

As a Nation, our children are our greatest and most precious resource. We should measure ourselves by how well we equip them to succeed and lead healthy and fulfilling lives. For young people with mental health disorders, we have an obligation to provide the supports and resources they need to make a healthy transition. This bill is a crucial step toward fulfilling that obligation.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008

SPEECH OF

**HON. MICHELE BACHMANN**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 2008

Mrs. BACHMANN. Mr. Speaker, I must reluctantly rise in opposition to H.R. 6331, the Medicare Improvements for Patients and Providers Act. While I applaud the House for taking under consideration a bill to address the impending cut to Medicare physician reimbursement payments, H.R. 6331 contains provisions that would rob America's seniors of crucial health care access in the form of funding cuts to Medicare Advantage.

Indeed, H.R. 6331 contains a provision that would reverse the scheduled 10.6 percent payment cut set to take effect on July 1, 2008, a provision I have supported in the past. That being said, the bill also contains deep cuts to Medicare Advantage plans, which millions of seniors depend on to serve their broad health care needs. These cuts, totaling nearly \$50 billion, would place the burden of leadership's failed Medicare reform policies directly on the backs of America's seniors.

To be sure, Medicare Advantage is popular choice for seniors across the Nation. With nearly 10 million Medicare beneficiaries currently enrolled in Medicare Advantage plans, up nearly 60 percent since 2004, it is clear that America's seniors are seeing the benefits of the competition-driven plans. These plans offer greater choice, lower out-of-pocket costs, and expanded service to America's seniors who seek value and quality in their health care coverage.

Specifically, H.R. 6331 would target those beneficiaries who have chosen Private Fee-for-Service, PFFS, plans through Medicare Advantage by requiring PFFS plans to establish costly provider networks if they wish to continue to operate in areas that already have two or more networked plans. This requirement would apply to 96 percent of all counties in the United States, and, according to the nonpartisan Congressional Budget Office, CBO, disrupt PFFS plans for more than 2 million seniors by 2013. In my State of Minnesota, each of the nearly 73,000 individual Medicare Advantage PFFS plans would be in jeopardy.

Furthermore, it is unfortunate that rather than considering a bill that will remedy the problem at hand, Democrat leadership chose to bring a bill to the floor that has been given a veto threat from the President. Both providers and patients deserve a bill that can be seriously considered for signature into law. This is not a topic on which we should play political games.

Mr. Speaker, America's physicians need Congress to prevent a devastating cut to their

Medicare reimbursement payments. However, the burden of the solution should not be placed on the shoulders of America's seniors, gambling with access to the health coverage on which they rely.

A PROCLAMATION HONORING  
190TH ANNIVERSARY OF THE  
SCROGGSFIELD UNITED PRES-  
BYTERIAN CHURCH

**HON. ZACHARY T. SPACE**

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. SPACE. Madam Speaker:

Whereas, the dedicated people of Scroggsfield United Presbyterian Church celebrate their 190th anniversary; and

Whereas, Scroggsfield United Presbyterian Church was founded in 1818 under the leadership of Rev. Elijah Newton Scroggs; and

Whereas, Scroggsfield United Presbyterian Church still opens its doors for weekly services today; now, therefore, be it

Resolved that along with the residents of the 18th Congressional District, I commend the congregation of Scroggsfield United Presbyterian Church for their unwavering commitment, dedication and contributions to their community.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT OF 2008

SPEECH OF

**HON. RON PAUL**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 24, 2008

Mr. PAUL. Mr. Speaker, Congress is once again forsaking an opportunity to begin addressing Medicare's long-term fiscal problems. Instead, the legislation before us today, while not without its merits, exacerbates the problems facing Medicare by giving new authority to the Center for Medicare and Medicaid Services (CMS), even though CMS's excessive power is a major reason why so many physicians and patients are dissatisfied with the current Medicare system.

One clear indicator of the lack of seriousness with which this issue is being treated is the fact that this bill is coming before us on suspension, a procedure generally used for noncontroversial legislation, such as bills naming Post Offices. This significant Medicare legislation will receive only 40 minutes of debate, and members will have no opportunity to offer amendments.

I certainly recognize the need to make adjustments in physicians' payments. Many physicians are already losing money treating Medicare patients, thanks to CMS's low reimbursements and the cost of having to comply with CMS's numerous rules and regulations. Unless Congress acts, many physicians will simply refuse to see Medicare patients. I think we all agree that driving physicians out of the Medicare program is not the proper way to reform the system.

Therefore, if H.R. 6331 only contained the provisions dealing with the physicians' rate

cut, I would vote for it. However, H.R. 6331 further endangers Medicare's fiscal situation by giving almost \$20 billion in new funds to CMS, and giving CMS new regulatory authority.

Instead of simply pretending we can delay the day of reckoning by giving CMS more money and power, we should be looking for ways to shore up Medicare by making cuts in other, lower priority programs, using those savings to ensure the short-term fiscal stability of Federal entitlement programs while transitioning to a more stable means of providing health care for senior citizens. I have been outspoken on the areas I believe should be subject to deep cuts in order to finance serious entitlement reform that protects those relying on these programs. I will not go into detail on these cuts, although I will observe that today the House Committee on Financial Services is planning to authorize billions of new foreign aid spending, perhaps some of those billions might be better spent reforming the Medicare system.

Congress should also reform the Medicare system by providing Medicare patients more control over their health care than is available under either traditional Medicare or the Medicare Advantage program.

Mr. Speaker, H.R. 6331 may provide some short-term benefit to Medicare providers, however, it does so by further jeopardizing the long-term fiscal soundness of the Medicare program. Thus, passage of this bill will ultimately damage the very Medicare providers and patients the bill aims to help.

A TRIBUTE TO JAMES ARTHUR JOHNSON

**HON. ROBERT A. BRADY**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 25, 2008

Mr. BRADY of Pennsylvania. Madam Speaker, I rise to honor a man who exemplified the ideal husband, father, and human being to all whose lives he touched. James Arthur Johnson was born and raised in Philadelphia, where he lived his entire life. He graduated from Bok Vocational High School and went on to the Marine Corps, where he honorably served our country.

After serving in the Marine Corps, Officer Johnson continued his life's work in public service with the United States Post Office, followed by an appointment to the All Philadelphia Police Department in September 1957. As a police officer, his detail included the Highway Patrol, 19th Police District, and Narcotics Unit. During his career in the Philadelphia Police Department, Officer Johnson earned the respect of all who knew him. His strong moral fiber, wise counsel, fatherly ways made him a pleasure to encounter.

In 1971, Officer Johnson suffered an injury in the line of duty. Yet, he continued to serve our city from within the Mayor's Office of Information and Complaints. With 23 years of service on the Police Force under his belt, Officer Johnson retired in 1980. He then went on to become the housing site manager for the Philadelphia Housing Authority until he retired in 1990. Even though Officer Johnson entered his second round of retirement, he never gave up his cherished role as a public servant. He