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Executive Order 13379—Amendment to Executive Order 13369, Relating to the President's Advisory Panel on Federal Tax Reform

June 16, 2005

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to extend the reporting deadline of the President's Advisory Panel on Federal Tax Reform, it is hereby ordered as follows:

Section 1. Section 5 of Executive Order 13369 of January 7, 2005, is amended by deleting "July 31, 2005" and inserting in lieu thereof "September 30, 2005".

Sec. 2. This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity, against the United States, its departments, agencies, entities, officers, employees or agents, or any other person.

George W. Bush

The White House,
June 16, 2005.

[Filed with the Office of the Federal Register, 10:40 a.m., June 17, 2005]

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Remarks in a Discussion on Implementing the Medicare Modernization Act in Maple Grove, Minnesota

June 17, 2005

The President. Thanks for the warm welcome. Thanks for the warm day too. [*Laughter*] It's good to be back in the great State of Minnesota. Thanks for coming. I think you're going to find this to be an interesting discussion we're about to have about Medicare. We're here to say to the seniors who live here in Minnesota and around the country that Medicare has been strengthened, reformed, and modernized, and we hope you take a look at it—the new program, because it's going to benefit a lot of people.

So what you're about to see is Government in the process of educating folks about what's available, and I want to thank my fellow panelists for being here. I think you're going to be find this to be an interesting discussion.

Before I begin, I just want you to know that Laura sends her best. She's doing great, working on some new comedy material. [*Laughter*] But I'm really proud of her, and she and I are having the times of our life representing the United States of America, and I'm really lucky to have her by my side.

I want to thank the Governor for being here. Governor, thanks for coming, I'm proud you're here. Thanks for serving. We've got the secretary of state here. Mary, thanks for being here. Oh, there she is. Hi, Mary. Thank you for coming. We've got the mayor, mayor of Maple Grove. I saw the mayor come in. Mayor—there he is. I appreciate you being—sitting by your old classmate. Thanks for having us. I want to thank all the folks who serve in the statehouse and local government. I appreciate you serving your State. I really want to tell you to thank your families. It's not easy to be in public office, and it's not easy to be in public office if you're a family member. But thanks for serving.

I really want to thank the folks here at Maple Grove for letting us come by. It's not easy to host the President. [*Laughter*] It turns out his entourage is quite big these days. [*Laughter*] But I really want to—thank you for letting us do this. I think you're going to find this will help the seniors who use this fantastic facility. It will help them at least understand there's new options available to them when it comes to making sure there's a prescription drug benefit available to them.

I want to thank Mark. I'm going to talk a little bit about Mark in a second here, but I want to thank Rhonda Whitenack, who is the Social Security Administration training instructor. I just was with Rhonda and some folks who have taken time out of their lives to learn what is available in this new program. See, this is a part of a grassroots effort to

educate people, to explain to people what I'm about to explain to you. So, Rhonda, thank you very much. I want to thank Greg Chesmore of the Centers of Medicare and Medicaid Services, training instructor. [*Laughter*] His job is to instruct people, to educate people. That's his job. He works with Mark.

I want to thank Lisa Jost, who is the manager of this fantastic facility. I want to thank—thank you all for coming. I'm tired of thanking people. I appreciate you being here.

By the way, I met John and Agnes Jurek. Where are they, the Jureks? I know they were at the airport. I think they came here with us. There they are. Thank you all for coming today. These are good folks who have volunteered for years in the Minneapolis area. They volunteer at the veterans center. See, they're volunteering to make somebody's life better. And the reason I've asked them to come and the reason why at the airport I thanked them for their volunteer work is if you really want to serve our country or your community, volunteer. Take time out of your life to help somebody. Teach a child to read. Feed the hungry. Find shelter for the homeless, and you will do a huge service to our country.

See, the greatest strength about—the greatest thing about America is the fact that we've got people with such wonderful hearts, that they are willing to take time out of their lives, just like John and Agnes. And so John and Agnes, thanks for setting such a good example. We're proud you all are here.

So Medicare worked for a lot of folks. But the problem is, medicine started to change, and Medicare wouldn't change with it quick enough. And I always believed since the Federal Government had made a commitment to elders to provide health care, that the health care we provide ought to be the best possible health care. In other words, if you're going to provide something, you ought to give it the best shot you can, and we weren't doing that when it came to Medicare.

And I'll get you an example about one of the reasons why I became involved in this issue and called upon Congress to modernize the Medicare system. You know, the Government would pay $28,000 for ulcer surgery—I don't know if I got the right number, but it's close to that—but not one dime for the prescription drugs that would prevent the ulcer surgery from being needed in the first place. Or the Government would pay $100,000 for heart surgery but not the $1,000 a year necessary to stop the heart surgery from being needed in the first place, and that didn't seem to make sense to me. That's an example of what I mean by the system was outdated, and it wasn't doing what it was supposed to do.

I believe those of us in public life have a responsibility to fix problems. I saw a problem, and fortunately, members of both political parties came together to fix this problem, to modernize Medicare.

Now, let me tell you what the Medicare—the new Medicare bill means. The first thing that happened in the Medicare bill is we—for the first time the Federal Government decided to provide help for preventive care. In other words, it's a simple concept here. Let's give you a diagnosis early when you sign up for Medicare so that if you've got a problem, we'll cure it early before it becomes acute.

And so there is a Medicare preventive care provision now available for seniors. And I urge seniors to take advantage of this part of the Medicare program. In other words, get a checkup. When you sign up for Medicare, get the free checkup that will make it easier for docs to solve your—any long-term health problems you have. In other words, the sooner you find out what you got, the quicker it can be solved. And by the way, that saves taxpayers money. When we can solve a problem early, it will save our taxpayers money. And so that's why we put preventive care as a part of Medicare. It's called "Welcome to Medicare" physical. That's what you—that's what you're notified. When you sign up, you get "Welcome to Medicare," and then you go take your physical, which the Government pays for.

I hope people are beginning to understand why that makes sense. I think it made sense, and I appreciate the Congress putting that part of the Medicare Modernization Act.

Secondly, we provided discount cards for seniors. We said, "Look, if you're somebody

relying upon prescription drugs, here's a discount card." And a lot of seniors saved a lot of money. But what's taken place as a result of this law is we're replacing the discount card with a new prescription drug benefit as a part of Medicare. And that's what I want people to understand, and that's what we're talking about.

This bill provides seniors with better choices. In other words, I like the concept of saying to a senior, "If you want to sign up for this benefit, you can. If you don't want to, that's fine too." It's voluntary. Secondly, if you want to buy your health care through something like Medicare Advantage, we're strengthening Medicare Advantage plans for you. In other words, the more choices people have, the better off it is in the marketplace. That's what this bill does.

This bill also will help those of you who are receiving prescription drugs from a labor union or corporate America, by helping those entities fulfill their responsibility to the contracts they made with you. In other words, it recognizes people are going to get their medicines in a variety of different ways. And so therefore, the bill strengthened options for people. And that's good.

If you're—on the average, the folks who sign up for this prescription drug benefit are going to save $1,300 a year. For the first time, for the first time in Medicare's history, there will be stop-loss, kind of catastrophic care. If you're paying—once you pay $3,600 in Medicare for prescription drugs, the Government picks up 95 percent of all the costs over the $3,600. See, that's important, isn't it? We don't want a system where if you're relying upon prescription drugs and your drug costs get out of control, it just wipes out a senior. So this is a plan that says for folks, "Sign up. You get a good benefit." It will—it's, on average, $1,300 worth of savings, plus a stop-loss plan, catastrophic care, so that if something goes wrong, the Government steps in after $3,600 and pays 95 percent of the costs. It will bring people peace of mind, by the way.

You know, one of the great complaints we heard about not covering prescription drugs is that oftentimes, people could get wiped out because of high drug bills. And this will give seniors ease of mind. That makes sense in a good retirement system.

Let me talk about—and by the way, what I haven't really referred to is what happens to low-income seniors. And this is why we're beginning the dialog early. And the reason why we're beginning the dialog early on a Medicare plan that becomes available next November is because we want low-income seniors to fill out some paperwork to justify their participation in the program as a low-income senior. That's really what we're doing. That's why we're kind of starting here in June, because the plan for low-income seniors is a really good deal. I mean, it's a good deal for everybody, but it's a really good deal for low-income seniors. After all, the Government is going to pay over 95 percent of all pharmaceutical costs for qualified seniors. That makes sense, doesn't it? You don't want people choosing between medicine and food. If the health care system has modernized, why not make the modern health care system available for all people, all seniors.

And that's precisely what we're doing. This says, if you qualify, and therefore you've got to fill out some paperwork to qualify—generally when people hear that the Government is saying, "Fill out some paperwork to qualify," it makes people nervous. I think you'll find that the forms that the Government has designed to decide whether you qualify or not are pretty darn simple, particularly for Government. I mean, they are four pages, and therefore, it shouldn't frighten people to take a look at these forms.

But I understand a lot of people who have retired aren't really interested in change at all. There's some people who feel that way. And therefore, one of the reasons why I've come to this center is to encourage caregivers and sons and daughters and community and faith-based groups to help seniors understand, one, what's available in the new program, and, two, to encourage seniors to fill out the simple, four-page form so that they can take advantage of this good deal.

And it's a good deal. This isn't political talk; this is true. And I encourage people to take a look at this program. Just ask the folks that have—we're about to ask some folks, by the way, about why this makes sense for people to sign up.

I've come to Minnesota to begin an education process, starting—right now the forms are going out, by the way, to help people qualify for this prescription drug benefit. Now, all people qualify for it, but if you happen to be low-income, you get 95 percent or more of the prescription drugs paid for the by the Government. Starting October 1st, information about all the variety of plans will go out. People will then be allowed to start signing up for the new Medicare plan starting November the 15th. January 1st, the benefit kicks in. And you have until May 15th to sign up so you can get the good deal on the prescription drug plans.

And it takes a while to get this to sink in. We've been having Medicare one way for a long period of time, and change isn't easy. So you're watching—what you're watching is you're watching the Government begin to try to change people's attitudes toward Medicare and to get them to take a look at this new benefit.

Yesterday in Washington, I kicked the deal off with the Secretary of Health and Human Services, and one of the things that I was pleased to see there at the Johnson building was the number of faith-based groups that were there, community-based groups. I just happened to meet some of the members of the Salvation Army, by the way, one of the great armies of compassion in the world. And so as this advances, and if you're a part of a faith-based or community-based program and you're interested in serving your community, find out how best you can explain what's going on to seniors. It would be a significant contribution, I would think, to the welfare of the society in which you live that this is a good deal, as to how to convince people to sign up for this good deal. This country can do a lot of amazing things when people put their mind to it, and this is a call, because by responding to the call, you're going to help make somebody's life a lot better.

Now, Mark McClellan, he's—you've got to have a smart guy around you all the time, and he happens to be one. He's a Ph.D. Yes, he's got a Ph.D. and a medical degree. Now, for those of you who are interested to know how Government works, I want you to pay attention to this. See, he's got the Ph.D. and the medical degree, and I'm the C student. [*Laughter*] Notice who's the adviser and who's the President. [*Laughter*]

Anyway, McClellan is a good man. He's from—raised in Texas, Austin, Texas. He is in charge of making sure that the Medicare bill we passed is fully implemented and that people all across the country understand what's available. Mark, why don't you add some wisdom here.

Dr. Mark McClellan. Well, you've already added a lot of wisdom, Mr. President.

The President. He was wise to say that about the President. [*Laughter*] Go ahead, talk about the implementation plan and stuff, so people——

Dr. McClellan. One of the things that I'm spending a lot of time on is going around the country for many of the meetings just like this that we're having today to help people find out about the new coverage. And there are two big phases in what we're doing, just as what the President was talking about.

Right now we want to make sure people are aware of what's coming. There are a lot of people who have Medicare, a lot of family members of people with Medicare who don't realize that the Medicare coverage is starting on January 1st and that it's available for everybody, no matter how they pay for their drugs today.

And we especially want to start early, as the President said, to reach people with limited means. We are providing some very comprehensive drug coverage for them. There's no premiums, no or little deductibles, and people will pay only a few dollars for their prescriptions. And we want to make sure they all take advantage of it.

This is a real partnership effort, and it's because of organizations like the ones we're working with here, like the Social Security Administration, like our staff at the Center for the Medicare and Medicaid Services all around the country, and many of the nongovernmental groups that we're working with, that we think we can reach everyone so that they can make a confident decision about the new coverage that's coming.

The President. Yes, I told Mark—I said, "Look, your job is to make sure everybody understands what's available. And if I can help, I will." And so he's responsible, and his agency is responsible for getting the word

out. And we're beginning to—this is it. This is day two. You're right here in the beginning. I'm confident we're going to get significant market penetration when it's all said and done. I think people, when it's all said and done, are going to understand, but we need your help. In other words, if we rely only on the Federal Government to get out the word, it's not going to work. The Federal Government can help. We've sent out mailings thus far to—what have we done?

Dr. McClellan. Working with Social Security, we've sent out mailings to close to—to millions of beneficiaries who are probably going to qualify for this extra help for people with limited incomes. And then we're sending out a lot of information to people who are helping educate seniors and helping educate the family members of seniors about the new coverage that's coming.

So this is a very comprehensive grassroots effort. As we like to say, we're trying to reach seniors and the people who care about them—where they live, work, pray, and play. And this goes for seniors all over the country. It goes for the people with a disability who are on Medicare and depend on Medicare for their medical care. And we're starting early so that we can reach all of them.

The President. So in other words, we've had a mailing out—and by the way, if you've got a mom or a dad who may have misplaced their mailing or you didn't get your mailing, there's an easy way to make sure that the information that is coming out of Washington to help you gets to you, and that is to call 1–800–MEDICARE and ask for the application form. If you're a caregiver and you want to get on the Internet, medicare.gov will enable you to get these forms, get the information to the people. In other words, just because somebody got rid of the mailing—didn't open the mail right or lost the mailing, doesn't mean you shouldn't get the mailing. It's worthwhile, believe me. This information is important information to improving somebody's life.

He talked about—what was that—it was kind of an alliterative phrase there—"play, pray, and"——

Dr. McClellan. Live, work, pray, and play, Mr. President.

The President. "Live, work, pray, and play," good. Well, that's what happens here at Maple Grove Community Center, isn't that right, Kris? Thank you for having us. Kris is the senior—what are you? What do you do?

Kristine Orluck. Mr. President, I'm the senior coordinator here at the Maple Grove Park and Recreation Department.

The President. Good. It's quite a varied facility, isn't it? You said you go from pre-K to a senior center.

Ms. Orluck. That's correct, from preschool to teen centers to senior centers.

The President. Great. And tell me about—you develop—what's your job? What do you do?

Ms. Orluck. What I do here at the community center is I'm in charge of developing the senior programs that happen around here. So it may be a fitness class. It may be a social recreation program, a trip. It may be an educational class, like a computer class, or a great decisions discussion group, or it's a wellness and health program, where we bring people in to educate them about various topics on wellness and health, and Medicare is one of those topics that we cover.

The President. Now, you see why I've asked Kris to come up here. Anybody who's interested in doing their duty, working at a senior center, pay attention to what Kris is going to tell you. See, she understands if part of the deal is to educate people, there's no better subject than a modern Medicare bill that's going to help a lot of people with their prescription drugs.

Kris and I were talking backstage. She is all fully prepared to use the time she has allotted with the seniors to say, "Here's what's available." Isn't that right?

Ms. Orluck. That's correct. We're currently working with the local Social Security Administration to provide education and also opportunities to register, so they'll be able to meet one on one with individuals and just come in as a group and hear about the changes and how it affects them and their——

The President. There are a lot of senior centers all across America, a whole lot. And part of the effort to educate our seniors is to reach out to the senior centers. One of

the reasons we used the senior center here is to say to folks who have got a senior center in Texas or anywhere else, "Do your duty. Find out what we're talking about, and then educate people." And I'm confident that when the senior centers realize what's available and realize how easy it is to get information and how simple it is to pass on the information, that people across the country will respond to describe to seniors the new prescription drugs and give seniors the option, the choice.

Listen, all we want to do is pass information so people can make a rational choice. If you're a son or a daughter, help your mom and dad make rational choice.

I tried that on my mother, and it didn't work. [*Laughter*] And I bet it wouldn't work on you, right, Dorothy?

Dorothy Bourgeois. It may. [*Laughter*]

The President. Dorothy is living here. She's retired.

Ms. Bourgeois. I'm retired for about 10 years now.

The President. Are you?

Ms. Bourgeois. Yes.

The President. And so you come here to the center?

Ms. Bourgeois. Oh, I come here to the center sometimes, and I do some volunteer work here with Medicare.

The President. Thanks for volunteering, by the way. How about that as an example. You're never too old to volunteer. In her case, you're never too young to volunteer. [*Laughter*]

"Welcome to Medicare" physical. People understand that yet?

Ms. Bourgeois. I think they're talking about it somewhat. And when I—working with the seniors in trying to help them to decide what insurance they need and so forth, that's one of the things that we cover.

The President. Yes, you see, the way this is going to work is there's going to be a lot of Dorothys around. She's going to take the information that we provide—she's going to be the mentor. She's probably got a heck of lot more credibility than a lot of other people do with her buddies. And so she's going to look at the information, and she's going to sit down and say, "Take a look."

And if you want to help, become a Dorothy and explain to these people. First of all, you know, the main line of education—or the frontline of education is going to be sons and daughters. Do your duty. Help your mom and dad. That's what you're supposed to do. They helped you. Now you help them. And I think you're going to find you will have done a good service.

Keep rolling. You're on a roll there.

Ms. Bourgeois. Yes, I've enjoyed it. I've been doing it for about 6 years, so I do enjoy doing it.

The President. Right. And you're beginning to learn of the new Medicare plan, I take it?

Ms. Bourgeois. Yes.

The President. Yes.

Ms. Bourgeois. Yes, we're learning a lot about it, and we're starting to get questions on it now.

The President. Yes.

Ms. Bourgeois. Just recently.

The President. And therefore, Mark's job is to make sure that people like Dorothy have got the answers to the questions. And if not, 1–800–MEDICARE or medicare.gov will have the answers.

Ms. Bourgeois. Yes——

The President. Are you Internet savvy?

Ms. Bourgeois. A little bit.

The President. Yes, probably more than——

Ms. Bourgeois. Not as much as I'd like to be.

The President. Well, here's a challenge for you. Why don't we set up a little computer center here, you know?

Ms. Bourgeois. She has one.

The President. Oh, she does have one. [*Laughter*] So it's not her fault. It's yours. [*Laughter*]

Ms. Bourgeois. I need a refresher course.

The President. Yes, that's right. [*Laughter*] I think it's—I think, Dorothy, when you analyze the drug benefit, it's going to help everybody. You've just got to understand that. And it's particularly going to be beneficial for low-income seniors.

You probably think I'm getting a little repetitive here. I have found in my line of work, you need to repeat things a lot so people listen. [*Laughter*] And you just keep saying it

and saying it and saying it so people will take a look. This is an important benefit. This is a change—a positive change for Medicare. We've strengthened the system. We've modernized the system by making prescription drugs available for all seniors in a very cost-effective way but particularly for the lower income seniors.

And one place where there are a lot of seniors that go is to the pharmacies. We've asked two folks who work for pharmacies to come and visit with us because I want to remind those in the pharmaceutical business, the disbursement business, the retail business, that it's to your interest to educate people on the drug plan available and that I think you have a duty.

I want Steve Preston—I want to introduce Steve Preston.

First of all, thanks, Dorothy. You did a fine job. Unless you got something else to day.

Ms. Bourgeois. No, I'll let you do the talking.

The President. Okay, thank you. [*Laughter*] Anyway—[*laughter*].

Steve is—fair to say an entrepreneur? Small-business guy?

Steven Preston. You could put it that way.

The President. Yes, well, that's good. I happen to think it's a positive word.

Mr. Preston. It is. I love it.

The President. Yes. Small-business guy. Where do you live?

Mr. Preston. Duluth, Minnesota. We've got——

The President. Right, spent some quality time there.

Mr. Preston. ——seven pharmacies there.

The President. Seven pharmacies. Great. And you—well—speak. [*Laughter*]

Mr. Preston. Okay. I'm Steve Preston. I've been a pharmacist for almost 30 years now. I've got seven pharmacies in the Duluth/Superior area. Six of them are retail. One of them takes care of nothing but nursing home patients. And——

The President. Yes, and so you see people come to your counters——

Mr. Preston. We see them every day.

The President. Every day.

Mr. Preston. Every day, yes.

The President. And I thought you said something very compelling—this isn't the first time I met Steve. I saw him behind stage. Anyway, it's—you said something very compelling to me about watching seniors struggle.

Mr. Preston. We see them every day struggle with the costs and making choices as to how they're taking their medicines and skipping days and skipping—not getting their prescriptions at all. And it just drives us crazy that we've been at this point where we could never do anything to help them other than just cut our—to our costs. And so it's going to be wonderful that there's a program out there to help all seniors, let alone the ones that need it the most.

The President. Yes, and this is—and so therefore, one of the reasons why I've asked Steve to come is that I encourage the folks at the pharmacies to get the information in hand to distribute to your customers. If you see somebody hurting, this will help them not hurt. This is a good deal. And again, I recognize that part of the problem we have is to convince people who don't really—some people don't want to change. I know that. You know, you kind of get set in your ways, and it's just kind of inconvenient to change. But in this case, take a look at the change. Take a look at this program because it's worthwhile. And as Steve said, I guess you see people having to make these tough choices.

Mr. Preston. Yes, and our pharmacists are going to be very knowledgeable as to where to contact and how to get enrolled in this program. When the drug discount plan came up, we were instrumental in getting a lot of the people that really needed the help involved in that program.

The President. Saved some money.

Mr. Preston. Including my own father.

The President. That's good.

Q. And he——

The President. By the way, let me stop you on that. "Including my own father," I mean, that should be, you know, this is what we expect sons to be doing, isn't it, saying, "Hey, Dad, it's an interesting way to make your life better." Sons and daughters must participate in helping their moms and dads or grandparents understand what's available.

I mean, this is a chance to do our duty. I'm going to try to handle my mother. He handled his father. And so—[*laughter*]—keep rolling.

Mr. Preston. And that wasn't always real easy with him, because I was sending him his prescriptions anyway, but he didn't want me absorbing the cost of them. It bothered him a whole lot.

The President. Yes.

Mr. Preston. And so when I enrolled him in the program, he thinks it's great now. Now he takes everything on time. In fact, he calls me now and asks me to make sure I send them because he's getting down to a week or two.

The President. The drug discount card has worked for 6 million seniors. Now there's about 42 million on Medicare. And so you can see the scale of work we've got to do. We've got to go from the 6 million to make sure this message gets to 42 million. That's why I'm asking for your help. That's why I'm asking for Steve's help. I see other pharmacists here. I want to thank you all for coming. This is a great chance for you, a really good opportunity to take the information and lay it out to your customers. I mean, not only will you make sure you've got a customer; you'll make sure you've done somebody a good service as well.

Thanks, fine job. Anything else you want to offer?

Mr. Preston. Not at all.

The President. You've been a pharmacist for 30 years?

Mr. Preston. Almost 30.

The President. Yes, started when you were 12? [*Laughter*]

Anyway, Tamera Shumaker.

Tamera Shumaker. Yes.

The President. Tamera, what do you do?

Ms. Shumaker. I work at Walgreen's as a pharmacist also.

The President. Pharmacist, right?

Ms. Shumaker. That's correct.

The President. Little competition here. Nothing like a little competition to keep the economy going, by the way. [*Laughter*] But you're also a caregiver for your mom, you told me?

Ms. Shumaker. I am, and that's why I'm sitting here. I am 30 years old, and I have a mother that's going to be 54 in a couple weeks. And she suffers from a mental illness, and so medications are a big part of her daily life. And I have been able, because there are so many available programs out there, I've been able to get her on disability, which is a great program. And with disability, she can be eligible for Medicare. And because she doesn't have the assets to pay for them, when this new program comes out in January, she will be getting her prescriptions free of charge, which is a nice burden taken off myself and my brothers and the rest of the family.

The President. Yes, see, it's interesting. This program is obviously for older folks but also for the disabled as well. That's why Tamera is here, and her mom qualifies. Now, her job as the caregiver is to find all this information out, take the form—right? I'm kind of leading you along here.

Ms. Shumaker. Absolutely. Well, it——

The President. Not even a lawyer, and I'm leading the witness. [*Laughter*]

Ms. Shumaker. Part of it is that when my mom gets forms that come in the mail and they're five, six, seven pages long, she becomes very overwhelmed very easily. And so immediately it usually goes into the trash, and she doesn't even remember that she's gotten the information. So I feel it's very important if someone can step up and help them through that process, because it's so overwhelming for them that it's a lot easier for me to come in, for me to go onto the Internet, which she wouldn't even know how to turn the computer on, but people to do that and get that information out there and get it set up. And it makes her feel really well, also, because she doesn't have to rely on us.

The President. Yes, see, this is what it's going to take to get people to understand what's available, the spirit you've just heard here. You've got the community center; people come—people come to get exercise. They come to do all projects. One project that we're going to make sure that the community centers do is "look at what's available" project, the new Medicare project. I don't know what you call it, but just make sure it happens.

Then we've got the volunteer. We got the volunteers, people who take time out of their lives to help somebody. No better way to help somebody, no better way to make somebody's life better than to find a senior and say, this is a—that doesn't understand the program, and say, "This is available for you." It's a fantastic opportunity.

Then we've got the small-business guy who sees a lot of people that are going to benefit from this program. So he's now—he's not going to say, "What can I sell you?" He's now going to say, "Here's how I'm going to help you. Here's what I'm going to do as a citizen who cares deeply about my community, how I'm going to help you."

And then we got the daughter, and sons and daughters—I keep saying this, I know, but we've got responsibilities in our society. Those of us who have been—who are coming up have got responsibilities to those who raised us, I think. A healthy society is one in which people assume responsibility, and there's no greater responsibility than loving your mom or dad. And the best way to love a mom or a dad is to learn about this drug benefit in Medicare and help them—help them apply for it, and you will have done your duty as well.

I want to thank you all for coming. I hope you got the message. The message is, there's good help coming. The law has been passed. I proudly signed it. Starting October the 1st, the different programs available for seniors will become available. In the meantime, fill out a form to qualify for the low-income benefit which will then be available, starting January the 1st. These are a lot of dates, I know, but it's not all that many. November the 15th, the program opens for enrollment. You have until May 15th so you can get the discount on the drugs. And I urge you to pass the word, and I urge you to participate. And I urge our seniors in Minnesota and all across the country to make sure you take a look at this new Medicare bill. It's going to help your life a lot.

Thank you all for coming today. I thank our panelists. God bless.

NOTE: The President spoke at 11:07 a.m. at the Maple Grove Community Center. In his remarks, he referred to Gov. Tim Pawlenty of Minnesota; Minnesota Secretary of State Mary Kiffmeyer; Mayor Mark Steffenson of Maple Grove, MN; and Lisa Jost, community center manager, Maple Grove Community Center.

Executive Order 13380—Implementing Amendments to Agreement on Border Environment Cooperation Commission and North American Development Bank

June 17, 2005

By the authority vested in me as President by the Constitution and the laws of the United States of America, including section 533 of the North American Free Trade Agreement Implementation Act (19 U.S.C. 3473), it is hereby ordered as follows:

Section 1. Executive Order 12916 of May 13, 1994, is amended as follows:

(a) in section 1, by inserting ", as amended by the Protocol of Amendment done at Washington and Mexico City, November 25 and 26, 2002" after "North American Development Bank";

(b) by striking section 2 and inserting in lieu thereof the following:

"***Sec. 2.*** (a) The Secretary of State, the Secretary of the Treasury, and the Administrator of the Environmental Protection Agency shall be members of the Board of Directors of the Border Environment Cooperation Commission and the North American Development Bank ("Board") as provided in clauses (1), (3), and (5) of article II in chapter III of the Agreement.

(b) Appointments to the Board under clauses (7) and (9) of article II in chapter III of the Agreement shall be made by the President. Individuals so appointed shall serve at the pleasure of the President.

(c) The Secretary of the Treasury is selected to be the Chairperson of the Board during any period in which the United States is to select the Chairperson under article III in chapter III of the Agreement.

(d) Except with respect to functions assigned by section 4, 5, 6, or 7 of