

do more damage than good and create far more problems than it solves.

And unfortunately, Indiana would bear the brunt of many of the reckless policies being proposed. For example, our Healthy Indiana Plan (HIP), an innovative and successful state sponsored health insurance program for uninsured citizens, would suffer greatly as Congress expands Medicaid coverage, forcing many of the Hoosiers already enrolled in HIP out of the plan and into a broken Medicaid program that does not focus on prevention, healthy lifestyles, or personal responsibility.

Additionally, states will likely have to pick up the tab for this extension of Medicaid. We have estimated that the price for Indiana could reach upwards of \$724 million annually. These additional costs will overwhelm our resources and obliterate the reserves we have fought so hard to protect.

While these reforms could do serious damage to our state, I fear they will also have harmful consequences all across the country by reducing the quality and quantity of available medical care, stifling innovation, and further burdening taxpayers.

There is another way. Americans from all walks of life and every political stripe should work together with President Obama and Congress to create a set of measured and sensible reforms that bring down costs, increase access and portability and stress the importance of innovative state-run health insurance programs.

The majority of Americans do believe that health care reform is needed, but do not believe that the legislation currently on offer is the answer. I agree. And I will do everything in my power to raise these concerns and work with you to find a solution.

Sincerely,

MITCH DANIELS,  
*Governor, Indiana.*

SEPTEMBER 30, 2009.

Hon. STEVE SCALISE,  
*Cannon House Office Building, Washington, DC.*

DEAR CONGRESSMAN SCALISE: I join many of my fellow Republican and Democrat governors in expressing concern with any health care legislation being signed into law that would serve as an unfunded mandate to states.

Louisiana is similar to many other states around the country in that we are attempting to address budgetary deficits in large part by working to streamline government to be more efficient and cost-effective. In short, we are trying to emulate many of our working families, small businesses and seniors by watching our spending, doing more with less, and making every dollar count.

However, Louisiana's budgetary situation is uniquely challenged due to an unprecedented FMAP rate drop from 72 to 63.1 percent beginning next fiscal year that will cost Louisiana at least \$700 million annually. This additional cost will place significant pressures on our ability to expand our economy, create new jobs and protect critical services in our state.

Louisiana is proud of its commitment to its citizens' health in the face of long-standing issues of extreme poverty experienced in few other states. Our state is a national model for insuring children with over a 95% rate of child insurance and we were recently recognized for achieving the 2nd highest child immunization rates in the nation after an intensive state-wide private-public effort.

My Department of Health & Hospitals has submitted a Medicaid waiver to the US Department of Health & Human Services that

can help improve the cost and quality delivered in the Medicaid program. This waiver proposes national best practices of coordinated care, medical homes, provider payment reform, electronic medical records, and consumer incentives to manage cost and improve quality. This proposal can help improve the efficiency in Medicaid and utilize those savings, along with the shifting of DSH dollars from expensive hospital based care to community based outpatient care, to expand coverage through private insurance to tens of thousands of adults in our state.

Again, I ask that you consider the budgetary pressures being felt by Louisiana and many other states and avoid passing any health care legislation that would serve as an unfunded mandate to the states.

Best regards,

BOBBY JINDAL,  
*Governor, Louisiana.*

[From the Washington Post, Aug. 3, 2009]  
TO FIX HEALTH CARE, FOLLOW THE STATES  
(By Governor Tim Pawlenty of Minnesota)

If you tie money to results, you'll get better results. Unfortunately, government often dumps money into programs without regard to accountability and outcomes. This past week, Democrats in Congress have been busy tinkering with a Washington takeover of the health-care system, but perhaps they should look instead to the states for models of market-driven, patient-centered and quality-focused reform. Rather than taking power away from states, federal health-care reform should use the lessons we've learned tackling this crisis in our back yards.

In Minnesota, our state employee health-care plan has demonstrated incredible results by linking outcomes to value. State employees in Minnesota can choose any clinic available to them in the health-care network they've selected. However, individuals who use more costly and less-efficient clinics are required to pay more out-of-pocket. Not surprisingly, informed health-care consumers vote wisely with their feet and their wallets. Employees overwhelmingly selected providers who deliver higher quality and lower costs as a result of getting things right the first time. The payoff is straightforward: For two of the past five years, we've had zero percent premium increases in the state employee insurance plan.

Minnesota has also implemented an innovative program called QCARE, for Quality Care and Rewarding Excellence. QCARE identifies quality measures, sets aggressive outcome targets for providers, makes comparable measures transparent to the public and changes the payment system to reward quality rather than quantity. We must stop paying based on the number of procedures and start paying based on results.

Instead of returning power to patients and rewarding positive outcomes, many Democrats in Washington want a government-run plan that would require states to comply with dozens of new mandates and regulations. One study by the Lewin Group recently concluded that an estimated 114 million Americans could be displaced from their current coverage under such a plan, and another study by House Republicans said the plan could result in the loss of up to 5 million jobs over the next 10 years.

In typical fashion, the self-proclaimed experts piecing together this Democratic health-care legislation are focusing on only one leg—access—of a three-legged stool that also includes cost and quality. Expanding access to health care is a worthwhile goal. But equal or greater focus should be placed on

containing costs for the vast majority of Americans who already have insurance. Those costs will not be contained by a massive expansion of federal programs.

Massachusetts's experience should caution Congress against focusing primarily on access. While the Massachusetts plan has reduced the number of uninsured people, costs have been dramatically higher than expected. The result? Increased taxes and fees. The Boston Globe has reported on a current short-term funding gap and the need to obtain a new federal bailout.

Imagine the scope of tax increases, or additional deficit spending, if that approach is utilized for the entire country.

IN HONOR OF THE CALIFORNIA  
UNIVERSITY OF PENNSYLVANIA  
STUDENTS, FACULTY, AND  
STAFF WHO HAVE SERVED OUR  
NATION IN IRAQ

HON. JOHN P. MURTHA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. MURTHA. Madam Speaker, I rise today to ask this chamber to recognize the students, faculty, and staff at California University of Pennsylvania who have valiantly served their country in Iraq. Cal. U. students have an exemplary record of serving our country in times of need and have done so again during the war in Iraq.

There have been nineteen California University students who have been deployed to Iraq. Furthermore, five members of the staff and faculty were also deployed. Many were part of the Pennsylvania Army National Guard 56th Stryker Brigade Combat Team, north of Baghdad. This was the largest National Guard call-up in support of a single operation in the history of the university. I have joined my colleagues in recognizing the 56th Stryker Brigade by becoming an original cosponsor of H. Res. 754, which honors the citizen-soldiers of the National Guard of the State of Pennsylvania, including the 56th Brigade Combat Team (Stryker) of the Pennsylvania Army National Guard on its return to the United States from deployment in Iraq.

Madam Speaker, these students, just like countless others across Pennsylvania and the rest of the country, are choosing to serve their nation and put their own education on hold.

I have seen the consequences and effects of returning home after combat and I am pleased that Cal. U. has an Office of Veterans Affairs. This office has been instrumental in helping veterans reintegrate into the university community and has helped to facilitate the issuance of G.I. Bill benefits. This is an excellent way to help those who have given so much to our country.

I wish to conclude my remarks by commending the California University of Pennsylvania students, faculty and staff members who have selflessly dedicated themselves to our great nation by serving their country. I would also like to commend students and university staff and faculty across our great nation who have done the same.

RECOGNIZING DYKE MARSH  
WILDLIFE PRESERVE

SPEECH OF

**HON. JOHN D. DINGELL**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, October 6, 2009*

Mr. DINGELL. Madam Speaker, I rise in strong support of H. Res. 701, honoring the 50th Anniversary of the Dyke Marsh Wildlife Preserve.

Fifty years ago, commercial dredging and dumping operations threatened the very existence of Dyke Marsh. In 1959, Congress designated Dyke Marsh as a protected wetland habitat, allowing it today to provide a vital habitat for over 6,500 species of animals and plants, and serve as one of the national capital area's most cherished wetland and wildlife preserves.

I am proud to have taken part in the designation of Dyke Marsh. The best times of my life were hunting and fishing with my dad and, later in life, with my children. I want to ensure others are able to enjoy the outdoors in that same meaningful way.

This anniversary reminds me of the great times John Saylor, Henry Reuss and I shared while working on environmental and conservation legislation together. They were great friends and legislators, and I am proud of what we were able to accomplish. John was wise to have once said: 'We are a great people because we have been successful in developing and using our marvelous natural resources; but, also, we Americans are the people we are largely because we have had the influence of the wilderness on our lives.'

I am also reminded of a quote by another great leader, Winston Churchill. Churchill, as you know, enjoyed the occasional drink. One day he was meeting with a group of women who were offended by his consumption of alcohol. They said 'Mr. Churchill, if you lined the walls of your office with the alcohol you have consumed, it would be up to here.' Churchill looked up, thought for a moment, looked at the ladies and said, 'So much to do, so little time.' We should be proud of the good our work towards conservation has done, but remember we have more to do.

The Gentleman from Virginia, Mr. MORAN, is to be commended for his hard work in protecting Dyke Marsh and for the good work he has done from his perch in the House Appropriations Subcommittee on the Interior. Important conservation programs are better off because of his wisdom and diligence.

I also want to take a moment to recognize the hard work of the Friends of Dyke Marsh. This organization, currently under the leadership of Glenda Booth, has done a great job of protecting this beautiful space and getting the story of Dyke Marsh out. Friends of Dyke Marsh is an outstanding advocacy organization and they have much of which to be proud.

I urge all my colleagues to rise and commemorate the 50th Anniversary of the Dyke Marsh Wildlife Preserve.

PERSONAL EXPLANATION

**HON. STEVE KING**

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, October 7, 2009*

Mr. KING of Iowa. Madam Speaker, on roll-call No. 754, I was unable to reach the House floor to cast my vote before the vote was closed.

Had I been present, I would have voted "yea."

GOVERNORS OF MISSISSIPPI AND  
NEBRASKA 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 Mississippi and Nebraska:

AUGUST 6, 2009.

Hon. GREGG HARPER,  
Cannon HOB,  
Washington, DC.

DEAR CONGRESSMAN HARPER: As Congress debates healthcare reform, I want to raise a few issues of concern with the policies being considered in both House and Senate bills. Healthcare reform is truly a bipartisan issue; after all, Republicans and Democrats understand that our healthcare system faces significant challenges—from steadily increasing medical costs to confusing insurance provisions. As the national debate continues, it is important that everyone realizes the severe impact the proposed legislation would have on states like Mississippi.

As Governor, I am particularly concerned about the direction the Senate and House are taking in regards to Medicaid expansion. Instead of discussing policies to reform a broken system, the debate in Congress has shifted to finding ways to fund an expanded Medicaid program at the state level. At the end of the day, both the Senate and House proposals are unfunded mandates, which, for states like Mississippi, would result in burdensome and costly changes to the system.

For example, when we talk about sharing the cost of an expanded Medicaid program, Mississippi would pay another \$333 million annually under a larger program covering up to 150 percent below the Federal Poverty Level (FPL). A Medicaid program covering up to 133 percent FPL expansion would cost an extra \$297 million. In many states, funding the current Medicaid programs robs other critical programs. The same is true for us. Each year we struggle to cover our Med-

icaid expenses while providing for essential services including public education and public safety.

While there has been some discussion at the federal level to assist states in paying for this expansion, my staff learned last week that the Senate Finance Committee is proposing to cap the amount of federal money distributed to the states to pay for this expansion at \$40 billion over 10 years. Estimates show the cost of expanding the Medicaid system to all states at the lowest level, or 133 percent FPL, is \$30 billion per year. At 133 percent FPL, states would be saddled with Medicaid expansion costs in the second year of expansion.

These projections are overwhelming as Mississippi, like all states, continues to grapple with budget realities. Our General Fund Revenue collections for July 2009 are 11.27 percent below our estimate. Compared to the prior year, collections for this July are 21.43 percent or \$56.3 million below what was collected in July 2008. During Fiscal Year 2009, Mississippi's revenue was \$390 million short of the revenue estimate, causing most of state government, except for education and Medicaid, to take approximately a 6 percent cut in the Fiscal Year 2010 budget.

Our Fiscal Year 2010 budget included \$523 million in stimulus funds; otherwise, we would have faced even more significant cuts. It will take our state years to catch up, and that's without a \$297 million or \$333 million Medicaid state-share increase.

Further, the proposed healthcare reform legislation also includes numerous tax increases to finance significant expansions of government-run healthcare. Different versions of the House legislation incorporate a payroll tax on small businesses. Although the recent House Energy and Commerce Committee agreement included an 8 percent payroll tax for small businesses with an annual payroll of \$500,000, previous versions taxed small businesses with a payroll of \$250,000.

This tax will do nothing more than punish wage and job growth, especially when you consider that the tax rate increases as the size of payroll increases. According to the National Federation of Independent Businesses (NFIB), such employer mandates could cost 1.6 million jobs with more than 1 million of those jobs lost in the small business sector. That means higher taxes for Mississippians, since 96.7 percent of our employers are small businesses. In addition, the Senate HELP Committee proposal requires employers to offer health coverage to their employees and contribute at least 60 percent of the premium cost or pay \$750 for each employee that is not offered coverage.

Language in the proposed legislation also would mandate an individual to purchase health insurance and, should he be unable to afford such coverage, he'll be slapped with a 2.5 percent additional income tax for the coverage. But the proposed legislation goes even further, taxing higher income individuals beginning at \$280,000 and families at \$350,000 on a sliding scale.

This language generates a massive tax increase on high income filers, more than half of whom are small business owners already being taxed if they do not provide health insurance to their employees. A tax increase in the middle of a recession, with unemployment rising, is not the answer.

Besides increasing taxes, the House bill cuts Medicare nearly \$500 billion. These cuts include reductions to Medicare providers and hospitals, while gutting Medicare Advantage by \$150 billion to \$160 billion. Admittedly, I am baffled as to why Congress would propose slicing funding for a program that our seniors support and that provides for their health and well-being.