

**Joint Hearing of the Special Committee on Aging and the Health, Labor, Pensions  
Subcommittee on Aging  
February 6, 2002  
Statement of Senator Mary Landrieu**

Good Morning. I would like to thank the committee for allowing me the opportunity to testify on women and aging, a subject that affects all Americans today, either directly or indirectly. I would especially like to thank my Senior Senator John Breaux who has been an extraordinary leader in this area. He is relentless in his pursuit of common sense solutions to the issues involving the elderly and for this he should be commended. I am proud to join him in his fight to address the needs of aging women.

The statistics on this issue confirm what common sense has told us for some time. The first of the baby boom generation will turn 65 in just ten years and with the advances of medicine more of them are living longer. It is expected that by 2040, there will be nearly four times as many Americans over age 85 as there are today. While these numbers affect the elderly population as a whole, they have a disproportionate effect on women. On average, women outlive men by seven years. On the other end, three quarters of all caregivers are women.

Because women live longer, they are exposed to more chronic diseases and disabilities -- heart disease and lung cancer, osteoporosis and breast cancer. In addition to supporting programs aimed at better research and treatment of these diseases, Congress must do all that it can to ensure that the programs that serve women with these diseases are as up to date and effective as possible.

This is particularly true of Medicare. 57% percent of Medicare's 39 million beneficiaries are women. As we know, our Medicare system has not kept pace with medical advancements and as a result has become outdated. Medicare should adopt the best management, payment, clinical and competitive practices used by the private sector to help maintain high-quality services and keep spending growth in line with private sector spending. In addition, strong and effective federal administration of Medicare should be assured.

We also must do what we can to help improve education and accessibility to long-term care insurance. Less than 1% of long-term health care expenditures are paid for by insurance. As a result, seniors are plagued by an ongoing concern about the cost of long term care for themselves or a loved one. These are not decisions that our parents and grandparents should have to make alone. We must strengthen programs that help provide greater access to insurance programs for these purposes.

Finally, I would like to stress how important programs like independent living services, rehabilitation services and community based support programs are for our senior citizens. Many elderly women have spent their lives engaged in the service of others, whether serving as a wife for their spouse, a mother to their families or a leader in their communities or their professions. It is often very hard for them, because of health needs, to become “dependent” on others. There are many very successful programs that provide the assistance, support and care these women need in a setting that allows them to continue to be independent and productive citizens.

Again, I am proud to join my colleagues in support of this important hearing. I hope it is the first of many opportunities for us to engage in a discussion of future solutions to what is a very real problem.

Thank you.