

Sent: Mon, 17 Nov 2003 15:52:13 -0500
From: "Besanceney, Brian R." </O=EOP/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=BRIAN_R_BESANCENEY>

Sent: Mon, 17 Nov 2003 15:52:13 -0500
From: "Besanceney, Brian R." </O=EOP/OU=FIRST ADMINISTRATIVE GROUP/CN=RECIPIENTS/CN=BRIAN_R_BESANCENEY>

b(3) 10 USC 130b

b(3) 10 USC 130b

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
84

b(3) 10 USC 130b

b(3)10 USC 130b

/

b(3) 10 USC 130b

b(3) 10 USC 130b

b(3) 10 USC 130b

b(3) 10 USC 130b

b(3) 10 USC 130b

1
2
3
4
5
6

b(3) 10 USC 130b

\\

b(3) 10 USC 130b



b(3) 10 USC 130b

/

b(3) 10 USC 130b

Subject: TALKING POINTS: The Bipartisan Medicare Agreement
[Medicare - TPs on Agreement 11-17-03.pdf](#)

The Bipartisan Medicare Agreement

Biggest Improvements in Senior Health Care in Nearly 40 Years

More Choices – Better Benefits – Savings for Seniors

The Bipartisan Medicare Agreement represents a significant achievement in our Nation's efforts to provide affordable prescription drug coverage for seniors and an improved Medicare system. We must make these improvements this year, during this session of Congress. It is time for Congress to finish the job and pass this legislation so that seniors can get the help they need and the choices and benefits they deserve.

Prescription Drug Savings for Seniors

- For the first time in Medicare's history, a prescription drug benefit will be offered to all 40 million seniors and disabled Americans in Medicare to help them afford the cost of their medicines.
- Beginning next year, seniors would save 10-25% off the cost of most medicines through a Medicare-approved drug discount card. Seniors would be able to take the card to their local pharmacy and receive the discount. Since the typical senior spends \$1,285 annually on his or her medicines, the card could save a senior who lacks drug coverage as much as \$300 annually. The card would provide savings until the full drug benefit goes into effect.
- Beginning in 2006, seniors without coverage would be able to join a Medicare-approved plan that would cut their yearly drug costs roughly in half, in exchange for a \$35 monthly premium. In many cases, the savings will be even greater.
 - Seniors with no drug coverage and monthly drug costs of \$200 would save more than \$1,700 on drug costs each year.
 - Seniors with no drug coverage and monthly drug costs of \$800 would save nearly \$5,900 on drug costs each year.
 - Seniors would be protected against high out-of-pocket costs with Medicare covering 95% of drug costs over \$3,600 per year.
- Low-income seniors will receive additional help paying for their medicines.
 - A \$600 annual subsidy would be added to their drug discount card.
 - There would be no additional premiums, no deductible and low co-payments (\$2 for generic or \$5 for brand-name drugs) for seniors with limited savings and incomes at or below 135% of poverty (individuals with yearly incomes under

- \$12,123 and senior couples under \$16,362).
 - There would be reduced premium, a \$50 deductible, and 15% co-insurance (85% of their drug costs would be covered) for seniors with limited savings and incomes between 135% and 150% of the federal poverty level (individuals with yearly incomes under \$13,470 and senior couples under \$18,180).
- All seniors will save from steps to bring safe, lower cost generic drugs to market sooner. The President took steps earlier this year to bring generic versions of drugs to market sooner, and this legislation will strengthen those efforts that are estimated to save American consumers about \$35 billion over the next 10 years.

More Choices—Better Benefits—And the Choice to Stay with the Coverage You Have Today

- Seniors will have more choices in health care—including the same kinds of choices that members of Congress and other Federal employees enjoy today. Seniors will be able to choose the healthcare plan that best fits their needs—instead of having that choice made by the government.
- Seniors can choose to stay in traditional Medicare and still get prescription drug coverage. Or, they can choose a new Medicare-approved private plan where the drug benefit is integrated into broader medical coverage, including disease management programs and protections against high out-of-pocket medical spending. Or, seniors who like the lower cost sharing and extra benefits often available in managed care plans would be able to make that choice as well.
- Under a modernized Medicare, there will be better coverage for preventive care (e.g., a “welcome to Medicare” physical that would include screening for cancer, diabetes, and heart disease, as well as immunizations against pneumonia and the flu).
- All Americans can benefit from provisions in the bill that will remove excessive restrictions on health savings accounts, which will give individuals more control over the costs of their health care.

Reforms to Strengthen and Modernize Medicare

- Private health plans will compete for seniors’ business by providing better coverage at affordable prices—helping to control the costs of Medicare by using market-place competition, not government price-setting.
- Private sector competition will result in more innovation and flexibility in coverage. This will be a significant improvement over the way benefits are provided in Medicare today –where politicians and bureaucrats, rather than healthcare markets, dictate what is covered and what is paid.
- Private employers will receive incentives to continue to provide drug coverage to their retirees.
- New accounting safeguards will put the program on a stronger financial foundation by alerting future congresses and presidents when the program’s costs are rising faster than expected so they can address the problem.

The Bipartisan Medicare Agreement

Biggest Improvements in Senior Health Care in Nearly 40 Years

More Choices – Better Benefits – Savings for Seniors

The Bipartisan Medicare Agreement represents a significant achievement in our Nation's efforts to provide affordable prescription drug coverage for seniors and an improved Medicare system. We must make these improvements this year, during this session of Congress. It is time for Congress to finish the job and pass this legislation so that seniors can get the help they need and the choices and benefits they deserve.

Prescription Drug Savings for Seniors

- For the first time in Medicare's history, a prescription drug benefit will be offered to all 40 million seniors and disabled Americans in Medicare to help them afford the cost of their medicines.
- Beginning next year, seniors would save 10-25% off the cost of most medicines through a Medicare-approved drug discount card. Seniors would be able to take the card to their local pharmacy and receive the discount. Since the typical senior spends \$1,285 annually on his or her medicines, the card could save a senior who lacks drug coverage as much as \$300 annually. The card would provide savings until the full drug benefit goes into effect.
- Beginning in 2006, seniors without coverage would be able to join a Medicare-approved plan that would cut their yearly drug costs roughly in half, in exchange for a \$35 monthly premium. In many cases, the savings will be even greater.
 - ☞ Seniors with no drug coverage and monthly drug costs of \$200 would save more than \$1,700 on drug costs each year.
 - ☞ Seniors with no drug coverage and monthly drug costs of \$800 would save nearly \$5,900 on drug costs each year.
 - ☞ Seniors would be protected against high out-of-pocket costs with Medicare covering 95% of drug costs over \$3,600 per year.
- Low-income seniors will receive additional help paying for their medicines.
 - ☞ A \$600 annual subsidy would be added to their drug discount card.
 - ☞ There would be no additional premiums, no deductible and low co-payments (\$2 for generic or \$5 for brand-name drugs) for seniors with limited savings and incomes at or below 135% of poverty (individuals with yearly incomes under \$12,123 and senior couples under \$16,362).
 - ☞ There would be reduced premium, a \$50 deductible, and 15% co-insurance (85% of their drug costs would be covered) for seniors with limited savings and incomes between 135% and 150% of the federal poverty level (individuals with yearly incomes under \$13,470 and senior couples under \$18,180).
- All seniors will save from steps to bring safe, lower cost generic drugs to market sooner. The President took steps earlier this year to bring generic versions of drugs to market sooner, and this legislation will strengthen those efforts that are estimated to save American consumers about \$35 billion over the next 10 years.

WHITE HOUSE OFFICE OF COMMUNICATIONS

11/17/2003

More Choices—Better Benefits—And the Choice to Stay with the Coverage You Have Today

- Seniors will have more choices in health care—including the same kinds of choices that members of Congress and other Federal employees enjoy today. Seniors will be able to choose the healthcare plan that best fits their needs—instead of having that choice made by the government.
- Seniors can choose to stay in traditional Medicare and still get prescription drug coverage. Or, they can choose a new Medicare-approved private plan where the drug benefit is integrated into broader medical coverage, including disease management programs and protections against high out-of-pocket medical spending. Or, seniors who like the lower cost sharing and extra benefits often available in managed care plans would be able to make that choice as well.
- Under a modernized Medicare, there will be better coverage for preventive care (e.g., a “welcome to Medicare” physical that would include screening for cancer, diabetes, and heart disease, as well as immunizations against pneumonia and the flu).
- All Americans can benefit from provisions in the bill that will remove excessive restrictions on health savings accounts, which will give individuals more control over the costs of their health care.

Reforms to Strengthen and Modernize Medicare

- Private health plans will compete for seniors’ business by providing better coverage at affordable prices—helping to control the costs of Medicare by using market-place competition, not government price-setting.
- Private sector competition will result in more innovation and flexibility in coverage. This will be a significant improvement over the way benefits are provided in Medicare today –where politicians and bureaucrats, rather than healthcare markets, dictate what is covered and what is paid.
- Private employers will receive incentives to continue to provide drug coverage to their retirees.
- New accounting safeguards will put the program on a stronger financial foundation by alerting future congresses and presidents when the program’s costs are rising faster than expected so they can address the problem.