

that we're not thinking about the unemployment component.

Mr. FLEMING. The statistics show that the number one issue for Americans today is jobs, without question. And that health care reform, while it is important to you and me and all of the Republicans and everyone in the House, for that matter, it's only, like, number five or even lower than that on the list. Americans see that the imperative right now is to get jobs back, and we're using a job-killing bill. How in the world are you going to get private insurance if you don't have a job to begin with?

A recent poll by CNN—and certainly I don't think anybody could ever claim that CNN is a hard-right institution—says that 75 percent of Americans feel that we should either scrap this bill completely, throw it away and forget about it, or scrap it and start over again.

So the American people, as you say, three to one, don't like this bill, and they don't want to see it or hear of it again.

Mr. AKIN. I think a lot of Americans feel that there are things that need to be fixed in health care, and a lot of our colleagues that are Republicans think there are things that need to be fixed in health care, but we don't think you melt the whole system down.

One of the things that I was asked in my town hall meeting—and I think maybe there are people that have this question in their minds, so maybe I'll ask myself this question and try to answer it. They said, Okay, you big-mouthed Republican—they didn't quite say that, but they said, You were in the majority for 6 years and you never fixed any of these and now you're bad mouthing them when the Democrats are doing it.

Let me tell you about when I was a Republican for the 6 years that I was here when I was in the majority, and that was when we passed a whole lot of bills in the House, a number of them, to fix health care that nobody has ever heard of or knows anything about. What happened to those bills? They passed the House. They went to the Senate, and there were Democrats in the Senate that basically filibustered it because we didn't have 60 Republican votes to push it through reconciliation so you could get it out to a vote on the floor. I know it's not reconciliation. Whatever they call it on the floor. The 60 votes in the Senate, we never had them.

What sort of bills did we pass? Well, we passed a bunch of energy bills to deal with the high prices of gasoline that were killed by Democrats in the Senate. We passed a bill to deal with Freddie and Fannie that were being improperly managed financially that were going to cause a big crisis, and that was killed by the Democrats in the Senate. We passed associated health plans to allow small businesses to combine their employees together to get a better price on health insurance. That

bill was killed. We passed it numerous times. It was never taken up. They never had the 60 votes in the Senate to deal with that.

We did tort reform, which various States have passed. Dropped health care costs by 10 percent in some States. That went to the Senate, was killed by the Democrats in the Senate.

So it wasn't that we didn't pass things or try to fix things as Republicans. We had a lot of reforms, but they were always killed because of the 60 votes in the Senate. So when people say, Hey, you guys were in the majority, how come you didn't do anything? We did things, but it was because of the way the Senate is set up, none of those things passed.

And I think that's helpful for people to understand that because Republicans do have ideas, but they were more selective things that we knew were going to save money, going to give people better health care and solutions that we knew from other States that would work. So I think that's important to kind of get that out.

Let's see. This thing here. Benefits trial lawyers by failing to enact meaningful lawsuit reform. Well, these bills do benefit trial attorneys. The weird thing about these bills is they are actually sort of antitort reform. It's not that they don't deal with those huge punitive damages which run the cost of health care up. In fact, the States that have tort reform, it makes it so they can't use their tort reform. So this thing is, from a tort reform point of view, is actually hostile to tort reform, and I'm sure you see some of that.

Thank you, Madam Speaker, for allowing us to deal with this very, very important subject. I know the American public is interested.

HEALTH CARE REFORM FOR SENIORS

The SPEAKER pro tempore (Mrs. HALVORSON). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Illinois (Ms. SCHAKOWSKY) is recognized for 60 minutes as the designee of the majority leader.

Ms. SCHAKOWSKY. Madam Speaker, I'm so happy to be here tonight, particularly after I have heard what my colleagues had to say. One of them said, Our people need to hear the truth about the health care legislation. That's exactly what we're going to talk about tonight. Tonight we're going to talk about how this legislation helps our older Americans, our senior citizens.

We're going to talk about how this bill protects Medicare for the next 10 years. It's solvent for an extra 10 years so we keep our promise for an aging population and take care of our citizens when they get older. We're going to talk about closing the doughnut hole, about protecting seniors from elder abuse, about making visits to the hospital safe.

I have the pleasure of being the co-chair of the Democratic Task Force on Senior Citizens, on seniors, and my co-chair is the gentlelady from California, DORIS MATSUI.

And DORIS, I'm going to turn it over to you to get us started tonight.

Ms. MATSUI. Thank you very much, dear colleague, and I really appreciate being the cochair with you. We certainly have the passion for our senior citizens, and I believe that most of America understands that, too. But I rise today to recognize significant benefits that the emerging health care bill will have on American seniors.

Simply put, the health care bill will put forth, provides a better deal for America's seniors than our current system. Our health care plan takes great strides towards improving the quality of care our seniors receive.

For starters, our bill eliminates copayments and deductibles for preventative services under the Medicare program. This is crucially important because we know that many seniors are not getting the preventative care they need and are often foregoing tests because they're too worried about the costs.

The sad fact is one out of every five women over the age of 50 has not had a mammogram in 2 years. Also, more than a third of adults over the age of 50 have never had a colonoscopy. Without our bill's investments in primary care and its improved access to preventive care under Medicare, beneficiaries will continue to lose access. We are going to reverse this trend with the bill we pass this week.

Madam Speaker, we all know that preventative care is good for the health of individual patients and it's good for the overall health of our system, but without doctors to treat Medicare beneficiaries, the entire system structure, the systemic structure just collapses. That is why our legislation creates a more immediate pathway for more primary care doctors, the doctors that stay with you for a lifetime and know your medical history.

Primary care doctors are the backbone of Medicare and of our system in general, and our bill gives medical students incentives to go into primary care. These include grants for primary care training as well as incentives under Medicare for primary care doctors to practice in areas that currently have a shortage.

Right now, we know that we need many more primary care doctors in this country. The shortage is exacerbated by the high cost of education, which pushes more and more medical students into specialty fields and strains Medicare. Today, about 12 million Americans lack access to primary care doctors in their community, but by providing immediate support for primary care physicians, we can help minimize these shortages and restore the promise of Medicare.

Our bill also emphasizes coordinated care so that people can avoid unnecessary tests. It provides incentives for

doctors to work together to provide seniors with high quality care that every American needs and deserves.

This bill is about strengthening Medicare for America's seniors and restoring the confidence that we have in our health care system. We know that we have the best doctors and hospitals in the world. In my hometown of Sacramento, we have models of care coordination and chronic disease management that are the envy of other cities across this country.

But when seniors, especially in Sacramento, are splitting pills because they can't afford to refill their prescriptions and skipping meals to make ends meet, this system is not working. And one of the surest ways to help us get back on track is to close the doughnut hole that affects millions of seniors every single day.

Between 2009 and 2010, monthly prices in the doughnut hole increased by 5 percent or more for half of the 10 most popular brand-name drugs. This means that brand-name drugs in the doughnut hole became more expensive relative to the medical care of other goods. And this is not just a recent phenomenon.

Between 2006 and 2010, prices for popular brand-name drugs in the doughnut hole went up more than 20 percent. This means that America's seniors are being forced to spend a greater percentage of their fixed, disposable income on brand-name drugs. This is why it is so important for us to pass the health insurance reform bill, which will start closing the doughnut hole this year and completely close it within 10 years.

Madam Speaker, American seniors deserve more than the status quo. Our plan for health care reform will extend the solvency of Medicare, lower seniors' costs for prescription drugs by beginning to close the doughnut hole, improve the quality of seniors' care with better coordination among doctors, cover the cost of preventive care for Medicare patients, and expand home- and community-based services to keep people in their homes.

□ 1900

America's seniors deserve the best possible health care we can provide. And that's what our health care plan will do, ensure access to quality, affordable health care for all Americans.

Madam Speaker, I thank my wonderful colleague, and I yield back time to her.

Ms. SCHAKOWSKY. Thank you so much, Representative MATSUI, for being such a strong advocate for older Americans, really for all Americans, that are going to be helped by this legislation. And we are going to be talking much more about that.

I wanted to just let everyone know that for 5 years I had the pleasure of being the executive director of the Illinois State Council of Senior Citizens. It was between 1985 and 1990, and those were among the most fun years and learning years my life. I was a lot

younger then, not a senior citizen as I have reached today, and what I learned is that our older Americans, while facing many, many challenges, are the people who really helped build our middle class, who helped build our society, and now in their older years, especially in this time of economic downturn, are facing incredible difficulties in getting their health care. Thank goodness for Medicare. We will talk more about that program that was passed in 1965.

There is a reason why every advocacy group for older Americans is supporting this legislation. If you look at the list, and I'm going to read it, you will see that the people who know best, because they either are made up of older Americans or their job is to advocate for older Americans, are supporting this legislation. That would include the AARP, which represents tens of millions of older Americans, people from 50 and upward, and we will talk about how this legislation not only helps people 65 and older, but 50 and older, the National Committee to Preserve Social Security and Medicare, the Alliance for Retired Americans, the Center for Medicare Advocacy, Families USA, the Retirees of AFSCME, B'nai B'rith International, National Senior Corps Association, National Academy of Elder Law Attorneys, National Council on Aging, Service Employees International Union, National Association of Professional Geriatric Care Managers, Easter Seals, Medicare Rights Center, American Federation of Teachers Program on Retirement and Retirees, Volunteers of America, the American Society on Aging, and National Senior Citizens Law Center.

I'm sure there are more that aren't on my list. I have some other data from some of these organizations. These are the people who know what seniors want. That is their business. They are made up of seniors and certainly of their advocates.

And one of the advocates for the elderly is a great colleague mine. RUSH HOLT from the great State of New Jersey is here tonight to talk about how people in his State and around the country, older Americans, are going to benefit from this legislation.

Mr. HOLT. I thank the gentlelady from Illinois for reserving this time to take the message out. For a moment, let me speak to the 103,000 Medicare beneficiaries in the 12th Congressional District in New Jersey, more than 100,000. This legislation would improve their benefits. It would provide free preventive and wellness care. It would improve the primary care and better coordination of care, not just so there is more efficiency and less waste, although there would be, but so that patients don't get the runaround. It does not help their health to have unnecessary or counterproductive tests or procedures. It would enhance nursing home care. And it would strengthen the Medicare Trust Fund, extending solvency for another 8 or 9 years. That is real.

You had spoken earlier about the doughnut hole. I always hesitate to talk about the doughnut hole. I think of it as a cliff. Depending on how expensive your monthly medication is, along about August or September or October, you have exceeded the expenditure limit on Medicare, the way things stand now, and you fall off the cliff. And if you want to keep taking the medicines, you have got to pay out of pocket.

Under the bill, the beneficiaries not only would receive in 2010 a \$250 rebate and 50 percent discounts on brand-name drugs beginning in the coming year, but also complete closure of this doughnut hole, or better yet, filling in this cliff in the years to come. A typical beneficiary who enters the so-called doughnut hole, again, that is too benign a term, who falls off the cliff, will see savings of over \$700 in the coming year and over \$3,000 in coming years. So this is something that, yes, it helps small businesses. Yes, it helps young adults trying to get a start after college. Yes, it helps people who find themselves between jobs or people who want to start small businesses. It helps employees of large businesses. It helps anybody who has a health insurance policy now. But tonight, we are talking about how it will help senior Americans.

I thank the gentlelady for reserving this time. Let me turn it back to you, and I will add some comments as we go along if I may.

Ms. SCHAKOWSKY. Great. I thank you so much.

I wanted to talk in very specific terms. Again, you talked a little bit about some of the issues, how this bill actually, in a concrete way, on a day-to-day basis, is going to help older Americans. I think it's so important that we explain the details of this bill because there have been a lot of myths out there particularly aimed at older Americans. And it really makes me mad. There has been a lot of fear about how somehow this bill is going to cut Medicare. And I'm going to talk about how that is exactly the opposite, how this bill is actually going to extend the life of Medicare, not cut any benefits.

So let's look at some of these things, how health care reform means security and stability for America's seniors, extends the solvency of Medicare. What does that even mean? Extend the solvency of Medicare. What that means is that currently if you look at the Medicare funds, by 2017, that fund is going to be in some trouble. Aha. But we pass this bill, and the solvency, the health of the Medicare Trust Fund is going to be extended another 9 years. So we are now up to 2026. We want to figure out ways to even go beyond that, but that's a pretty good start, to extend it to 2026.

Lower costs for prescription drugs. You talked a bit about the doughnut hole. And, again, you're right, you talk about the doughnut hole. Not only does it sound benign, a lot of people don't know what we're talking about when

we say that. But there is this gap in coverage. And so I'm going to tell you about one of the seniors who actually had this pretty horrible experience when she went to the drugstore and found out that she was not covered. Here she is. My constituent had a Humana part D Medicare, that is a prescription drug plan, and had trouble paying the monthly premium. Humana originally told her that she would never pay more than a few dollars for her medications. Sounds pretty good. One day she went to CVS, she went to the drugstore, and was told that one medication out of the eight that she is taking was going to cost \$130, whereas the previous month the cost was \$20. From \$20 to \$130.

At that point, the pharmacist told her about the doughnut hole. She found out that from then on she was going to have to pay out of pocket until she paid \$3,600 out of pocket. She would continue to pay her premiums every month, but her drug costs were going to be out of pocket until she had paid \$3,600 more.

Well, what she told us was that she stood at the pharmacy counter and cried because she just couldn't afford to get her medicine. So she walked out of the pharmacy. She called our office, and she was concerned that she wouldn't be able to take her lifesaving medicine because she didn't have the money.

And fortunately, there was an Illinois program in existence at the time called Illinois Cares Rx, and she is able to get her medication through that program. But fortunately, she fit the eligibility requirements. Plenty of people don't. And then her physician gave her some free samples. And you know that doesn't last forever. So we are going to permanently close that doughnut hole, and we are going to begin to do it on day one, lowering the cost of prescription drugs.

We are going to improve the quality of seniors' care with better coordination among the doctors. And that is going to be cost savings, too, because we are going to have coordinated care so that they get this continuum of care. We are going to train more primary care doctors. That's what we need to do. We are going to provide incentives to make sure that we have more primary care doctors. We're going to cover the cost, as you mentioned, Representative HOLT, of preventive care for Medicare patients. No more out-of-pocket costs. You have your Medicare card—that's all you're going to need for those preventive services.

And we're going to expand home and community-based services to keep seniors in their homes, which, we should add, is exactly where they want to be. People don't want to be forced into nursing homes. They want to be able to stay at home. If we expand those home- and community-based services, someone being able to come into the home at a price they could afford, adult day care centers where people can go dur-

ing the day and be safe and active, then they are going to be able to stay in their homes.

That's just the beginning of what we do for seniors.

Let me turn it back to Representative HOLT for just a minute because we were talking earlier about how frustrating it is that there is a question about Democrats, the majority, wanting to somehow cut Medicare.

Mr. HOLT. I thank Representative SCHAKOWSKY, my good friend. This is something that has been one of the great accomplishments, not just of the Democratic Party, but of the United States. Medicare has been a success. It has been medically a success. It has been socially a success. This legislation before us will only strengthen Medicare.

And to underscore a point that you were making, Ms. SCHAKOWSKY: By getting better coordination among doctors, by having more primary care doctors, by covering preventive care, by making sure that beneficiaries have access to medicine, we not only get efficiencies, but each patient gets better care.

□ 1915

We begin to shift more attention toward the outcome, the health of the patient.

Having extra procedures or having to go to a specialist when you don't need to go to a specialist but only because you don't have a primary care physician available is not only costly but it is not healthful. It does not produce the best outcome, and it leaves the patient frustrated and getting the run-around.

So people ask me, well, in this health care bill, how can you claim to cut costs and not cut our benefits? How can you claim to cut costs and not give us worse care? Well, in fact that is the point exactly. By having primary care physicians, by paying for the medical education of those physicians to have more of them available, to have better coordinated care among doctors, the patients will get better care. So it is not just a matter of efficiency, but it is that also.

And to continue on your point. The debate that we are having right now strongly echoes the debate of the 1960s over Medicare. "Inefficient and costly government." "Putting the government between the doctor and the patient." "Socialized medicine." Yes, we have heard all of those phrases this week, in fact tonight here, previously, from the other side of the aisle. Those are quotes from the 1960s.

Now, few people today would call for a repeal of Medicare given its success for seniors, yet it was very controversial back then. The same arguments were made against health care reform then as are being made now.

Some leaders, from Ronald Reagan to Bob Dole to Gerald Ford, fought the program and voted against its creation. Since then, some opponents of Medi-

care have tried to cut, or cut, Medicare. Former Speaker of the House Gingrich spoke of cutting back Medicare so that it could, quote, wither on the vine.

Does anybody really think that Democrats, who are so proud of the accomplishments of Medicare, would for a moment consider cutting back on Medicare? Does anybody reasonably think that?

This is a successful program that has taken us from 1965, when 44 percent of seniors were uninsured. They had no place to go except maybe the emergency room if they got really sick. It has taken us to a point where barely 1 percent of seniors today have no coverage. Seniors had limited choices back then. They could deplete their savings or seek assistance from their children or look for charity care, or, as was so often the case, forego medical care entirely. Within 11 months after President Johnson signed Medicare into law, almost 20 million Americans had enrolled in the program, and it has virtually eliminated uninsurance among older Americans. Today, about 1 percent of those 65 and older lack health care coverage.

So ask any of the 45 million beneficiaries if they would trade their Medicare. You will have a hard time finding any.

Ms. SCHAKOWSKY. Thank you very much for reminding everybody, first of all, that Medicare is the government program of health care for older Americans. It is not just a made-up story that sometimes people come up to us and say, Keep government hands off my Medicare. Well, we have to remind people that this is a 100 percent government program. And thank God for Medicare, because so many people, that is the only insurance they have.

And I have to tell you, a lot of people come into my office every week and saying, I can't wait. I can't wait for my 65th birthday so that I can finally get the insurance and the care that I need.

I am also, as I said, going to talk about how this bill even helps people age 50 to 65 with their health care problems. But right now, I want to introduce somebody who knows a bit about insurance, who knows a bit about health care, and knows a bit about what seniors in this country, what Americans in this country need when it comes to health care. He is a new Member, but he is not new to this issue, and he is not new to advocacy for all good things for consumers and for the seniors, and that is JOHN GARAMENDI, my colleague from California.

Mr. GARAMENDI. I thank you very much, Congresswoman SCHAKOWSKY, and thank you for that terrific description of the history of Medicare. This has been a Democratic program for more than 43 years now. As Representative SCHAKOWSKY just said, I get the same thing: if I can just live long enough to get the Medicare.

And I remember as you were saying that an experience I had. I had visited

a carpenter who had become ill with cancer and he wanted me to stop by and see him. This was maybe 10 years ago. He was bedridden, very, very sick. He was about 60, no longer able to work, and his wife was about the same age. And he said, I have just got to hang on long enough so that my wife can get to Medicare. Otherwise, she will have nothing, and she is a diabetic.

We have got about 45,000 Americans that are dying every year because they don't have health care and because they haven't been able to live long enough to get to Medicare.

Medicare is a program that the Democrats have fought for, have fought very vigorous battles in this Chamber against the Republican Party. You mentioned Newt Gingrich, who was right out front about the Republican goals in the 1990s to destroy Medicare.

Well, we are here to protect Medicare. And in this legislation that will be before us for a vote very, very shortly, there is an explicit understanding written into it that Medicare will be protected, that benefits will not be cut, and that cost savings, wherever they may be found in all of the Medicare system, that those cost savings will be plowed back into the Medicare program.

So where are the cost savings going to come from? How correct you are with your chart when you talked about where the cost savings are: well-care, preventing illnesses, taking care of people in the continuity of care rather than episodic care.

There is also a lot of fraud in Medicare. We know that. We also know that it was the Bush-Cheney budget that reduced the appropriations to fight fraud in Medicare. They basically wiped out the Department of Health Services and the Medicare program's ability to fight fraud, and it blossomed. But in the budget that you passed this last year, now that we have a Democratic President and a Democratic budget, he put money back in to fight Medicare fraud. That will save money. We have seen "60 Minutes"; we have seen the kind of fraud that is out there.

But what really, really makes me upset is the misinformation that is out there, in many cases the downright lies that you see on television, most of them paid for by the insurance industry that doesn't want to lose their 16 percent additional payment over and above the average cost of Medicare that is given to the insurance companies so that they can have this Advantage program. What do the seniors get for it? Not much.

Mr. HOLT. If the gentleman will yield. And these are not lies of ignorance. These are people who know better.

Mr. GARAMENDI. The insurance companies? You bet they do.

Mr. HOLT. They know that Medicare has an overhead of about 2 percent.

So if I may make a small correction on what the gentleman has said. There is waste and fraud in Medicare. I think the gentleman said a lot; actually, it is

a little. But when there are 44 million beneficiaries, almost 45 million beneficiaries, a little bit of error, a little bit of fraud can add up to a lot of money. But the program itself, if you count administrative costs as well as waste, fraud, and abuse, it is a couple of percent. In other words, almost all of the money in Medicare goes to providing health care.

Ms. SCHAKOWSKY. I have to say that it is not necessarily just a little bit. At the beginning of September, the Department of Health and Human Services and the Department of Justice announced the largest health care fraud settlement in history.

Pfizer, the drug company, agreed to pay \$2.3 billion for illegal marketing practices. That is going to return about \$1 billion to Medicare and Medicaid. So that is not chump change.

Mr. HOLT. On a percentage basis, it is a small amount. When you have 45 million beneficiaries, that adds up to a lot.

Mr. GARAMENDI. The key point here is that in this legislation there is a specific effort to eliminate the fraud that goes on in the system. The unnecessary payments, the stealing of the Social Security cards, all those kinds of things that are out there, we know we need to deal with that. And we are dealing with it. Even before this piece of legislation, we put money into the budget to deal with that; and then this legislation strengthens that.

And, in addition to that, we now will have better medical record technology which will also assist us in keeping track of what is going on. It is a small piece of a much, much larger piece of legislation that does help seniors in very, very specific ways.

Why should the insurance companies get an unnecessary boost in their profits at the expense of the Medicare program? No reason that I know of. They should be competing and they should be helping seniors, but not get that additional bump. Those savings are also plowed back into the benefits for seniors so that they can have those programs that you talked about, those programs of prevention, of wellness, of being able to stay in their home. All of those things are important.

If I could just take a personal moment for a moment. My mother phoned me; she is 87. She is going to have her 88th birthday. If it is 89, I am in deep trouble back home. But she is going to have her birthday soon.

She phoned about 3 weeks ago and she said, John, why are you cutting the Medicare programs? What are you talking about, Mom? Well, the TV advertisement just said you guys are going to cut the Medicare program. And I am going, No, we are not. But tell me about the ad.

It was an advertisement run by the U.S. Chamber of Commerce in the Sacramento region of California. She saw it and became concerned.

So why are these ads out there that are on their face not truthful? One reason: and that is to upset the seniors and to somehow give the seniors false

information about what this legislation does.

I got her straightened away. She is okay. Although when she sees this red tie, the good Mary Jane McSorley is not going to be happy. But, Mom, I have got a green carnation here.

Ms. SCHAKOWSKY. You know, a lot of us have been barraged with phone calls like your mother said to you. She believed you, didn't she?

Mr. GARAMENDI. Oh, yes. I have been a truthful son.

Ms. SCHAKOWSKY. Good. And I hope that what you have said has now convinced many others.

But it is really wrong, I think, to put out information that really causes older Americans who are so dependent on Medicare, and that is most of the people on Medicare that really rely on it for most of their health care even if they have a supplemental, to tell them things that just aren't true, that benefits in some way are going to be cut.

I want to introduce now someone who also has been a great advocate for the constituents in her district and for older Americans, a great friend of senior citizens, from Nevada, and that is Congresswoman DINA TITUS.

Ms. TITUS. Well, thank you very much. And thank you for your leadership on this issue and for organizing tonight's discussion about something that is so important.

Nevada has had the fastest growing senior population in the country for the last decade. And even though we have slowed down a little generally, that percentage is expected to continue. So you can imagine what an important issue this is for me.

And, like Mr. GARAMENDI, my mother, too, is on Medicare. So I can't imagine why anybody would think we would want to hurt Medicare benefits when our own mothers are beneficiaries, along with so many other seniors in this country.

I share your frustration, because I have had a lady following me around to some of our town hall meetings wearing a T-shirt that says "I am the grandmother you want to kill." She believed those early ads about the death panels in the health care bill.

So there is an awful lot of misinformation out there that we need to correct, and that is why a discussion like this is so important.

You know, generations of America's seniors have relied on Medicare in their golden years, and we must ensure that it is there for them in the future. This means that we need health reform, health care reform as you have described on your chart there, that strengthens Medicare. Rising health care costs threaten our current Medicare system, and we need to be sure that it remains solvent. And we have to enact reform that strengthens Medicare's financial footing and extends the lifetime of the Medicare trust fund.

We also must bring down those prescription costs. We need to reduce costs

for both Medicare and for seniors, individually, and close the doughnut hole that so many of our seniors fall into, forcing them to choose between life-saving medication and other necessities like buying groceries or paying the power bill.

□ 1930

It's because of my commitment to seniors that I was proud to support the House health care reform bill, because in addition to the things that I just mentioned and you all have been talking about, it also benefited seniors by removing lifetime caps on coverage and included free preventive care; in other words, no copays on important tests like mammograms and colonoscopies. So I'm hopeful that these reforms will be things that we can enact in the coming days, and I look forward to seeing that final health care language to be sure that they're in there.

You know, I'm dedicated to protecting Medicare, and I know how important it is for the seniors in District Three. I would never do anything that would reduce or undermine the care that they receive. That's why I introduced legislation—and I appreciate all of your support on it—that protected seniors from increases in their Medicare premiums. It was called the Medicare Premium Fairness Act. We introduced it last year. It would protect seniors from an increase in their premiums.

In the past years, seniors have received a cost-of-living increase in their Social Security to offset any increase in the Medicare premium. Well, this year, for the first time in 35 years, seniors aren't receiving that cost-of-living increase, meaning that higher Medicare premiums would result in lower Social Security benefits, for a net loss. For seniors on fixed incomes who count on every dollar just to get by, this is unacceptable, because they will be receiving less in Social Security. My bill would protect all seniors from an increase in those Medicare premiums this year until the cost-of-living kicks in in the future.

Unfortunately, and how many times have we seen this—and I'm expressing my personal frustration, but also of this body, I believe—one Republican in the Senate has held up the speedy passage of this bill that's so important to seniors. This shouldn't be allowed to happen because it's too important to happen in the lives of the American people. So I'm going to continue to fight to see that that bill becomes law and in a way that would be retroactive to help the seniors who may have already seen those deductions kick in.

So thank you again for having this discussion. Medicare is critical to the health and well-being of our seniors, and I look forward to working with you on the senior task force to highlight and advocate on these important issues that affect our senior population.

Ms. SCHAKOWSKY. One of the great things that you pointed out is that

Medicare was passed in 1965, but we continue to work to improve it, to make it better, to even expand the coverage so that it is more affordable for the elderly. This is a work in progress. It's really been a job that has been the life's work of the Democratic Party for generations to make sure that Medicare really does do what it needs.

When Medicare first came into being in 1965, prescription drugs were actually a very small part of the whole health care cost. Now they are at the center—front and center, often—of extending life, of making life more livable, of preventing death, and so we work to find all the ways that we can perfect what has been a very successful program.

I want to once again just make sure that people see the advantages to older Americans, how health care reform means security and stability for America's seniors, extends the life—that's what solvency means—extends the life of Medicare, lower seniors' cost for prescription drugs, improves the quality of seniors' care with better coordination among doctors, trains more primary care doctors so there will be access when we add more people to health care.

Some seniors are worried. Okay, add 30 million people to health care coverage, are there going to be enough doctors? We say we've got to do that. That's what is in this bill, to make sure that we train and create incentives for more primary care doctors, and nurses, too, so that we have the professionals that we need. Covering the cost of preventive care for Medicare patients, you described that. That's for things like mammograms and colonoscopies. No out-of-pocket costs. Expand home- and community-based services to keep seniors in their homes.

So the question really is: What is the Republican plan if they say our plan is bad? Well, Paul Ryan, one of the up-and-coming Republicans, proposed the plan. He's the top Republican on the House Budget Committee, and he put forth what they call the roadmap. The Republican roadmap wouldn't improve Medicare. It actually ends it.

Now you're thinking, Oh, this is all partisan. That can't be true. But, actually, it is true. It would end Medicare, when they get to be 65, for everyone who is now under the age of 55. Once those people who are under 55 get to be 65, instead of Medicare, they get a voucher. Go out and find health care for yourself. And the Congressional Budget Office, the nonpartisan Congressional Budget Office, reports that that voucher over time would be worth about a quarter of what Medicare is valued right now. The roadmap wouldn't require that private insurers actually accept those vouchers or charge affordable premiums or provide necessary benefits, making those vouchers pretty darn worthless.

Let me tell you what one of the expert groups said. This is the non-

partisan Center on Budget and Policy Priorities: The Ryan plan imposes no requirement that private insurers actually offer health coverage to Medicare beneficiaries at an affordable price or at all.

Did you want to speak to that?

Mr. GARAMENDI. Let me just talk to that for a moment. This is astounding.

Ms. SCHAKOWSKY. Tell them your background, too.

Mr. GARAMENDI. Well, I was the insurance commissioner in California from 1991 to 1995, and then 2003 to 2007, so I've got 8 years as the insurance commissioner in the biggest State in this Nation, with a lot of seniors. Our seniors haven't grown quite as fast as our friend talked about from Nevada, but in total numbers we are so much bigger. Major, major problem for seniors.

You're looking at the most expensive part of the population, the senior population, and it is absolutely true that the insurance companies do not want to ensure people that are going to get sick. Who's going to get sick? It's the seniors. And that's why Medicare came into place, as was described earlier, because that population has the most difficult time of obtaining insurance, and it happens to be the most expensive part.

We figured out here how to provide it. The Republicans are going to do what? They're going to give you a voucher. So if I'm 54 years old now—let me see if this is correct. I'm 54, and if the Republicans had their way, when I become 65 in 11 years, I don't get Medicare, which provides me with a comprehensive policy that I can take anywhere in this Nation. I can go to Maine and get the policy. I can go to California and get the policy. I don't get that. I get a voucher, and I'm going to go to an insurance company that I know does not want me because they know that at 65 I'm going to be expensive.

Ms. SCHAKOWSKY. You've got that right. You would get a voucher.

Mr. GARAMENDI. This is the Republican program? Thank you, no.

Mr. HOLT. Let's be very clear. They are saying in this health care bill, You want to cut Medicare. No. That's the point. We've been saying over and over again, we're strengthening Medicare. What they want to do is do away with Medicare, replace it with vouchers, or another term that has been used in the past is "privatizing." In other words, to say, Well, you can take care of your health care. We'll even give you a coupon. Now, the coupon is going to be of declining value over time, but you're smart enough. You will have saved for your golden years and you will be okay. That is what they propose to do.

Mr. GARAMENDI. You're suggesting you go back and take your privatized Social Security savings? They're going to do away with Social Security, too.

So they're going to do away with Medicare and Social Security, the two programs that provide security for seniors. The Republican Party has said clearly they want to do away with those. That's not where we are as Democrats. This program, as Representative SCHAKOWSKY has said very clearly, strengthens Medicare, extends its life for at least 5 years, some would say 10 years.

Ms. SCHAKOWSKY. Nine years.

Mr. HOLT. The best estimate is 9.

Mr. GARAMENDI. We'll just take 5, 9, whatever. It strengthens it and pushes it out so it has the financial strength, reduces the doughnut hole by \$500 immediately, and you get—

Ms. SCHAKOWSKY. And then eliminates it over 10 years.

Mr. GARAMENDI. And if you're a senior of low income and moderate income, some of your prescription drugs are reduced by 50 percent.

Ms. SCHAKOWSKY. That's right.

Mr. GARAMENDI. This is a good deal, and yet we see the TV ads out there scaring seniors that somehow this is a bad deal for seniors. This program is a very good deal for seniors, wherever they happen to be, and for every other American. We're talking about seniors here, but for every other American they will get access to affordable, good quality health insurance because of this legislation. Those are the facts.

Ms. SCHAKOWSKY. I think it's really important at this point to just mention some of the things that do happen as soon as the bill passes. A lot of people, one of the things that the Republicans have been saying about this legislation is that, Well, you have to wait until the bill takes effect for another 4 years. Well, that's true that a number of the elements of the full rollout of the bill take 4 years, but a number of things happen right away, and among those is the beginning to close the gap in coverage, or the doughnut hole.

A lot of seniors out there are worried about their grandchildren. This legislation, on the day that it's enacted, says that children with preexisting conditions will not be excluded from health care. Imagine if you have a grandchild with asthma or a grandchild with autism and suddenly they're trying to get health insurance for the family. This child will be covered. Imagine the relief it will take off of the parents and the grandparents' shoulders if we're able to do that. Lifetime caps. Many people have chronic illness and right away they find that they have reached the limit of how much their insurance company is going to pay.

Mr. GARAMENDI. These are the worthless insurance policies that are sold across State lines today. They have a very low lifetime cap. You get a serious illness and you blow through that and you have no more health insurance from that company. Not only that, but now you've got a preexisting condition and you can't get insurance from any company. The legislation changes that.

Thank you for pointing that out.

Ms. SCHAKOWSKY. And annual caps—

Mr. GARAMENDI. That, too.

Ms. SCHAKOWSKY. Where people in the first few months of the year have great expenses on health care and suddenly they find that they're not going to be able to be insured any more. That's it. So we do a lot of things immediately. I will get back to some more of them later, but I did want to talk a bit about what we do.

Go ahead.

Mr. HOLT. I wanted to address another point that I hear from folks in central New Jersey about a lot. They get letters from their insurance companies saying Medicare is going to be cut. Again, it's misrepresentation, and we want to clear that up.

Let me give a little history about Medicare Advantage. A number of years back the insurance companies came to the then-Republican majority in Congress and said, You know, the government is really inefficient. We, the insurance companies, can provide the benefits of Medicare a lot more efficiently than the government can. In fact, if you give us 95 cents on the dollar, we will provide benefits to Medicare beneficiaries.

□ 1945

Ms. SCHAKOWSKY. Plus additional things. We're so good at it.

Mr. HOLT. Right. We're so good and so eager to move services into the private sector—in other words, to privatize Medicare. The then-congressional majority said, Fine. Well, it didn't take more than a couple of years before the insurance companies came back, tears in their eyes, hat in their hands saying, Well, we can't really do it for 95 cents on a dollar. It's actually about \$1.15 on the dollar. And those who liked privatization said, Hey, that's still a great deal. So right now we find ourselves where 20 percent of Medicare beneficiaries are getting Medicare benefits, and we are paying insurance companies a 15 percent premium to provide those benefits.

Ms. SCHAKOWSKY. And who ends up paying for that?

Mr. HOLT. All taxpayers and the other Medicare beneficiaries. So yes, those insurance companies, under this health care legislation, are not going to get paid for doing no more than the Federal Government does at a dollar on the dollar. We're not doing away with Medicare Advantage. We're just saying, It's not going to be a giveaway for the insurance companies. So they'll get a dollar's worth of payment for a dollar's worth of services rendered.

Mr. GARAMENDI. Oh, that's so unfair to the insurance companies, that you would take away their bonus for doing nothing more than you can do in another system.

Mr. HOLT. Ask your seniors. About 20 percent of the Americans on Medicare are a part of this Medicare Advantage program. Ask them how many let-

ters they have gotten from their insurance company saying that the sky is falling and that if Congress goes through with this health care reform, it will be curtains. Well, what it means is that there will be fairness, once again, restored to the Medicare program. And the Medicare beneficiaries will get a dollar's worth of services and benefits for a dollar's worth of expenditures. That's the way it should be.

Mr. GARAMENDI. That current unnecessary bonus that's given to the insurance companies will be brought back and reinvested in the Medicare program so that the Medicare program's solvency will be extended into the future. So we're not taking that money away from the Medicare program; we're taking it away from the insurance companies and bringing it back to the Medicare program.

The senior Advantage program is not a free program for seniors. They're paying for it. They're paying a premium themselves, and the Federal Government is paying an unnecessary premium to the insurance companies to do what doesn't cost any more in the regular system. So it's a great savings. It's something that should be done. And oh, the tears. The wailing and crying by the insurance companies.

Mr. HOLT. And it's based on a fallacy.

Mr. GARAMENDI. Yes, exactly.

Mr. HOLT. Because Medicare has low administrative overhead. It is an efficiently run program.

Ms. SCHAKOWSKY. What is it, about 3 percent?

Mr. HOLT. It's a couple of percent.

Mr. GARAMENDI. It's about 2 percent.

Mr. HOLT. And Medicare's costs grow at a slower rate—at least they have over the past 5 years—than the private health insurance for the same benefits. So it's just another indication of the efficiency of Medicare. Every year the government makes some changes. You know, ever since 1965, there have been changes made from time to time about Medicare to make it a more efficient program and to make it more directed toward healthy outcomes for the seniors.

Mr. GARAMENDI. A big piece of what is going to happen in this reform is that there will be a continuing study going on through the Medicare offices and the Department of Health Services to find better ways of treating seniors. You've talked about the home care, which we know is a better way of doing it, the continuity of care. We know that over time, new medical devices are found. New medical services are brought online, and other services that have become obsolete are taken off the benefit list, and new ones are brought on over time. That's the way it is because medical services are constantly evolving and changing—drugs, the kinds of services, the hospital services.

All of those things are evolving over time. So change is constant in this program. And specifically in the legislation is an effort to bring online those

new techniques and technologies that enhance the care of seniors. And, I will also say, for other Americans. So all of us, as a major part of the program, but specifically for seniors. And it would roll on. Proven, clinically proven services, evidence-based services. And these kinds of things save costs. Again, the insurance companies are going to cry. The U.S. Chamber of Commerce is spending over \$100 million in this last month or two with advertising designed to kill the reform effort.

Ms. SCHAKOWSKY. Let's talk a little bit more about that, about why it is that the insurance industry would be against this bill. Because you could say, Well, 30 million more people are going to go into the insurance market. Why wouldn't they want more people?

Mr. GARAMENDI. Because they are greedy, profit-driven, profit-before-people-oriented companies.

Ms. SCHAKOWSKY. And also, they are able to pick right now.

Mr. GARAMENDI. Exactly.

Ms. SCHAKOWSKY. I want to talk a little bit about something else that stops right away. And that's what is perhaps the meanest of all the insurance company practices, and this is called rescission. Which in plain English means canceling your health insurance when you get sick.

We had testimony in our committee from a woman who had been a nurse most of her working life. She is now in her fifties. She left nursing to start another kind of career, went out in the private market and bought insurance that she could afford, thought it covered everything she needed. Then she was diagnosed with very aggressive breast cancer. She went to her insurance company. She got scheduled for the surgery. The Friday before the Monday of her surgery—her name is Robin Beaton. I will never forget her because we adjourned the committee for 5 minutes while she got herself together. And she said that on that Friday, they called her and said, I'm sorry. We went back in your medical records, and what we found is something on there that says that you had a preexisting condition. And do you know what it was? There were two things. One was acne that, of course, could lead to some sort of a cancer cell. They said that she had lied about that. She didn't even remember that.

Mr. GARAMENDI. She must have been a teenager at that time.

Ms. SCHAKOWSKY. And the other was that she had misstated her weight—understated her weight. Now I make a little joke, like what woman hasn't? You know, you have an accident, and people look at the driver's license and say, Who is this woman? She is not 120 pounds. Anyway. And so she was out of luck. She spent the next 9 months looking for health care. Finally—actually it was her Congressman who convinced the insurance company to do it. And by that time, the cancer had progressed and was in her lymph nodes. So she was much sicker.

That policy of rescission will end on day one.

I see that we've been joined by someone else, KEITH ELLISON, a Representative from Minnesota. I'm happy to turn it over to you. How time flies.

Mr. ELLISON. To my extreme embarrassment, we're out of time. Support health care. To the Congressman from California, thank you very much, Mr. GARAMENDI.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes.

Mr. GARAMENDI. Madam Speaker, we have several of my colleagues here to join us. We will just continue the discussion that we had before. I think I'll move to the other side so I will have the easel available to me. If Ms. JAN SCHAKOWSKY will come join us. Mr. ELLISON can carry on. I see Mr. TONKO is now in the Chair.

We've got things we want to talk about here. Let's just continue this discussion that we had a few moments ago. Our friend on the Republican side is either late or has decided it wasn't worth continuing to discuss their position. We were covering the Medicare issues here in some detail over the last hour, and some of that we want to continue and make sure that people understand what's happened in Medicare. We want to also talk about the rest of America, those that are not yet 65 or will not soon be 65. We'll go through those issues.

I want to just start off by laying out what's happening here in Congress. I'm a newbie. I haven't been around all that long, and I'm going, Wow, how's this all work? And as I've watched it, I've listened to what our Republican colleagues talk about, ramming through this legislation. And I'm going, gee, I was the Lieutenant Governor in California until November 5 when I was sworn in here. And as near as I can recall, this debate started 14 months ago.

It was the President standing right there in the Well here giving his State of the Union—it wasn't the State of the Union at the time. It was his first speech to the House. He said, We have got to reform the health care system. And immediately, this House and the Senate took up the issue, debated it. We all listened to that debate. All year long it went on and on and on and on and on and on. And it was my good fortune, following my November 3 election, to come back here, and on November 6, be one of the people that were able to put before Americans from this House, the Democratic version of health care reform. It was Christmas Eve that the Senate finished their work and put that out on a 60 vote—not a simple majority, but on a 60-vote bill.

So now you've got both Houses having completed their work and doing

what has been the tradition of Congress since the very inception of our government—more than 200 years—doing the conference work, putting together the House and the Senate versions and finding the compromise between the two of them. And the mechanism that's going to be used is a majority vote of both Houses—51 in the Senate and 216 I think it is now because some of our Members have retired—to pass an extraordinarily important piece of legislation. So the process is not jammed down anybody's throat. This has been debated more than most bills will ever be debated, and the debate actually goes back to the turn of the 20th century. It's been here for a long time. So we're moving, as we should, in a way of openness.

It was the President who had his health care summit for 7 hours on television. That has never happened before. Discussing all the issues. Republican ideas, many of which are going to be in the final rescission vote that we'll take up this week. So this is not ramming anything through. This is a very deliberative process. It's gone on for a long time.

So I want the public to understand that. I want them to understand that as somebody that watched it from the outside and now somebody that's watching it from the inside, this is an extraordinarily open public debate that's gone on for 14 months this session, and this issue has been around for a long, long time—decades. So here we are. Let me call upon my colleagues. What's that sign behind you, Mr. ELLISON?

Mr. ELLISON. Well, what's behind me, if the gentleman will yield, is a simple sign which just talks about the 45,000 Americans who die every year because they are uninsured. You know, 45,000 people sounds like a big number, and the fact is that there are families, there are citizens, there are individual Americans behind every one of those numbers. There is a health care nightmare for every individual represented by each point of that 45,000.

□ 2000

And you know what? America is a good country. We are a compassionate country, and we are a country that will respond to the needs of Americans.

And so, Congressman GARAMENDI, I want to say that you may be a new Congressman, but you are a seasoned veteran at this fight because you've been working in the area of State government, and State government and local government is where the action is. You have just come straight from the land, right off the battlefield of the campaign, listening to people day after day about the suffering that people are going through, people being dropped by rescission.

You know, I actually had my own little health care nightmare recently, which I don't mind telling you about. I'm the proud father of a 22-year-old young man who is still in college. And