

The PRESIDING OFFICER. The Senator from Ohio.

MEDICARE/MEDICAID ANNIVERSARY

Mr. BROWN. Mr. President, in his first legislative message to the 89th Congress in 1965, 50 years ago I believe this month, President Johnson laid out what would become a key marker in the legislative fight for Medicare and Medicaid. Ultimately, the bill was passed in July 1965. President Johnson signed it in Independence, MO, I believe at the home of former President Truman.

President Johnson, in his legislative message to the House and Senate in 1965 said:

In this century, medical scientists have done much to improve human health and prolong human life. Yet as these advances come, vital segments of our population are being left behind—behind barriers of age, economics, geography or community resources. Today, the political community is challenged to help all our people surmount these needless barriers to the enjoyment of the promise and reality of better health.

Fifty years later we have made historic improvements to our health care system, thanks in large part to a couple of things: No. 1, medical research, funded both by taxpayers and often by drug companies, foundations, universities, and others; and No. 2, because of social insurance programs such as Medicare and Medicaid.

Before the passage of Medicare—listen to these numbers—30 percent of our Nation's seniors lived below the poverty line, only half our Nation's seniors—at this time 50 years ago, early in 1965, had health insurance, and insurance usually only covered visits to the hospital in those days.

Now, thanks to Medicare, 54 million seniors and people with disabilities have access to guaranteed health care benefits.

Let me share a letter a constituent named Donald, from Toledo, OH, wrote to me last Congress, when the House of Representatives threatened to turn Medicare into a voucher program as part of its budget proposal. Donald wrote:

Thank you for your efforts to keep Medicare from being privatized. At the age of 63, I am going to be eligible for Medicare before too long and looking at the affordability of health care is critical. If Medicare is privatized, we will not be able to afford it any more than we can afford private insurance today.

That is the whole point. The reason there is a government health care program, the reason there is social insurance, is because people, as in 1965, only half the people in the country had any kind of health insurance.

It is a little disconcerting to know that after working all our lives and living comfortably, that in our retirement years we will either have to try to find full-time employment to be in a position of affording Medicare, privatized Medicare. I am sure I don't need to tell you how difficult finding a

job is these days when you are an older citizen.

I know normally I am writing you from the opposing side, but this time we definitely see eye to eye.

Ralph Waldo Emerson, 150 or 160 years ago, said that history has always been a fight between conservators and innovators. There is a legitimate place in society for both, creating the tension that moves our country one way or the other. Conservators want to protect the status quo. They want to preserve privilege and want to hold on to their wealth. Conservators fundamentally don't believe the government should be involved in ensuring a decent standard of living. Innovators—what we might call today progressives—understand our society is only as strong as its most vulnerable members.

If we go back to the key congressional votes—the key congressional votes, not necessarily final passage—to advance debate of a Medicare bill in 1965, most Republicans voted no. Then it was the John Birch Society that opposed it. Today, 50 years later, it is the tea party that opposes social insurance.

Some of the most privileged interest groups in Washington opposed the creation of Medicare. But they were wrong. As I said earlier, 30 percent of seniors lived below the poverty line prior to Medicare. Medicare helped to cut the poverty rate in half by 1973, only 8 years after its passage.

We see the same attacks today. Budgets proposed in the House of Representatives over the past several years have tried to dismantle Medicare, by and large by privatized vouchers, to help offset the cost of tax cuts for the wealthiest Americans. They would privatize the program and undermine its guaranteed benefits.

Ohio's seniors have worked hard, they have paid into Medicare, and they deserve a program that truly meets their health care needs. They deserve better than the underfunded voucher that would put them at the mercy of the private insurance industry. Thankfully, we have been able to block this plan in the Senate. We will continue to do that.

Interestingly, the Affordable Care Act has provided significantly enhanced benefits for Medicare beneficiaries. In my State alone more than 1 million Ohio seniors have gotten free—meaning no copay, no deductible—preventive care benefits under the Affordable Care Act.

If you are on Medicare and your doctor prescribes an annual physical or asks that you be given an osteoporosis screening, a diabetes screening—all the things doctors order for their patients for preventive care—those are provided under the Affordable Care Act and under Medicare, no copays, no deductible.

Many of the efforts to privatize and voucherize Medicare mean taking away preventive care, taking away prescription drug protections added to Medi-

care under the Affordable Care Act. Others want to raise the Medicare eligibility age from 65 to 67.

I was in Youngstown, OH, a couple of years ago at a townhall. A woman stood up and said: I hold two jobs, and I am barely making it.

I think the two jobs were close to minimum wage, so she was probably making \$8 an hour in one and \$8.50 in the other. She was a home care worker and doing something else. She had tears in her eyes.

She said: I am 63 years old. I need to stay alive until I can get health insurance.

This was maybe 5 years before we passed the health care law. Imagine being 63 years old and your goal in life is just to find a way to stay alive so you can have health insurance.

Some geniuses in the House and maybe in the Senate think it is a good idea to raise the Medicare eligibility age from 65 to 67. Just because we dress like this and have jobs that aren't all that physical other than walking back and forth from our offices to the floor, just because we have this kind of lifestyle and just because we are privileged enough to get to dress like this and get paid well and get to do these incredibly privileged jobs as Members of the Senate—there are a whole lot of people in this country whose bodies won't last until they are 67. They can't work until they are 67 to get Medicare. They are working at Walmart, standing on floors all day, they are home care workers, they are working at fast food restaurants, they are construction workers.

Both my wife's parents died before the age of 70 in large part because of the work they did, the kind of heavy, strenuous work, and the chemicals they were exposed to and all that. So when I hear my colleagues propose to raise the Medicare eligibility age from 65 to 67—and I know they say we can't sustain these entitlements, whatever that means. What they really want to do is raise the eligibility age. To raise the eligibility age for Medicare to 67, they need to take Abraham Lincoln's advice. His staff wanted him to stay in the White House and win the war, free the slaves, and preserve the Union. President Lincoln said: No. I need to go out and get my public opinion bath.

What did he mean by that? He meant: I have to go out and talk to people. So when I hear Senators say they want to raise the Medicare eligibility age from 65 to 67—whether they are in Gallipolis or Troy or Zanesville, OH—when I hear people say they want to raise the retirement age or the Medicare eligibility age—what I think when I hear Senators say that is they are not out talking to real people.

We know we can do a number of things to improve and strengthen these programs so future generations can continue to move into retirement years with a sense of security.

Last Congress I was an original co-sponsor of the Medicare Protection

Act, which would make it difficult for Congress to make changes that would reduce or eliminate guaranteed benefits or restrict eligibility criteria for Medicare beneficiaries. With several of my Senate colleagues, I will submit a resolution commemorating the 50th anniversary of the creation of Medicare and Medicaid, a reminder that these programs must be protected, not weakened, not rolled back, not undercut, not privatized, not voucherized—if that is a word—a reminder that all these programs must be strengthened.

As we move forward in protecting social insurance, we should remember President Johnson's words when speaking to the House and the Senate 50 years ago: Whatever we aspire to do together, our success in those enterprises—and our enjoyment of the fruits that result—will rest finally upon the health of our people.

TRIA

Mr. BROWN. Mr. President, I think it is important to understand that TRIA is legislation that we need, which is the Terrorism Risk Insurance Act. We passed a bill with only two or three “no” votes in the Senate last year. But what the House of Representatives has done looks like what they will probably do in the future: They have taken legislation which is really important to the country, which passed the Senate on a bipartisan basis, and they have loaded on to that legislation extraneous provisions.

Frankly, that is what people in this country are tired of—when legislation that must pass and has overwhelming support is about to pass, special interest groups come and add their language to it. That is exactly what happened here. If the House of Representatives gets its way, if Wall Street gets its way, it is the first step to begin to slice away at the Dodd-Frank legislation.

When I hear a number of my colleagues in this body and down the hall in the House of Representatives say they support progrowth policies and deregulation, what they are saying is they want to roll back the protections for consumers in Dodd-Frank, the Wall Street reform bill, and they want to weaken the provisions in the rules that govern Wall Street behavior. I don't quite understand it because what I do understand is less than a decade ago, because of Wall Street greed, because of Wall Street overreach, because this body and the body down the hall weakened the rules on Wall Street, and because the previous administration appointed regulators who would really look the other way, we had terrible damage done to our economy. About a mile north of the ZIP Code I live in in Cleveland had the highest number of foreclosures of any ZIP Code in the United States of America because of deregulation, because of Bush appointees to many of the bank regulatory bodies.

So I caution my colleagues, as we accept this legislation, the TRIA legisla-

tion—and I assume we will—to understand that is not going to be behavior that we are going to sanction in the Senate, where they take must-pass legislation and they find ways to attach to this legislation rollback of consumer protections and weakening of Wall Street rules. That is what got us into this. We can't let these special interests who have so much power in the House of Representatives, who have so much influence in the House of Representatives—we can't let them have their way on legislation like this.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. LEE). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEDICARE/MEDICAID ANNIVERSARY

Mr. WYDEN. Mr. President, I rise to highlight a Presidential message that was delivered to the Congress 50 years ago today. But before I go into the importance of Medicare and Medicaid—facts that I think all my colleagues and I can agree to—I would like to take a brief look back at where America has been and recall what life was like for so many of those who were poor, disabled, vulnerable, and uninsured or unlucky before these programs, which today are a lifeline, Medicare and Medicaid, were in place.

Those were the days of the “poor farm” and the “almshouse.” These were the places where the poor and uninsured would go for care, very often on the outskirts of town—out of sight, out of mind. It was not a happy choice, and more often than not for seniors and the poor it was the only choice.

These were places that provided care and was often very basic and very often it carried a stigma. The accommodations were sparse at best. In return for health care and housing, residents were expected to work on an adjoining farm or do housework or other chores to offset the costs of their stay. This was the primary option for someone whose extended family could not offer care—or didn't want to offer care. This was not thousands of miles away from the shores of our country, it was right here in the United States. Not very many Americans remember those days. In fact, I think it is fair to say hardly anybody under 50 remembers those days.

President Johnson submitted his message to the Congress 50 years ago today, and fewer than half of America's older people even had any health insurance. In that era, it was not uncommon for older people who got an illness to be treated like second-class citizens, and many older people without family to care for them and no health care

coverage ended up destitute and would often end up on our streets.

It was a time no one wants to revisit. It is a time sociologists described as another America—where 40 to 50 million Americans were poor and lacked adequate medical care and were socially invisible to a majority of the population.

I bring this up because I wish to spend a few minutes this evening talking about how far America has come. I want to make sure that we in the Congress—as we look to this anniversary of these critical programs, Medicare and Medicaid, and the vivid difference they made in the daily lives of Americans, we should all spend just a few minutes talking about the health care advances we have seen over the years.

Here are a couple of facts: Today with rock-solid essential medical services, 54 million Americans—or virtually every senior and those with disabilities—now has access to what we call—and I remember this from my days as director of the Gray Panthers—the Medicare guarantee. It is a guarantee of secure Medicare benefits for our old people.

Medicaid has made a critical difference for 68 million of the Nation's most vulnerable, including more than 32 million kids, 6 million seniors, and 10 million individuals with disabilities. Because Medicare and Medicaid made health care possible for millions of people, they have also been the catalyst for innovation in treatment that benefits people of all ages. I emphasize that fact because it is often not appreciated that Medicare, as the flagship Federal health care program, often is the spark, the catalyst for innovations that get copied in the private sector.

For example, in the first 30 years of Medicare alone, the Medicare Program helped to reduce deaths from heart disease by one-third for people over age 65. By providing coverage and access for millions, these programs became catalysts for change in how medicine is practiced and paid for Americans across the age spectrum and helped us to find the root causes of disease and perfecting better therapies to treat. As time has marched on, these programs evolved and improved and the rest of the health care system followed.

In 1967, Early and Periodic Screening, Diagnostic, and Treatment programs, comprehensive services for all Medicaid youngsters under age 21, was created, and that has helped to improve our country's health, starting with our children. In 1981, home and community-based waivers were established so States could provide services in a community setting, allowing individuals to remain in their home for as long as possible.

Every State uses this option to facilitate better care and services to the Medicaid population, and I think it is fair to say that every single senior—and this is something I heard again and again and again in the those Gray Panthers days—would say: Why can't we