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□ 2010

#### THE FUTURE OF MEDICARE

The SPEAKER pro tempore (Mr. TERRY). Under the Speaker's announced policy of January 5, 2011, the gentleman from New York (Mr. TONKO) is recognized for 20 minutes as the designee of the minority leader.

Mr. TONKO. Mr. Speaker, I look forward to the next 20 minutes where we can discuss the future of Medicare. It is being addressed in this House during this 112th session of Congress. We have seen many statements made about Medicare in the last weeks.

I can tell you, a sign like this is greeting many colleagues as they return to their districts every weekend or during the recess that we have, the district work periods that we might have, signs such as this, "Hands off my Medicare," greeting us as we return to our districts, and rightfully so.

Medicare has been a program that has served our senior population for quite some time. Seniors and those living with disabilities have really found life to be far more doable with Medicare assistance.

It was in the sixties when the debate began, and it was President Lyndon Johnson who had been there to sign the measure into law. And at that point in time, our senior population, our senior community across these great United States, had a great concern. They were finding it unaffordable and inaccessible to search for health care insurance coverage.

There was cherry-picking going on. There were those with the preexisting conditions that were denied any opportunity, and I think it's fair to state that the economic stability of those who had retired at that point of retirement, they usually found that that stability had dwindled, had gone south simply because of the medical expenses that they required, and oftentimes with underinsurance or no insurance as a scenario, they were seeing their lifetime worth of savings dwindle because of that dynamic in their lives.

Now, in this four-and-a-half decade stretch forward, many have suggested that their economic consequences have stayed fairly stable, that they have enjoyed a better retirement because of the addition of Medicare to their outcome.

However, this Medicare program has been under attack. It's been under attack. There has been a Republican budget that has come forth and been produced in this House by the majority party, and they have voted on that measure to end Medicare, end the Medicare that would shift risk from government to the pockets of seniors in this country. It would take a given situation where they would be asked to shop, shop in the private sector. This

could be a 70-year-old; it could be an 80-85-year-old that might be asked to shop in that private sector market.

Well, the egregious notion is that the value of that coupon they are given to go shop for new insurance holds a value of about 32 cents for every \$1 of premium that would be paid on insurance costs. That means that they are tremendously drained economically. It means that 6,000 more dollars would come out of the pockets of our senior citizens individually for the cost of this insurance coverage.

Well, that is an unacceptable outcome. It's one that really makes it difficult for our senior community to be covered for health care purposes and to remain somewhat economically stable in their retirement years. And by the year 2030, it's suggested that the costs would triple for our seniors. By the year 2022, it would at least double.

These are frightening statistics. These are unacceptable notions for our senior community, all of whom need to be responded to with respect and sensitivity and with the utmost compassion.

This does not show compassion; this shows disinterest. It shows an insensitivity to the struggle that many would make and the correlation of the need for health care services.

With age as a factor, it is an understandable partnership. It's one that would mimic and trace each other's curves, because as you grow older, the propensity to require services of health care delivery would naturally grow. And so we do not want to put at risk our senior population.

Now, I think what is quite interesting is that, as we talk about the doubling and the tripling to seniors for this program, just recently a study came out that said that those who are age 55 today should have to save about 185, \$182,000 additional for their medical expenses without the efforts made by Medicare as it exists today. And then the numbers simply escalate. I believe it's in the \$400,000 realm if you are in your thirties. So this is going to put a huge hardship onto our American working families, onto our senior community of today and certainly of tomorrow.

Now, what I found most generous is the statements made by seniors who are eligible for Medicare today, speaking in a way that is not self-centered but really speaks to the future. They have said that they have enjoyed Medicare as a program. It has provided economic stability. It has provided health care quality of services, and they want that to be preserved for the next generation and the generation to follow. They want their children and grandchildren to enjoy the same order of benefits that they have enjoyed.

So while there might have been this idea that if we safety net somehow a certain given population currently enjoying Medicare and suggest that most of that could maybe be kept intact, well, there was a far broader sense of concern expressed by our senior com-

munity. It was not a selfish order of self-centered reflection that some might have anticipated but, rather, the seniors showed that they are truly concerned about generations to come, which I think is a magnanimous statement for our senior population in this country.

When it comes to messaging, it's important, I think, to know, to take lessons from the most recent congressional district election that was held just about a week ago. Last week the voters of the 26th Congressional District in the State of New York, in a rather Republican area, in fact, the ninth most difficult district in this Nation for a Democrat to win in—it was there that a Democrat by the name of KATHY HOCHUL was running. She was successful in that she was able to bring to the attention of the electorate in that district the facts as to the Republican plan, the Republican budget.

And it was more than just Medicare. She talked about the end of Medicare but then related it to the dollars, the savings accrued from that elimination going toward other spending. Just what was and what is that other spending proposed? It would be handouts, mindless handouts to the oil industry sitting on a profit rich situation, perhaps the most profitable situation that they have known in their history. To date, this calendar year, the industry is sitting on a \$36 billion profit margin, \$36 billion.

What they are asking here is that some \$44 billion worth of handouts, mindless handouts that have continued through the decades, nearly a century now, be continued. And how do we pay for that but by ending Medicare, ending Medicare to take care of the profit rich oil industry. The same is true of millionaire, billionaire tax cuts. You see the savings that can accrue by ending Medicare would then be slid over to provide for millionaire and billionaire tax cuts.

Well, middle-class America is not ready for that sort of assault. They are going to let their feelings be known. And it's why messages like this, "Hands off my Medicare" are greeting myself and colleagues across this country. They are concerned. They are concerned. They are letting their legislators know that this is not an acceptable thing to do.

Now, look at the track record where, with Medicare, we have avoided administrative costs to the nth degree; we have avoided marketing budgets; we have avoided all sorts of external costs that don't go to the health care delivery of patients but, rather, are the externals.

□ 2020

Avoiding those dollars has kept down the price tag on Medicare.

When we look at that same stretch from the beginning of Medicare to today, it's been an excess of a 5,000 percent increase in premiums that have risen from that point in 1965 to today.

So it tells us one thing. It tells us that there is this tremendous growth from the private sector in comparison to what the Medicare track record has been.

And we have spent time with the Affordable Care Act to strengthen Medicare. We have made certain that where there were overpayments to the insurance industry for certain services, those dollars were reduced. We made a major effort to go after fraud, abuse, and inefficiency. That strengthens the program. We provide for more dollars for primary care physicians who can be networked into the Medicare formula so that we can provide contact for administering the services. All of this has a growth factor so as to strengthen the Medicare concept as we know it.

But people are concerned. Their health care situation has been addressed in very magnanimous terms by the Medicare program. People fought for years to get this developed, and they have maintained and strengthened it over the decades. And for people to come in and assume that they are going to end the Medicare program simply to pay for oil handouts and millionaire and billionaire tax cuts is just not going to be well received by America's working families, by her middle class that has seen this assault where it's their turn now to get better treatment, not worsened treatment, from the halls of government here in Washington.

The Medicare situation is one that has really defined a stronger sense of quality of life for our senior community and has enabled them to have good coverage.

What we also did in the Affordable Care Act is begin to close, and will close completely by the year 2020, the doughnut hole that existed for pharmaceutical purposes for those on Medicare part D. Well, again, we saw what happened, that we needed to come forward with an improvement in a program that would assist people. And so we closed that doughnut hole eventually. I can tell you of so many seniors who have approached my office, who have seen me in the district, telling me of how difficult it is for them to absorb the doughnut hole concept. Within a few months within any given calendar year, they fall into the doughnut hole where they need to dig into their own pocket to pay for the cost of many pharmaceutical requirements that they have in their medical agenda to stay well or to be healed. So it is a very pricey situation for them, and we want to make certain that those improvements stay intact.

We have also removed copayments and deductibles for the annual checkups and for various medical screenings that are available to our senior population. These are the source of responses that are compassionate, that are speaking to the quality of services and certainly to the dignity factor for our senior population. These are improvements. These are ways to stretch

the budget and enable our senior community to be all the more intact and connected with community.

While we had worked with the Medicare issue in the Affordable Care Act, we want to make certain we also strengthen the trust fund. So there are things that have been done along the way. And now to just come in and say, look, this is more business for the private sector, this is a way to drive all the accounts of individuals who are enjoying a Medicare program, a concept that has worked well for four-and-a-half decades is now deemed to be ended simply now because of the desire of those who are in the majority in this House to pay for benefits to the oil industry and to continue millionaire and billionaire tax cuts.

Just on the heels of this victory in a congressional district I mentioned earlier, in the 26th District of New York, we took yet another vote in this House to deem the Republican budget a budget from which we'll work. That includes the end to Medicare. So just this week, with another vote right in the shadows of that victorious Democratic win in the 26th Congressional District of New York, we are again at it, putting a close to the Medicare concept in this country. Unacceptable outcomes. People will not tolerate that outcome.

In a CNN poll of recent measurement, there was a huge response in the negative to the Republican plan. Seventy-four percent of Americans are saying, leave the Medicare situation alone or improve it. Build upon it, strengthen it, prepare it to have even stronger values and concepts, and also provide for the trust fund that will be all the more secure to give it the stability, the underpinnings of support, not to end it. People have seen what it meant to them. They have seen what it meant to be able to enjoy the economic relief that is so important, especially as we age as a population.

The life expectancy growing higher with time is an important factor that really underscores the need for Medicare as a model, as a concept in this Nation.

There are many who have been speaking out against this proposal. There are many who understand that it's provided a great deal of stability. It has provided families, working families, with the relief of knowing that the senior members of their family are in good hands with a Medicare program that enables them to have more independence, to have more preventative services, to have more acute care delivery with an affordable outcome for their given family situation. This is an important measurement that needs to be kept in mind. It's an important effort to keep our economic situation in this country all the more doable and all the more viable.

There's an opportunity for many seniors to be involved and invested in community. Medicare enables them to be that more vibrant citizen, to respond to the economy in positive con-

tributory terms. And I think that that is very important.

With the Medicare situation in this country, we have watched the quality of life of our senior population grow and grow exponentially. And for those forces to come here before this House to express this desire to end a concept for which people fought for many years, where there was a documented need for this sort of advice and this sort of concept, and now to watch it at risk where it could fold and not continue, where we could have a situation where the concept is ended, is unacceptable.

There are those in selling this package that suggest that the legislators here in Washington have the same sort of opportunity. It's akin to what we're offering the senior community. Nothing could be farther from the truth. On average, the benefit for a congressional Representative is about 72 cents on the dollar, meaning that every 28 cents worth of coverage would be absorbed by the individual legislator. For the senior population, we're looking at 32 cents, a 40-cent difference, meaning that the gross majority of that premium would be paid for by senior citizens.

That is where the economic consequences become very, very real. That is where the shifting of risk from government to the senior citizen would be a real dynamic. It would be an unbelievably painful outcome for those who perhaps would struggle to find insurance. We would be asking people to shop in a marketplace, asking them to deal with a profit-rich industry, to deal with situations that might return cherry-picking and that might return inaccessible, unaffordable notions when it comes to health care coverage.

We've seen it repeatedly. We know that there were populations that were underserved as we began the debate on affordable care that was completed in the 111th session of Congress, and we certainly don't want that to come back and be the issue for the most senior elements in our society again. This was a victory that was hard fought. It's been a concept that has only been strengthened through the years. And like any good program, it gets adjusted as we move with time.

Fix Medicare is the message. Strengthen Medicare is the appeal, not end it. And the advice for those who want to end it is very basic: Hands off my Medicare. It's the advice that's given, it's the chant that's repeated over and over again across this Nation. And it's been such for quite some time.

□ 2030

This is part of a plan that the Republican budget, introduced by the Budget Committee in this House, has dubbed itself as a Path to Prosperity.

My friends, it is so obvious that this is the road to ruin, not the path to prosperity. You are taking the vulnerable and making them pay more. This is about tough choices. We have seen

where people don't have insurance; they have to make tough choices.

There is nothing tough—people have said, Oh, this is a tough choice that people have made. They have gone forward and taken a situation that they think is not affordable and they are going to make a tough choice and remove it. There is nothing tough about asking the weak or the poor to pay more so that oil as an industry can get more benefits and millionaires and billionaires can draw down a larger tax cut. There is nothing tough about that.

What it is is insensitive. It is un-American. It is immoral to have such an outcome after so much success with a program that has proven itself time and time again to be a great friend to the senior community.

There are those who have spent countless hours and effort to put together a plan that would respond to this Nation's seniors with respect and dignity. And we can simply not afford to walk away from this concept in the very calloused manner that we are asked to. I was proud when I saw so many people stand up and say "no" to this vote. Unfortunately, it passed in this House. If this budget had its way to the finish line, it would end Medicare at the expense of so many of our Nation's seniors.

They have enjoyed this benefit. They have prospered from this benefit. They have realized a great sense of dignity with this effort, and we must maintain it. We must continue the fight to preserve a program that has served this Nation very well.

With that, Mr. Speaker, I yield back the balance of my time.

#### THE PEOPLE'S HOUSE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 5, 2011, the gentleman from Louisiana (Mr. RICHMOND) is recognized for 30 minutes.

Mr. RICHMOND. Thank you, Mr. Speaker, for recognizing me and presiding over these affairs tonight.

I yield to the gentleman from Pennsylvania (Mr. ALTMIRE).

Mr. ALTMIRE. I appreciate the gentleman from Louisiana yielding his time as he prepares his remarks, which I look forward to hearing.

Earlier this afternoon and into the evening, this House considered an appropriations bill related to Veterans Affairs and Military Construction. At that point I asked my colleagues to support an amendment that I offered for the FY 2012 Military Construction-Veterans Affairs appropriations bill, and that amendment I am thankful to say was accepted. It was bipartisan acceptance. Both the majority and minority agreed it should be added to the bill, and I just wanted to tell the gentleman and my colleagues that amendment is very straightforward. It moves \$22 million from the VA general administration to solve a dramatic cut in medical and prosthetic research.

This bill that we are talking about, the VA-Military Construction account, as it was written, funds medical and prosthetic research at \$509 million in FY 2012, but that is a \$72 million cut over last year. But the amendment that I offered restores funding to an account that directly impacts treatment of amputees and other wounded veterans.

Like all of my colleagues, I want to do everything I possibly can to support our veterans and to promote these programs. And like many of us, I have visited the facilities for amputees at Walter Reed Army Medical Center right here in Washington, DC, and I have spoken with those disabled wounded warriors who have lost limbs in the line of duty.

Through technological and medical improvements at that facility, the DOD has demonstrated its ability to improve world-class health care to amputees and other wounded servicemembers. The VA must have the funding necessary to carry on that mission after veterans leave the service.

Just last week, the Senate Committee on Veterans' Affairs held a hearing entitled: "Seamless Transition—Meeting the Needs of Servicemembers and Veterans." During the hearing, multiple wounded warriors testified about the difficulty of transferring between DOD and VA care.

In particular, one witness, Lance Corporal Tim Horton from Oklahoma, highlighted the disparity between health care he received as he sought out prosthetics that help him go about his everyday life.

Lance Corporal Horton said: "I know other veterans who live in close proximity to Walter Reed who are able to walk in and out with the services and equipment they need within the same day, all without ever needing to go through their local VA. While waiting weeks for an appointment might seem like a minor inconvenience, for a warrior like myself, spending weeks without necessary prosthetics equipment, or sometimes even worse, equipment that causes extreme discomfort and other medical issues, can be wholly disruptive to our daily lives. The timeliness and consistency of care should not be a function of where warriors happen to live."

I have spoken with amputees with similar stories from my district in western Pennsylvania who have expressed their dissatisfaction with the medical care they receive after retiring from the military. I am sure all of my colleagues would agree, we can never repay America's veterans for the sacrifice that they have made for our country. What amount of money could replace an arm or a leg lost in the line of duty?

I firmly believe, as I am sure we all believe, that we need to get our fiscal house in order, but in this extreme time of fiscal restraint and prioritization of appropriations, I believe that no one should stand ahead of

our Nation's veterans when making these difficult funding decisions. I believe that medical and prosthetic research is a higher priority than bureaucratic administration.

CBO has scored my amendment as having no impact on budget authority, and it would actually reduce FY 2012 outlays by \$5 million.

This amendment helps direct the priorities of the VA towards the veterans that deserve its funding and support, and I want to thank the American Legion for its support in helping craft this amendment because it is good for veterans, and I am so happy that my colleagues have agreed to accept this amendment as part of the bill. Hopefully, it will survive in the Senate and become law.

I greatly appreciate the gentleman from Louisiana yielding me some time to allow me to discuss this.

Mr. RICHMOND. Mr. Speaker, I thank the gentleman so much.

Several weeks ago I had the opportunity to come down to the floor of the House and start something that I think is very significant. Mr. Speaker, I can't directly can't talk to the American people. I have to address you. But if I could talk to the American people, I would remind them that a couple of weeks ago, when I came down here, I was inviting them to participate in what I am now calling "The People's House" so that ordinary people can have a say in what we do and make sure that their opinions are heard. So again, I would invite anyone and everyone to join me in this conversation to make sure that everyday people have a voice and have a way to contact me. So, again, you can reach me at [myidea@mail.house.gov](mailto:myidea@mail.house.gov) or you can find me on Facebook or you can find me on Twitter.

What I want to remind everyone of is the fact that it is very clear that many of us know a lot of things, but the most important thing we need to know is that we don't know it all. That is why I am soliciting, Mr. Speaker, the help of the American people, so they can give us their ideas.

When I started this the last time, I was asking them to send me their ideas on ways to cut spending and ways to save money. I also was asking for ideas on how to raise some revenue, how to make this country the great country that it used to be.

Well, the good thing, Mr. Speaker, is that we had people who took me up on this idea and to say that they thought that this was a good idea and they wanted to participate. They wanted to make sure that people heard their voice. They sent me a number of ideas, and we are going to talk about some of those ideas and those comments today.

So my goal here is to again have and initiate a conversation with the American people, because this is truly "The People's House." The United States House of Representatives, you cannot be appointed to it. You have to be