

constitution that ensures the civil and political rights of every citizen without reservation of any kind based on gender, religion, or national or social origin.

SENATE RESOLUTION 232—CELEBRATING THE 40TH ANNIVERSARY OF THE ENACTMENT OF THE VOTING RIGHTS ACT OF 1965 AND REAFFIRMING THE COMMITMENT OF THE SENATE TO ENSURING THE CONTINUED EFFECTIVENESS OF THE ACT IN PROTECTING THE VOTING RIGHTS OF ALL CITIZENS OF THE UNITED STATES

Mr. KENNEDY (for himself, Mr. REID, Mr. LEAHY, Mr. FEINGOLD, Mr. DURBIN, Mr. KOHL, Mr. JEFFORDS, Mr. LAUTENBERG, Mr. BIDEN, Mr. LEVIN, Ms. MIKULSKI, Ms. LANDRIEU, Mr. OBAMA, Mr. SCHUMER, Mr. KERRY, and Mr. SPECTER) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 232

Whereas brave people in the United States, known and unknown, of different races, ethnicities, and religions, risked their lives to stand for political equality and against racial discrimination in a quest culminating in the passage of the Voting Rights Act of 1965;

Whereas numerous individuals paid the ultimate price in pursuit of political equality, while demanding that the United States enforce the guarantees enshrined in the 14th and 15th amendments to the Constitution;

Whereas, on March 7, 1965, a day that would come to be known as “Bloody Sunday”, the historic struggle for equal voting rights led nonviolent civil rights marchers to gather on the Edmund Pettus Bridge in Selma, Alabama where the bravery of such individuals was tested by a brutal response from State and local authorities, which in turn sent a clarion call to the people of the United States that the fulfillment of democratic ideals could no longer be denied;

Whereas 8 days after Bloody Sunday, President Lyndon B. Johnson called for a comprehensive and effective voting rights bill as a necessary response by Congress and the President to the interference and violence, in violation of the 14th and 15th amendments to the Constitution, encountered by African-American citizens when attempting to protect and exercise the right to vote;

Whereas a bipartisan Congress approved the Voting Rights Act of 1965 and, on August 6, 1965, President Lyndon B. Johnson signed this landmark legislation into law;

Whereas the Voting Rights Act of 1965 stands as a tribute to the heroism of countless individuals and enactment of the Act was one of the most important civil rights victories in the history of the United States, enabling political empowerment and voter enfranchisement for all citizens of the United States;

Whereas the Voting Rights Act of 1965 effectuates the permanent guarantee of the 15th amendment that “the right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of race, color, or previous condition of servitude”;

Whereas the Voting Rights Act of 1965 was amended in 1975 to facilitate equal political opportunity for language-minority citizens and was amended in 1982 to protect the rights of voters with disabilities;

Whereas the Voting Rights Act of 1965 has helped advance the true spirit of democracy

in the United States by encouraging political participation by all citizens and ensuring for voters the ability to elect representatives in Federal, State, and local governments;

Whereas the Voting Rights Act of 1965 has increased voter registration among racial, ethnic, and language minorities, as well as enhanced the ability of citizens in those minority groups to participate in the political process and to elect minority representatives to public office, resulting in 81 African-American, Latino, Asian, and Native American Members of Congress and thousands of minority State and local officials across the United States;

Whereas despite the noteworthy progress from 40 years of enforcement of the Voting Rights Act of 1965, voter inequities, disparities, and obstacles still remain for far too many minority voters and serve to demonstrate the ongoing importance of the Voting Rights Act of 1965;

Whereas the Voting Rights Act of 1965 provides extensive voter protections, such as equipping voters with the means to challenge election laws that result in a denial or abridgement of voting rights on account of race, color, or language minority status (in section 2 of such Act), eliminating literacy tests nationwide (in section 201 of such Act), requiring Federal approval before jurisdictions with a history of practices that restrict minority voting rights may implement changes in voting practices and procedures (in section 5 of such Act), providing the Department of Justice with the authority to appoint Federal election monitors and observers to ensure that elections are conducted free from discrimination and intimidation (in sections 6 through 9 of such Act), and mandating language assistance and translated voting materials in jurisdictions with substantial concentrations of language minorities (in section 203 of such Act);

Whereas several of these provisions of the Voting Rights Act of 1965 will expire in August 2007 unless Congress acts to preserve and reauthorize them;

Whereas it is vital to democracy in the United States, and to the efforts of the United States to promote democracy abroad, that the provisions of the Voting Rights Act of 1965 are fully effective to prevent discrimination and dilution of the equal rights of minority voters;

Whereas, in 2005, the year marking the 40th anniversary of the Voting Rights Act of 1965, people in the United States must applaud the substantial progress that has been made in protecting the right to vote, but also continue efforts to ensure fairness and equal access to the political process in order to protect the rights of every citizen of the United States; and

Whereas the Voting Rights Act of 1965 has been widely hailed as the single most important civil rights law passed in the history of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) observes and celebrates the 40th anniversary of the enactment of the Voting Rights Act of 1965;

(2) reaffirms its commitment to advancing the legacy of the Voting Rights Act of 1965 to ensure the continued effectiveness of the Act in protecting the voting rights of all citizens of the United States; and

(3) encourages the people of the United States to celebrate the 40th anniversary of the Voting Rights Act of 1965.

Mr. KENNEDY. Mr. President, 40 years ago, after the Selma-Montgomery march, many of us in the Senate and House worked hard to pass the landmark Voting Rights Act of 1965, to guarantee that racism and its bitter legacy would never again close the

polls to any citizen. The failure to ensure voting rights regardless of race or national origin was a national shame, which was finally addressed in this long overdue bill. As we look toward August 6, the 40th anniversary of the Civil Rights Act, we must recall the sacrifices of those who worked tirelessly to ensure that all Americans have access to the ballot, regardless of race.

All of us are grateful for those sacrifices, which forced America to live up to its highest ideals, the ideal of equality and justice for all. And when we say all, we mean all. I want to thank my friend and colleague Congressman JOHN LEWIS for his leadership and his courage in joining Dr. Martin Luther King and so many others on the march across Selma’s Pettus Bridge to demonstrate the need for voting rights. Those who marched and endured hatred and violence provided the guiding light for Congress. As we celebrate the Voting Rights Act, we also celebrate their contributions.

This celebration must also be a wake up call to remind us of the need to strengthen and reauthorize the provisions of the Voting Rights Act that are scheduled to expire in 2007. We must reauthorize section 5, which provides for Federal oversight of voting changes in—areas where a history of discrimination has limited the right to vote. We must also reauthorize Section 203, which provides for bi-lingual elections in areas where necessary, to ensure that American citizens can vote, even if they have limited English proficiency.

I look forward to working with my colleagues in both the House and Senate, and on both sides of the aisle, on this important issue.

SENATE CONCURRENT RESOLUTION 49—EXPRESSING THE SENSE OF THE CONGRESS WITH RESPECT TO THE IMPORTANCE OF MEDICAID IN THE HEALTH CARE SYSTEM OF OUR NATION

Mr. KENNEDY (for himself, Mr. ROCKEFELLER, Mr. BAUCUS, Mr. BINGAMAN, Mr. REID, Mr. DURBIN, Ms. STABENOW, Mrs. MURRAY, Mr. CORZINE, Mr. SCHUMER, Mr. JEFFORDS, Mr. OBAMA, Ms. LANDRIEU, Mr. HARKIN, Mr. REED, Mr. SARBANES, Mr. KOHL, Mr. DORGAN, Ms. CANTWELL, Mrs. CLINTON, Mr. WYDEN, Mr. FEINGOLD, Mr. NELSON of Florida, Mrs. FEINSTEIN, Mr. BIDEN, Mr. DAYTON, Mr. LEVIN, Mr. KERRY, Mr. JOHNSON, Mrs. LINCOLN, Mr. LAUTENBERG, Ms. MIKULSKI, Mr. SALAZAR, Mrs. BOXER, Mr. PRYOR, Mr. DODD, Mr. BAYH, Mr. LIBERMAN, Mr. CONRAD, Mr. INOUYE, Mr. AKAKA, Mr. LEAHY, Mr. BYRD, and Mr. CARPER) submitted the following concurrent resolution; which was referred to the Committee on Finance.

S. CON. RES. 49

Whereas Medicaid was signed into law by President Lyndon B. Johnson in Independence, Missouri, on July 30, 1965, as title XIX of the Social Security Act;

Whereas under the Social Security Act, two programs were established to provide health insurance: Medicare for the elderly and Medicaid for the poor;

Whereas Medicaid is one of the Nation's major public health insurance programs, providing health and long-term care for more than 58 million Americans, including children, pregnant women, individuals with disabilities, and the elderly who are poor and frail;

Whereas Medicaid serves in a counter-cyclical role during economic downturns and during the recent economic slump between 2001 and 2002, Medicaid enrollment grew by three million people who, if not for Medicaid, would have become uninsured;

Whereas Medicaid is the most efficient payor in the market such that the average growth rate for Medicaid costs was nearly 7 percent per enrollee, substantially lower than the 12.6 percent growth in employer-sponsored insurance premiums from 2000 to 2003;

Whereas Medicaid provides health coverage to more than one in four of the Nation's children and those children represent nearly half of all Medicaid enrollees;

Whereas studies have found that children enrolled in public health insurance programs experienced substantial improvement in school attendance and behavior and increased engagement in normal childhood activities;

Whereas Medicaid is an important source of health care coverage for women in general, and low-income women in particular, in that women are twice as likely to qualify for Medicaid than men, women constitute over 70 percent of the adult beneficiaries, and one in five low-income women are covered by Medicaid;

Whereas Medicaid plays a particularly critical role for women of childbearing age in that Medicaid is the primary provider of necessary prenatal care for low-income pregnant women and covers nearly 40 percent of all births in the United States;

Whereas Medicaid is an important source of financial help for more than 7 million Medicare beneficiaries living in poverty by paying their Medicare premiums and cost sharing, and covering the costs of other essential services not provided by Medicare, such as dental care, long-term care, and vision care;

Whereas Medicaid is a lifeline for individuals living with disabilities, providing health insurance coverage to approximately eight million, or one-in-five, noninstitutionalized, non-elderly people who have specific, chronic disabilities, and is often the only source of health care for individuals with spinal cord injury, mental illness, and other disabling conditions such as cerebral palsy, cystic fibrosis, Downs syndrome, mental retardation, muscular dystrophy, autism, spina bifida, and HIV/AIDS;

Whereas Medicaid reduces disparities in health care delivery to racial and ethnic minorities, who make up approximately one-third of the total United States population but constitute more than half of those who receive health care through Medicaid and, without Medicaid, racial and ethnic minorities would make up a disproportionate number of Americans who are uninsured;

Whereas Medicaid plays a critical role in ensuring that Americans living in rural areas receive health care insofar as residents in rural counties are 50 percent more likely to have Medicaid coverage than residents in urban counties and Medicaid covers nearly 30 percent of children in rural areas compared to less than 19 percent of children in urban areas; and

Whereas Medicaid's protection against high out-of-pocket expenses for vulnerable,

low-income Americans has encouraged and increased access to necessary health care and more than 40 percent of low-income adults who are under the age of 65, when forced to pay cost sharing, will choose to forego medical visits for clinically effective health care and low-income children receive 44 percent fewer clinically effective health care services; Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of the Congress that—

(1) over the past four decades Medicaid has been a core component of the American health system;

(2) Medicaid has ensured that the vast majority of Medicaid beneficiaries did not join the ranks of the current 45 million Americans with no health insurance; and

(3) Congress must continue and strengthen the State-Federal partnership that provides this vital health insurance program.

Mr. KENNEDY. Mr. President, this Saturday marks the 40th anniversary of Medicaid. Over the past 4 decades, Medicaid has provided quality health care to millions of the most vulnerable members of our society—low-income children and parents, pregnant women, disabled persons, and senior citizens. While anniversary should be a time to celebrate the progress we have made in improving the health of those who are less fortunate—but instead, we find ourselves defending the program against harsh cuts that will destroy the health security of many of our fellow citizens.

Medicaid has served the Nation well over the past 40 years. It provides a critical safety net for those with nowhere else to turn for health care. The majority of Medicaid beneficiaries are too poor or too sick to buy coverage in the private market. Many have disabilities or multiple chronic conditions, or need long-term care. Others have severe mental health problems. More than 50 million people receive health coverage under Medicaid today, and most of them would be uninsured and uninsurable without it. States have significant flexibility to design Medicaid programs that meet the needs of their residents, with important Federal oversight to make sure that minimal standards are maintained.

Today, Medicaid covers nearly 40 percent of all births. It provides health coverage for one in four children. Its Early and Periodic Screening, Diagnosis, and Treatment benefit has been a success in making sure that children receive the care they need.

Medicaid also provides prenatal care for many low-income women, and it fills in the gaps in coverage for low-income seniors and disabled persons, covering long-term care services that are not covered by Medicare. It is also a major source of coverage for mental health and substance abuse care and is the largest payer of services for AIDS patients.

Medicaid enrollment has grown rapidly over the past few years as more and more Americans not only lost their jobs but lost the health care their employers offered. Low-income working families increasingly lost coverage as

employers dropped coverage or couldn't afford it, because health costs soared while wages stagnated. It's true that Medicaid costs have risen over the past few years, but this growth is driven primarily by increased need. Medicaid does its job well—responding to economic downturns and providing a health safety net for those with nowhere else to turn.

Yet Medicaid is once again under attack by some who want to undermine the progress we have made. This year's budget mandates mean-spirited cuts in the program under the guise of balancing the budget, even though the very same budget includes large new tax breaks for the wealthy. These cuts were ordered even though a bipartisan majority of Senators voted against them.

Any changes in Medicaid should be made to improve the care offered to its beneficiaries, not to pay for even greater tax breaks for the wealthy. We need to consider ways to improve Medicaid and make it function more effectively, and we can't accept reforms that do otherwise. Cutting benefits or increasing costs for the poor will keep them from getting the care they need, and cost the Nation far more in the long-run.

Cutting health care for those who rely on Medicaid has real consequences. We know what limiting their access to care will do: it will result in more pain and suffering; it will lead to more deaths because treatable diseases will be diagnosed too late; it will lead to emergency rooms overcrowded with patients with nowhere else to turn; and it will lead to increased costs for those with health insurance, as they are charged more to make up for the cost of covering those with no insurance.

I look forward to celebrating many more Medicaid anniversaries. My hope is that we will continue to improve and modernize the program, not abandon it. We need to make it work for those it serves, especially the millions of low-income children who will grow up to healthy adults tomorrow, because we kept the faith with Medicaid today.

Mr. CORZINE. Mr. President, tomorrow marks the 40th Anniversary of the Medicare and Medicaid programs. On July 30, 1965, President Lyndon Baines Johnson traveled to Independence, MO to sign the Medicare and Medicaid programs into law. That day, President Johnson signed a contract with the citizens of this country. The contract states that our Nation recognizes that health care is a fundamental human right and that a just society will marshal resources to provide basic medical care for those most in need. Forty years later, the Medicare and Medicaid programs continue to abide by that contract, providing government safety nets that keep the elderly, disabled, and economically disadvantaged from falling into the ranks of the uninsured.

In passing legislation to establish the Medicare program, Members of this

body took a courageous step by guaranteeing health insurance coverage to seniors and people with disabilities—regardless of a person's income and regardless of a person's illness. Medicare is a commitment to America's seniors that if you are over 65 or disabled, no matter what your income, we will stand by you and you will get the health care you need.

Before the Medicare program was established, nearly 50 percent of seniors lived their golden years without health coverage. Seniors were forced to choose between a trip to the grocery store and a visit to the doctor's office. Today, because of Medicare, 98 percent of older Americans have access to and can afford to get the medical care they need. Of the forty-two million Americans currently covered by Medicare, including 35 million seniors and 6 million people with disabilities or end-stage renal disease, 1.3 million live in my home State of New Jersey. I've spoken with many of those beneficiaries from throughout my State and it's clear there is great uncertainty about what the future of Medicare holds for beneficiaries.

On the 40th Anniversary of the Medicare program, we should be cheering the dramatic impact Medicare has had on the health and wellbeing of this country. Yet, I would be remiss if I failed to mention the real fear I have that Medicare beneficiaries will be in for a rude awakening early next year. This coming January, a prescription drug benefit will be added to the Medicare program. Since the day I joined the Senate, I consistently supported ensuring seniors access to affordable prescription drugs by adding prescription drug coverage to Medicare. In June, 2003, I was one of 76 Senators to vote to pass legislation to establish a comprehensive, affordable prescription drug benefit under Medicare. While bill was not perfect, on the whole the legislation would have been good for Medicare beneficiaries in New Jersey and those across the Nation. Yet, Mr. President, the bill that came back from House-Senate conference and was ultimately signed by the President does more harm than good.

For most New Jersey beneficiaries, the prescription drug plan set to take effect January 1, 2006 is neither affordable, nor comprehensive. It will cost seniors \$3600 for \$5,000 in drug benefits, will result in over 90,000 New Jersey retirees losing their drug coverage from their former employers, and could force nearly 200,000 New Jersey seniors out of Medicare as they know it into private HMOs.

Most troubling is the impact that the prescription drug plan will have on low and middle income beneficiaries in my state. My colleague Senator LAUTENBERG and I worked hard to save New Jersey's PAAD and Senior Gold programs—which the original Republican plan would have scrapped. But unlike New Jersey's PAAD and Senior Gold programs, the Medicare plan will have

drug formularies that will restrict seniors' access to certain drugs. This means that a senior in PAAD or Senior Gold who now has complete prescription drug access may face limited drug access or substantially higher costs for their drugs.

One of the few bright spots that came of the Medicare prescription drug bill is the establishment of a "Welcome to Medicare" physical exam for new beneficiaries. For the majority of Medicare beneficiaries, this program has been a treatment program, not a preventive health program. Instead of covering preventive services like colonoscopy, cardiovascular screenings, and wellness programs that keep beneficiaries healthy, Medicare has traditionally focused more on treating the patient once he or she gets sick. We need to continue to promote prevention, instead of just reacting to illness, under the program. Not only will a focus on prevention keep our beneficiaries healthier and more independent, but the imminent retirement of the baby boom generation will continue to drive the costs of the program higher. The simplest way to constrain Medicare spending while also keeping Americans in their home and out of the hospital is to advance the program's focus on providing coverage of preventive health services.

I have no doubt that expanding Medicare coverage to include preventive measures will continue to improve the health and wellbeing beneficiaries. On the whole, however, I have grave reservations about the impact that the new prescription drug plan will have on what has, for 40 years, been a reliable and affordable health coverage program for this country's elderly and disabled citizens. One of the guiding principles of health care is, "do no harm." My real fear is that the prescription drug plan will seriously undermine the Medicare program by shifting costs and limiting access to lifesaving services. These terms were not part of the contract President Johnson signed to establish Medicare.

Forty years ago, along with the Medicare program, President Johnson signed legislation establishing Medicaid. This health insurance program was designed to keep the Nation's most vulnerable populations—the poorest and sickest, from falling onto the rolls of the uninsured. Medicaid is based on the proposition that the health of a nation should be judged by the health of its people. For the last 40 years, Medicaid has provided health care for 105 million Americans with disabilities, working families, the elderly, children, and pregnant women. The success of this federal-state partnership is a tribute to President Johnson and the members of Congress who were brave enough to recognize that, in the world's richest country, basic medical care should be a right, not a privilege.

The Medicaid program has grown and evolved from a safety net program to the primary source of care for millions

of Americans. Today, Medicaid provides vital health care services more than 53 million Americans. For millions of low-income children and families, including 500,000 children in New Jersey, Medicaid covers primary and preventive health care services that they otherwise could not afford. Medicaid provides crucial primary care health services for children with disabilities. And as my colleagues know, Medicaid is the Nation's largest payer of nursing home and other long-term care services. The amazing thing about Medicaid is the fact that the program covers people who can't get health coverage anywhere else, and it does so at a fraction of the cost of other programs. A recent study found that the cost of serving an adult in Medicaid in 2001 was about 30 percent lower than if that same person were instead covered by private health insurance. And Medicaid spends about half as much on administrative costs as private insurance. In 2003, only 6.9 percent of Medicaid costs were administrative expenses compared to 13.6 percent for private insurance. It is truly remarkable that Medicaid is able to do so much for so many Americans.

As we take time to celebrate the dramatic success Medicaid has had in covering our most vulnerable populations, we must be cognizant that there is much more to do and that the program itself is vulnerable. Clearly, Medicaid does a remarkable job covering Americans who would otherwise be uninsured, but the reach of the program is becoming more and more limited. Forty-five million Americans were uninsured at some point during the past year. For many of these Americans, their primary source of care is hospital emergency rooms. Many could have been kept out of the hospital emergency room if they had access to basic health services under Medicaid, and this could have been achieved at a fraction of the cost. Yet, arguing that the program is rife with waste, fraud, and abuse, Republicans passed a budget earlier this year that cuts \$10 billion out of the Medicaid program. Clearly, there's always room for improvement, and I don't think there is a member of this body who believes we shouldn't rid the program of any waste, fraud, and abuse that exists. However, I have seen no credible evidence to convince me that there is \$10 billion in savings to be had from such efforts. Instead the evidence suggests that \$240 million of the \$10 billion in cuts will come directly from the New Jersey Medicaid program. For \$240 million, New Jersey could cover 100,000 more children, 17,000 more seniors, or 12,000 more residents with disabilities. Instead of expanding the Medicaid program to these populations, the \$10 billion in cuts will likely come at the expense of beneficiaries—pregnant women, children, and people with disabilities—people who rely on the program for their basic medical needs.

Dramatic changes to Medicaid based not on sound public policy but on

achieving \$10 billion in savings would be a grave mistake. It would be a huge step backward for Medicaid beneficiaries in New Jersey or across the country. It simply is not possible to cut \$10 billion from the Medicaid program without chipping away at the foundation on which the program is based. Make no mistake about it, in a federal-state partnership such as this, cutting \$10 billion from Medicaid means taking \$10 billion away from the States ability to cover their uninsured. It means that States will be left with the tough choices of decreasing reimbursements to providers, eliminating services like prescription drugs and specialized services for the mentally ill, or raising taxes to preserve these services.

The most egregious aspect of the proposed Medicaid cuts is that these cuts come in a budget that includes the \$204 billion cost of making permanent the President's tax cuts for millionaires. How do we, as legislators, look hard-working Americans in the eye and tell them honestly that we can't afford \$10 billion for health coverage for low-income Americans, but we can afford \$204 billion in tax breaks for the most well-off? Is this the same legislative body that recognized the social value of offering a helping hand to those who could otherwise not help themselves? Instead of tax cuts for those Americans least in need of tax cuts, we should be preserving and expanding access to health care for our Nation's most vulnerable by maintaining our Federal obligation to the States to pay our fair share for these services.

As we celebrate the 40th anniversary of Medicare and Medicaid, we must recognize that some of those who have urged the dismantling of these programs are the same people who argue that these programs are the epitome of big government run amuck. On the contrary, Medicare and Medicaid are government at its finest. For 40 years, these programs have been examples of government up to the plate to provide a lifeline for citizens who would otherwise fall through the cracks of society. On July 30, 1965, Medicare and Medicaid were the vision of a stronger, healthier, more prosperous America. We must continue to share this vision today, as we have for the past 40 years.

SENATE CONCURRENT RESOLUTION 50—EXPRESSING THE SENSE OF CONGRESS CONCERNING THE VITAL ROLE OF MEDICARE IN THE HEALTH CARE SYSTEM OF OUR NATION OVER THE LAST 40 YEARS

Ms. STABENOW (for herself, Mr. REID, Mr. BAUCUS, Mr. ROCKEFELLER, Mr. KENNEDY, Mr. BINGAMAN, Mr. DURBIN, Mrs. MURRAY, Mr. CORZINE, Mr. SCHUMER, Mr. JEFFORDS, Mr. OBAMA, Ms. LANDRIEU, Mr. HARKIN, Mr. REED, Mr. SARBANES, Mr. KOHL, Mr. DORGAN, Ms. CANTWELL, Mrs. CLINTON, Mr. WYDEN, Mr. FEINGOLD, Mr. NELSON of

Florida, Mrs. FEINSTEIN, Mr. BIDEN, Mr. DAYTON, Mr. LEVIN, Mr. KERRY, Mr. JOHNSON, Mrs. LINCOLN, Mr. LAUTENBERG, Ms. MIKULSKI, Mr. SALAZAR, Mrs. BOXER, Mr. PRYOR, Mr. DODD, Mr. BAYH, Mr. LIEBERMAN, Mr. CONRAD, Mr. INOUE, Mr. AKAKA, Mr. LEAHY, Mr. BYRD, and Mr. CARPER) submitted the following concurrent resolution; which was referred to the Committee on Finance:

S. CON. RES. 50

Whereas Medicare was signed into law by President Lyndon B. Johnson in Independence, Missouri, on July 30, 1965, as title XVIII of the Social Security Act;

Whereas Medicare was created to provide health insurance to the elderly in part because only about half of the elderly population had health insurance;

Whereas Medicare continues to achieve its purpose of improving health and financial security for Medicare beneficiaries by assuring access to affordable health care and contributing to the significant decrease in the poverty rate among the elderly, which has fallen from nearly 30 percent in 1966 to approximately 10 percent in 2002;

Whereas Medicare played a fundamental role, together with the Civil Rights Act of 1964, in desegregating the American health care system by assuring access to care, regardless of race or age;

Whereas Medicare has contributed to improvements in life expectancy for persons over 65 years of age;

Whereas Medicare began with 19 million beneficiaries, and since then has provided health care services for approximately 105 million beneficiaries over the last 40 years;

Whereas Medicare today provides comprehensive health insurance for nearly 42 million Americans, which includes more than 35 million senior citizens and 6 million people under 65 years of age who are permanently disabled or living with end stage renal disease, and by 2030 the number of Americans who will rely on Medicare for their health care is expected to reach 78 million, which is nearly double the number today;

Whereas Medicare ensures coverage along a continuum of health care settings such as inpatient hospital care, physician and outpatient hospital care, and other post-hospitalization benefits such as home health care, skilled nursing facility services, and hospice care;

Whereas Medicare has evolved over time to help beneficiaries maintain their health, prevent disease and injury, and to provide better benefits, including more preventive care, such that Medicare, which covered about 42 percent of expenditures for the elderly in 1968, covered approximately 55 percent of expenditures by 1997;

Whereas Medicare serves a diverse population of beneficiaries with complex health care needs—71 percent of beneficiaries have two or more chronic health conditions, 29 percent are in fair to poor health, and 23 percent have cognitive impairments;

Whereas many who depend upon Medicare have modest incomes and assets—a majority of Medicare beneficiaries have incomes below 200 percent of the Federal poverty level (\$19,140 for individuals and \$25,660 for married couples in 2005) and 48 percent of non-institutionalized Medicare beneficiaries have assets below \$10,000;

Whereas Medicare provides health insurance for nearly 6 million individuals under the age of 65 who live with disabilities or illnesses such as multiple sclerosis, spinal cord injuries, depression, and HIV/AIDS, and who are more likely than those who are elderly

to be in poor health and be unable to live independently and perform basic activities of daily living;

Whereas Medicare provides health insurance coverage for nearly one-in-five adult women in the United States and plays an especially important role in assuring access to health care for older women who have lower average annual incomes than men of the same age (average difference in income being \$14,000) and fewer resources to pay for health care services;

Whereas Medicare covers important preventive and health maintenance services, including vaccinations, prostate and mammography screening, bone mass measurement, and glaucoma screening;

Whereas Medicare has achieved its major purpose of providing access for the elderly and individuals with disabilities to needed health care such that nearly 98 percent of elderly adults report that they have access to needed health care;

Whereas elderly Medicare beneficiaries are more satisfied with their coverage than privately insured nonelderly adults and Medicare beneficiaries are more likely to rate their health insurance coverage as "very good" or "excellent" and to report they were very satisfied with the care they received; and

Whereas Medicare is a remarkably efficient program, with administrative costs that average less than 2 percent of expenditures compared to about 12 percent in private plans and average per capita cost increases below those of the private sector, further highlighting its efficiency: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of Congress that—

(1) for the past 40 years, Medicare has made significant medical, social, and economic contributions to our Nation;

(2) the access to care provided by Medicare has changed the course of health outcomes for the elderly and those with disabilities, preventing physical deterioration and preventing more individuals from slipping into poverty; and

(3) Congress must continue to support, strengthen, and enhance the quality of care in this vital Federal health insurance program that guarantees all Medicare beneficiaries affordable health care that meets their needs.

Ms. STABENOW. Mr. President, I am very pleased to submit this Concurrent Resolution on behalf of myself and my Democratic colleagues.

I rise to commend two programs that have served as a safety net for millions of Americans, Medicare and Medicaid. This Saturday, Medicare and its sister program Medicaid turn forty, and for millions of Americans, these vital health care programs have literally meant the difference between life and death.

I am proud to be sponsoring a resolution to commemorate Medicare's birthday on behalf of the Democratic caucus and to be co-sponsoring a similar resolution for Medicaid. Medicare is a great American success story, and one of the most successful federal programs of all time. It has lifted countless seniors out of poverty, allowing them to live with dignity and independence, and it has ensured access to necessary, affordable,