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Mr. President, I also recently joined Senator TESTER in introducing the “Hello Girls” Congressional Gold Medal Act to honor the women soldiers of the Army Signal Corps during World War I.

Another example of trailblazers in history, these women enabled American and French Armed Forces to communicate clearly with one another in order to enter battle with their being armed with the intelligence they needed to win those fights. They changed the course of the war at the height of the conflict and left Europe in a safer state thanks to their efforts.

America’s values are reflected in the history that we choose to honor. “We must remember the past, hold fast to the present and build for the future,” the great Tennessee suffragist, Susan Shelton White, once wrote. “If you stand in your accepted place today, it is because some woman had to fight yesterday. We should be ashamed to stand on ground won by women in the past without making an effort to honor them by winning a higher and wider field for the future. It is a debt we owe.”

The medal of which I have spoken and this coin are small ways in which to honor these women for the debt that we owe them. It is a debt that can only be repaid by encouraging all women to exercise these hard-fought rights and accept more leadership roles when they are presented—whether they are at home, at church, in the workplace, in civic life, or, maybe, in public service.

I take inspiration from the women who blazed trails before me, and I hope the women of this Chamber will provide that same type of inspiration to generations of women who will come behind us.

I yield the floor.

I suggest the absence of a quorum.

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

The legislative clerk proceeded to call the roll.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

2019 MEDICARE AND SOCIAL SECURITY TRUSTEES’ REPORTS

Mr. ENZI. Mr. President, last month I came to the floor to talk about the need to confront our country’s surging deficits and debt.

At the time, we had just considered a supplemental disaster appropriations bill that would spend billions of dollars beyond the statutory budget caps without any pretense of offsetting that spending, and I called for Congress to better budget for disasters.

Now, prompted by reports issued last week by Social Security and Medicare trustees that show these programs remain on an unsustainable path, I again come to the floor to sound the alarm over our country’s long-term fiscal health. With trillion-dollar annual

deficits expected to return soon and our national debt now topping \$22 trillion, we cannot afford to keep ignoring the warning signs that we are on a dangerous fiscal course.

The trustees estimate that Social Security’s combined trust funds will be insolvent by 2035. Sounds like way down the road? I don’t think so. Medicare’s Hospital Insurance Trust Fund will become insolvent even sooner, by 2026.

Over the next 75 years, Medicare’s and Social Security’s combined scheduled expenditures are projected to exceed their dedicated revenues by more than \$59 trillion, or 35 percent, on a present-value basis. Within 10 years, Social Security and Medicare alone will account for more than half of all Federal noninterest spending.

We are facing a strong demographic headwind. Let me say that again. We are facing a strong demographic headwind. An aging population and rising healthcare costs continue to increase the gulf between mandatory program spending and dedicated revenues.

For decades, experts have warned of the budget pressures we would face as members of the baby boom generation aged and became eligible for Medicare and Social Security. Congress hasn’t paid much attention to that crisis. Every day, roughly 10,000 Americans turn 65, and they are living longer than they were when these programs were conceived. I guess that is a good thing, but it places additional strain on the program finances and the Federal budget.

Without changes to current law, all Social Security and Medicare beneficiaries will see automatic across-the-board reductions in benefits when the respective funds run out of money. Of course, the political pressure would be enormous to avoid the automatic cuts, but with our country already facing \$22 trillion in debt, further raiding of the U.S. Treasury’s general fund is not an option. It could cause a borrowing crisis.

First, let me focus on Social Security. At the end of last year, Social Security provided payments to 63 million beneficiaries, including 47 million retired workers and their dependents, 6 million survivors of deceased workers, and 10 million disabled workers and their dependents.

As I mentioned, Social Security’s combined trust funds are slated to become depleted in 2035. That means that in 16 years’ time, when today’s 46-year-olds first become eligible for retirement benefits, the program will only be able to pay about 80 percent of the scheduled benefits, according to the trustees.

Think about that. Absent action from Congress, we are just 16 years away from not being able to pay full benefits, and that is full benefits to those who are retired right now, as well as those who are upcoming. It is no longer a far-off concern.

Let me turn now to the Medicare Program, which is an even more pressing problem.

The trustees estimate that in 2026, Medicare’s Hospital Insurance Trust Fund—which covers inpatient hospital services, hospice care, skilled nursing facilities, and home health services—will be depleted.

Once the fund becomes insolvent, absent a change in the law, Medicare can only pay hospital benefits up to an amount of revenue that comes into the trust fund in that given year. It is the same thing for Social Security. Anticipating that money will be worth as much and that inflation will not have driven it up even more, the trustees estimate that in 2026, revenues will cover only 89 percent of program costs and by 2046, that figure will decline to 77 percent—pretty hefty cuts.

Medicare’s other trust fund, which primarily pays for physician services and prescription drugs, operates differently. While it isn’t in danger of insolvency because it gets money from the Treasury’s general fund and the premiums it collects from beneficiaries are adjusted annually, its growing costs will put greater pressure on premium-paying beneficiaries and on Federal taxpayers. That is where the excess comes from.

Last year, general revenue transfers into the trust fund equaled 16.2 percent of all personal and corporate Federal income taxes collected by the Federal Government. By the end of the 75-year window, the trustees expect this figure to increase to more than 28 percent. That would be more than 28 percent of all personal and corporate Federal income taxes collected by the Federal Government.

For years, the trustees of Social Security and Medicare have warned that these programs are unsustainable. Let me repeat that again. For years, the trustees of Social Security and Medicare have warned that these programs are on an unsustainable path, but successive Congresses and administrations have continued a bipartisan tradition of ignoring this uncomfortable fact.

Of course, ignoring the problem will not make it go away. In this case, the opposite is true. The longer we wait to make financial repairs to Social Security and Medicare, the more severe the changes needed to ensure their insolvency will have to be.

We must work together, on a bipartisan basis, to find long-term solutions that secure the future of these programs. The earlier we do it, the less painful it is. When considering a \$59 trillion problem like this, there are no quick fixes or easy choices, but the sooner we act, the easier it will be to preserve Social Security and Medicare for the millions of Americans who depend on them and who will be depending on them, while safeguarding the programs for even more future generations.

To be clear, I want to make sure Social Security and Medicare are able to

continue providing benefits to current beneficiaries, as well as those who may need these programs in the future. If we don't make changes to the way these programs currently operate, in the future, a lot of people will just be out of luck. In order to prevent that from happening, we have to work together, and we have to consider a wide variety of options to ensure their solvency in the long term.

While we may disagree on what the ideal solution might look like, I hope we can all agree on the need to put our mandatory spending programs and the broader Federal budget on a long-term, sustainable fiscal course. That means having the revenues match up with the costs. They don't now. There are deficits already, and the funds are being depleted.

I ask for everyone's help to solve this. It can only be done if both sides of the aisle agree to do something.

I thank you for your attention.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

ALZHEIMER'S DISEASE

Mrs. CAPITO. Mr. President, as we begin the month of May, which we are just 2 days in now, and our Nation's observance of Older Americans' Month, I come to the floor to speak on a topic that is very close to my heart, and that is Alzheimer's disease.

Like so many Americans, I have felt the impact of this disease. I lost both of my parents to Alzheimer's disease pretty close to the same time. Our family—my brother and my sister and I—helped to care for them. I understand the difficulties that caregivers and families have as they are trying to figure out how to face this difficult challenge because this disease is devastating, especially to the patients and their loved ones.

My father passed away in January of 2015, just 1 day after I was sworn in as a U.S. Senator. My mother, Shelley, passed away just a few months beforehand, in September of 2014.

There is not a book that has yet been written that can tell you what to do when a loved one is diagnosed because each case is different, and there is no magic formula, but I feel strongly that we can do much more to help our caregivers, to ease the pain of those who suffer from this disease, and, most importantly, to find a cure.

The statistics surrounding Alzheimer's are staggering. Over 5 million Americans are living with the disease, and it is estimated that as many as 16 million will have the disease by 2050 if medical breakthroughs do not slow or, better yet, cure this disease.

In my home State of West Virginia, over 38,000 West Virginians are currently living with the disease, and these are just the ones we know about. A lot of these cases go undiagnosed or are unreported.

Across the country, nearly one in every three seniors who dies each year has Alzheimer's or another type of de-

mentia. The cost of caring—and this is not the emotional cost; this is the actual dollar cost—for those with Alzheimer's and other dementias is also notable—an estimated \$277 billion in 2018, increasing to \$1.1 trillion by the year 2050.

These numbers make it clear that we have much work we need to do for those living with the disease, for those caring for them, and for the many who face a future diagnosis.

Over the past few months, I have taken some first steps to address needs facing each of these groups. Fortunately, this is not a task I am working on alone—as I said, almost everybody is touched by this disease—and I have great bipartisan partners to work with.

Last month, I joined Senators STABENOW, WICKER, and MENENDEZ to introduce the CHANGE Act. This bipartisan legislation encourages early assessment and diagnosis of Alzheimer's. It seeks to better utilize the "Welcome to Medicare" initial exam and annual Medicare wellness visits to screen, detect, and diagnose Alzheimer's and related dementias in their earliest stages. It also establishes payment measures to incentivize detection, diagnosis, and discussion of appropriate care planning services, including the potential for clinical trial participation. Let's be honest. A conversation along these lines on this topic is very difficult.

Early assessment and diagnosis offer the important possibility for the patient to be able to be involved in decisions regarding their own care—involve the people before they can no longer make that decision for themselves. I wish I had been able to do that. I tried, but I wasn't able to kind of get that answer that I was hoping for.

That is a goal that Senators STABENOW, COLLINS, MARKEY, MENENDEZ, and I had when we championed the HOPE for Alzheimer's Act back in the 114th Congress. It is a goal we achieved in 2016, when the Centers for Medicare and Medicaid Services announced that Medicare would begin to pay for an individual care plan for newly diagnosed Alzheimer's patients, effectively implementing our legislation.

This new benefit went into effect in the year 2017. It encourages doctors to give a clear diagnosis to patients with Alzheimer's disease. That includes information about treatment options and what medical and community services are available.

Here is the rub. Unfortunately, in 2017, less than 1 percent of seniors living with Alzheimer's actually received the care planning benefit that was created in the HOPE for Alzheimer's Act. So our bipartisan team regathered—as I mentioned, these are not easy conversations. They are not easy for families, and they are not easy for medical professionals. In late March, we introduced the Improving HOPE Act.

This bill would require the Department of Health and Human Services to conduct outreach, to make sure our

healthcare providers are aware of this important benefit, and to report back on rates of utilization and barriers we need to know about. Hopefully, this will help ensure more Alzheimer's patients and their families actually receive this benefit, as well as the information it is intended to provide.

It is also important to remember that while many living with Alzheimer's are in their later years, like my parents were, there are also more than 200,000 Americans under the age of 65 who are living with Alzheimer's. I have met several who are in their early stages. It is a difficult disease at any time, but for a younger person, it is tremendously sad.

These individuals and their families also need access to support services that most their age don't require and don't need. To make sure they have access, I recently joined Senators COLLINS, CASEY, and JONES to introduce the Younger-Onset Alzheimer's Disease Act. This bill will amend the Older Americans Act to allow individuals under the age of 60, who are diagnosed with younger onset Alzheimer's disease, to access its support programs. Under current law, only those over the age of 60 are eligible for Older Americans Act programs, leaving Americans with younger onset Alzheimer's without access to vital programs and services. The Younger-Onset Alzheimer's Disease Act would address this disparity, and it would ensure that these individuals have access to things like nutritional services, supportive services, and respite care through the National Family Caregiver Support Program.

Of course, it is also essential that we continue to work toward a cure for this heartbreaking disease. As a member of the Senate Appropriations Committee, I have worked with Labor, Health and Human Services Subcommittee Chairman BLUNT and others to provide resources for crucial Alzheimer's research.

In fact, with the passage of the Labor-H bill last year, we surpassed the \$2 billion milestone when it comes to Alzheimer's research. That means we are making sure NIH has the funding it needs to continue its work and to help to support the work of others.

I was recently very proud to welcome to West Virginia Dr. Marie Bernard. She is the Deputy Director of the National Institute on Aging at NIH. She came to West Virginia University, where we visited the Rockefeller Neuroscience Institute, which will be opening soon—actually, I think in about 10 days.

We spent the day learning more about the innovative and groundbreaking work being done there. Dr. Bernard shared with the Institutes' faculty students and staff the opportunities this increased funding can offer to this field of research at West Virginia University.

It is easy to get discouraged when you hear about a once-promising clinical trial not moving forward—which