

My second amendment would have created a small pilot program to fund a practical demonstration of ordnance discrimination technology. Currently over 75 percent of material uncovered during the clearing of leftover and still dangerous bombs and shells is non-dangerous scrap metal. This type of technology, once proven through a live demonstration, would cut cleanup costs by two to three times.

These amendments were commonsense ways to reduce Pentagon liability, save money and resources in the long run, and make our lands safer for our communities and military personnel. I was extremely disappointed that these amendments were unable to receive an up-or-down vote. But I will continue to work to ensure the Federal government is a better partner to communities.

The Administration is moving in the right direction by being willing to make tough decisions to cut or terminate certain favored, yet expensive and unnecessary, programs. It is my hope that Congress can craft a bill in conference that more closely adheres to this principled and practical stance and that meets the needs of our military and our communities.

HEALTH CARE

HON. BETTY MCCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 30, 2009

Ms. MCCOLLUM. Madam Speaker, on July 20th, I held a health care hearing in the Minnesota State Capitol to discuss the challenges and opportunities for health care reform presents for Minnesota. Representatives from patient advocate groups, health plans, hospitals, health plans, County Commissioners, and State House Representatives were in attendance. The speakers discussed the need to expand preventative care, to end the practice of denying coverage for pre-existing conditions, and to improve access to quality, affordable care.

In hearing I heard over and over again that the current flawed Medicare reimbursement formula is harming Minnesota. The people of Minnesota want health care reform that addresses the three major challenges in health care reform—cost, quality, and access—none of which can be addressed without fixing the Medicare reimbursement formula. I support moving towards a system that ensures that all patients will receive evidence-based, quality care as the standard.

OPENING STATEMENT BY CONGRESSWOMAN
BETTY MCCOLLUM

FEDERAL HEALTH CARE REFORM: OPPORTUNITIES AND CHALLENGES FOR MINNESOTA

Good morning. Thank you all for joining me for this morning's hearing.

My goal today is to hear from a distinguished and diverse group of Minnesota experts on the subject of health care reform in Washington. I want to hear not just a view of the need for national reforms—but more specifically—the opportunities, challenges, costs, and consequences for Minnesota as we reform our nation's health care system.

Let me start by saying I support President Obama's goal of reforming health care with a focus on reducing cost, increasing access, and ensuring quality care for all Americans. The current system is not sustainable for our families, businesses, tax payers, or the providers of health care. In addition, almost

50 million Americans are uninsured and too often left to access care in the emergency room where it is too expensive and too late.

As we look ahead I want to maintain a system where people can keep their doctors and private insurance plans if they are working well for them.

I support a public insurance option that will expand the opportunity for coverage and create a competition in the marketplace to keep premium costs down and ensure quality care.

I believe we have both an opportunity and an obligation to ensure every child in America is not only covered by insurance but able to access the care they need to grow up healthy, safe and successful.

We can do all of these things, but I have a concern—a major concern. Comprehensive health care reform in my opinion must mean that all 50 states move forward under any legislation passed by Congress and signed by President Obama. In other words—I want a bill in which no state is left behind—and that means Minnesota.

In Minnesota we are doing a lot of things right. And, each and every one of the people testifying today is contributing to making health care in Minnesota successful. We are not perfect and I want to see even greater strides forward here at home, but when compared to many other places across the U.S. we are doing a good job.

In Congress health care reform is dominating the agenda and we are at a crucial time.

Minnesota's successes must not only be acknowledged, they should be rewarded. Instead, the legislation currently proposed has the real potential to actually harm Minnesota's delivery of health care and that is simply unacceptable.

About fifteen years ago while serving here in the Minnesota House of Representatives I worked on the issue of geographic disparities in Medicare reimbursement. The flawed and discriminatory formula that funds Medicare continues to penalize Minnesota tax payers and patients, doctors, hospitals, counties and the entire health care sector which is providing high quality, low cost care.

If the health care reform legislation moving through Congress simply extends the existing out-of-date Medicare reimbursement system into the future—rewarding high cost, low quality states while continuing to penalize Minnesota—then this is not reform.

Even worse, if this flawed Medicare reimbursement formula is extended as the basis of a public insurance option this will not only penalize Minnesota, it will undermine and deteriorate the very success our state has attained in delivering quality, low cost care.

In Congress, I have been outspoken about Minnesota's unfair treatment among the leaders of the Democratic Caucus and Chairmen Waxman, Rangel and Miller who are writing the bill.

I have distributed a letter I sent to Democratic leadership, signed by 19 other Democrats. Let me read from the letter:

"We represent states in which the quality of care exceeds the national average and per-beneficiary fee-for-service Medicare costs are substantially lower than the national average. Our "low-cost, high quality" states are setting the national standard for Medicare, yet we are penalized by the current Medicare reimbursement formula. Furthermore, any public insurance option that is based on Medicare's current reimbursement formula would only result in an unacceptable further penalization of our states."

I was pleased to have Congressmen Walz, Ellison, and Oberstar join me on this letter because we got the attention of the leadership.

The next day I was invited by Speaker Pelosi to a meeting with leadership and the three committee chairman—Chairmen Waxman, Rangel, and Miller and Majority Leader Steny Hoyer to discuss this issue. In the meeting a study of the Medicare reimbursement formula was offered ... and quickly rejected. I made it clear that we don't need to study this problem; it has been studied to death. Now is the time to fix the formula.

I'm committed to working with President Obama and leaders in Congress to pass health care reform that works to make our system meet the needs of all Americans. But this doesn't mean I will allow Minnesota to be left behind or disadvantaged because we are a leader.

Our group of twenty Democrats will again be meeting tomorrow. My message to leadership is clear—I want to pass health care reform but I will not vote for a bill that hurts Minnesota while benefiting other states. That is not reform, but rather a recipe for disaster.

In closing, this is the most important legislation I've worked on in my nine years in Congress.

It must meet Minnesota's needs and if it does not it will be difficult for our delegation to support it.

In my first year in Congress—2001—education reform legislation was passed called "No Child Left Behind." It was championed as a bill that would transform public education—except for one thing—I was sure it was going to hurt Minnesota and set back the reforms we already had in place. I was the only Democrat on the Education Committee to vote against "No Child Left Behind" and eventually 8 of the 10 members of the Minnesota delegation voted against it.

I want health care reform but I will not put my constituents and the State of Minnesota at a disadvantage or perpetuate a system that penalizes the excellent health care we deliver in our state.

I feel a sense of urgency as I return to Washington this afternoon. Your testimony today I hope will reinforce the need for reform and the need to ensure Minnesota's best interests are reflected in any legislation that is considered by Congress.

Thank you and I look forward to hearing your testimony.

TESTIMONY FROM BROCK NELSON, REGIONS
HOSPITAL, CEO

Thank you Congresswoman McCollum for the opportunity to be here today and share our thought on health care reform legislation currently being debated by the United States House of Representatives.

My name is Brock Nelson. I am the CEO of Regions Hospital in St. Paul. Regions Hospital is part of the HealthPartners family of non-profit health care organizations.

Let me start by stating clearly, We wholeheartedly support President Obama's call for healthcare reform, and agree with his position that "the status quo is the one option that is not on the table". We applaud Congress and the White House for their ongoing efforts to obtain universal coverage for all Americans.

Legislation in the House is bold in its effort to obtain universal coverage through expanded subsidies and requirements on both individuals and business to provide coverage. Bold action is necessary if you want to address the problem of 50 million Americans who currently lack health coverage.

Unfortunately, these efforts to provide coverage for all will ultimately fall short unless Congress takes equally bold action to address how we pay for health care in this country. Our system currently rewards volume over value, and poor outcomes over good outcomes. We must change that equation if we want to make health care affordable in this country.

We urge you to insist that reform legislation includes a method that pays for value and quality, rather than the quantity of medical procedures. Currently, Medicare pays the most to less than one-half of the health care markets in a minority of states that generally provide poorer outcomes, safety, and service at higher cost, and much less to most of the country where providers demonstrate generally better outcomes, safety and service at lower cost. We believe that insertion of a measurement of value into the payment system is a critical step to change provider behavior throughout the country and “bend the cost curve” in U.S. health spending without compromising health.

Much of the discussion in Washington has focused on a “public option” and the development of an “exchange” or “gateway” to help deliver that option. We are not opposed to these mechanisms and in fact they could provide a benefit for parts of the market. But any new federal mechanism to provide coverage must operate under the same rules and market controls that exist today. A public option, like the current House proposal, that is based off of Medicare payments or an exchange that tilts the rules in favor of the public plan are bad choices and potentially devastating for local, non-profit health care markets like Minnesota.

‘Pay for value’ is the only tactic that will “bend the cost curve” in U.S. health spending, improve the quality of care that our citizens deserve, and create a long and healthy future for both the American people and the American healthcare system.

Congresswoman McCollum, you have been fearless in your efforts to address the geographic inequity in Medicare and these underlying problems in our payment system. Thank you! Please keep fighting and please let us know what we can do to provide help and support in your efforts.

TESTIMONY OF MELISSA WINGER, CHAIR OF FAMILY ADVISORY COUNCIL, CHILDREN’S HOSPITALS AND CLINICS OF MINNESOTA

I am the current Chairperson of the Family Advisory Council at Children’s Hospital and have been involved with the Council for 11 years. Through the council I have met many families who have a similar story as mine.

Thirteen years ago my son Devin was born with a complex chromosome disorder: he is missing 45 genes on chromosome number 4 and has an extra 30 genes on chromosome 6.

Devin has 17 medical conditions involving all organ systems. This has required over 40 surgeries and procedures and double that of hospitalizations all at Children’s Minneapolis.

He sees over a dozen pediatric specialists who have all been able to treat his unique needs.

All of his care has been coordinated and family centered which is something that Children’s value with ALL their families and patients.

We are currently treating a virus in his bone marrow and a deficiency in the immune system and he is getting IVIG infusions. He also had a Brain Aneurysm in his carotid artery repaired and needs to have annual testing involving high tech imaging to make sure the aneurysm continues to be stable. He also receives genetic testing to be able to pinpoint potential problems before he even starts to have symptoms

If Children’s could no longer provide this care for him, I am not sure he would survive. The aneurysm could return or his immune system could fail to respond to common infections.

I have my son today because of Children’s. Through the outpatient rehab clinics he

learned to walk, communicate, and manage table foods so he is no longer fully dependent on his feeding tube. He goes to school and performs in music shows and enjoys every minute of it!

I worry about my son, what if he gets sick? What if his bleeding disorder becomes too much to handle? What if he has difficulty with his respiratory condition? I am instantly reassured that Children’s is just a few miles away with everything needed to care for him and make him well again.

There are hundreds if not thousands of families in this state who have depended on the specialty care that Children’s provides when their child needed medical attention like my little Devin. Children’s has never given up hope for Devin, I have certainly never given up hope and at the end of the day I hope that our lawmakers won’t give up on my son.

I may hear one day “that there is nothing more we can do for Devin,” as hard as that sounds I will have to somehow accept that. However if that statement starts with “because of budget cuts there is nothing more we can do for Devin,” I will never be able to accept that.

I see things as a wall going up between my son and the care he needs at Children’s. Everytime there is a Cut to Medicare funding. Everytime a service or prescription is denied. Everytime complex regulation and policy put into place. That wall continues to rise to the point the care my son needs may no longer be available.

My son and I are caught in a never-ending circle. He gets sick, he misses days of school, I am unable to go to work. If we can access the best pediatric effective, high quality, safe care that Children’s provides, he can recover return to school and live up to his full potential and I can continue to work without being emotionally and financially ruined.

I know these are tough times and difficult decisions need to be made. But I urge you not to make decisions about health care that will effect the care my son so desperately needs and deserves.

TESTIMONY OF ALAN L. GOLDBLOOM, MD, PRESIDENT AND CHIEF EXECUTIVE OFFICER, CHILDREN’S HOSPITALS AND CLINICS OF MINNESOTA, MINNEAPOLIS/ST. PAUL, MN

I wish to thank Representative McCollum for inviting me to testify on behalf of Children’s Hospitals and Clinics of Minnesota. I appreciate the opportunity to give a voice to children in the health care debate.

This is an exciting time in America. We have an unprecedented opportunity to reform the health care system and expand coverage to all. We applaud Congress for working toward this goal, but also want to remind lawmakers that expanding health insurance coverage doesn’t automatically guarantee access to quality care. No matter what we do on the coverage side, if we don’t also address Medicaid reimbursement levels, many patients will still find it hard to get the care and services they need.

Thus far, much of the debate has focused on Medicare. I will focus more on Medicaid. Medicaid is the single largest insurer of children in the United States. Throughout the country, children, and the children’s hospitals that treat them, are particularly vulnerable to the impact of inadequate Medicaid reimbursement. At Children’s of Minnesota, we served more than 42 thousand children on Medicaid in 2008.

Children’s is the state’s largest provider of care to children with cancer, heart disease, severe prematurity, and complex surgical conditions. We pride ourselves on superb outcomes, and are committed to turn no child away, regardless of insurance status.

Medicaid represented 40 percent of our revenue last year. Six years ago it was 30%. For most adult hospitals that number is closer to 10 percent, and often less. Yet Medicaid pays only 80% of our cost. Moreover, while the number of children relying on Medicaid insurance seems to increase each year, we have seen the reimbursement rates erode year by year, usually because of state budget cuts. As the gap between cost and reimbursement increases, our ability to provide necessary care is increasingly threatened.

Much of the health care reform debate has focused on reimbursement rates for Medicare—coverage for our seniors. It is generally 20-30% lower than private plans. The fact is that Medicaid rates are 30% lower than Medicare! Across the country, on average, Medicaid pays about 71% of the cost of care, if you exclude disproportionate share (DSH) payments. If you include those DSH payments it gets up to 77%. If coverage is expanded, but the rates continue to reimburse below the cost of care, then it will be even harder to assure appropriate access to care.

Here in Minnesota, we have an additional problem. The hospitals in our state have justly earned a reputation for providing some of the highest quality and lowest cost care in the nation. Our reimbursement rates are among the lowest in the country. We are therefore extremely concerned about legislative proposals that would apply across-the-board cuts to existing reimbursement rates, without taking into account the value of care already being delivered. The simple message to Minnesota appears to be: “Thanks for leading the nation in keeping costs down and providing the highest quality care. As a reward for those efforts, we are going to cut your reimbursement even further!”

If health care reform is going to ensure real access to health care for children, Congress needs to address a number of issues.

First, health care reform bills must include provisions to set Medicaid reimbursements at a rate that is at least comparable to Medicare. Ideally, Medicaid should cover the true costs of care. The America’s Affordable Health Choice Act of 2009 does propose to increase primary care physician payments under Medicaid to 100% of Medicare by 2012. But that won’t be sufficient. To ensure true access to care, Medicaid must reimburse specialists and hospitals at this level as well. For the sickest children, access to specialist care in children’s hospitals is essential.

Second, we need to protect Disproportionate Share Hospital payments, which help expand access to care by closing the gap between Medicaid reimbursements and actual costs. If more people are covered, but the reimbursement rates remain significantly below cost, then the need for DSH payments will in fact be even greater.

Finally, health care reform needs to help eliminate disparities, and address the unique health and developmental needs of children including coverage for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program.

The investment in children’s health makes a difference that lasts for 70 or 80 years, not only in productive lives, but in avoidance of long term health costs. No other health care expenditure has that kind of return on investment. The needs of children must be front and center in this debate.

Again, thank you for allowing me to speak before you today. I am happy to answer any questions you may have.

HEARING ON "MAKING SENSE OF IT ALL: AN EXAMINATION OF USPS'S STATION AND BRANCH OPTIMIZATION INITIATIVE AND DELIVERY ROUTE ADJUSTMENTS"

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 30, 2009

Mr. KUCINICH. Madam Speaker, I submit the following statement I made in the Subcommittee on the Federal Workforce, Postal Service, and the District of Columbia.

[Subcommittee on Federal Workforce, Postal Service and the District of Columbia, July 30, 2009]

HEARING ON "MAKING SENSE OF IT ALL: AN EXAMINATION OF USPS'S STATION AND BRANCH OPTIMIZATION INITIATIVE AND DELIVERY ROUTE ADJUSTMENTS."

(By Rep. Dennis J. Kucinich)

As an ardent supporter of the Post Office, I am deeply concerned about USPS' financial condition and I appreciate the magnitude of the task ahead of the Postal Service to ensure its survival.

As you know, on July 16th, the Postal Service announced that 16 Post Office Branches in the Greater Cleveland Area would be reviewed for possible consolidation. After reading the testimony and the GAO report for this hearing, and after hearing from my constituents, I have several concerns. I am concerned that final decisions regarding each branch under consideration for consolidation will be made without full community participation and input. I am concerned that people in my community and communities across the country will face a significant and unnecessary reduction in access to crucial services. I have concerns about the private sector taking over the services that these facilities provide—because privatization of a public need like postal service rarely goes well. The review process must be done at the local level and must consider the unique demands on each individual facility to ensure that the concerns of the community, customer, postal workers and effects on the local economy are fully considered.

Mr. Small, can you please address those concerns? Specifically, how does the Postal Service ensure community participation in the decision making process? How does it use demographic and socio-economic data in making the recommendation to consolidate or close any postal facility? How do I know that any reduction in facilities will not allow private companies to take over the services that will be lost?

(he will give an answer that will likely not be sufficient to address the concerns)

Mr. Small, I thank you for your answer but I remain very concerned. I have here a letter addressed to you asking specific questions about the postal service's decision-making process. I would like to respectfully ask your cooperation in providing the answers. May I count on your help?

PERSONAL EXPLANATION

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 30, 2009

Ms. DeLAURO. Madam Speaker, due to the death of a close friend, I missed a series of

votes on the FY10 Department of State, Foreign Operations, and Related Programs Appropriations Act and also two suspension bills—H. Con. Res. 127; and H. Con. Res. 131.

Had I been present, I would have voted "aye" on the following rollcall numbers: 511; 512; 513; 514; 515; 516; 519; 521; 523; 525. I would have voted "no" on rollcall numbers: 517; 518; 520; 522; 524.

CONGRATULATING CONTINENTAL AIRLINES ON ITS 75TH ANNIVERSARY

HON. PETE OLSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 30, 2009

Mr. OLSON. Mr. Speaker, I would like to recognize Continental Airlines on their 75th Anniversary. Continental was founded 75 years ago as a mail service by Walter T. Varney and Louis Mueller.

Continental has risen to one of the most respected commercial passenger airlines flying more than 2750 flights daily to more than 260 destinations on five continents.

They have been named for the fifth time, in as many years, as the Best Airline in North America at the OAG Airline of the Year Awards;

In addition, Continental has been rated as the top airline on Fortune magazine's annual industry list of World's Most Admired Companies for six consecutive years.

I would like to congratulate Continental and their employees on their 75th anniversary and look forward to many more years of flying to come.

HONORING THE LIFE OF NEW YORK STATE SENATOR OLGA A. MENDOZ

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 30, 2009

Mr. RANGEL. Madam Speaker, I rise today to ask my colleagues to take some time out to honor an incredible community leader and important figure on the national stage, Olga A. Méndez.

Méndez, who passed away Wednesday, July 29 after a long battle with breast cancer, was the first Puerto Rican woman elected to state legislature in the mainland United States, serving in the New York State Senate from 1978 to 2004. She was a passionate leader and legislator that fought for not just the people of her beloved East Harlem, but for all people of humble backgrounds. We became good friends working for our constituents and while we may not have seen eye-to-eye on all issues over the years, there was never a doubt that she gave everything she had to public service.

Born in Mayaguez, Puerto Rico in 1925, Olga earned a bachelor's degree at the University of Puerto Rico and eventually earned her a doctorate in education from Yeshiva University after she moved to New York in the 1950s. She soon became involved in commu-

nity issues and politics, going from being a Democratic convention delegate in 1972 and a deputy commissioner of the Agency for Childhood Development in New York City to the office of the New York State Senate in 1978.

The first Puerto Rican woman elected to state legislature in the mainland United States, Olga was soon on the frontlines of numerous battles to make sure that people were given the resources and opportunities to improve the lives of their families and their communities, no matter where their country of origin or their background. At a time when so few women occupied positions of power on any level, she smashed stereotypes and opened doors so that a new generation of leaders could be more diverse and open-minded.

In her 26 years in Albany, Olga brought in thousands of dollars in state funds to her district. We became good friends, collaborating together to bring not just city and federal aid to East Harlem and the South Bronx, but also private dollars to assist residents, especially families and seniors. As she worked hard to reduce truck emissions and the alarming rates of asthma in urban neighborhoods, she also reached out to developers on initiatives that would create jobs and expand opportunities for local business. Those seeds are continuing to bear fruit, most recently in projects like the East Harlem Automall and East River Plaza, a facility along the river on E. 116 St. that will soon open with tenants Home Depot and Costco. The fact that she was willing to risk her standing late in her political career to switch parties was just another example of her willingness to do anything for her constituents.

Madam Speaker, I will be among many in New York and across the Nation that will miss Olga's passion and straight from the hip commentary. I know that she will be leading the cheers in heaven when we see our native daughter, Judge Sonia Sotomayor, finally confirmed as a Supreme Court Justice. Thankfully, Olga's legacy can be found in her numerous legislative victories, including our state minimum wage, various worker protection laws and in the dozens of education, health and affordable housing projects that she helped fund. And it will certainly be remembered as we see a new cadre of Latinas ascend into our Nation's leadership circles, their achievements built on the foundation of expectations she helped create.

I am submitting a July 30, 2009 tribute editorial from New York's premier Spanish-language newspaper, El Diario/La Prensa which describes Olga's career and importance to our community.

[From www.eldiariouny.com, July 30, 2009]

A LEGENDARY PIONEER

As New York stands ready to celebrate one of its daughters joining the Supreme Court, it also mourns the loss of one of its most fearless leaders.

Yesterday, former New York State Senator Olga Méndez died at the age of 84 after a long battle with cancer. Méndez represented El Barrio and sections of the South Bronx in the Senate until 2004, after serving for 13 consecutive terms.

Born in Mayaguez, Puerto Rico, Méndez understood well the challenges Judge Sonia Sotomayor has faced and will continue to face as a Hispanic woman. The judge withstood grilling from white, male conservatives and she will become one of only two female justices on the Court.