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CONTACT: Sue Walitsky 202-224-4524 or

Susan Sullam, 410-962-4436

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## **CARDIN URGES SENATE TO ACT ON ESSENTIAL FIXES TO MEDICARE**

*Procedural Moves Again Block Action on Needed Legislation*

Washington, DC – **U.S. Senator Benjamin L. Cardin (D-MD)** today expressed outrage that a minority of Senators has blocked the Senate from even considering important, time-sensitive legislation that would benefit seniors, the disabled and the providers who care for them. By a vote of 54-39, the Senate fell short of the 60 votes necessary to move forward debate on the bipartisan ***Medicare Improvements for Patients and Providers Act*** (S. 3101).

“Seniors and healthcare providers nationwide are counting on us to ensure that Medicare works more efficiently and more effectively. We can save lives, improve quality of life and reduce expenses, but that requires a full debate on the merits of the legislation,” said **Senator Cardin**.

“For two decades in the House and now in the Senate, I have championed many provisions contained in the ***Medicare Improvements for Patients and Providers Act*** because they can make a difference in people’s lives. Preventive services, for example, are a critical element of quality health care, but many seniors aren’t getting them because of the required deductibles and copays. We also can and should be making mental health care more affordable, helping more low-income seniors access Medicare, and supporting state and local programs that help all seniors navigate the program.”

“Supported by a broad coalition of patient advocacy, provider groups and many in the business community, I was amazed to hear that the President had threatened to veto this vital legislation. He and a minority in the Senate are unwilling to accept justified reductions in overpayments to private health care plans.”

This legislation is necessary to avert the scheduled across-the-board physician fee schedule reductions of 10.6% that would otherwise take effect in less than three weeks, on July 1, 2008. The \$19.8 billion bipartisan measure would be fully offset, primarily by reductions in overpayments to Medicare private health plans. In place of the scheduled cut, this bill would freeze payments to physicians (and other providers paid through the fee schedule) for six months and then provides an update of 1.1% for one year. In addition, the exceptions process for outpatient physical, occupational, and speech-language therapy would continue through December 31, 2009. Among other provisions, the bill also contains beneficiary improvements, changes to Medicare Part D, and limited Medicaid and TANF provisions.

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