

including water transfers. Moreover, the need to transfer water is often urgent and in response to climactic conditions that are frequently sporadic and ephemeral. Regrettably, bureaucratic process can unnecessarily thwart successful execution of a transfer and the best management of this all too precious resource. The clarity your legislation brings to existing authorizations will only improve the capability of water managers throughout the State to effectively respond to the ongoing crisis and put our scant water resources to use even more efficiently.

The Westside of the great San Joaquin Valley is inarguably the most transfer dependent region of the State. Your efforts to address this important matter as well as your vast knowledge of and longstanding commitment to water resource issues vital to the State are most deeply appreciated. If there is anything I can do to be of further service to you in this cause, please do not hesitate to call.

Very truly yours,

DANIEL G. NELSON,
Executive Director.

GLENN-COLUSA IRRIGATION DISTRICT,
Willows, CA, October 2, 2009.

Re Support for water transfer legislation.

Hon. JIM COSTA,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN COSTA: On behalf of Glenn-Colusa Irrigation District (GCID), we thank you for introducing legislation authorizing and establishing a permanent long-term program to promote and manage water transfers in the Central Valley of California. We support your efforts and this legislation as a means of providing greater flexibility in the management of Central Valley Project (CVP) and other water supplies to help meet unmet needs critical to the future of the State of California.

As you are aware, the devastating impacts of diminished water deliveries to the CVP as a result of 3 years of below average precipitation have been made even greater by the various regulatory restrictions, including the requirements established by the recent federal biological opinions for endangered fish under the ESA. Your legislation will provide immediate, much needed relief in the form of a flexible and useful tool that will allow water to be transferred from willing parties to those in need within the CVP.

GCID is the largest and one of the oldest diverters of water from the Sacramento River, dating back to 1880. As a senior water right holder and CVP Sacramento River Settlement Contractor, we believe we can and will actively participate in this water transfer program. The language in your legislation directing the Bureau of Reclamation to work with other federal agencies to implement the necessary long-term environmental processes addressing impacts of a water transfer program on the ESA-listed Giant Garter Snake will be imperative to its usefulness and success.

We look forward to working with you and your staff in the coming months in this important legislative effort, and appreciate your leadership in advancing this legislation and addressing California water issues so important to our collective future.

Sincerely,

THADDEUS L. BETTNER,
General Manager.

BANTA-CARBONA IRRIGATION DISTRICT,
Tracy, CA, October 2, 2009.
Re Water Transfer Facilitation Act of 2009.

Hon. DIANNE FEINSTEIN,
Hart Senate Office Building,
Washington, DC.

Hon. DENNIS CARDOZA,
Longworth Building,
Washington, DC.

Hon. JIM COSTA,
Longworth House Office Building,
Washington, DC.

DEAR HONORABLE PUBLIC SERVANTS: We encourage you to pass this proposed bill as it can only help Californians best use the waters within the state. It is a waste of storage and conveyance systems to limit the uses of these facilities to strictly one brand of water, ie. CVP water. When facilities can be used to move various sources of water to diverse destinations and beneficial uses then the facilities are doing the most good for the American public. These public facilities will then better serve municipal, industrial and agricultural water needs while the environment is being served during times of drought. This bill will clarify a portion of law that federal regulatory agencies are interpreting in such a way as to prevent conveyance and storage of otherwise legal water transfers within the State of California in Federal facilities. Please pursue passage of this legislative correction.

Sincerely,

DAVID WEISENBERGER,
General Manager.

EARMARK DECLARATION

HON. BRIAN P. BILBRAY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. BILBRAY. Madam Speaker, I would like to submit the following Earmark request:

Requesting Member: Congressman BRIAN BILBRAY

Bill Number: Conference Report to H.R. 3183, FY 2010 Energy and Water Appropriations

Account: EERE

Legal Name of Requesting Entity: UC San Diego

Address of Requesting Entity: 9500 Gilman Drive, San Diego CA 92093

Description of Request: I received \$750,000 for the San Diego Center for Algae Biotechnology (SD-CAB). SD-CAB is a consortium of renowned research institutions—including UC San Diego, The Scripps Research Institute, the Salk Institute, Scripps Institution of Oceanography, San Diego State University and other regional entities—that are collaborating with industry partners in a broad-scale research effort to develop advanced transportation fuels from algae. Scientists from these institutions established SD-CAB in an effort to make sustainable algae-based fuel production and carbon dioxide abatement a reality within the next 5 to 10 years. The primary goal of the center is to create a national facility capable of developing and implementing innovative research solutions for the commercialization of fuel production from algae. Algae biofuels have the potential to provide a secure and renewable source of transportation fuel that is at least carbon neutral, and does not compete for land or fresh water resources required to grow food supply crops.

To further establish the SD-CAB as a national research resource for the sustainable

development of algae-based biofuels, I made a project request intended to help develop the facilities necessary to the production and culturing of a variety of algae strains. These facilities would be both on campus at UCSD and at an off-site location where existing infrastructure can be readily upgraded, refurbished and leveraged for the SD-CAB research enterprise. A congressionally directed appropriation of \$750,000 has been provided in the House FY 2010 Energy and Water Development appropriations bill to help meet these needs.

This advanced research project will provide an important training component for both students and faculty, in this critical emerging field of research. It will serve as a platform for continued collaboration with other universities and key industry partners. It is also a logical continuation of the San Diego region's leadership role at both the state and federal levels in developing and deploying viable alternative energy and transportation fuel solutions. Further, the cutting edge R&D into alternative transportation fuels derived from algae enabled by this project will be reflective of current related policy goals and funding priorities of both the federal government and the State of California.

GOVERNORS OF CALIFORNIA AND FLORIDA 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 California and Florida:

JULY 31, 2009.

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

Hon. MITCH MCCONNELL,
Minority Leader, U.S. Senate,
Washington, DC.

Hon. NANCY PELOSI,
Speaker of the House, House of Representatives,
Washington, DC.

Hon. JOHN A. BOEHNER,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SENATOR REID, SENATOR MCCONNELL, MADAM SPEAKER AND MR. BOEHNER: I appreciate your commitment and hard work toward reforming the nation's health care system. I think we can all agree that the current system is not working as it should, and I have long supported a significant overhaul. Costs continue to explode, while tens of millions remain uninsured or underinsured. Many families are one illness away from financial ruin—even if they do have insurance.

We have the greatest medical technology in the world at our fingertips, yet Americans' health status lags behind many countries that spend less than half what we do per capita. Any successful health care reform proposal must be comprehensive and built around the core principles of cost containment and affordability; prevention, wellness and health quality; and coverage for all.

COST CONTAINMENT AND AFFORDABILITY

Cost containment and affordability are essential not only for families, individuals and businesses, but also for state governments. Congress is proposing significant expansions of Medicaid to help reduce the number of uninsured and to increase provider reimbursement.

Today, California administers one of the most efficient Medicaid programs in the country, and still the state cannot afford its Medicaid program as currently structured and governed by federal rules and regulations. The House originally proposed fully funding the expansion with federal dollars, but due to cost concerns, members decided to shift a portion of these expansion costs to states. I will be clear on this particular proposal: if Congress thinks the Medicaid expansion is too expensive for the federal government, it is absolutely unaffordable for states. Proposals in the Senate envision passing on more than \$8 billion in new costs to California annually—crowding out other priority or constitutionally required state spending and presenting a false choice for all of us. I cannot and will not support federal health care reform proposals that impose billions of dollars in new costs on California each year.

The inclusion of maintenance of effort restrictions on existing state Medicaid programs only compounds any cost shift to states. We simply cannot be locked into a cost structure that is unsustainable. Governors have three primary ways to control Medicaid costs: they can adjust eligibility, benefits and/or reimbursement rates. Maintenance of effort requirements linked to existing Medicaid eligibility standards and procedures will effectively force state legislatures into autopilot spending and lead to chronic budget shortfalls.

The federal government must help states reduce their Medicaid financing burden, not increase it. A major factor contributing to Medicaid's fiscal instability, before any proposed expansion, is that the program effectively remains the sole source of financing for long-term care services. Therefore, I am encouraged by congressional proposals that create new financing models for long-term care services. Proposals that expand the availability and affordability of long-term care insurance are steps in the right direction, but they must be implemented in a fiscally sustainable way. More fundamentally, however, the federal government must take full responsibility for financing and coordinating the care of the dually eligible in order to appreciably reduce the cost trend for this group. This realignment of responsibilities is absolutely essential to controlling costs for this population, while ensuring that state governments will be better positioned to fill in any gaps that will undoubtedly arise from federal health care reform efforts. I also encourage Congress to incorporate other strategies to help stabilize Medicaid costs for states.

Delaying the scheduled phase-out of Medicaid managed care provider taxes pending enactment of new Medicaid rates, reimbursement for Medicaid claims owed to states associated with the federal government's improper classification of certain permanent disability cases, and federal support for legal immigrant Medicaid costs are examples of

federal efforts that could provide more stability to state Medicaid programs. Moreover, given the fiscal crisis that many states, including California, are experiencing, I strongly urge Congress to extend the temporary increase in the federal matching ratio to preserve the ability of state Medicaid programs to continue to provide essential services to low-income residents pending full implementation of national health reform.

PREVENTION, WELLNESS AND HEALTH QUALITY PREVENTION

Wellness and health promotion, along with chronic disease management, can help to lower the cost curve over the long run and improve health outcomes in the near term. This was one of the cornerstone pieces of my health care reform proposal in California, and I continue to believe it should be a key piece of the federal efforts. Prevention, wellness and chronic disease management programs should include both the individual and wider population levels.

At the individual level, proposals to provide refunds or other incentives to Medicare, Medicaid and private plan enrollees who successfully complete behavior modification programs, such as smoking cessation or weight loss, are critical reforms. To ensure they are widely used, individual prevention and wellness benefits should not be subject to beneficiary cost sharing.

Because individuals' behaviors are influenced by their environments, health reform must place a high priority on promoting healthy communities that make it easier for people to make healthy choices. California has demonstrated through its nationally recognized tobacco control efforts that population-based strategies can be effective and dramatically change the way the people think and act about unhealthy behaviors, such as tobacco use. A similar model, community transformation grants, has been advanced in the Senate Committee on Health, Education, Labor, and Pension legislation, and it should be included to support policy, environmental, programmatic and infrastructure changes that address chronic disease risk factors, promote healthy living and decrease health disparities.

Quality improvement measures are also critical to health reform. The House proposal for a Center for Quality Improvement to improve patient safety, reduce healthcare-associated infections and improve patient outcomes and satisfaction is a positive step. Coordinated chronic disease management is necessary to improve outcomes for chronically ill people.

Systematic use of health information technology and health information exchange, including access for public health agencies, is vital to providing the necessary tools to measure the success of quality improvement efforts. Finally, investments in core public health infrastructure can be facilitated through the creation of the proposed Prevention and Wellness Trust.

COVERAGE FOR ALL

Coverage for all is also an essential element of health care reform and I believe an enforceable and effective individual mandate, combined with guaranteed issuance of insurance, is the best way to accomplish this goal. The individual mandate must provide effective incentives to help prevent adverse selection that could occur if the mandate is too weak. Creating transparent and user-friendly health insurance exchanges to help consumers compare insurance options will also help facilitate participation. States should maintain a strong role in regulating the insurance market and have the ability to maintain and operate their own exchanges, with the understanding that some national standards will need to be established. Cali-

fornia has a long history of protecting consumers through our two separate insurance regulators, one covering health maintenance organizations and the other monitoring all other insurance products. Maintaining a strong regulatory role at the state level is in the best interest of consumers, and I urge Congress to maintain this longstanding and effective relationship as you design these new market structures.

I hope our experience in California working toward comprehensive health care reform has informed the debate in Washington. There will be many short-term triumphs and seemingly insurmountable roadblocks for Congress and the nation on the road to comprehensive health care reform. We must all remain focused on the goal of fixing our health care system and remember that we all have something to gain from the reforms, and we all have a shared responsibility to achieve them. I look forward to working with you as you move forward on this desperately needed legislation.

Sincerely,

ARNOLD SCHWARZENEGGER,
Governor, California.

SEPTEMBER 17, 2009.

Hon. BILL NELSON,
*U.S. Senate, Hart Senate Office Building,
Washington, DC.*

DEAR SENATOR NELSON: Thank you for your valuable work on behalf of Floridians in the United States Congress. I am pleased with our ability to work together on issues important to our state, including the health and well being of our residents.

We can all agree that we need to work together to make quality health care more affordable and accessible, especially to those who currently do not have health insurance. I stand united with my fellow governors; however, with our concerns about how Congressional proposals may affect our ability to manage scarce state resources.

In the last year, enrollment in Florida's Medicaid program has increased from 2.2 million in July 1, 2008 to 2.63 million in July 2009, causing a strain on our state budget. Congressional proposals would increase those numbers by expanding Medicaid eligibility. Under the U.S. Senate Health, Education, Labor and Pensions (HELP) Committee proposal for example, more than 1.46 million people would be added to our current Medicaid caseload in Florida at a cost of \$4.93 billion for the next fiscal year.

Although providing more access to health care for individuals and families in our struggling economy is an affable goal, our preliminary Florida estimates show that in the following year (State Fiscal Year 2010-2011), once the American Recovery and Reinvestment Act Federal Medical Assistance Percentage funds have been exhausted, the impact increases as more than 1.72 million people are expected to be added to our case load at a cost of \$5.875 billion.

Some Members of Congress have indicated that states should shoulder some of the burden to fund the expansion of Medicaid at a time when our economy and residents are struggling. To pay for this expansion, states fear the need to cut critical services like education or public safety to add more money to Medicaid. This would have a crippling effect on Florida's state economy and the national economy.

In addition, state Medicaid programs currently take on the burden of financing long term care services for our aging and disabled residents. Due to our large elderly population, Florida is estimating expenditures of \$4.3 billion for state fiscal year 2009-2010 (this includes coverage of institutional care, home and community based waiver and our nursing home diversion waiver services). Medicaid is the primary payor for nearly two-

thirds of all nursing home residents in the state. While the U.S. Senate HELP proposal and the House bill call for the creation of a new voluntary federal insurance program for community-based long-term care services, the Congressional Budget Office has questioned the long term viability of this provision. Any federal health care reform discussion must include a combined federal and state approach to the financing and provision of Medicaid and long term care services.

Lack of health insurance is the greatest barrier to accessing health care. With nearly four million Floridians currently lacking health insurance, our state has launched initiatives designed to reduce that number and assist those who need prescription medication. Many of these programs can serve as examples to our nation. I have attached a brief summary outlining several of these successful programs Florida is using to address the health care needs of our residents, while targeting ways to reduce costs to our health care system.

The partnership between our state and our federal government is critical in enabling Florida to serve its residents, and I stand ready to work with you to address those issues which are most essential in health care reform: access and affordability. Our goal should remain clear: maintaining a high quality health care system which allows individuals to get treatment when they need it. I hope I can count on your support to work together on solutions to improve care at the same time as providing sustainability in essential programs like Medicaid through sound financing options at the state and federal levels. Thank you for your consideration and support.

Sincerely,

CHARLIE CRIST,
Governor, Florida.

TRIBUTE TO CEE SALBERG—RECIPIENT OF 2009 ST. MADELEINE SOPHIE AWARDS, SACRED HEART SCHOOLS

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Ms. ESHOO. Madam Speaker, I rise today to honor Ms. Cee Salberg, a recipient of the prestigious St. Madeleine Sophie Award from Sacred Heart Schools. Established in the year 2000, the St. Madeleine Sophie Award honors individuals in the Sacred Heart community who have made a sustained and significant contribution to the Schools and embody the Goals and Criteria of a Sacred Heart education. The individuals honored are selected by a committee comprised of the senior administrative team in conjunction with the Chair of the Board of Trustees and are honored at a reception and at the Mass of the Holy Spirit, the first all-school liturgy of the school year. The recipients will be VIP guests at various SHS events throughout the year and featured in their alumni magazine, *The Heart of the Matter*, for their commitment to the mission of Sacred Heart education.

This year, Cee Salberg was chosen along with two other distinguished recipients to be recognized with the Award for her tireless work as an educator as well as to the Goals and Criteria of Sacred Heart Schools. Her award was presented by Mr. James Everitt, who gave this speech at the Awards Ceremony in tribute to Cee:

I am still a little unclear as to why Cee Salberg asked me to introduce her for this prestigious award. I cannot figure out if she asked me to do her this honor because I don't actually work in the pre-school and Kindergarten so, therefore, I don't really know how she behaves on a daily basis. Or, if it is because she knows that I am afraid of her and that it is unlikely that I will share anything other than the most positive sentiments about her. In any case, tonight we get to celebrate a wonderful and a brilliant educator.

I am so thrilled to be able to introduce Cee Salberg for the St. Madeleine Sophie Award tonight. As I understand it, this award is given to those who have committed themselves to Sacred Heart Schools and who embody the Spirit of St. Madeleine Sophie Barat. For those of you who know Cee it is clear to you why she is the winner of this award. Put quite simply . . .

Cee has the vision of Sophie.

Cee has the courage of Sophie.

Cee has the generosity of Sophie.

Cee has the direct communication style of Sophie.

And most importantly, Cee has the single-hearted love of children that we believe is the most important characteristic of Sophie's own life and legacy.

I believe it is this last characteristic that has landed Cee here this evening. Cee has a single-hearted love of children that is awe inspiring for those who work closely with her and for those whose children have been in the pre-school and kindergarten. If you speak to children who attended our Montessori program they will tell you that they love Ms. Salberg. One high school student told me that Ms. Salberg is the kindest woman that she knows.

However, let me get something clear from the beginning. I am not suggesting that Cee is touchy-feely or that she has never been accused of being aloof or unfriendly. She is in fact, sometimes scary for parents and other adults. As Rich Dioli recently said to me, "Cee may not say hi to every parent who walks through the door but she knows every kid by name and she is the best educator we have." I have several funny anecdotes about times when Cee has scared me but I will save those for her retirement roast in about 15 years.

After Cee invited me to introduce her, which I am sure she is now regretting, I started asking people about her and why they felt that she should be the recipient of this award. I had a great time. People feel very strongly about Cee and almost every person I spoke with, particularly those that work in the preschool and kindergarten, made it clear that they are thrilled that she is receiving this award. And they feel strongly about her for four reasons: because she loves scotch, because she loves the San Francisco Giants, because she keeps chocolate stocked in the faculty room and, most importantly, because everything she does—every day—is about the children that walk through the doors of the Montessori building. I was tempted to summarize what people said about Cee but perhaps I should just report some of the thoughts that Cee's colleagues have about her. . . .

Cee has always been available to me when I needed advice, a sounding board, or a kind shoulder on which to cry. She has helped me navigate the Sacred Heart experience. She has been a constant beacon for all of us.

Cee has a loving and giving heart. She is committed to the mission of the school; to economic, social, and ethnic diversity and she is an educational leader that works very closely with her teachers to ensure that the students are being loved and having success in the classroom.

Cee travels the world to learn about other cultures and enhances her own life to better understand humanity.

Cee is kind.

Cee believes in our mission and does everything possible to instill the mission of the school in the children.

Each decision Cee makes is for the children.

Although some say she is not warm and fuzzy—my entire family adores her. She is there for the children and that is what matters.

Cee cares about every child in her school—no matter what.

Cee teaches the children independence, respect, kindness, understanding, and thoughtfulness—everything a parent wants in a child.

Cee is not a woman of many words but she hears all.

Cee always has the perfect outfit for every occasion; classy and elegant.

Cee will bend down and pick up every last scrap of litter under the lunch tables.

Cee is organized, efficient and thrives on order—the preschool runs like a well oiled machine under her control.

Cee is a blessing; a wonderful leader for the parents, children and her staff—I feel proud to be a member of her staff.

Cee has always based her goals for the Montessori on the Goals and Criteria.

Cee has led us to be a faculty that values professional growth, love of God and one another, and social justice.

Cee encourages teachers to keep up on all the newest information in teaching and often gives us professional articles, internet sites, and always encourages us to attend classes and workshops.

Cee has a professional commitment to get to know each student at the Montessori. She spends from 12:15p.m. to 1:00 p.m. at recess each day, observing and interacting with the children.

Cee always encourages early intervention when students are having difficulties socially, emotionally, or academically.

Most importantly Cee has dedicated her years here to boost our financial aid, based on her value of social justice. We now have many wonderful students who would not have been able to attend Sacred Heart without Cee's dedication to financial aid increases.

I am guessing that by now you have gotten the point. Cee is wonderful. In fact, she sounds almost perfect. So, let me share with you some of her shortcomings. Just kidding Cee.

I do, however, want to share with you how I feel about Cee Salberg.

It is unlikely that you will ever hear Cee give a speech about God, St. Madeleine Sophie Barat or the Mission of the School. It would surprise me to find Cee in a large group talking about the latest instructional strategies or arguing about pedagogical methods. It is rare that you will find Cee making loud protests against injustice. It is unusual to hear Cee gossiping about a colleague or undermining the work of her peers. I can almost guarantee that you won't find Cee creating arbitrary policies that prevent a child's growth.

But in my experience you will . . .

Find Cee hugging her students and making sure that they feel loved.

Find Cee allocating resources for teacher development and creating an environment at the Montessori in which student interest drives student learning and achievement.

Find Cee fighting for financial aid and non-tuition related financial aid so that all students have access to a Sacred Heart education.

Find Cee confronting parents and colleagues who do things that don't build community. And, you will find the kind joy and