate would erode the state's economic viability without containing health care costs or improving health care quality and access.

Health and human services general revenue spending in Texas for the 2010–11 biennium is projected to grow almost 13 percent, to \$25.3 billion. The Texas Health and Human Services Commission already projects a Medicaid-related shortfall of more than \$1 billion in general revenue in the coming biennium, and combined Medicaid and Children's Health Insurance Program caseloads will exceed 3 million people. The number of uninsured Texans also continues to grow, and the state continues efforts to address a critical primary care physician shortage in many areas of the state.

In 2007, I set forth a comprehensive plan to transform health care in Texas. This reform waiver has been languishing before the Centers for Medicare and Medicaid Services for more than a year. My plan would provide more people with insurance, reduce expensive emergency room visits for basic care, and make it easier for the working poor to buy into employer-sponsored insurance. I am pleased to note that many of the policy proposals in this waiver are surfacing in Congressional discussions on health care reform, including programs that emphasize quality preventive care and reforms that promote a robust, competitive private insurance market centered on consumer choice and affordability.

The Texas waiver proposal reflected strong bipartisan acknowledgement of the need for reform. Improving quality of care, controlling escalating health care costs and addressing access-to-care issues requires collaboration among federal, state and local governments. A one-size-fits-all federal government mandate will not achieve significant reform. Rather, allowing states and local governments the flexibility to restructure the way health care is financed and delivered is critical to significant reform.

Texas just concluded its 81st Legislative Session, which was marked by the passage of a biennial state budget with less than 1 percent growth in general revenue spending, leaving intact the state's Rainy Day Fund, which will provide an expected balance of \$9.1 billion to address future state needs. However, despite the many legislative accomplishments that will continue to position Texas as an economic leader in this country, the state faces significant financial burdens ahead due to rapidly increasing Medicaid caseload and health care cost growth.

I urge you to ensure that the momentum surrounding the current health care reform debate is informed by the effect on Texas in a way that protects state flexibility and innovation while guarding against growing federally mandated programs that will be financially unsustainable, not only for Texas, but for most other states and the federal government, as well. No government has ever taxed, or borrowed, its way to prosperity, no matter how laudable the spending goal may have been. I hope you will resist the temptation to finance an item as basic as health care with deficit financing that cannot be maintained.

Sincerely,

RICK PERRY,
Governor, Texas.

SEPTEMBER 23, 2009.

Hon. MAX BAUCUS,
Chairman, Committee on Finance, U.S. Senate, Hart Senate Office Building, Washington, DC.

DEAR CHAIRMAN BAUCUS: Last week, Senate Majority Leader Harry Reid said he was concerned that the health care legislation you have proposed will expand the Nevada Medicaid population beyond what his state can afford. Speaking as governor of a state with a significantly larger caseload than Nevada—a caseload that could double under your proposed Senate Finance plan—let me respectfully say I am troubled by the financial impact on Texas taxpayers and our budget.

The Texas Health and Human Services Commission estimates that the various federal health care proposals circulating around Congress could add as much as \$60 billion to the state budget over the next 10 years, creating twice the number of Texas Medicaid recipients.

Additionally, these bills place a new tax burden on certain businesses and provide for the federal takeover of some current state insurance functions. These one-size-fits-all government mandates are both unsustainable and unable to fix our broken health care system.

Instead of government mandates and more deficit spending, successful health care reforms can only be achieved by providing states with the flexibility to develop state-specific solutions.

For example, in 2003, I signed into law medical liability reform that has improved access to medical care in Texas, particularly in underserved areas. Prior to these reforms, Texas doctors were being sued at twice the national average, and many were giving up practicing in Texas altogether. Today, doctors are coming to Texas as fast as they can, with record numbers applying to practice

medicine in the Lone Star State. Tort reform is the sort of state-specific, market-driven reform measure that will help provide effective, affordable solutions to our health care woes.

In addition, as you may know, last month, I wrote to Secretary Kathleen Sebelius to again urge approval of the Texas Medicaid reform waiver, which was originally submitted in April 2008. This waiver—which would promote preventive care, improve quality and access to care, and enable more low-income working Texans to purchase private health insurance—continues to languish at the Centers for Medicare and Medicaid Services.

I urge you to support our right, as a state, to further explore these approaches, rather than forcing us to implement federal mandates that promise financial hardships for the states and little in the way of benefits for our economy and all of our constituents.

Sincerely,

RICK PERRY,
Governor, Texas.

HONORING THE STUDENTS AND STAFF OF DEVINE HIGH SCHOOL

HON. CIRO D. RODRIGUEZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. RODRIGUEZ. Madam Speaker, I commend your hard work and dedication in the pursuit of academic excellence. Through your efforts, you have garnered the prestigious honor of being named a National Blue Ribbon School by Secretary of Education Arne Duncan, the highest distinction a school in the United States can achieve.

The Blue Ribbon Schools Program was established in 1982 by Secretary of Education Terrell Bell. The program honors public and private elementary, middle, and high schools that demonstrate academic superiority or dramatic gains in student achievement. Only 3.9 percent of all schools in the United States have received this award.

As your Member of Congress, I am proud of your ambition and inspired by your success. I have always believed that our future prosperity is predicated on our present commitment to education. You are lighting the way as a beacon for those not only in our district, but also in our nation. I applaud you for your efforts and encourage you to keep up the excellent work.

IN HONOR OF THE SANTA CRUZ COUNTY PARTICIPANTS OF "PEDAL FOR PEACE" OCTOBER 7, 2009

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. FARR. Madam Speaker, I want to commend the Santa Cruz County Participants of "Follow the Women—Pedal for Peace". This year's participants are Jane DeJarnette, Janet Fogel, Lilly Ann Popken, JoAnn Smith, Marilyn Marzell, and Elizabeth Schwartz. The objective of the ride is to raise awareness of violence in the Middle East and its affects on women and children, who suffer the most as a result of the