

lawsuit abuse in medical liability cases. Subsequently, 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 lawsuits against South Carolina doctors fell almost 90 percent one year after tort reform went into effect. Doctors have stopped leaving the state and no longer limit their practices to avoid lawsuit abuse.

Likewise, eliminating the interstate purchasing restrictions for insurance would create a bigger market for insurance, thereby giving consumers more options and driving down the price. A national market for health or life insurance means that South Carolinians can purchase whichever policy best fits their needs—whether the policy is from South Carolina, New York or California.

With all the issues surrounding a government-run health care system, I wanted to bring to your attention the increased taxes that South Carolinians might shoulder on top of the federal tax increases in the proposed bills.

Everybody agrees that there should be reforms to our health care system, but it should be done thoughtfully. I look forward to working with you on this and other issues.

Sincerely,

MARK SANFORD,
Governor, South Carolina.

JUNE 5, 2009.

Hon. JOE L. BARTON,
House of Representatives, Rayburn House Office Building, Washington, DC.

DEAR REPRESENTATIVE BARTON: As Congress continues to grapple with the daunting challenge of enacting significant health care reform measures before the August recess, I urge you to contemplate the effects of certain policy considerations on our great state.

Government-run health care is not the solution to fix a broken health care system, and is financially unsustainable. At today's costs, extending Medicaid benefits to uninsured citizens at or below 100 percent of the federal poverty level would cost Texas an additional \$4.6 billion in general revenue per year (equal to a 2.3 cent, or 27 percent, sales tax increase), on top of the \$19 billion in general revenue the state expects to spend on Medicaid in the 2010–11 biennium. This type of federal government spending mandate would erode the state's economic viability without containing health care costs or improving health care quality and access.

Health and human services general revenue spending in Texas for the 2010–11 biennium is projected to grow almost 13 percent, to \$25.3 billion. The Texas Health and Human Services Commission already projects a Medicaid-related shortfall of more than \$1 billion in general revenue in the coming biennium, and combined Medicaid and Children's Health Insurance Program caseloads will exceed 3 million people. The number of uninsured Texans also continues to grow, and the state continues efforts to address a critical primary care physician shortage in many areas of the state.

In 2007, I set forth a comprehensive plan to transform health care in Texas. This reform waiver has been languishing before the Centers for Medicare and Medicaid Services for more than a year. My plan would provide more people with insurance, reduce expensive emergency room visits for basic care, and make it easier for the working poor to buy into employer-sponsored insurance. I am pleased to note that many of the policy proposals in this waiver are surfacing in Congressional discussions on health care reform, including programs that emphasize quality preventive care and reforms that promote a robust, competitive private insurance market centered on consumer choice and affordability.

The Texas waiver proposal reflected strong bipartisan acknowledgement of the need for reform. Improving quality of care, controlling escalating health care costs and addressing access-to-care issues requires collaboration among federal, state and local governments. A one-size-fits-all federal government mandate will not achieve significant reform. Rather, allowing states and local governments the flexibility to restructure the way health care is financed and delivered is critical to significant reform.

Texas just concluded its 81st Legislative Session, which was marked by the passage of a biennial state budget with less than 1 percent growth in general revenue spending, leaving intact the state's Rainy Day Fund, which will provide an expected balance of \$9.1 billion to address future state needs. However, despite the many legislative accomplishments that will continue to position Texas as an economic leader in this country, the state faces significant financial burdens ahead due to rapidly increasing Medicaid caseload and health care cost growth.

I urge you to ensure that the momentum surrounding the current health care reform debate is informed by the effect on Texas in a way that protects state flexibility and innovation while guarding against growing federally mandated programs that will be financially unsustainable, not only for Texas, but for most other states and the federal government, as well. No government has ever taxed, or borrowed, its way to prosperity, no matter how laudable the spending goal may have been. I hope you will resist the temptation to finance an item as basic as health care with deficit financing that cannot be maintained.

Sincerely,

RICK PERRY,
Governor, Texas.

SEPTEMBER 23, 2009.

Hon. MAX BAUCUS,
Chairman, Committee on Finance,
U.S. Senate, Hart Senate Office Building,
Washington, DC.

DEAR CHAIRMAN BAUCUS: Last week, Senate Majority Leader Harry Reid said he was concerned that the health care legislation you have proposed will expand the Nevada Medicaid population beyond what his state can afford. Speaking as governor of a state with a significantly larger caseload than Nevada—a caseload that could double under your proposed Senate Finance plan—let me respectfully say I am troubled by the financial impact on Texas taxpayers and our budget.

The Texas Health and Human Services Commission estimates that the various federal health care proposals circulating around Congress could add as much as \$60 billion to the state budget over the next 10 years, creating twice the number of Texas Medicaid recipients.

Additionally, these bills place a new tax burden on certain businesses and provide for the federal takeover of some current state insurance functions. These one-size-fits-all government mandates are both unsustainable and unable to fix our broken health care system.

Instead of government mandates and more deficit spending, successful health care reforms can only be achieved by providing states with the flexibility to develop state-specific solutions.

For example, in 2003, I signed into law medical liability reform that has improved access to medical care in Texas, particularly in underserved areas. Prior to these reforms, Texas doctors were being sued at twice the national average, and many were giving up practicing in Texas altogether. Today, doctors are coming to Texas as fast as they can, with record numbers applying to practice

medicine in the Lone Star State. Tort reform is the sort of state-specific, market-driven reform measure that will help provide effective, affordable solutions to our health care woes.

In addition, as you may know, last month, I wrote to Secretary Kathleen Sebelius to again urge approval of the Texas Medicaid reform waiver, which was originally submitted in April 2008. This waiver—which would promote preventive care, improve quality and access to care, and enable more low-income working Texans to purchase private health insurance—continues to languish at the Centers for Medicare and Medicaid Services.

I urge you to support our right, as a state, to further explore these approaches, rather than forcing us to implement federal mandates that promise financial hardships for the states and little in the way of benefits for our economy and all of our constituents.

Sincerely,

RICK PERRY,
Governor, Texas.

HONORING THE STUDENTS AND STAFF OF DEVINE HIGH SCHOOL

HON. CIRO D. RODRIGUEZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. RODRIGUEZ. Madam Speaker, I commend your hard work and dedication in the pursuit of academic excellence. Through your efforts, you have garnered the prestigious honor of being named a National Blue Ribbon School by Secretary of Education Arne Duncan, the highest distinction a school in the United States can achieve.

The Blue Ribbon Schools Program was established in 1982 by Secretary of Education Terrell Bell. The program honors public and private elementary, middle, and high schools that demonstrate academic superiority or dramatic gains in student achievement. Only 3.9 percent of all schools in the United States have received this award.

As your Member of Congress, I am proud of your ambition and inspired by your success. I have always believed that our future prosperity is predicated on our present commitment to education. You are lighting the way as a beacon for those not only in our district, but also in our nation. I applaud you for your efforts and encourage you to keep up the excellent work.

IN HONOR OF THE SANTA CRUZ COUNTY PARTICIPANTS OF "PEDAL FOR PEACE" OCTOBER 7, 2009

HON. SAM FARR

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 7, 2009

Mr. FARR. Madam Speaker, I want to commend the Santa Cruz County Participants of "Follow the Women—Pedal for Peace". This year's participants are Jane DeJarnette, Janet Fogel, Lilly Ann Popken, JoAnn Smith, Marilyn Marzell, and Elizabeth Schwartz. The objective of the ride is to raise awareness of violence in the Middle East and its affects on women and children, who suffer the most as a result of the