

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

have the option to have good, quality, affordable care at home because it will also save money compared to the alternative, which is institutional care.

In 1983, Medicare took one of many big leaps away from fee-for-service with the advent of a new reimbursement system for hospitals. It was called prospective payment—a system that pays hospitals based on a patient's illness and how serious it is and not solely on how much it costs to treat them. This was a radical change at the time. Today it is commonplace and acceptable.

In 2003, the prescription drug coverage benefit was added to Medicare, providing access to necessary medications to those most likely to need them. As a result of greater access to prescription drugs, senior health has dramatically improved.

In 2010, as a result of health care reform, preventive services became free to patients, prescription drugs became cheaper for beneficiaries who fell into what was known as the doughnut hole, and again Medicare moved further away from fee-for-service, volume-driven care and on to paying for quality and value. Not only was that good for seniors, it was good for taxpayers because it helped to extend the life of the Medicare trust fund.

Finally, in 2012, the Centers for Medicare and Medicaid began releasing for the public to use actual claims data. Access to this information, in my view, is a key element of the challenge with respect to understanding the costs of care, the variations and the way medicine is practiced across the country. Clearly, access to Medicare claims data is part of the path to improving quality and holding down the costs of health care in our country.

These examples are easy to forget—the most recent ones—because now they are commonplace, but that makes them no less remarkable.

I will close with one last point that I hope will be part of what guides the work of the Senate in this session.

I see the distinguished Senator from Illinois, Mr. DURBIN. He is to be joined by the majority leader, Senator MCCONNELL, shortly.

I will just close my remarks with respect to these critical programs by pointing out—and I hope it will be remembered frequently as big issues are tackled in this Congress—Medicare and Medicaid were bipartisan efforts, and the enactment of these programs shows that the Congress can craft bipartisan solutions to complex and politically difficult problems. That is what happened in 1965 when the Senate passed a legislation creating Medicare and Medicaid by a 68-to-32 vote after the House approved it 3 months earlier on a 313-to-115 vote.

As this Congress gets underway, and as the leaders come to the floor to discuss a critical aspect of how we move ahead, I hope all of us take a page from that particular playbook. Let us recognize that with Medicare and Medicaid there was an opportunity to come together to tackle a big issue, and my

hope is that this Congress will not use partisan tactics when the solutions have to be bipartisan, and that is the lesson.

Despite sharp differences and partisanship, the Congress of the days I have been speaking of was able to rise above the culture and those challenges to find agreement and make our country a 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 that guarantee strong, ensure health care to those who need it most, and protect a program that has been a lifeline to millions of Americans.

With that, I yield the floor.

The PRESIDING OFFICER. The acting minority leader.

Mr. DURBIN. Mr. President, I commend my colleague from Oregon for reminding us of this 50th anniversary of President Johnson's recommendation to Congress to create Medicare and Medicaid. Today, as we witness 54 million people benefitting in America from Medicare—in my State some 2 million—and 68 million from Medicaid—in my State 3 million—we understand the importance of this program. Almost half the people who live in Illinois are covered with health insurance by Medicare and Medicaid. When we add in the Affordable Care Act, we have literally half the population of my State.

It is a testament to the fact that when we made a commitment and followed through on a bipartisan basis, as the Senator from Oregon said, we created programs that had vibrancy and really served people for a long time.

I read something the Senator from Oregon is, I am sure aware, of, which is that because Medicare was a complete Federal payout, it was implemented throughout the United States almost within a year. It took 17 years for every State to join the Medicaid Program. It wasn't until 1982 that the last State joined into Medicaid—Arizona—because there was a State contribution. Look at the experience we have now with the Affordable Care Act, where some States are reluctant to join in. So that is part of it.

The point I wish to get to and which the Senator made so well is how it changed life for senior citizens and for those who were poor. It gave them a chance for quality health care that didn't bankrupt them in the process.

Medicaid has been a dramatic success. For critics of government health programs and critics of Medicaid, the 2011 survey found that 70 percent of physicians across America accept Medicaid patients. People would believe from some of the critics that the opposite is true. Seventy percent accept Medicaid patients. So it is a good program. The reimbursement attracts 70 percent of physicians willing to treat them.

The last point I will make to the Senator from Oregon particularly, if he happens to know a good bookstore, I would suggest he consider the new

book by Dr. Gawande entitled "Being Mortal." I am virtually through it, and he really challenges us to look beyond health care for the elderly to where they are living, how they are living, and how they are being treated.

So I am hoping we can rise to another level of conversation beyond Medicare and Medicaid, celebrating this anniversary but accepting a new responsibility to that generation of seniors who served America so well.

I thank the Senator from Oregon for reminding us of this anniversary.

I am proud to stand with my colleague Senator WYDEN today in support of his resolution honoring President Johnson's commitment to creating the Medicare and Medicaid Programs.

Fifty years ago today, President Lyndon Johnson sent a message to the Congress which he titled "Advancing the Nation's Health."

In that message the Johnson quoted President Thomas Jefferson who in 1787 wrote, "without health there is no happiness. An attention to health, then, should take the place of every other object." Those words were true then, true in 1965, and true now.

President Johnson was concerned about the health of our nation because of the staggering effect that no insurance and chronic disease had on the elderly. At that time, 80 percent of people over 65 were disabled or lived with a chronic disease. Unfortunately, 50 percent of people over 65 did not have health insurance.

From his concern and effort came the Medicare and Medicaid programs. Both programs created a social safety net that has improved the lives of millions of Americans.

Today more than 54 million people are enrolled in Medicare, 2 million in Illinois. The vast majority of Medicare enrollees are seniors. They receive quality, affordable, care and access to prescription drugs because of the President Johnson's commitment. In this new Congress, we should work together to ensure this highly successful program remains in place for future generations.

Medicaid has been a lifeline for millions of people, especially for children. Sixty-eight million people are enrolled in Medicaid, 3 million in Illinois. And thanks to the Affordable Care Act, 600,000 became newly eligible for the program last year. Medicaid makes it possible for more than half of the babies born in Illinois to be delivered with medical care. Some argue that Medicaid isn't working because physicians refuse to see people in the program. But the data says that isn't true. 2011 data shows that 70 percent of office-based physicians nationwide were willing to see new Medicaid patients. I call that a success.

As we remember President Johnson's tireless effort today, we should also keep in mind our commitment to these vital programs and work together to strengthen them.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise to speak about the 50th anniversary of Medicare as well. I commend the remarks of both the senior Senator from Oregon and the senior Senator from Illinois about this 50-year anniversary since President Lyndon Johnson first sent his message to Congress that would later become both the Medicare and Medicaid Programs. As was referred to earlier, there are 100 million Americans benefiting, including over 4.8 million in my home State of Pennsylvania, when we consider both programs together.

When President Johnson sent this message, he said:

Our first concern must be to assure that the advance of medical knowledge leaves none behind. We can—and we must—strive now to assure the availability of and accessibility to the best health care for all Americans, regardless of age or geography or economic status.

So said President Johnson all those years ago, and how prescient he was and how knowledgeable he was as well to be thinking about the future and to be considering advances in technology and holding all of us to the highest possible standard when it came to health care for older Americans or health care for the poor and for children.

We know that in the ensuing 50 years we have strived to make that vision of President Johnson a reality, first, of course, with Medicare and Medicaid; and then more recently—“recently” meaning the last 20 years or so—with the Children’s Health Insurance Program, known by the acronym CHIP; and then followed by, a number of years after that, the Affordable Care Act, which included an expansion of the Medicaid Program, providing coverage to millions more Americans.

We know that when Medicaid was created in 1965, the U.S. Government put forth a promise to ensure that the most vulnerable members of society would have access to health care. Whether it is our children or whether it is frail, elderly members of our family living in nursing homes or individuals with disabilities, Medicaid ensures they have access to health care. So we have made great strides.

Let me quote again from President Johnson:

Poor families increasingly are forced to turn to overcrowded hospital emergency rooms and to overburdened city clinics as their only resource to meet their routine health care needs.

Again, President Johnson was way ahead of his time in dealing with what was then a problem and still remains a problem but less so a problem because of Medicaid.

This important lifeline—Medicaid—to health care, having been created 50 years ago, was strengthened in 2010 and helps ensure that millions of Americans have access to quality, comprehensive health care.

We must continue to make sure that we guarantee Medicaid remains strong

and provides such needed care to those in our society who often get overlooked. We must never forget that Medicaid is the program that many middle-class families and lower income older citizens who are on assistance and people with disabilities turn to when they need extended nursing home care, sometimes referred to as long-term care. So when it comes to long-term care for poorer families as well as long-term care for middle-class families, often millions of Americans are turning and have turned for their long-term care to Medicaid, and we should remember that.

As we celebrate this 50th anniversary, let’s always ensure that both Medicare and Medicaid remain strong programs that so many Americans can turn to. We must do our best to be true to Lyndon Johnson’s vision “that the advance of medical knowledge leaves none behind.” It is a very important anniversary, and it is a good reminder about our obligations in the Senate to protect both Medicare and Medicaid.

With that, I yield the floor.

The PRESIDING OFFICER. The majority leader.

FUNDING ALLOCATION FOR SENATE COMMITTEES

Mr. MCCONNELL. Mr. President, I ask unanimous consent to engage in a colloquy with Senator DURBIN on behalf of the Democratic leader.

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

Mr. MCCONNELL. Mr. President, in the 112th Congress the Senate adopted a new funding allocation for Senate committees. This approach has served the Senate for the past two Congresses when the Democrats controlled the majority. I believe this approach will continue to serve the interests of the Senate and the public, regardless of which party is in the majority, by helping to retain core committee staff with institutional knowledge. This funding allocation is based on the party division of the Senate, with 10 percent of the total majority and minority salary baseline going to the majority for administrative expenses. However, regardless of the party division of the Senate, the minority share of the majority and minority salary baseline will not be less than 40 percent, and the majority share will not exceed 60 percent. It is my intent that this approach will continue to serve the Senate for this Congress and future Congresses.

Mr. DURBIN. Mr. President, this approach met our needs for the last two Congresses, and I too would like to see it continue. In addition, last Congress, special reserves was restored to its historic purpose. We should continue to fund special reserves to the extent possible in order to be able to assist committees that face urgent, unanticipated, nonrecurring needs. Recognizing the tight budgets we will face for the foreseeable future, it is necessary to continue to bring funding authoriza-

tions more in line with our actual resources while ensuring that committees are able to fulfill their responsibilities. I look forward to continuing to work with the majority leader to accomplish this.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that a joint leadership letter be printed in the RECORD.

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

UNITED STATES SENATE,
Washington, DC, January 7, 2015.

WE MUTUALLY COMMIT TO THE FOLLOWING FOR THE 114TH CONGRESS: The Rules Committee is to determine the budgets of the committees of the Senate. The budgets of the committees, including joint and special committees, and all other subgroups, shall be apportioned to reflect the ratio of the Senate as of this date, including an additional ten percent (10%) from the majority and minority salary baseline to be allocated to the chairman for administrative expenses.

Special Reserves has been restored to its historic purpose. Requests for funding will only be considered when submitted by a committee chairman and ranking member for unanticipated, non-recurring needs. Such requests shall be granted only upon the approval of the chairman and ranking member of the Rules Committee.

Funds for committee expenses shall be available to each chairman consistent with the Senate rules and practices of the 113th Congress.

The division of committee office space shall be commensurate with this funding agreement.

The chairman and ranking member of any committee may, by mutual agreement, modify the apportionment of committee funding and office space.

MITCH MCCONNELL.
HARRY REID.

REMEMBERING EDWARD BROOKE

Mr. SCOTT. Mr. President, I wish to pay tribute to a former member of this Chamber, and note with pleasure the passage of S. Res. 19.

Senator Edward Brooke of Massachusetts passed away on January 3, 2015 at the age of 95. I was deeply saddened by his loss. I had the privilege of hosting an event last year celebrating America’s Black Senators. We invited Senator Brooke, but he was unable to attend. We did honor him that day, because as one of the two African Americans to currently serve in this great body, I know that I stand on the shoulders of giants like Senator Brooke and those who have come before me in public service. Senator Brooke was a true trailblazer, and those of us who followed cannot thank him enough. As the first African American Senator to be popularly elected to serve, he was a true inspiration.

From his service to our Nation beginning as a captain in the U.S. Army during World War II, to his service as chairman of the Finance Commission for the city of Boston and then as the Commonwealth of Massachusetts’ attorney general before coming to the Senate, Senator Brooke was a committed public servant. Having served