

proud parents of one son, Christopher, who was born on June 17, 1982. Collins is an avid reader and is interested in the war in the Pacific, computers, and electronic music. Collins and Kathy plan on enjoying his retirement.

Mr. Speaker, I urge this body to identify and recognize other individuals in their own districts whose actions have so greatly benefited and strengthened America's families and communities.

CONGRATULATING THE MULVEE  
FAMILY ON THE BIRTH OF  
THEIR CHILD, JOHN RYAN

**HON. GINNY BROWN-WAITE**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise today to offer my congratulations to Patrick and Carrie Mulvee on the birth of their first child. John Ryan Mulvee was welcomed at 9:32 p.m. on May 2nd, 2005, weighing 7 pounds 1 ounce and measuring 21 inches long. John Ryan was named after his late paternal great-grandfather John J. Mulvee. I congratulate Patrick and Carrie on the new addition to their family and wish them years of continued health and happiness.

INTRODUCING THE MEDICARE  
EARLY ACCESS ACT

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. STARK. Mr. Speaker, today, during Cover the Uninsured Week, I am pleased to introduce a bill to help nearly four million people age 55–65 obtain access to affordable health insurance. I am joined by my colleague Rep. SHERROD BROWN and more than 90 additional Democratic cosponsors in introducing the "Medicare Early Access Act," one of three signature bills that offer attainable, common sense solutions for the uninsured.

We have 45 million Americans without health insurance—8 million of whom are children. Millions more are underinsured with policy policies that exclude necessary benefits or charge a king's ransom for co-pays and deductibles. Increasingly, access to coverage and quality care in this country is determined by an ability to pay rather than medical need.

There are many approaches to addressing the needs of the growing population without health coverage in this country. As most of my colleagues know, I am an advocate of a universal health care system in which each and every American would have health coverage. That is the most fair, affordable, and sustainable solution to our national health care needs.

However, that won't be accomplished overnight. In the meantime, there are steps that Congress can and should be taking to develop immediate, if smaller, steps to providing people affordable health insurance coverage options. That's why we've joined together to introduce three separate bills that each target a specific population that is seeing its uninsured rate climb.

The Medicare Early Access Act targets early retirees; the Family Care Act, being introduced by Rep. DINGELL, targets children and families; and the Small Business Health Insurance Promotion Act, being introduced by Rep. BARROW, targets small businesses and self-employed individuals.

The Medicare Early Access act would provide people age 55 to 65 with the option of buying into Medicare—a program with a proven track record that works.

Unfortunately, retiree health benefits have vanished or are quickly disappearing, leaving people with few or no affordable coverage options. Still, among the 55–65 population, it is more likely that someone who is retired will have health insurance than someone still in the workforce. Access to health insurance diminishes for individuals in low-wage jobs. Thirty-five percent of workers age 55–65 who earn less than 200 percent of poverty are uninsured compared with 17 percent uninsured nationwide.

Age rating and other underwriting techniques resulting in excessive premiums make coverage unaffordable. Those who are offered coverage are often required to pay astronomical deductibles and co-pays, or are severely limited by pre-existing condition exclusions, leaving them grossly underinsured.

In 1965, Medicare was specifically designed to provide coverage for those the market would not insure. Today we have the opportunity to expand on the original purpose of Medicare by providing access to people the market does not adequately cover. The Medicare Early Access Act would reduce the number of uninsured, provide better coverage for the underinsured, and improve the health status of this vulnerable population without harming Medicare or other insurance markets.

That's why the Medicare Early Access Act makes so much sense. It would allow people in this cohort to buy-into Medicare and enjoy the exact same benefits available to all other Medicare beneficiaries. Premiums for these new participants would be based on actuarial calculations of the cost of providing services to the population. There would be no effect on the Medicare trust fund because premiums will cover the entire cost of services provided.

To ensure premiums are affordable, the bill provides a 75 percent advanceable, refundable tax credit. Thus, participants would pay a monthly premium equal to 25 percent of the cost of the program—an amount similar to what employed individuals pay for their health benefits.

I am pleased to report that advocacy organizations representing consumers and seniors agree with us. The Medicare Early Access Act has been endorsed by the AFL–CIO, the Alliance for Retired Americans, the Center for Medicare Advocacy, Consumers Union, Families USA, the National Academy of Elder Law Attorneys, SEIU, and the UAW.

This bill would provide affordable, comprehensive coverage to the most vulnerable uninsured who have few, if any, health insurance options in the current marketplace. The system necessary to implement this bill is already in place; all we have to do is agree the uninsured deserve viable coverage options. I look forward to working with my colleagues on both sides of the aisle to enact the Medicare Early Access Act this year.

Following is a summary of the bill.

THE MEDICARE EARLY ACCESS ACT

The Medicare Early Access Act gives early retirees and others between ages 55 and 65 the option of purchasing Medicare coverage. Millions of near elderly who are uninsured can benefit from a Medicare buy-in. This bill provides affordable health insurance to a vulnerable population, while protecting the solvency of the Medicare Trust Fund.

ELIGIBILITY

Starting January 2006, individuals age 55–65 who do not have access to coverage under another public or group health plan are eligible to purchase Medicare. Enrollees will receive the full range of Medicare benefits. Participants are not required to exhaust employer-based COBRA coverage before choosing the Medicare buy-in option. At age 65, buy-in participants move into regular Medicare.

In addition, because employers are dropping retiree health benefits at an alarming rate, early retirees who have access to retiree health coverage may also participate, and their employers can wrap around the Medicare benefit.

PREMIUMS

Enrollees must pay a premium to receive Medicare coverage. The premium will be set by the Centers for Medicare and Medicaid Services at the actuarial level necessary to cover the full cost of services provided to the buy-in population. The premium will be adjusted annually to ensure its accuracy. Premiums will also differ slightly by region to reflect geographic differences in healthcare costs.

TAX CREDIT

Program enrollees receive a 75 percent refundable, advanceable tax credit to offset premium costs. Thus, participants in the Medicare buy-in are only personally responsible for 25 percent of their monthly premiums. The tax credit is modeled on the payment mechanism created by the Trade Adjustment Assistance (TAA) health care tax credit for displaced workers, which was enacted in 2002.

FINANCING

Premiums are deposited in a new Medicare Early Access Trust Fund. Participant premiums and tax credits are transferred to the Early Access Trust Fund to pay for Medicare services, ensuring this new program does not financially affect Medicare.

METRO WASTEWATER RECLAMATION  
DISTRICT LOGS 10 PERFECT  
YEARS

**HON. BOB BEAUPREZ**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 4, 2005*

Mr. BEAUPREZ. Mr. Speaker, I rise today to recognize an important accomplishment in Colorado. The Metro Wastewater Reclamation District earned its second consecutive Platinum Award from the National Association of Clean Water Agencies (NACWA, formerly the Association of Metropolitan Sewerage Agencies) for its second consecutive five-year period without a single numerical violation of its discharge permit.

The award was presented May 1, 2005 at NACWA's 35th Anniversary Annual Meeting in Washington, D.C.

According to NACWA, earning two back-to-back Platinum Awards has been achieved by only five other wastewater treatment agencies