

I certainly hope that the Government understands the dangers of extremists moving in their country. I think they do. As a matter of fact, we'll have an opportunity to explore that further on Monday with the Prime Minister of Pakistan. Pakistan is an ally; Pakistan is a friend. And I repeat: All three countries—United States, Pakistan, and Afghanistan—share a common enemy.

I remember very well the meeting I had at the White House with President Musharraf and President Karzai. And we talked about the need for cross-border cooperation to prevent dangerous elements from training and coming into Afghanistan, and then, by the way, returning home with a skill level that could be used against the Government.

And there was some hopeful progress made. Obviously, it's still a tough fight there. And we were heartened by the Provincial elections in that part of the world. We will continue to work to help the Government, on the one hand, deal with extremists, and on the other hand, have a counter—effective counterinsurgency strategy that uses aid to foster economic development. And it's a challenge. And the three of us working together can deal with the

challenge a lot better than if we don't work together.

Okay, I've enjoyed it. Thank you very much for your time. Appreciate it.

Q. Come back soon.

The President. Yes. I will.

NOTE: The President's news conference began at 10:22 a.m. in the James S. Brady Press Briefing Room at the White House. In his remarks, he referred to Democratic Presidential candidate Barack Obama; Gen. David H. Petraeus, USA, commanding general, Multi-National Force—Iraq; President Hu Jintao of China; President President Dmitry A. Medvedev of Russia; President Robert Mugabe of Zimbabwe; U.S. Special Envoy to Sudan Richard S. Williamson and former U.S. Special Envoy to Sudan John C. Danforth; President Umar Hassan Ahmad al-Bashir of Sudan; Secretary-General Ban Ki-moon of the United Nations; President Alvaro Uribe Velez of Colombia; President Hamid Karzai of Afghanistan; and Prime Minister Syed Yousuf Raza Gilani and President Pervez Musharraf of Pakistan. Reporters referred to Republican Presidential candidate John McCain; and Prime Minister Nuri al-Maliki of Iraq.

Message to the House of Representatives Returning Without Approval the “Medicare Improvements for Patients and Providers Act of 2008”

July 15, 2008

To the House of Representatives:

I am returning herewith without my approval H.R. 6331, the “Medicare Improvements for Patients and Providers Act of 2008.” I support the primary objective of this legislation, to forestall reductions in physician payments. Yet taking choices away from seniors to pay physicians is wrong. This bill is objectionable, and I am vetoing it because:

- It would harm beneficiaries by taking private health plan options away from them; already more than 9.6 million beneficiaries, many of whom are considered lower-income, have chosen to join a Medicare Advantage (MA) plan, and it is estimated that this bill would decrease MA enrollment by about 2.3 million individuals in 2013 relative to the program's current baseline;
- It would undermine the Medicare prescription drug program, which today

is effectively providing coverage to 32 million beneficiaries directly through competitive private plans or through Medicare-subsidized retirement plans; and

- It is fiscally irresponsible, and it would imperil the long-term fiscal soundness of Medicare by using short-term budget gimmicks that do not solve the problem; the result would be a steep and unrealistic payment cut for physicians—roughly 20 percent in 2010—likely leading to yet another expensive temporary fix; and the bill would also perpetuate wasteful overpayments to medical equipment suppliers.

In December 2003, when I signed the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) into law, I said that “when seniors have the ability to make choices, health care plans within Medicare will have to compete for their business by offering higher quality service. For the seniors of America, more choices and more control will mean better health care.” This is exactly what has happened—with drug coverage and with Medicare Advantage.

Today, as a result of the changes in the MMA, 32 million seniors and Americans with disabilities have drug coverage through Medicare prescription drug plans or a Medicare-subsidized retirement plan, while some 9.6 million Medicare beneficiaries—more than 20 percent of all beneficiaries—have chosen to join a private MA plan. To protect the interests of these beneficiaries, I cannot accept the provisions of this legislation that would undermine Medicare Part D, reduce payments for MA plans, and restructure the MA program in a way that would lead to limited beneficiary access, benefits, and choices and lower-than-expected enrollment in Medicare Advantage.

Medicare beneficiaries need and benefit from having more options than just the one-size-fits-all approach of traditional

Medicare fee-for-service. Medicare Advantage plan options include health maintenance organizations, preferred provider organizations, and private fee-for-service (PFFS) plans. Medicare Advantage plans are paid according to a formula established by the Congress in 2003 to ensure that seniors in all parts of the country—including rural areas—have access to private plan options.

This bill would reduce these options for beneficiaries, particularly those in hard-to-serve rural areas. In particular, H.R. 6331 would make fundamental changes to the MA PFFS program. The Congressional Budget Office has estimated that H.R. 6331 would decrease MA enrollment by about 2.3 million individuals in 2013 relative to its current baseline, with the largest effects resulting from these PFFS restrictions.

While the MMA increased the availability of private plan options across the country, it is important to remember that a significant number of beneficiaries who have chosen these options earn lower incomes. The latest data show that 49 percent of beneficiaries enrolled in MA plans report income of \$20,000 or less. These beneficiaries have made a decision to maximize their Medicare and supplemental benefits through the MA program, in part because of their economic situation. Cuts to MA plan payments required by this legislation would reduce benefits to millions of seniors, including lower-income seniors, who have chosen to join these plans.

The bill would constrain market forces and undermine the success that the Medicare Prescription Drug program has achieved in providing beneficiaries with robust, high-value coverage—including comprehensive formularies and access to network pharmacies—at lower-than-expected costs. In particular, the provisions that would enable the expansion of “protected classes” of drugs would effectively end meaningful price negotiations between Medicare prescription drug plans and pharmaceutical manufacturers for drugs in those

classes. If, as is likely, implementation of this provision results in an increase in the number of protected drug classes, it will lead to increased beneficiary premiums and copayments, higher drug prices, and lower drug rebates. These new requirements, together with provisions that interfere with the contractual relationships between Part D plans and pharmacies, are expected to increase Medicare spending and have a negative impact on the value and choices that beneficiaries have come to enjoy in the program.

The bill includes budget gimmicks that do not solve the payment problem for physicians, make the problem worse with an abrupt payment cut for physicians of roughly 20 percent in 2010, and add nearly \$20 billion to the Medicare Improvement Fund, which would unnecessarily increase Medicare spending and contribute to the unsustainable growth in Medicare.

In addition, H.R. 6331 would delay important reforms like the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies competitive bidding program, under which lower payment rates went into effect on July 1, 2008. This program will produce significant savings for Medicare and beneficiaries by obtaining lower prices through competitive bidding. The legislation would leave the Federal Supple-

mentary Medical Insurance Trust Fund vulnerable to litigation because of the revocation of the awarded contracts. Changing policy in mid-stream is also confusing to beneficiaries who are receiving services from quality suppliers at lower prices. In order to slow the growth in Medicare spending, competition within the program should be expanded, not diminished.

For decades, we promised America's seniors we could do better, and we finally did. We should not turn the clock back to the days when our Medicare system offered outdated and inefficient benefits and imposed needless costs on its beneficiaries.

Because this bill would severely damage the Medicare program by undermining the Medicare Part D program and by reducing access, benefits, and choices for all beneficiaries, particularly the approximately 9.6 million beneficiaries in MA, I must veto this bill.

I urge the Congress to send me a bill that reduces the growth in Medicare spending, increases competition and efficiency, implements principles of value-driven health care, and appropriately offsets increases in physician spending.

GEORGE W. BUSH

The White House,
July 15, 2008.

Remarks Following a Meeting With President Blaise Compaore of Burkina Faso

July 16, 2008

President Bush. Mr. President, thank you for coming. I first started my conversation with the President by complimenting him on his leadership in the United Nations and in the region. You've been a constructive force for peace and stability.

And we talked about Zimbabwe. I made my position abundantly clear that, one, we are disappointed with the veto of the U.N.

Security Council resolution, for which both our nations worked in concert. Secondly, we deeply care about the plight of the citizens of Zimbabwe, and we hope there's a peaceful resolution soon. I told the President, in the meantime, our Government is looking at, you know, sanctions beyond that which would have been levied out of the U.N. Security Council.