cards cover the medicines she takes. She can call the Health Insurance Counseling Assistance Program, which helps California seniors navigate Medicare, where a counselor can help her determine which card will provide the lowest prices on her medications.

''This should be a lot more simple,'' Cozzi said. ''But I guess some discount is better than nothing.''

Although Medicare was rapped earlier this month for long waits on its telephone hotline, it has added workers to ease the backlog. On two different afternoons last week, there was only a one-minute wait to speak to a representative on the hotline.

Cozzi also can go online to www.medicare.gov, where she will encounter a complex drug search engine that some seniors have criticized for providing inaccurate information. And she can visit her local pharmacy for card applications, but if it's a chain that offers its own card, it may not display information about competing cards that might save her more.

NOT WORTH IT FOR SOME

''People are finding it very complicated,'' said Vicki Gottlich, an attorney with the Center for Medicare Advocacy, a public-interest law firm.

''We're hearing from highly educated, highly competent people that it just may not be worth it,'' Gottlich said. ''They're not sure the discounts are that great and the information they're finding is accurate.''

Gottlich recommends that seniors verify with their own pharmacists the information they receive from the Medicare Web site or telephone representative, because in some cases, pharmacists haven't been notified about the discounts or whether their pharmacy is in a particular card's network.

HMO DISCOUNT CARDS

While Cozzi has a supplemental Medicare plan that allows her to purchase any card she wants, some seniors with Medicare HMOs such as Kaiser Permanente's Senior Advantage may only apply for the cards offered by their HMO.

That irks Kaiser member Caroline Castiglione of East Palo Alto. Castiglione could purchase Kaiser's Medicare discount card for $30, but it will save her only $1.40 a year on Fosamax, a brand-name osteoporosis drug, at Kaiser pharmacies. She called a nearby, non-Kaiser pharmacy to see what discount the Kaiser card might offer, but the pharmacist didn't know.

''To pay $30 to save $1.40, it doesn't make sense,'' said Castiglione, who is 81. ''I don't buy a pig in a poke, I want to know what I'm buying. I'm very frustrated.''

DISAPPOINTMENT WITH REVISED CONFERENCE REPORT REGARDING THIS YEAR'S HEALTH AND HUMAN SERVICE BUDGET PROPOSAL WITH RESPECT TO MINORITY HEALTH AND THE HEALTH OF AMERICA'S MOST VULNERABLE

HON. DONNA M. CHRISTENSEN

OF THE VIRGIN ISLANDS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, June 2, 2004

Mrs. CHRISTENSEN. Mr. Speaker, I rise today to share my deep disappointment about the revised Conference Report regarding this year's Health and Human Service budget proposal and how it impacts change for minority health and the health of America's most vulnerable populations. The House conference report can only be viewed as a slap in the face and an insincere gesture to address systemic health problems faced by minorities and women. With few exceptions, the conference report includes policy-based numbers only for 2005 and provides but meaningless placeholder numbers for 2006 through 2009.

The Budget Act requires that the budget resolution cover five years: this conference report clearly violates the spirit of that requirement by providing in essence only a shell of a five-year budget resolution. It has been a quarter of a century since a budget resolution conference report covered only one year.

Mr. Speaker, this budget mainly benefits the healthy and the wealthy, because the conference agreement provides only $864.3 billion for 2005 discretionary funding, including the $50 billion for operations in Iraq and Afghanistan. Excluding funding for these operations, the total is $8.6 billion less than the President's already dismal budget sent to Congress back in February.

The conference agreement increases funding for both national defense and homeland security, and cuts 2005 funding for domestic programs by $7.6 billion—below a freeze at the 2004 enacted level and by $18.3 billion below the level needed to maintain services at the 2004 level. Excluding the increases for homeland security, the conference agreement cuts the remaining domestic programs even more. The conference agreement contained deep and arbitrary cuts to healthcare programs that are critical to serving minority populations.

Over five years, the budget cuts spending for mandatory health programs by $905 million. Medicaid constitutes over 90 percent of the dollars for these programs, so it is likely that Medicaid will bear the brunt of these spending cuts, if they are enacted. But this is just the beginning Mr. Speaker. The budget cuts funding for the uninsured by slashing HCAP, the Healthy Community access program, from $120 million to $10 million.

The House's conference report slashes Health Professions funding by 70 percent, from $409 million to $126 million, eliminating funding for important programs to address the nursing shortage and to train health professionals for cultural competence. New York alone will receive a cut of $22 million.

The House's conference report cuts the Public Health Improvement accounts in half. Reductions to this account not only jeopardize the electronic information infrastructure, and other activities needed to monitor and respond to bioterrorism, but also affect programs to eliminate racial disparities.

The House's conference report slashes rural health activities by $91 million below this year's enacted level—or by 64 percent. This cut includes eliminating the $39 million rural health flexibility grant program and drastically cutting back rural health outreach grants, used to expand clinical services in rural areas.

The House's conference report provides an inadequate increase of only 2.6 percent for NIH. According to patient and research advocates, NIH must receive budget increases of 8 to 10 percent to capitalize on the progress being made in biomedical research. The Bush budget will not even allow NIH to continue existing grants.

The House's conference report cuts funding far the Office of Minority Health by 15 percent from this year's enacted level. This office supports disease prevention, health promotion, service demonstration, and educational efforts that focus on health concerns that cause the high rate of disease in racial and ethnic minority communities. In addition, it does not propose to reauthorize the Office, whose authorization expires in 3 years. This is a very bad omen, in the face of the large and growing healthcare disparities in minority communities.

The House's conference report cuts bioterrorism hospital preparedness grants by $39 million. This will leave a host of unfunded Federal mandates and will further burden already strained resources at hospitals that serve minority and rural communities.

The House's conference report zeroes outs the healthcare facilities improvement projects, halting all healthcare infrastructure projects that are supported through Federal contracts. Many of the projects are in rural and urban communities that serve minority populations.

The House's conference report only levelfunds grant programs for organ transplantation and bone marrow donor registry, which has helped a number of people in underserved communities to get transplants.

The House's conference report also levelfunds the telehealth program, which has been instrumental in providing healthcare in rural and Native American communities that currently lack healthcare infrastructure and service providers.

The House's conference report freezes funding for the Indian Health Service's health professions program, diabetes grants program, and medical equipment program. Native Americans have the highest rate of diabetes and the lowest production of health professionals in the Nation.

The House's conference report freezes funding for the mentoring of children of prisoners, for programs that address developmental disabilities, violence against women, and runaway and homeless youth programs in the Department's Administration for Children and Families.

In addition it cuts $33 million from the Early Learning Fund and $3 million from the Child Abuse Discretionary Activities account. Both programs support a number of organizations in minority communities.

Mr. Speaker, our healthcare system in this country is currently in peril. It is falling short on promise and contributing to the disabling illness and premature death of the people it is supposed to serve. The picture is the worst for minority populations, who for almost every illness are impacted most severely and disproportionately.

Today we know that much of it happens because, even when minorities have access to care, the medical evaluations and treatments that are made available to everyone else are denied to them—not only in the private sector but in the public system as well. Acknowledging this, we worked with the other minority caucuses and the progressive caucus to close the gaps in funding for programs that would close these gaps in the CBC budget. While our measure garnered a record number of votes, it failed.

We also worked with the Senate and got an amendment included in their budget resolution for an additional $400 million to be dedicated for minority health, and it is our sincere hope that the amendment is included in the final budget report and that it will be treated as a clear signal to appropriators on the need to address the health concerns of minority populations.