

Statement of
The Honorable Donna M. Christensen
Hearing on
A Medicare Prescription Drug Safety Net:
Creating A Targeted Benefit For Low-Income Seniors,
House Government Reform
Subcommittee on Human Rights and Wellness
2154 Rayburn House Office Building
September 24, 2003

Mr. Chairman,

I appreciate your attempt to create a bill to break the impasse that appears to have developed in the Medicare/Prescription drugs conference committee and to meet the needs of lower income seniors while trying to ensure that the elderly, with good prescription plans do not lose them. I thank you for your efforts, however I have a few concerns about your approach.

First let me congratulate you on concentrating on providing progressive help for the low-income. Clearly, this is the population most in need of assistance. It is the population that is filling about 60 percent as many prescriptions as those with higher incomes and those with Rx insurance.

As I understand your bill, seniors with incomes under 100 percent of poverty would be given a discount card 'loaded' with a credit of \$2500, which could be drawn down in the purchase of discounted drugs. Once such an individual has incurred \$3000 in total prescription drug expenses, they would have protection against any further costs or catastrophic protection. While this is far more generous than many of the bills that have been introduced in recent years, the \$500 gap between the maximum amount in the account and the catastrophic \$3000 protection is nevertheless a serious problem for the low-income.

I am also concerned about the provisions, which would utilize the Medicaid program to provide a drug benefit. Medicaid funding in many states is being cut, including some seniors being cut from the Medicaid rolls altogether. Additionally and most importantly for me as a representative of an offshore US Territory, I would insist that any utilization of Medicaid to provide a Medicare drug benefit must provide "state-like treatment" for Medicaid funding for the Territories or our seniors would not be able to access the program in the same manner as their counterparts on the mainland.

One other area that I would be interested in is seeing included in this bill is comprehensive and preventative care for persons at high risk for hospitalization and skilled nursing facilities. This is a provision that is included in both the House and Senate prescription drug bills, though the House has the better provision in that it is not just a demo program.

Without such a provision, which is what we needed for all patients who are at high risk for catastrophic disease, of which African Americans and other people of color are the majority, patients will continue to be sicker and cause the cost of care to increase even higher.

Without such a provision health costs will continue its skyrocketing rise.

Lastly, limiting coverage in your bill to just seniors who are at low income, although well intentioned, excludes others who are just as much at need. We promised a full benefit package and that is what we should do.

Thank you once again for the opportunity to make these brief comments I look forward to working with you to make this a bill worthy of support of all seniors.