January 8, 2015

education in the State of Maryland, and 1 of the 10 oldest in the United States;
Whereas Bowie State University continues to be committed to enhancing academic opportunities for students at the university, providing them with the skills and the experience needed to compete and succeed in a changing world;
Whereas Bowie State University was listed as 1 of "America’s Top Colleges" by Forbes magazine from 2011 to 2013, and ranked among the top 25 historically black colleges and universities by U.S. News & World Report;
Whereas Bowie State University has been recognized as a leader in training African-American teachers in the science, technology, engineering, and mathematics ("STEM") fields;
Whereas Bowie State University was named a "Center for Academic Excellence in Information Assurance Education by the National Security Agency and the Department of Homeland Security; and
Whereas the creation of a prescription drug benefit in 2003 has ensured that nearly 90 percent of Medicare beneficiaries have prescription drug coverage. Since 2013, over 8,200,000 seniors have saved more than $11,500,000,000 on their prescription drugs as a result of closing the Medicare Part D coverage gap.
Whereas in 2013, an estimated 37,200,000 people with Medicare took advantage of at least one preventative service with no cost sharing.
Whereas Medicaid is a critical source of comprehensive, affordable health coverage for millions of otherwise uninsured low-income seniors and pregnant women, persons with disabilities, elderly who are poor and frail, and other low-income adults and children;
Whereas Medicaid provided comprehensive childhood screening, diagnosis, and treatment for 32,000,000 of the Nation’s children, including half of all low-income children; and
Whereas Medicaid provides crucial services for pregnant women and babies in that Medicaid covers 45 percent of births nationwide, 53 percent of hospital stays for infants born prematurely or with low birth weight, and 45 percent of hospital stays for infants with birth defects; Now, therefore, be it
Resolved, That the Senate—
(1) congratulates Bowie State University on the 150th anniversary of the founding of the university;
(2) recognizes the achievements of all the students, professors, and staff who have contributed to the success of Bowie State University; and
(3) respectfully requests that the Secretary of the Senate transmit an enrolled copy of this resolution:
(A) the president of Bowie State University; and
(B) the provost and vice president for academic affairs.

SENATE RESOLUTION 25—COMMEMORATING 50 YEARS SINCE THE CREATION OF THE MEDICARE AND MEDICAID PROGRAMS

Mr. WYDEN (for himself, Ms. BALDWIN, Mr. BLUMENTHAL, Mr. BOOKER, Mrs. BOXER, Chairman, SANTORUM, Mr. CARDIN, Mr. CASEY, Mr. COONS, Mr. DONNELLY, Mr. DURBIN, Mrs. FEINSTEIN, Mr. FRANKEN, Mrs. GILLIBRAND, Mr. HANSON, Ms. HERTZKAMP, Ms. HIRONO, Mr. Kaine, Mr. King, Ms. KLOBUCHAR, Mr. LEVY, Mr. BARRON, Mrs. McCASKILL, Mr. MENENDEZ, Mr. MERRICK, Ms. MIKULSKI, Mr. MURPHY, Mrs. MURRAY, Mr. NELSON, Mr. PETERS, Mr. REED of Rhode Island, Mr. REED of Nevada, Mr. SANDERS, Mr. SCHAFER, Mr. SCHUMER, Mrs. SHABEEEN, Ms. STABENOW, Mr. TESTER, Mr. UDALL, Mr. WARNER, Ms. WARNEN, Mr. WHITEHOUSE, Mr. BENNET, and Mr. MANCHIN) submitted the following resolution; which was referred to the Committee on Finance:

S. Res. 25

Whereas on January 7, 1965, President Lyndon B. Johnson called on Congress to provide health insurance for the elderly and most vulnerable;
Whereas over the past 50 years, Congress has strengthened Medicare and Medicaid with improvements to, and expansion of, health care benefits;
Whereas today, as a result of President Johnson’s call to action and Congress’ bipartisan initiative that created the Medicare program, 54,000,000 seniors and people with disabilities have access to guaranteed health care benefits;
Whereas today, 68,000,000 Americans, including children, pregnant women, individuals with disabilities, elderly who are poor and frail, and low income adults and parents have access to health care through Medicaid; Whereas Medicare and Medicaid have been leaders in improving the quality of care delivered to the Nation, resulting in 1,300,000 Medicare-covered hospital stays, almost all adverse events and avoiding 150,000 unnecessary hospital readmissions;
Whereas Medicare has been an innovator in developing alternative ways to pay for health care that emphasize care coordination across all health care providers and settings; and
Whereas Medicare has been a leader in providing care to those with Medicare or pharmacy gap coverage needs and in helping those with Medicare or pharmacy gap coverage needs to enroll and enroll in Medicare, Medicaid, and the new Prescription Drug Plan;
Resolved, That it is the sense of the Senate that—
(1) efforts to improve Medicare and Medicaid must support and build upon President Johnson’s vision “to assure the availability of and accessibility to the best healthcare to all Americans, regardless of age or geography or economic status;”
(2) Medicare’s guaranteed benefit is a life-line to millions of Americans and must remain intact for the health and future of the Nation’s long-term care costs, and allowing loved ones to live with health and dignity in their own homes and communities;
(3) Medicaid was the first state-sponsored comprehensive childhood screening, diagnosis, and treatment for 32,000,000 of the Nation’s children, including half of all low-income children; and
(4) the strong support of the Federal Government, Medicaid continues to serve as a safety net for vulnerable pregnant women, persons with disabilities, elderly who are poor and frail, and other low income adults and children;
(5) Medicaid should not be dismantled through block grants, per-capita caps, or by other policies that slash funding, shift costs to states, reduce benefits, and erode the safety net relied on by over 69,000,000 Americans.

Mr. WYDEN. Mr. President, 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 would like to look back at where we have been, to recall what life was like for so many people who were poor and 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. In fact, a hospital bill that was more often than not, it was the only choice.
These places provided care, often rudi-
mentary, and often carried a stigma. Accommodations were sparse at best. In return for health care and home care, 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 some, 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, 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 people were poor, who lacked adequate medical care, and who were 'socially invisible' to the majority of the population."

It is worth remembering how far we have come. Today, I ask my colleagues to use this anniversary as a vivid re-

mind of the difference Medicare and Medicaid make in the daily lives of Americans, and also the health care ad-

vances 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.

Meanwhile, Medicaid has made a critical difference for 68 million of the Nation's most vulnerable, including more than 10 million children, 6 million seniors, and 10 million persons with disabilities. Because Medicare and Medicaid made health care possible for millions of people, they have also been the catalyst for innovations in treatment and care for 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 has marched on, these pro-

grams evolved and improved, and the rest of the health care system followed.

In 1967, Early and Periodic Screening, Diagnosis, and Treatment, EPSD, com-

prehensive health services became essential 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 offer health care in a community setting, allowing individuals to remain in their home for as long as possible. Every state now uses this option to fa-
cilitate better care and services to their Medicaid population.

In 1983, Medicare took one of many legs away from fee-for-service with the advent of the hospital prospective pay-

ment 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 cov-

erage was added to Medicare's benefit, providing access to necessary medica-
tions 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 pa-
tients, 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 Medi-
care 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 com-

onplace. But that makes them no less remarkable.

I will 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 politi-
cally difficult problems. That's what happened in 1965 when the Senate passed the legislation creating Medi-
care 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 play-

book: Congress shouldn't use partisan tactics when the solutions can be bi-

partisan.

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 chal-

lenges 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.