

The Medicare program is only as valuable as the health care providers who participate in it and the patients who can access it. If doctors can't cover their costs treating Medicare patients, many will be unable to continue treating them. I have fought to stop scheduled cuts in physician reimbursement rates under Medicare since coming to Congress and was extremely pleased that the otherwise flawed Medicare prescription drug law contained a two-year positive payment update for doctors who participate in Medicare. This stopgap measure was important, but we must find a more permanent solution.

At Bedford House Independent Living Facility Chris greets constituents before a meeting where he updated the group on important issues coming before Congress.



Rx BILLS IN CONGRESS

Congressman Van Hollen is working to advance legislation in the House to reduce the price of drugs needed by seniors. Among those he has cosponsored are:
 HR 1199 – Medicare Prescription Drug Benefit and Discount Act provides for greater access to affordable Rx drugs

HR 2427 – Pharmaceutical Market Access Act allows the importation of U.S.-made drugs from Canada so the savings can be passed on to consumers
 HR 3672 – The Pelosi-Edwards bill enables HHS to negotiate lower-price contracts for bulk purchases of prescription drugs

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M.C.
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Report to the 8th District

Update on Health & Retirement Security Issues

Dear Friend:

It is a great privilege to represent you in the United States Congress. As Congress debates the many new challenges ahead, we must keep the commitments we have already made. Our nation resolved decades ago to establish systems of income and health security to ensure that every citizen could retire with dignity. We must honor that pledge.



Since Medicare was first established, prescription drugs have become a more important part of medicine and health care. We should update and modernize Medicare to ensure that no senior citizens are forced to choose between the medicine they need to stay healthy and other basic necessities. We must, however, provide prescription drug coverage under Medicare in a way that does not threaten many seniors' existing coverage or jeopardize the overall Medicare program.

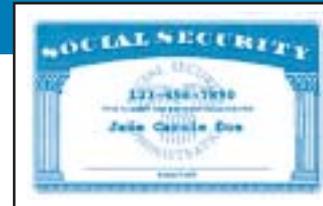
Congress must do everything possible to protect Social Security from efforts to privatize and weaken it. Individuals who have been paying into Social Security have made long-term financial decisions based on the promise that it would provide them some retirement security. That promise must be kept.

We all look with hope to advances being made in diagnosing, treating and curing debilitating and life-threatening diseases like diabetes, cancer, Parkinson's and Alzheimer's. Fighting for funding increases and progress in biomedical research is one of my highest priorities.

In the days ahead, we must combine the medical breakthroughs of the future with the noble commitments of the past to ensure that all Americans can retire with security and dignity.

Sincerely,

Chris Van Hollen



We should provide a comprehensive prescription drug benefit under Medicare that does not threaten the existing drug coverage held by many seniors or put the future of Medicare at risk. Unfortunately, the recently enacted Bush Administration plan fails that test.

Rather than adding a comprehensive prescription drug benefit to traditional Medicare, the Republican bill relies on private plans to deliver seniors a meager benefit starting in 2006 and requires traditional Medicare to compete on an uneven playing field with heavily subsidized HMOs in six metropolitan areas starting in 2010. The predictable result of this rush to privatization will be higher prices for those who want to keep

their traditional Medicare, market instability for the estimated 7 million Medicare beneficiaries affected, and the eventual unraveling of Medicare as a whole.

Adding insult to injury, the nonpartisan Congressional Budget Office estimates that an additional 3 million retirees stand to lose their existing drug coverage to an inferior Medicare benefit under the Bush plan – which also fails to guarantee federal retirees’ FEHBP prescription drug coverage at current levels.

Finally, the new Medicare law does nothing to lower costs. In fact, it *prohibits* the Centers for Medicare and

Medicaid Services from negotiating lower drug prices with pharmaceutical companies while forbidding the safe and sensible reimportation of lower-cost, FDA-approved drugs from Canada.



If we are to honor our commitments to America’s seniors, this fatally flawed legislation must be repealed and replaced with a truly comprehensive prescription drug benefit under traditional Medicare that protects retirees’ existing coverage while making prescription drugs more affordable for all Americans.



At a meeting in the Hart Senate Office Building, Chris and other Congressional leaders joined seniors from throughout the area to discuss their opposition to the Bush Medicare plan.

In his State of the Union address, President Bush reiterated his call to divert a portion of the Social Security Trust Fund into private accounts for younger workers. This misguided measure would drain nearly \$2 trillion out of the Social Security Trust Fund over the next ten years—very likely resulting in benefit cuts, an increase in the retirement age, or both.

Coupled with the Administration’s support for permitting companies to reduce older workers’ pensions by as much as 50% and the President’s inaction on fixing the Social Security rules that penalize federal retirees, it is clear that programs to ensure retirement security are at risk.

Social Security was designed to be a safety net for all of America’s seniors, and it has largely succeeded in that goal. Now is not the time to undo that success. I will oppose any attempts to privatize portions of Social Security, and I will fight for pension fairness for older workers and federal retirees.



Chris meets in his Capitol Hill office with constituents representing United Seniors of Maryland to discuss legislative proposals dealing with Social Security and Medicare.

INVESTING IN HEALTH RESEARCH

The National Institutes of Health (NIH) is the world’s crown jewel for basic scientific and medical research. Research being conducted at NIH holds the promise for treating and curing hundreds of debilitating and life-threatening diseases.

Until recently, the Congress and the White House

were committed to expanding our national investment in biomedical research. Unfortunately, President Bush’s recent budget would essentially halt needed increases in NIH funding.

What does this mean in practical terms? No new funds for promising avenues of research; slower transfer times to get med-

ical breakthroughs from the laboratory to the bedside; and fewer talented young people willing to pursue careers in science. This is a question of priorities, and I am joining like-minded colleagues of both parties to fight for the maximum possible funding for NIH this year. Diseases don’t take a break—neither should we.