

[From the Bellingham Herald, June 12, 2002]
 "MEDIFAIR" IS WORKABLE ANSWER

Our nation's Medicare system is so fraught with problems that there is no single cure for what ails it. Recovery will require multiple remedies over time. Still, U.S. Sen. Patty Murray, D-Wash., took a healthy step toward a solution in announcing her "Medifair" legislation last month.

Much lip service has been paid to addressing Medicare issues, but Murray's bill, still in draft form, advances the fight.

It's no secret that Washington state is at the low end of the scale for reimbursements. That's more than evident in Whatcom County, where the Family Care Network and Madrona Medical groups have had to stop taking new Medicare patients because they can't afford to treat them.

Despite the fact that everyone pays into the system at equal rates, the doctors who treat them are not reimbursed at the same rates. States like California and Florida receive far higher payments than Washington, which is being penalized for trying to contain medical costs. The current formula is unfair to both the patients who pay into it and to the health-care providers who treat them.

Murray's bill would require that every state receive at least the national average for per-patient spending, which was \$5,490 in 2000. Washington received about \$3,900 per beneficiary in 2000, making it 42nd among the states in per capita spending.

Under Murray's proposal, states that receive 105 percent of the average could see cuts.

In reality, the bill will face very strong opposition and will be difficult to pass. Big states will fight hard not to have their reimbursements cut, and the formula could require new revenue that won't be readily available.

The important thing is that Murray is getting the system on the table for examination.

While Washington ranks near the bottom in reimbursements, it ranks closer to the top in numbers of Medicare clients. The federal plan covers about 750,000 seniors and disabled people in this state, making it 18th in the nation in client base, according to 1999 figures.

U.S. Rep. Rick Larsen, D-Arlington, has already announced he's behind Murray's idea.

It's time for Washington's other members of Congress, on both sides of the aisle, to join this fight and help Washington be a leader in Medicare reform.

[From the Spokesman-Review, June 5, 2002]
 MURRAY'S BILL RIGHTS MEDICARE INEQUITY
 (By John Webster)

Unveiling a Medicare-enhancement bill the other day, U.S. Sen. Patty Murray told an unsettling story: An elderly constituent wearing a cast on her arm came up to Murray and said that when the time came to get her cast removed, her physician refused to see her because he recently had stopped accepting Medicare patients.

Why would any member of the healing profession want to shun Medicare, a major source of patients? Because, in Washington state, Medicare's reimbursement rates are lousy and getting worse.

That's why Murray introduced S. 2568, the MediFair Act of 2002. The bill would compel Medicare officials to correct a reimbursement inequity.

The state medical association says this inequity has created such financial difficulty that a growing number of older physicians are throwing in the towel and retiring; young physicians are moving to states other than Washington; and, some Washington

state physicians are deciding to stop taking Medicare patients.

These are alarming trends for the residents of our state. The problem is particularly troubling for Spokane. Here, there is a sizable population of low-income and elderly people who depend on Medicare. In addition, Spokane is a regional center for advanced medical services—one of the strongest sectors in our economy. Medicare is a leading source of the health care industry's income; if it fails to cover costs, that's a serious problem.

The reimbursement inequity has existed for years, but it is getting progressively worse. When Medicare set its reimbursement rates years ago, it built them on the status quo, state by state. Medical care was more cost-efficient here than in some states, so reimbursement rates here were set at a lower level.

But as years went by, physicians have faced an accelerating need to invest in high-tech equipment, which costs the same everywhere. Medicare's rates left Washington's clinics with less money to buy that technology, than doctors had in other states.

On top of that, in 1997 Congress approved a series of cuts in Medicare, to balance the federal budget. Ever since, Medicare has been cutting physicians' reimbursement rates. Doctors in less-efficient states with higher reimbursement rates had leeway to adopt efficiencies and adjust. Not so, in Washington, where rates are lower. By 2005, that 1997 budget deal is scheduled to have cut reimbursement rates by 17 percent.

As of 2000, Sen. Murray says, Medicare spent an average of \$3,921 on each Medicare beneficiary in Washington state. In New York it spent \$6,924. The national average was \$5,490. Washington's rate ranked 42nd in the nation.

This makes it tough for Washington to keep or recruit physicians.

According to a survey by the Washington State Medical Association, 57 percent of physicians are limiting or dropping Medicare patients from their practice.

Murray's bill would require Social Security to correct the inequity; in states such as Washington, Medicare would have to raise reimbursement rates to the national average.

The proposal has the support of associations representing the state's doctors, hospitals and nurses. Good for Sen. Murray, for seeking a solution. The elderly depend on Medicare, and they are counting on Congress to fix Medicare's many ailments—including this one, which threatens the stability of medical clinics as well as access to the physicians that elderly people need.

Mrs. MURRAY. I yield the floor.

The ACTING PRESIDENT pro tempore. Under the previous order, the remaining time shall be under the control of the Republican leader or his designee.

The Senator from Virginia

UNANIMOUS CONSENT AGREEMENT—S. 2600

Mr. ALLEN. Madam President, I ask unanimous consent that amendment 3838, which will be the second vote today, be referred to as the Harkin-Allen amendment in recognition of the tireless efforts and leadership of our colleague from Iowa on this important issue.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

TERRORISM RISK INSURANCE

Mr. ALLEN. In support of the Harkin-Allen amendment No. 3838, I do want to say that our friend and colleague from Iowa, Senator HARKIN, and I, introduced the measure to allow victims of terrorist acts to seek judgments in our Federal courts with due process and, if accorded a judgment, be able to try to get that judgment satisfied from assets of those terrorist organizations or terrorist assets which have been seized or frozen by the Federal Government.

This measure allows those people from all across the country, including Iowa, Virginia, and other States, to get satisfaction for compensatory damages that they have been awarded. I want to again thank our colleague from Iowa, Senator HARKIN, for his great leadership and his great efforts in this regard.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Wyoming.

ENERGY POLICY

Mr. THOMAS. Madam President, I will make a few remarks this morning in our remaining time regarding one of the issues before us. We, of course, have spent a good deal of time on emergencies over the last number of months, and properly so. We have had emergencies. Obviously, the most compelling one has been terrorism and homeland defense.

In addition to that, we have talked about a number of other things. We have had fires; agriculture, which we felt is something of an emergency; as well as health care, which the Senator from Washington talked about. Indeed, most legislation that comes up is sort of deemed an emergency, at least in the view of the sponsor.

There is one thing which I think pretty clearly should be one of the most important, something that will affect us over time and one that we can avoid, which is the energy problem in our country. Probably nothing touches more Americans than energy, whether it be electric energy or gasoline for one's automobile.

Finally, after a considerable amount of effort in both Houses, we do have an energy bill that has passed both Houses. It is designed to give us an energy policy which we have not had for a very long time. Obviously, there are differences between the House-passed bill and the Senate-passed bill. Both of them have many of the components that were put forth by the President and the Vice President early last year in terms of an energy policy. Yesterday, we had the appointment of a conference committee named by the House, and I am pleased with that because we will be able now to go forward in putting together these two bills and coming out with an energy policy for the United States.

I want to emphasize how important that is. We have seen some problems