

Ms. MIKULSKI. Mr. President, this week, we commemorate the 50th anniversary of Medicare and Medicaid, programs that have made such a difference in the lives of so many.

Upon signing these programs into law 50 years ago, then-President Lyndon Johnson reminded us of a shared tradition within our great Nation—one that “calls upon us never to be indifferent toward despair . . . commands us never to turn away from helplessness . . . directs us never to ignore or to spurn those who suffer untended in a land that is bursting with abundance.”

That deep-seated tradition—to lend a hand to our neighbors and friends and to honor our mothers and fathers—is what guided Congress and country to do the right thing so many years ago. With the stroke of his pen, President Johnson, and all those who fought before and alongside him, made sure that there would be care for the sick and serenity for the fearful.

I know just how important Medicare and Medicaid are for the people who rely upon them. In the 1960s, I was a young social worker in Baltimore for “Operation REASON” (Responding to the Elderly’s Abilities & Sickness Otherwise Neglected). Our goal was to help Maryland seniors get the health care they needed. You have to remember, in those days, when you retired, you usually lost your health insurance, which meant that many seniors also lost access to their doctors and health care.

More than half of America’s seniors had no health insurance. This meant that middle-class seniors were a heart attack away from bankruptcy, a cancer diagnosis away from destitution. It didn’t matter if you were a senior of modest means or middle-class. Everyone was vulnerable.

But our job was to help. So, with teams led by social workers and nurses, we worked to help sick elderly people get health coverage and get to their doctor’s office. We were focused on helping seniors who had neglected their chronic conditions because of inability to travel, ignorance of services available to them, fear of asserting their right to such services, or other barriers placed in their way.

I saw firsthand how hard Baltimore’s seniors were struggling. They were foregoing medical care because they didn’t have insurance, because they couldn’t afford the bills, or simply because they didn’t have transportation to get to doctor’s office or hospital. I knew Medicare and Medicaid could help these seniors and all seniors.

So every single day I would go out to churches and senior citizen centers. I would inform people about their options, organize transportation for them, and help them fill out complicated forms. In those days, we didn’t have computers or cell phones. We had to physically go meet seniors where they were. And it worked. After 4 months of operation, we had 103 clients with a variety of chronic diseases, and we helped them get the care they needed.

And Congress took notice of what we were doing. In 1966, I was invited to come testify before Congress in the Senate Subcommittee on Aging, which was chaired by Senator Kennedy. We told the committee what we were doing, told them who we were fighting for. We were fighting for people in need, people who lived in unsafe housing, had inadequate diet and clothing, a dearth of recreational opportunities, who were lonely and were in need of health care.

These people, our seniors and our families of modest means, were the reason Congress passed Medicare and Medicaid in the first place. And thank God we did.

Today, 55 million Americans—nearly every senior—has access to Medicare’s guarantee. An additional 68 million of our Nation’s most vulnerable have health care coverage thanks to Medicaid. Because of Medicare and Medicaid, more Americans have health insurance. Before Medicare, 48 percent of seniors had no insurance. Today, only 2 percent of seniors are uninsured. Out of pocket costs have decreased. Before Medicare, seniors paid 56 percent of health care expenses out of pocket. Today, seniors only pay 13 percent. Life expectancy is longer. Medicare has contributed to a 5-year increase in life expectancy after age 65. Deaths from heart disease have dropped by a third for people over age 65. Our elderly’s poverty rate has declined dramatically, from 29 percent in 1966 to 10 percent today. Seniors have more affordable drugs. Since 2010, over 8 million seniors have saved more than \$11 billion on prescription drugs. Kids are getting comprehensive early childhood screenings, and 32 million children nationwide now get needed childhood screenings.

In Maryland alone, Medicare ensures that 1 million Maryland seniors can get the health care they need at prices they can afford. And Medicaid ensures that 975,000 Marylanders can get the health care they need, including 478,000 Maryland kids—that is one in three of Maryland’s children—149,000 Marylanders with disabilities, and 77,000 of our low-income seniors.

Over the past half century, we have seen Medicare and Medicaid prolong and enhance the lives of millions of Americans. Ensuring access to health care for America’s most vulnerable ranks as one of our Nation’s greatest public health accomplishments. That is why I am committed to doing everything within my power to keep Medicare and Medicaid strong, so that these programs can continue helping those who rely on them today, as well as those who will need them tomorrow.

That means fighting for reforms that keep Medicare solvent, as we did in the Affordable Care Act, where we extended Medicare’s solvency by more than a decade. It means fighting for improvements that make Medicare stronger, as we did in the Affordable Care Act, where we closed the prescrip-

tion drug “donut hole,” where we gave seniors free preventive services, where we put the focus on quality of care, not quantity of care.

And it means fighting to protect these vital programs from those who want to turn them from a guarantee into a voucher and political promise, as Republicans have repeatedly tried to do in their budget proposals.

Make no mistake, Republican proposals to privatize Medicare, to turn it into a voucher program, would end Medicare as we know it. I will not let that happen. I will fight side-by-side with those 1 million Maryland seniors and 55 million American seniors. We will fight to keep Medicare and Medicaid strong and healthy so that they can continue to provide for the health care needs of our citizens.

As you can see, there is a lot to celebrate as we mark Medicare and Medicaid’s 50th anniversary. For the past five decades, these programs have accomplished their two main goals: ensuring access to health care for the elderly, for the disabled, and for those of modest means. And protecting people against the financial hardship of health care costs.

I consider it a great honor and privilege that I have been able to devote so much of my career to protecting, improving, and fighting on behalf of Medicare and Medicaid and all the people served by these programs. From my days as a young social worker helping seniors and families get the health care they needed, to my days in the House and Senate fighting against efforts to privatize Medicare or block grant Medicaid, to those years spent working to refresh and improve these programs through the Affordable Care Act, including closing the “donut hole,” expanding Medicaid eligibility, and ensuring seniors could get free preventive screenings.

I believe “honor thy father and mother” is a good commandment to live by and a good policy to govern by. That is why I have fought to save and strengthen Medicare and Medicaid to ensure that health care is affordable, accessible, reliable, and undeniable.

PLANNED PARENTHOOD

Mr. VITTER. Mr. President, I wish to take a moment to express my disdain for the reprehensible actions of Planned Parenthood and my support for the defense of all the unborn babies subject to this group’s immoral practices.

Thanks to the Center for Medical Progress, the Nation has quickly been made aware that Planned Parenthood affiliates across the country have been modifying their abortion procedures for the specific purpose of preserving organs from the fetuses being aborted in exchange for compensation. In the video released this week, a former procurement technician explains how the procurement of certain body parts warrants a higher level of compensation,

stating: “If you can somehow procure a brain or a heart you’re going to get more money than just [an . . .] umbilical cord.” As a father of four, and a strong advocate for the sanctity of life, I am deeply disturbed by reports of these gruesome and inhumane actions.

However, Planned Parenthood currently continues to receive funding from hard-working taxpayers, many of whom also find their practices deplorable. Between fiscal year 2010 and fiscal year 2012, Planned Parenthood received an average of \$500 million per year, totaling \$1.5 billion. On top of these high levels of federal funding, Planned Parenthood has made a profit every year since 1987.

Given our current fiscal climate and all our talk of the need to cut excessive and wasteful spending, there is no justification for continuing to subsidize their profitable venture with taxpayer dollars. It is time for big abortion businesses like Planned Parenthood to be investigated and defunded, and I have taken several actions to do just that.

For the last three congresses, I have been the Senate sponsor of the title X Abortion Provider Prohibition Act. Title X is a grant program that has unfortunately become a large subsidy for abortion providers that claim to provide family planning and women’s health care services. My bill, S. 51, would prohibit the Department of Health and Human Services (HHS) from providing this Federal funding to an entity or their affiliate that performs an abortion.

I have also signed on to two letters regarding needed investigations into this matter. In one letter, I joined 49 fellow senators to request that Department of Health and Human Services Secretary Sylvia Burwell immediately begin a “thorough review of the compliance of the Department and Planned Parenthood—one of the Department’s grantees—with all relevant and applicable Federal statutes, regulations, and other requirements.” In a second letter, I joined 10 Senators in asking both Secretary Burwell and Attorney General Loretta Lynch to conduct a full investigation into Planned Parenthood to determine if the organization violated Federal law.

Lastly, I am supporting a bill introduced by Senator JONI ERNST that would prohibit Planned Parenthood, or any of its affiliates, subsidiaries, successors, or clinics, from receiving any Federal funds. Instead, funds that are currently offered to Planned Parenthood would be available to other eligible entities to provide women’s health care services, including diagnostic laboratory and radiology services, well-child care, prenatal and postnatal care, immunizations, and cervical and breast cancer screenings.

The sanctity of human life is a principle that Congress should proclaim at every opportunity. The time has come to respect the wishes of the majority of Americans who adamantly oppose using taxpayer dollars for abortions by

denying Federal funds to these abortion providers. I strongly encourage the support of my fellow Senators on efforts to defund Planned Parenthood and protect unborn babies from being the target of these gruesome practices.

INNOVATION

Mr. ALEXANDER. Mr. President, I ask unanimous consent that a copy of my remarks at the Senate Committee on Health, Education, Labor and Pensions hearing on Reauthorizing the Higher Education Act: Exploring Barriers and Opportunities within Innovation be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

INNOVATION

This is our sixth hearing during this Congress on the reauthorization of the Higher Education Act. This morning we are talking about innovation in higher education.

Ranking Member Murray and I will each have an opening statement, then we will introduce our panel of witnesses. After our witness testimony, senators will each have 5 minutes of questions.

Clark Kerr, the former president of the University of California, wrote in his 2001 book, “The Uses of the University” that of 85 human institutions founded before 1520 and largely unchanged today—about 70 are universities.

As for the other 15 institutions—well, among them are the Catholic Church, and the Isle of Man.

Kerr wrote: “Universities are among the most conservative of all institutions in their methods of governance and conduct and are likely to remain so.”

If that’s true, maybe we ought to pack up this hearing on innovation in higher education and head home?

Let’s keep our seats for a minute.

The world around the universities is changing—especially the students who attend them.

First, there are more people attending.

Right around the end of World War II, only about 5% of the population 25 years old and up had earned a college degree.

When the first Higher Education Act was signed in 1965, only about 10% of this population had a college degree.

Now, about 32% of Americans 25 and up have a college degree.

Second, American colleges and universities are now serving the most diverse group of students ever—

40% are 25 years or older and come to college with experiences in the workforce.

Of the 21 million students in higher education, only one-third are full-time undergraduates under 22 years old.

Only 18.9 percent of first-time, full-time students live on a campus and students are increasingly coming from a wide array of backgrounds and are the first in their family to attend college.

Third, employers need workers with post-secondary degrees.

Labor economist Dr. Anthony Carnevale of Georgetown University tells us, if we don’t change the trend, we’ll be about 5 million short in 2020 of people who have the proper post-secondary skills.

Congress needs to help colleges and universities meet the needs of a growing population of today’s students—one that has less time to earn their degree, wants flexibility in scheduling their classes, and needs to start

earning an income sooner. And Congress may also need to consider new providers of education that don’t fit the traditional mold.

I have two questions for today’s hearing:

First, how can Congress help colleges find new ways to meet students’ changing needs, and how can we end practices by the federal government that discourage colleges and universities from innovating?

And second, should the federal government be considering a new definition for the college or university? There are many new learning models that are entering the landscape, thanks to the internet. We need to consider what role they play in our higher education system, and whether federal financial aid ought to be available to students who are learning outside our traditional institutions.

On the first question, how we can stop discouraging innovation, I want to focus one example of innovation—competency-based learning:

One of the most promising innovations that traditional colleges and universities are making is through something called competency-based learning.

These competency-based models allow students to progress through their studies as they demonstrate competency, enabling skilled and dedicated students to finish degrees more quickly and often at significantly less cost.

For example, a working mom studying at the University of Wisconsin has an associate’s degree in nursing and wants to get her Bachelors in Nursing to increase her earning potential. Through the university’s new Flexible Option, she’s able to earn credits and finish tests and assignments on her own time, including between her shift and her son’s baseball game. Because the degree program is based on her ability to demonstrate knowledge of the subjects—rather than her ability to sit through courses twice a week—she might finish a Biology course in 8 weeks, but take only 3 weeks to finish a Mathematics course.

But it’s possible that government regulations may be stifling this new model of learning.

The report by the Task Force on Government Regulation, which was commissioned by a bipartisan group of four Senators on this Committee to examine higher education regulations, told us that “government regulation is a barrier to innovation.”

And in one example, they cited a 2010 Department of Education regulation that established a federal definition of a credit hour as a minimum of 1 hour of classroom instruction and 2 hours of outside work.

The government relies upon this definition of “credit hour” in determining how to award grants and loans to students.

Concerning the credit hour definition, the Task Force wrote “by relying on the concept of ‘seat time,’ the Department’s definition has discouraged institutions from developing new and innovative methods for delivering and measuring education, such as competency-based models which don’t rely on credit hours.”

When Kentucky Community and Technical College System began a competency-based program in 2009, federal time requirements related to the credit hour, which are building blocks of semesters and academic years, got in the way. Now when students finish within the last 5 weeks of the semester they have to wait till the following semester to continue their studies.

In 2005, Congress established a provision in the higher education law for competency-based education known as “direct assessment.” This provision permitted programs at colleges and universities to use “direct assessment of student learning, in lieu of