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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. SIMPSON).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 21, 2011.

I hereby appoint the Honorable MICHAEL K. SIMPSON to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 5, 2011, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 1:50 p.m.

MEDICAID

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. Mr. Speaker, while it is imperative that we reduce the Federal deficit, balancing the budget on the backs of our Nation's disadvantaged children and senior citizens is neither responsible nor equitable. I believe in an America that protects the young and the elderly.

But the Republican budget attacks the important safeguards for children and the disadvantaged, replacing Medicaid with vastly limited monetary

grants to the States, forcing them to either reduce benefits to lower-income families or reduce the number of eligible families. Currently, 34 million children receive health care through Medicaid. From 1997 to 2009, the percentage of children without health insurance as a result dropped from 13.9 percent to 8.2. The Republican budget's attacks on Medicaid will imperil the health insurance for 24,100 children and reduce benefits for 6,100 seniors in my district, the 11th District of Virginia.

Unfortunately, the Republican attacks on our seniors don't end with Medicaid. Imagine a world where half of all seniors lack health insurance. Imagine a world where the rising costs of health care threaten retirees' ability to afford essential medicine their doctor prescribed. Imagine a world where more than one out of every three seniors lives in poverty and the choice for the day is between food and their drugs. This isn't a dystopian nightmare—it was the United States in 1965 before we passed Medicare. Seniors suffering from arthritis, hypertension, coronary disease, cancer, glaucoma, and any number of ailments lacked coverage and far too often fell into financial distress.

But thanks to Medicare, we changed all of that, providing guaranteed health insurance coverage to our Nation's seniors. As a result, the senior poverty rate decreased by 75 percent.

But our retirees once again face that nightmare scenario as the Republican budget plan for fiscal year 2012 seeks to eliminate Medicare for everyone 54 years and younger and force future retirees into finding insurance in the private market—the private market which could choose not to offer them coverage at all. Many seniors will be forced to pay more for health insurance; many seniors won't find any coverage.

Under the Republicans' plan for Medicare, according to the nonpartisan

Congressional Budget Office, retirees in 2022 will pay \$6,400 more per year than they otherwise would under the traditional Medicare coverage.

In addition, the Republican budget reopens the Medicare part D prescription drug coverage gap, or the doughnut hole, which will cost seniors thousands of dollars each year for prescription medication. Prescription drugs can be expensive, and many of the medications seniors take are long term. People take medication daily to control their arthritis pain, lower their cholesterol, and reduce the risk of stroke. These lifesaving medications come at a price.

The implementation of Medicare part D in 2005 left many seniors with a gap in coverage, the doughnut hole. This gap, the initial coverage within it, and the catastrophic coverage amount cost many seniors thousands of dollars a year. I was proud to vote to eliminate that doughnut hole in 2009 with the health care reform bill. Unfortunately, just 2 years later, the Republican attack on Medicare reinstates the doughnut hole, once again threatening seniors with thousands of dollars in medication costs.

Mr. Speaker, I know our constituents want the Congress to get our fiscal house in order, and they're right. But Americans don't want us to eviscerate Medicare and attack retiree health insurance as part of that process.

I recently held a telephone town hall meeting and I conducted a poll. Seventeen hundred people participated in that poll. Seventy-three percent said do not gut Medicare.

True fiscal responsibility requires a firm commitment and shared sacrifice. It involves long-term focus to rein in and reduce spending in a responsible, sustained manner. Real fiscal discipline requires us to look at every area of the budget, including revenues, savings, efficiencies, and cuts where

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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