Wyden Floor Statement on Importance of the 50th Anniversary of Medicare and Medicaid
<u>As prepared for delivery</u>

I rise to highlight a Presidential message that was delivered to Congress 50 years ago today.

But before I reiterate the importance of Medicare and Medicaid – facts that I think my colleagues and I can all agree to, I'd like to look back at where we've been, to recall what life was like for so many people who were poor and disabled, uninsured or unlucky before these vital safety net programs were here.

Those were the days of the "poor farm" and the "almshouse," places the poor and uninsured would go for care. It wasn't a happy choice and more often than not, it was the only choice. These places provided care – often rudimentary – and often carried a stigma. Accommodations were sparse at best. In return for health care and housing, residents were expected to work in the adjoining farm or do housework or other menial labor to offset the cost of their stay.

This was the primary option for someone whose extended family couldn't provide help or didn't want to - right here in the USA. Few Americans today remember those days.

When President Johnson submitted his message to Congress 50 years ago today, fewer than half of America's elderly even had health insurance. In that era – and it wasn't that long ago - it wasn't uncommon for the sick elderly to be treated like second class citizens, and as a result, many aging Americans without family to care for them ended up destitute, without necessary health care, or on the street.

It was a time no one wants to revisit, a time that one sociologist said was "another America" where "40 to 50 million citizens were poor, who lacked adequate medical care, and who were 'socially invisible' to the majority of the population."[1]

It's worth remembering how far we've come. Today, I ask my colleagues to use this anniversary as a vivid reminder of the difference Medicare and Medicaid make in the daily lives of Americans, and also the health care advances that have occurred as a result.

A couple facts to highlight for my colleagues:

Today, with rock-solid essential health services, 54 million Americans - nearly every senior and person with disabilities - has access to Medicare's guarantee.

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[1] http://www.ssa.gov/history/pdf/HealthCareEarly1960s.pdf

Meanwhile, Medicaid has made a critical difference for 68 million of the nation's most vulnerable, including more than 32 million children, 6 million seniors, and 10 million persons with disabilities. And because Medicare and Medicaid made health care possible for millions of people, they've also been the catalyst for innovations in treatment that benefit people of all ages. Here's one example:

In the first 30 years of Medicare alone, deaths from heart disease dropped by a third for people over age 65. By providing coverage and access for millions, these programs became catalysts for changes in how medicine is practiced and paid for, while finding the root causes of disease and perfecting better therapies to treat them.

As time as marched on, these programs evolved and improved, and the rest of the health care system followed.

- In 1967, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) comprehensive health services benefit for all Medicaid children under age 21 was created – helping improve the health of our nation's kids.

- In 1981, home and community-based waivers were established so that states could provide services in a community setting, allowing individuals to remain in their home for as long as possible. Every state now uses this option to facilitate better care and services to their Medicaid population.

- In 1983, Medicare took one of many leaps away from fee-for-service with the advent of the hospital prospective payment system – a system that pays hospitals based on a patient's illness, and how serious it was – *not* based solely on how much it cost to treat them. This change, once considered drastic, has become common place and accepted.

- In 2003, the prescription drug coverage was added to Medicare's benefit, providing access to necessary medications for those most likely to need them. As a result of greater access to prescription drugs, beneficiaries' health have dramatically improved.

- In 2010, as a result of health reform, preventive services became free to patients, prescription drugs became cheaper for those beneficiaries who fell in the donut hole, Medicare began to move away from purely volume-driven care, and onto paying for quality and value, and the life of the Medicare trust fund was extended..

- Finally, in 2012, the Centers for Medicare and Medicaid began releasing loads of claims data for the public to use. Access to this information has been game-changing in understanding the cost of care and variations in the way medicine is practiced across the country.

Today, any of these examples are easy to forget because they are commonplace. But that makes them no less remarkable.

I'll close by noting something else, just as striking about Medicare and Medicaid: It was a bipartisan effort. The enactment of these programs shows that Congress can craft bipartisan solutions to very complex and politically difficult problems. That's what happened in 1965 when the Senate passed the legislation creating Medicare and Medicaid by a 68-32 vote after the House approved it three months earlier on a robust 313-115.

As the 114th Congress gets underway, my colleagues and I could all take a page from President Johnson's playbook: Congress shouldn't use partisan tactics when the solutions can be bipartisan.

And there's the lesson; that despite sharp differences and partisanship, the Congress of Johnson's day was able to rise above that culture and those challenges to find agreement and make America a much better place. As this new Congress begins, I hope we can use that 50-year-old spirit to strengthen, protect and improve Medicare and Medicaid to keep the guarantee strong and ensure health care to those who need it most.

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