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

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

EARMARK DECLARATION

HON. FRANK A. LoBIONDO

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

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

Requesting Member: Congressman FRANK LoBIONDO (NJ–02)

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

Account: National Institute of Food and Agriculture—SRG

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

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

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

Requesting Member: Congressman FRANK LoBIONDO (NJ–02)

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

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

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

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

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

PERSONAL EXPLANATION

HON. J. GRESHAM BARRETT

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

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

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

GOVERNORS OF SOUTH CAROLINA AND TEXAS EXPRESS CONCERNS WITH UNFUNDED MANDATES IN HEALTH REFORM

HON. MIKE ROGERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. ROGERS of Michigan. Madam Speaker, I rise today to express concerns regarding health reform proposals which would create unfunded state mandates. Legislation currently before the House would dramatically expand the Medicaid program and place over $35 billion in new liabilities on State budgets over the next 10 years. In addition, these proposals would expand the Federal Government's role in administering Medicaid, which would severely handcuff States' ability to run their own programs and preempt state authority to manage Medicaid eligibility and benefits.

Over the last several weeks, governors have expressed concerns over these proposals. I would like to submit for the record the following letters from the governors of South Carolina and Texas:

SEPTEMBER 11, 2009.

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

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

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

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

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

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

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

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

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

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

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