

CONGRATULATIONS TO KRISTIE  
THOMAS

**HON. MICHAEL C. BURGESS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 18, 2006*

Mr. BURGESS. Mr. Speaker, I rise today to recognize a distinguished individual from my district who was recently crowned Ms. Wheelchair Texas 2006, Ms. Kristie Thomas. The Ms. Wheelchair Pageant, since its establishment in 1972, has promoted the many talents of our disabled citizens as well needs of the mobility impaired.

Ms. Thomas, a native of Hickory Creek, is the pageant's most recent winner. Born 26 years ago with the condition known of cerebral palsy, she has fought for higher quality patient care as well as greater rights for the disabled. As Ms. Wheelchair Texas, Ms. Thomas will be an important spokeswoman for disabled men and women everywhere.

Besides her crown, she also holds a degree in biomedical engineering from Texas A&M University and has established her own Christian clothing company. She also is a professional writer and hopes one day to become a politician.

Mr. Speaker, it is with great honor that I recognize Ms. Kristie Thomas for her title of Ms. Wheelchair Texas as well as for her continued service to disabled men and women everywhere. I am honored to represent her in Washington, and I know she serves as an inspiration to us all.

PERSONAL EXPLANATION

**HON. PETE SESSIONS**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 18, 2006*

Mr. SESSIONS. Mr. Speaker, I was granted official leave of absence the week of July 10, 2006. Please let the record reflect, that had I been present, I would have voted "aye" on roll No. 374, final passage of H.R. 9, the Fannie Lou Hamer, Rosa Parks, and Coretta Scott King Voting Rights Act Reauthorization and Amendments Act of 2006.

IN SUPPORT OF THE MEDICARE  
HOME INFUSION THERAPY CON-  
SOLIDATED COVERAGE ACT

**HON. KAY GRANGER**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 18, 2006*

Ms. GRANGER. Mr. Speaker, last week, I introduced H.R. 5791, the "Medicare Home Infusion Therapy Consolidated Coverage Act of 2006," along with my colleagues, Representatives ENGEL, KUHL and BALDWIN. This legislation will bring life-saving, cost-effective treatment to Medicare beneficiaries suffering from cancer, serious infections and other conditions that can and should be treated by home infusion therapy. It does so by first consolidating Medicare coverage of home infusion therapy under Part B and then by covering it in a rational and logical manner.

Infusion therapy involves administering medications directly into a patient's bloodstream via a catheter or needle. Infusion therapy is medically necessary for patients with medical conditions that cannot be treated effectively with oral medications. These include infections that are unresponsive to oral antibiotics, cancer and cancer-related pain, multiple sclerosis, rheumatoid arthritis and more. The infusion therapies needed to treat these diseases involve more than the simple delivery of drugs. Rather, patients receiving home infusion therapy require an array of professional services.

In addition, infusion patients also require specialized equipment and supplies. Even with all of these services and supplies, home infusion therapy is often far more cost-effective than obtaining treatment in a hospital or nursing home. Unfortunately, there are gaps in coverage under Medicare. Consequently, the Medicare program and its beneficiaries are not able to take full advantage of the cost savings and innovations made possible through home infusion therapy.

Current Part B coverage of home infusion therapy is limited to what is covered under the durable medical equipment benefit, where coverage is based on the use of an item of DME (i.e., an infusion pump) for administration and extends only to a few drugs. More infusion drugs are coverable under the Part D outpatient prescription drug benefit, but CMS has determined that it does not have the authority to cover the related services, supplies and equipment under Part D. As a result, most beneficiaries who cannot afford to pay these costs out-of-pocket are forced back into hospitals and nursing homes for their infusion treatments. This is a great inconvenience to patients and creates an added cost to the taxpayers—a cost that could be avoided.

Properly provided, home infusion therapy is a clinically and cost-effective medical treatment for serious diseases. Medicare beneficiaries should not continue to be denied access to these therapies because of definitional and coverage policies that do not reflect the components or the costs of care. Congress can fix this by consolidating coverage for home infusion therapy under Part B, apart from the DME benefit. In doing so, we can ensure that our constituents gain access to these therapies in the most cost-effective and convenient setting—their homes.

Under commercial health plans, home infusion usually is covered as a major medical benefit. We should ensure that Medicare can do the same. Part B is able to accommodate and reimburse for the multi-faceted components of a major medical benefit. My bill allows us to use this existing structure to make home infusion therapy work for Medicare beneficiaries.

Every day that passes without complete Medicare coverage of home infusion therapy is a missed opportunity to bring cost-effective care in to the most convenient setting to beneficiaries. I urge my colleagues to support this critical legislation.

PERSONAL EXPLANATION

**HON. ELTON GALLEGLY**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 18, 2006*

Mr. GALLEGLY. Mr. Speaker, I was unable to vote on following bills on July 17, 2006:

H.R. 3729, Federal Judiciary Emergency Tolling Act (roll No. 377): Had I been present, I would have voted "aye."

H.R. 3496, To amend the National Capital Transportation Act of 1969 to authorize additional Federal contributions for maintaining and improving the transit system of the Washington Metropolitan Area Transit Authority, and for other purposes (roll No. 376): Had I been present, I would have voted "nay."

H.R. 3085, To amend the National Trails System Act to update the feasibility and suitability study originally prepared for the Trail of Tears National Historic Trail and provide for the inclusion of new trail segments, land components, and campgrounds associated with that trail, and for other purposes (roll No. 375): Had I been present, I would have voted "aye."

CIVIC RESPONSIBILITY

**HON. JIM RAMSTAD**

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, July 18, 2006*

Mr. RAMSTAD. Mr. Speaker, I rise today to submit an article on promoting civic responsibility that was brought to my attention by a constituent, Gopal Khanna. Mr. Khanna knows a great deal about civic responsibility, having served as a community and business leader, as well as Chief Financial Officer of the Peace Corps. This article outlines the very significant work being done to promote civic responsibility among immigrants, citizens and institutions in America. Thank you, Mr. Speaker.

CHERIAN PUSHES CIVIC RESPONSIBILITY AS  
MEDIUM FOR CHANGE

[From the India Abroad, May 19, 2006]

(By Aziz Haniffa)

Dr Joy Cherian has embarked on yet another mission, and discovered another outlet for his social activism.

The man who, 25 years ago, founded the Indian American Forum for Political Education, the first ever Indian American political organization, and went on to become the first Indian American to hold a sub-cabinet level rank position in the US government when he served as Commissioner of the Equal Employment Opportunity Commission in the Ronald Reagan and George H W Bush administrations, signaled his latest direction when, last month, he convened a roundtable conference of the Association of Americans for Civic Responsibility.

Following his stint at the EEOC, Cherian had started his own company, J Cherian Consultants, Inc, which blossomed into a highly successful international government and public relations firm based in Washington, DC. A year ago, he wound that company up and founded the AACR, in conjunction with Syracuse University's School of International Affairs.

The conference, at Syracuse University's Maxwell School of International Relations in Washington, DC, touched on topics as varied as 'The American Immigrant Community and US Immigrant Organizations' and 'The