Mr. KUCINICH. Mr. Speaker, I rise today to honor the memory of Marjorie Condon, a lifelong resident of Ohio, who dedicated her life to the teaching profession. She will be missed, not only by her beloved family, but also by hundreds of former students.

Mrs. Condon taught fourth grade in Cleveland for over 15 years, first at Tom L. Johnson Elementary and then at Charles Lake Elementary, taking time off to raise six children. Holding bachelor's degrees in both journalism and education, she shared a love of learning and literature with her husband, former newspaper columnist, George E. Condon. George and Marjorie met at Ohio State University and were married for 58 years.

She raised a family and loved crocheting, sewing, and playing piano. She also enjoyed fashioning stained glass, making candles, and cooking Chinese food. While in her mid-50s, Marjorie taught herself how to snow ski.

My fellow colleagues, please join me today in celebrating the life of this remarkable woman. She was a woman of great knowledge and learning, who dedicated her life to her family and students.

INTRODUCTION OF THE MEDICARE EARLY ACCESS AND TAX CREDIT ACT

HON. FORTNEY PETE STARK
OF CALIFORNIA
IN THE HOUSE OF REPRESENTATIVES
Tuesday, March 27, 2001

Mr. STARK. Mr. Speaker, I am pleased to join with Rep. SHERROD BROWN and a number of additional colleagues to introduce the "Medicare Early Access and Tax Credit Act." Companion legislation is being introduced by Sen. ROCKEFELLER in the Senate as well.

More than 43 million Americans have no health insurance today. There are many approaches to solutions for decreasing the number of uninsured. As most of my colleagues are aware, I support the creation of a universal health care system in which each and every American would have health insurance coverage. That is the most fair, affordable, and sustainable solution to our national health care needs.

However, that won't be accomplished overnight. In the meantime, there are steps that Congress can and should be taking to develop immediate, if smaller, solutions to providing people affordable health insurance coverage options. One such step is to pass legislation that would provide certain groups of individuals the option of buying into Medicare.

A recent Kaiser Family Foundation survey found that a majority of voters believe that the next population of the uninsured who should be helped is those aged 55–64. I agree.

A Commonwealth Fund study from July 2000 found that more than half of uninsured adults in the 50–64 age range trusted Medicare the most as a source of health insurance and nearly two-thirds of them would be interested in enrolling if that option were available. So, expanding Medicare would likely be a very attractive option to people of this age.

While the 55–64 segment of our population has a lower overall percentage of uninsured than other age segments, once these people lose insurance it is often difficult or impossible for them to obtain affordable coverage in the private insurance marketplace. And, with the aging of the baby boom generation, this is a quickly growing segment of our population. In 1999, there were 23 million.

Given all of these facts, I have joined with many colleagues to introduce the Medicare Early Access and Tax Credit Act of 2001, a bill to expand access to Medicare's purchasing power to certain individuals below age 65. The Medicare Early Access and Tax Credit Act would enable eligible individuals to harness Medicare's clout in the marketplace to get much more affordable health coverage than they are able to purchase in the private sector market that currently exists. And, to make this coverage affordable, we have attached a 50 percent tax credit to it.

The bill would provide a very vulnerable population (age 55–64) with three new options to obtain health insurance (All numbers referenced below are based on the 2000 version of the bill so they are subject to change in our new legislation)

Individuals 62–65 years old with no access to health insurance could buy into Medicare by paying a base premium (about $326 a month) during those pre-Medicare eligibility years and a deferred premium during their post-65 Medicare enrollment (about $4 per month in 2005 for an individual who participated in the full three years of the new program). The deferred premium is designed to reimburse Medicare for the extra costs due to the fact that sicker than average people are likely to enroll in the program. The deferred premium would be payable out of the enrollee's Social Security check between the ages of 65–85.

Individuals 55–62 years old who have been laid off and have no access to health insurance, as well as their spouses, could buy into Medicare by paying a monthly premium (about $460 a month). There would be no deferred premium. Certain eligibility requirements would apply.

Retirees aged 55 or older whose employer-sponsored coverage is terminated could buy into Medicare at age 65 and who has no health insurance under a public plan or a group plan. (The individual does not have to exhaust any employer COBRA eligibility).

A person may continue to buy into Medicare even if they subsequently become eligible for an employer group plan or public plan. Individuals move into regular Medicare at age 65.

Financing: Enrollees must pay premiums. Premiums are divided into two parts:

(1) Base Premiums of about $326 a month payable during months of enrollment between 62 and 85, which will be adjusted for inflation and will vary a little by differences in the cost of health care in different geographic regions, and
(2) Tax credit which will be payable between age 65–85, and which are estimated to be about $4 per month in 2005 for someone that participated for the full three years.

Note, the Base Premium will be adjusted from year to year to reflect changing costs (and individuals will be told that number each year before they choose to enroll), but the 20 year Deferred Premium will not change from the dollar figure the beneficiary is told when they first enroll between 62–65—they will be able to count on a specific dollar deferred payment figure.

The Base Premium equals the premium that would be necessary to cover all costs if all 62–65 year olds enrolled in the program.

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