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KENNEDY ON FLOOR: HEALTH WEEK SHOULD BE CALL TO ACTION
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This new age of the life sciences holds immense potential for better health for all Americans. "Senate Health Week" ought to be a time of re-dedication to bringing the promise of quality health care to every American. Our goal is to make health care a right and not a privilege -- where no American must choose between a visit to the doctor and paying the rent or putting food on the table.

That is the vision we are trying to achieve -- but obviously, we have not succeeded yet. Time and again, narrow self-interest has defeated proposals to extend the benefits of health care to all Americans. Because of these wrong choices, the vast promise of the life sciences is being denied to millions of Americans. Even things as basic as regular visits to the family doctor are a distant dream for millions of our fellow citizens.

46 million Americans have no health insurance -- that's six million more than in the year President Bush was elected. Even for those who have coverage, health care is becoming more and more unaffordable. Insurance premiums have leaped by a shocking 73 percent since the year 2000, when the rise in wages and prices in that period was only 13.6 percent.

These soaring increases in health costs come at a time when working families are under siege on other fronts. Gas prices have more than doubled since President Bush took office. College tuition is up 45 percent. Housing by 44 percent. The list goes on and on and up and up.

In the face of this growing health care crisis of access and costs, "Health Week" ought to be a call for action, a summons to put forward serious proposals to solve the major health care challenges we face. But no, that's not what this so-called "Senate Health Week" is all about.

Instead of debating a proposal that advances the nation toward making the promise of the century of the life sciences a reality for all Americans, the current proposal is a retreat from that goal.

The supporters of Senator Enzi's proposal refer to it as a bill to level the playing field so that small businesses have the same kinds of advantages in negotiating for good insurance coverage as large employers enjoy. When the bill is described in that way, it's hard to see how anyone could be against it.

But the true impact of this legislation goes far beyond the mild descriptions its supporters employ. The legislation before the Senate wipes away good state laws guaranteeing mental health parity, services for diabetes care, cancer screening, access to specialists, and many other needed services.

The bill would encourage discriminatory pricing of insurance based on factors outside a person's control, like age or gender or a person's health history.

During yesterday's debate, many of our colleagues on the other side of the aisle said that they favor letting small businesses be part of one big insurance risk pool. If that's what they want, they should support the Durbin-Lincoln bill, not the bill that's now before the Senate.

The Enzi bill will actually fragment the market compared to current law in many states. The

Enzi bill allows an insurer to have 9 separate classes of business, and each association plan is also a separate pool. In my state of Massachusetts, an insurer must include all small businesses in one pool.

Some of my colleagues on the other side of the aisle have said that this bill will lower premiums by 12 percent.

This figure is based on a study paid for by the business lobby. But the most recent estimate, by the CBO, is that premiums would be lowered by 2 to 3 percent. These savings, which amount to \$80 to \$120 for the average individual policy and \$215 to \$325 for the average family plan, are one-time savings. The bill does nothing to address long-term health care costs. And fully one-quarter of small business workers will see their health care costs rise, while 100,000 older and less healthy workers will lose coverage altogether. Their health care needs won't go away, but their health coverage will.

The current proposal is so harmful to millions of Americans that the letters from organizations and experts opposing it would fill a book. Literally.

I have a compilation right here of just some of the endless stream of letters we have received asking the Senate to oppose the bill.

There is opposition from every corner of the nation and every walk of life. Organizations representing patients, and workers, and health professionals, and small businesses and families, and many others oppose this legislation. Governors, attorneys general, insurance commissioners, and state legislators oppose it too.

We have a better way. My colleague from Illinois, Senator Durbin, and my colleague from Arkansas, Senator Lincoln, have a proposal that accomplishes all the goals that the supporters of S. 1955 claim for that legislation – but without undermining the good coverage that millions of Americans now count on.

Supporters of the Enzi bill say that it is important to level the playing field so that small businesses have the same bargaining leverage as larger employers. I agree.

That's why the Durbin-Lincoln bill allows small businesses to pool their risk across state lines under the auspices of the same agency that oversees the Federal Employees Health Benefit Program that Members of this Senate can count on when their own health is threatened.

Supporters of the Enzi bill say that it is important to help small businesses with the high cost of health care. I agree.

That's why the Durbin-Lincoln bill provides tax credits to small businesses to help them afford the high cost of health care, and reinsurance program to help defray the cost of the most expensive claims.

Our Senate debate this week should address these major issues in the proposal before us – but it should deal with other health priorities too. It would be a travesty to have a "Health Week" that fails to address the real health priorities of working families – but we are at the mid point of the week, and there is no sign of it yet.

Let me just outline briefly a few of the areas in which we should take action.

One of the major challenges of recent years has been to give seniors real help with the soaring cost of prescriptions. A good Medicare drug bill in the Senate, supported by a broad bipartisan

majority, was hijacked when the White House entered the negotiations. Instead of building on the Medicare that seniors know and trust, the drug program was turned over to HMOs and other private insurance plans that were enticed to participate by massive subsidies, when those funds should have gone to strengthen benefits.

The flaws of the legislation itself were worsened by incompetent implementation. The rollout of the plan failed so badly that seniors, the disabled, and those with mental illness were denied the drugs they counted on to maintain their health, or were forced to pay massive fees for the drugs they needed.

Now the Administration is poised to compound these blunders by imposing steep fines on seniors who have not been able to navigate the tangle of options to select a drug program. GAO recently reported that the information given to seniors by the Administration on the available Medicare plans was often confusing, and that a third of callers to the Medicare help line were given inaccurate or incomplete information. With help like that, it's no wonder seniors are having so much difficulty understanding the program – but they still have to pay a high price if they don't sign up by next Monday.

The amendment that Senator Nelson plans to offer will help seniors with the penalties they will otherwise have to pay for not signing up for a drug plan in time. I don't know how many times we have heard the Administration say that enrolling in the drug benefit is entirely voluntary – but it's hardly voluntary, if you have to pay a fine when you don't join by an arbitrary deadline.

We face unmet challenges in other areas too.

The hope and help that stem cell research can bring is being delayed and denied because the Senate refuses to act on the bipartisan legislation approved by the House to abolish the unwarranted restrictions imposed by the Bush Administration on this lifesaving research.

All year, Americans have watched with growing alarm as the avian flu virus has spread from Asia to the Middle East to Europe. Yet preparations in America lag far behind those in other nations. We should debate proposals to improve our readiness.

One measure that would help in preparing for this danger is to see that all workers have paid leave if they are sick. Flu and other contagious diseases can be spread through close contact at work and at school. CDC has emphasized that employees with flu should stay home to prevent the spread of the disease. Yet half of all American workers are not guaranteed the right to take time off when they are ill without risking the loss of pay, or even their job. The Senate should take action on the Healthy Families Act, which would guarantee seven paid sick days per year for full-time workers.

The saddest irony of this so-called "Health Week" is that it follows "Cover the Uninsured Week." In a nation of extraordinary wealth and limitless creativity, there should have been no need for a "Cover the Uninsured Week". It's shameful that we continue to allow 46 million of our fellow citizens to go without regular access to decent health insurance.

The Bush Administration should really have called last week "Discover the Uninsured Week." For seven days every year, they give speeches and say nice words about the uninsured. Then they spend the next 51 weeks blocking serious proposals to extend coverage to families who face bankruptcy and ill health because they have no source of health care.

"Health Week" may be our last opportunity this Congress to have a serious debate on extending coverage to the uninsured, but the Senate leadership will undoubtedly squander this chance

too. In frustration across the nation, states are beginning to lead the way because the federal government has refused to act for so long. In Massachusetts, Republicans and Democrats, business leaders, health professionals, community leaders, and citizens from all walks of life came together to enact a proposal that will extend the benefits of health coverage throughout the Commonwealth. At the very least, the Senate should be debating ways to assist the efforts of states in bringing affordable health care to their citizens.

The Senate has had time to give tax favors to millionaires. It's had time to protect the profits of the oil companies. It's had time to pass bankruptcy legislation written by the credit card companies. In the weeks to come, we'll have no end of time for election year posturing on proposals cooked up in the back rooms of political consultants' offices that have no chance of becoming law. We have had time for those measures, but no time is allowed to vote on proposals that seriously address the health care crisis. Unless we do, it would be a mockery to call this week "Health Week."

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