

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.

As Congress heads home for the recess, I urge Members to review the proposed legislation with their state leadership. I am primarily concerned about the effect this legislation may have on Mississippi's financial stability, both now and in the future. These so-called "reforms" would severely impact Mississippi's budget and our ability to fund other important priorities, like education and public safety. Before Congress makes such sweeping reforms to our healthcare system, I implore you to first ensure that these changes are efficient and beneficial to our citizens, without burdening our states through unfunded mandates.

Sincerely,

HALEY BARBOUR,
Governor, Mississippi.

SEPTEMBER 8, 2009.

Hon. ROGER WICKER,
*U.S. Senate, Russell Senate Office Building,
Washington, DC.*

DEAR SENATOR WICKER: Governors across the nation are growing increasingly concerned about the financial strain rising healthcare costs are putting on state budgets. During the National Governors Association (NGA) meeting in July, governors—both Republicans and Democrats—formalized their opposition to current Congressional reform proposals by issuing a policy opposing unfunded mandates that shifts costs to the states. This will necessarily require almost all states to raise taxes to manage this burden. In Mississippi, the issue of Medicaid expansion hits close to home, since our state's share of the Medicaid program is currently \$707 million, or 12 percent of a \$5.87 billion state supported budget, which includes temporary stimulus funds.

Nevertheless, the current proposals, both in the House and Senate, will expand the Medicaid program at additional costs paid not by the federal government, but passed down to the states. After a call with the governors representing the NGA Healthcare Task Force and the Senate Finance Committee, Chairman Baucus told the news media it would be impossible for the federal government to pick up all the costs for new Medicaid recipients; thus, states would have to bear some of the costs.

Why? Although CBO appears to estimate that H.R. 3200 will cost more than \$1 trillion over the next ten years, the fine print reveals the true cost would be much higher. By imposing tax increases early in the budget window, before the bulk of the spending occurs, the true cost of the bill is hidden by budget gimmickry. Delaying the implementation of the program until the fourth year also uses budget tricks effectively to hide the immense long-term cost of this proposal. CBO has projected a 10 year deficit of more than \$200 billion associated with the bill as is. However, when the full cost of the bill is taken into account after it is fully implemented, the spending in the bill skyrockets to nearly \$2 trillion over 10 years (2014-23) with a deficit of more than \$600 billion. I have included an attachment showing the scoring of H.R. 3200 the only comprehensive health care reform bill CBO has scored.

According to the National Association of State Budget Officers, Medicaid expenses in 2007 for federal and state government combined were \$336 billion. This number is projected to reach \$523 billion by 2013, a 56 percent increase in just six years. Should the reforms being debated in Congress become law, Mississippi would be saddled with an average increase of \$360 million in additional costs, on top of the already \$707 million it costs to fund Mississippi's annual state share of the Medicaid program. These proposals, which would cover all individuals at 133 percent federal poverty level (FPL), will burden

state budgets, forcing states to raise taxes. In Mississippi, that would necessarily mean increases in our state income or sales tax rates. Mississippi, like so many states, simply can't afford to pick up the tab for another unfunded mandate passed by Congress.

Such state tax increases would be on top of the federal tax increases already included in the House and Senate bills, like huge tax increases on small businesses whether in the form of an additional 8 percent payroll tax or a 5.4 percent income tax surcharge. During a deep recession, when most people believe job creation and economic growth should be top priorities, huge tax increases will make it more expensive to employ people; consequently, employers will employ fewer people.

Medicare, the nation's largest provider of health coverage for the elderly and people with disabilities covering over 46 million Americans, is on the chopping block. CBO has estimated that provisions in H.R. 3200 would lead to a total of \$162.2 billion in cuts being taken from Medicare Advantage plans. This \$162.2 billion impacts 11 million people and represents nearly \$15,000 in new costs passed to every Medicare Advantage senior beneficiary. These harmful and arbitrary cuts could result in Medicare Advantage plans dropping out of the program, harming beneficiary choice, and causing millions of seniors to lose their current coverage. Moreover, the bill grants federal bureaucrats the power to eliminate the Medicare Advantage program entirely, making the oft-repeated statement, "if you like your plan you can keep it," ring hollow for seniors.

Lastly, if we are trying to make health care more affordable, how do you leave out tort reform? After all, litigation and the resulting practice of defensive medicine add tens of billions to the cost of health care. In Mississippi we passed comprehensive tort reform in 2004, partially to stop lawsuit abuse in the area of medical liability. It worked. 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 medical liability lawsuits against Mississippi doctors fell almost 90 percent one year after tort reform went into effect. Doctors have quit leaving the state and limiting their practices to avoid lawsuit abuse.

With all the issues concerning a government-run health care system, I wanted to warn you of the state tax increases Mississippi will shoulder on top of the federal tax increases in the pending bills as well as my concern for the increased costs our senior citizens will face as Medicare Advantage is cut. Congress must slow down and work in a bipartisan manner. Everybody agrees that health reform is needed, but it should be done thoughtfully. I hope you'll keep this important information in mind when proposals that shift costs to states or to our senior citizens are considered.

Sincerely,

HALEY BARBOUR,
Governor, Mississippi.

JULY 21, 2009.

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

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

DEAR SENATOR NELSON AND SENATOR JOHANNIS: I just returned from the National Governors Association meeting and much of the discussion among Governors was about health care. As former Governors, I thought you might appreciate the information that we received from the NGA staff. Attached are seven handouts.

The handouts and discussion among Governors reflect concerns about funding, cost,

Medicaid, employer mandate, and insurance reforms. The single most important concern was this legislation would be the biggest unfunded mandate on the fifty states in the history of our country.

President Obama has told the Governors that health care reform must not be an unfunded mandate for the states. I am in strong agreement that an unfunded health care mandate would be unfair to state taxpayers.

In handout 4, NGA Executive Director Ray Scheppach outlines concerns about Medicaid in the context of health care reform. He indicates that if the Medicaid expansion becomes an unfunded mandate, states are likely to reduce their investments in education. That would be very unfortunate and as Scheppach writes "Reducing state education investment will lower U.S. competitiveness, productivity and real income of U.S. citizens. This is not good long-run policy for the U.S."

While I have other concerns about health care reform, one of the most troubling aspects is the potential for an unfunded mandate on the states. I strongly urge you to avoid an unfunded mandate on the states. Thank you.

Sincerely,

DAVE HEINEMAN,
Governor, Nebraska.

FORMER CONGRESSMAN
BRADEMAS AWARDED HONORARY
DEGREE BY THE AMERICAN COLLEGE OF GREECE

HON. JOHN P. SARBANES

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. SARBANES. Madam Speaker, I am pleased to note that on June 27, 2009, our distinguished former colleague in the House of Representatives, Dr. John Brademas, was awarded the honorary degree of Doctor of Laws by The American College of Greece.

John Brademas was the first Greek-American elected to the United States House of Representatives and as such this honorary degree from The American College of Greece has particular symbolic resonance. I add, however, that this is the 55th honorary degree received by Dr. Brademas.

Madam Speaker, the remarks of Dr. Brademas at The American College of Greece on June 27, 2009 follow.

JUNE 27, 2009.

REMARKS OF DR. JOHN BRADEMAs, PRESIDENT EMERITUS, NEW YORK UNIVERSITY, NEO FALIRO, PEACE AND FRIENDSHIP STADIUM, ATHENS, GREECE

Father Constantinos, President Horner, Dr. Sue Horner, Consul General McKeever, Chancellor Bailey, chairman Peter Thun of the Board of Trustees, Senior Vice President Protopsaltis, fellow honorees, members of the faculty and graduating students of The American College of Greece.

It is for more than one reason that I count the award I have just received among the great honors of my life, and I'm especially pleased that my wife, Mary Ellen, a practicing physician, was able to break away from New York City to join us here.

In the first place, this is a degree from The American College of Greece. As you know, my late father, Stephen J. Brademas, was born in Greece—in Kalamata—and my two brothers and sister and I were all raised to be deeply proud of our Hellenic heritage.