

today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Record votes on postponed questions will be taken later today.

—————

SUPPORTING THE GOALS AND IDEALS OF PLAN AHEAD WITH AN ADVANCE DIRECTIVE WEEK

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 934) supporting the goals and ideals of Plan Ahead with an Advance Directive Week.

The Clerk read as follows:

H. RES. 934

Whereas life and death situations confront hundreds of thousands of persons within the United States each year due to life threatening illness or injury;

Whereas advance directives offer individuals the opportunity to discuss with loved ones and family members in advance and decide what measures would be appropriate for them when it comes to end-of-life care;

Whereas the preparation of an advance directive, would advise family members, medical providers, and other persons of how an individual would want to be treated in certain crisis situations;

Whereas physicians, other health care providers, clergy, legal counsel, and family members should, or may, provide guidance and insight into determining the final wishes of a person when an advance directive is being prepared;

Whereas to avoid any legal or medical confusion due to the emotions involved in end-of-life decisions, it is in the best interest of all Americans that each person over the age of 18 communicate his or her wishes by creating an advance directive; and

Whereas the designation of the first week of April each year as Plan Ahead with an Advance Directive Week would give honor and respect to all persons as they make critical decisions about their end-of-life care and allow death with dignity according to their own decisions: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Plan Ahead with an Advance Directive Week;

(2) encourages each person in the United States who is over the age of 18 to prepare an advance directive to assist his or her family members and medical professionals and others as they honor his or her final wishes; and

(3) encourages medical, civic, educational, religious, and other nonprofit organizations to encourage individuals to prepare advance directives to ensure that their wishes and rights with respect to end-of-life care are protected.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material on the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of House Resolution 934, supporting the goals and ideals of Plan Ahead with an Advance Directive Week. The resolution encourages all Americans to take time to discuss with their loved ones what their wishes would be in a health care situation where that person is unable to communicate.

As many of my colleagues are aware, an advance directive may comprise two types of legal documents that enable individuals to plan for and communicate end-of-life wishes in the event an individual is unable to convey them due to failing health.

The first type of advance directive is what is known as a living will. It documents a person's wishes concerning medical treatments at the end of life. The second type of advance directive is a medical power of attorney or a health care proxy which allows individuals to appoint a person they trust as their health care agent. This person is authorized to make medical decisions on another's behalf.

Mr. Speaker, living wills and medical powers of attorney are valuable tools to help communicate the wishes about future medical care. Thoughtfully prepared advance directives can ease the burden on those who must make health care decisions for us.

In conclusion, I want to encourage all Americans to set aside time to have what may well be one of the most important conversations that a family can have.

At this time, I would like to thank Dr. GINGREY for helping bring this important issue to the American people, and I urge my colleagues to support the resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of House Resolution 934, legislation which supports the goals and ideals of Plan Ahead with an Advance Directive Week. Advance directives are an integral part of any care delivery plan. Simply put, advance directives are statements by competent persons which articulate that person's medical, legal and personal wishes regarding medical treatment in the event of future incapacity.

When advance directives are available, medical professionals, families and loved ones are best able to make critical care decisions should a patient become unable to make sound judgments about their health care.

This resolution encourages those 18 years of age and older to prepare advanced directives. It also encourages medical, civic, educational, religious, and other nonprofit education to promote advance directive preparation, particularly amongst their constituencies. Many organizations are already leading the effort to provide guidance

for patients on advance directive preparation, including the American Medical Association, the American Hospital Association, the American Academy of Family Physicians and the National Hospice and Palliative Care Organization.

H. Res. 934 enjoys the support of the National Consensus Project for Quality Palliative Care, a coalition of leading U.S.-based palliative care organizations dedicated to address the needs of health care professionals who care for patients with advanced, chronic or life-threatening illnesses, as well as the needs of patients' families.

I would like to thank Representative GINGREY for bringing this resolution before us today, and I encourage my colleagues to support this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I would like now to recognize the gentleman from Georgia (Mr. GINGREY), a fellow physician who is the author of this fine piece of legislation for 5 minutes.

Mr. GINGREY. Mr. Speaker, first of all, I thank my colleague for yielding me this time, and I also thank my friend from New Jersey for his support.

Mr. Speaker, I rise today in support of H. Res. 934, a resolution that supports the goals and ideals of a Plan Ahead with an Advance Directive Week. This resolution is supported by Members on both sides of the aisle. It is endorsed by the National Hospice and Palliative Care Organization, and it is backed by the Cobb County Medical Society in Georgia, and commended to me by my friend and colleague, child psychiatrist Dr. Durk Huttenback.

As a physician for nearly 30 years, I wholeheartedly believe in executing advance directives. Every individual in this country, in every stage of life, should have conversations with their families, friends and loved ones regarding their wishes as they pertain to end-of-life care. Advance directives help clarify the desire of individuals to their health care providers, their care givers and family members during these difficult and trying times.

Advance directives are valuable tools to help communicate wishes about future medical care. Thoughtfully prepared advance directives can ease the burden on those who must make health care decisions for us. This resolution encourages all Americans to set aside time for what may very well be one of the most important conversations a family can ever have.

Giving advanced direction to those who are providing your medical care and explaining to your loved ones your wishes are essential ways to ensure that these wishes are fulfilled if those painful times present themselves and communication is not possible.

Mr. Speaker, I believe advance directives are a great avenue for facilitating these vitally important conversations, and therefore I encourage my colleagues to support this resolution.

The Federal Government can encourage the American people to have these conversations and take these important actions. By passing this resolution, groups like the National Hospice and Palliative Care Organization, as well as hospitals and nursing homes around the country can use this momentum to intensify the work they already are doing to notify and educate the American public on the importance of advance directives.

□ 1130

Advance directives are available to individuals through many different avenues. Each State government has a medical power of attorney form that a citizen can fill out and have witnessed. This then authorizes the appointed agent to make health care decisions on that individual's behalf.

In addition to State government and public health departments, there are many organizations and hospitals around the country that have advance directives available for patients and loved ones who may find themselves facing these tough decisions.

So, Mr. Speaker, I cannot say it enough. This resolution simply encourages everyone to take a moment and discuss with their loved ones what their wishes would be in a health care situation where they are unable to communicate.

I encourage my colleagues to please take this opportunity to support these many fine organizations and institutions around the country who work tirelessly to support the simple goals of education and awareness. In addition and perhaps most importantly, this is a chance to take a moment and do what is in the best interest of patients and families in our great country. Please join me in supporting House Resolution 934.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, it is my great honor to recognize another physician from Georgia, Dr. TOM PRICE, for 3 minutes.

Mr. PRICE of Georgia. Mr. Speaker, I want to thank my colleagues. I want to thank Congressman BURGESS, physician colleague and Congressman colleague, for yielding me time and allowing me to participate in this.

In our lives we plan for all sorts of things. Some of them are trivial and some not. We plan for vacations. We plan for changes in our jobs. We plan for changes where we live, moving. We plan for changes in education. But most of us don't plan for the time when end-of-life decisions must be made. And what, Mr. Speaker, could be more personal than those decisions, when none of us, none of us, would want others making uninformed decisions on our behalf?

So I rise and commend my colleague Dr. GINGREY, my fellow colleague from Georgia, for his leadership and his wisdom in bringing this issue forward. It is extremely important. I also want to

commend our own Cobb County Medical Society for their leadership and their persistence in maintaining attention on this vital matter.

We all take for granted the fact that we make these personal medical decisions, and most often we are able to make those decisions ourselves. But occasionally we are not conscious or competent to make these decisions, and sometimes that happens in a split second.

As an orthopedic surgeon, I would often treat patients or folks who were involved in automobile accidents, and sometimes they would arrive in the emergency in a coma, unable to participate in decisions about how they would want their care to proceed. Very important life and death decisions. And without advance directives, then their families had no guidance on the direction of these decisions. That is why advance directives are so remarkably important. They allow people to make decisions about the care that they would want to receive if they happen to become unable to speak or act for themselves.

The term "advance directives," as has been noted, really encompasses two types of legal documents for each individual. They answer the questions what and who. What would individuals want to be done? That is through a living will. And who would make those decisions for them if they were unable to make themselves? That is the medical power of attorney or health care proxy.

I also think it is interesting to note that although these are legal documents, they do not require an attorney to execute, which may be good news for folks. So I would encourage, as the others have, to make certain that they give the time and effort to this activity and make certain that they proceed with fulfilling the obligation, actually the responsibility that they have to their loved ones.

So I want to commend Congressman GINGREY once again and I want to mention really it is our desire to ask people to be prepared. Be prepared, as the resolution states, to avoid any legal or medical confusion due to the emotions involved in end-of-life decisions. It is in the best interest of all Americans that each individual over the age of 18 communicate his or her wishes by creating an advance directive. So it is wholly important that this House of Representatives supports the goals and ideals of Plan Ahead with an Advance Directive Week; that we encourage each individual to fulfill their responsibility for those forms and we encourage medical, civic, educational, religious, and other nonprofit organizations to ask their members as well to fulfill their obligation for a living will and a medical durable power of attorney.

I want to encourage all my colleagues to support this resolution.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, we have had good participation from the House

Physicians Caucus this morning, and I just wanted to make note of that.

Mr. Speaker, I yield 2 minutes to our third speaker, who is one of our newest Members, another physician colleague from Houston, Texas, the recently elected Shelley Sekula Gibbs.

Ms. SEKULA GIBBS. Mr. Speaker, I thank the Congressman from Texas, Dr. MICHAEL BURGESS, for yielding.

I appreciate the opportunity to rise and speak in support of the gentleman from Georgia, Dr. PHIL GINGREY'S, House Resolution 934, which encourages the creation of a week that would be dedicated to the support and development of advance directives.

Advance directives are a legal document that every American should explore and hopefully will find useful. An advance directive is something that has been very helpful in my own family since I lost a spouse to cancer and then subsequently lost my father to cancer.

Now, the advance directives that come into play are something that would not take over unless the individual lost consciousness and went into a coma. Other than that, a person is able to call their own shots and make their own decisions. But if a person slips into coma, an advance directive can be very helpful in telling your family and your physicians and hospital staff in advance how you want to be taken care of. And this is very important, Mr. Speaker, and very important for all of us that we take the time to help clarify those decisions before a person slips into a coma and is unable to communicate.

Providing a family physician and the family members an advance directive can reduce confusion and reduce guesswork about what you really want for your treatment during end-of-life time if you should slip into a coma. Since illness can come unexpectedly and not all of us have the chance to make those wishes known personally, an advance directive can be very useful and can remain in a drawer or with your family physician, in your file, so that you can be at ease knowing you have made that kind of decision known in advance.

Once again I would like to thank the gentleman from Georgia, Dr. PHIL GINGREY, for bringing this resolution to the floor.

Mr. PALLONE. Mr. Speaker, I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, just a housekeeping detail: I would point out that the House has previously passed this legislation. It went over to the Senate. Some modest changes were made, and this is now the legislation that will conform to those changes.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also urge support of the bill.

Mr. LEVIN. Mr. Speaker, I rise in support of House Resolution 934, which supports the goals and ideals of Plan Ahead with an Advanced Directive Week and encourages Americans to prepare advance directives to ensure

that their wishes and rights with respect to end-of-life care are protected.

This is an issue I became involved with back in 1990 when I introduced the Patient Self-Determination Act in the House. Senators John Danforth and Pat Moynihan introduced the companion bill in the Senate. The measure became public law in 1991. Among other things, the Act requires all Medicare and Medicaid provider organizations, including hospitals, nursing facilities, home health agencies, and hospices to provide written information to patients at the time of admission concerning an individual's right under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives. It also required these organizations to provide written information to patients with respect to advance directives. But even with laws like the Patient Self-Determination Act in place, only about 29 percent of Americans have a living will.

Advance directives, which include a living will stating the individual's preferences for care and a power of attorney for health care, are critical documents that each of us should have. As important as it is to encourage Americans to prepare advance directives, Congress is in a position to do more to help families make these arrangements. Last year I introduced H.R. 2058, the Advance Directives Improvement and Education Act. This bipartisan bill would build on current advance directive laws to educate Americans about living wills, give people the opportunity to discuss options with their doctors, and ensure that their wishes are honored.

In a word, the purpose of H.R. 2058 is to encourage all Americans to think about, talk about and write down their wishes for medical care near the end of life should they become unable to make decisions for themselves. It would also ensure that people's advance directives are honored, even if the directive is issued in one state and end-of-life care is given in another. The bill also encourages all Medicare beneficiaries to prepare advance directives by providing a free physician office visit for the purpose of discussing end-of-life choices, and directs the Department of Health and Human Services to conduct a public education campaign to raise awareness of the importance of planning for care near the end of life.

Let me conclude by again stating my support for the resolution before the House with the hope that we can build on this effort in the next Congress.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and agree to the resolution, H. Res. 934.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

SOBER TRUTH ON PREVENTING UNDERAGE DRINKING ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and concur in the

Senate amendment to the bill (H.R. 864) to provide for programs and activities with respect to the prevention of underage drinking.

The Clerk read as follows:

Senate amendment:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Sober Truth on Preventing Underage Drinking Act" or the "STOP Act".

SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Section 519B of the Public Health Service Act (42 U.S.C. 290bb-25b) is amended by striking subsections (a) through (f) and inserting the following:

"(a) DEFINITIONS.—For purposes of this section:

"(1) The term 'alcohol beverage industry' means the brewers, vintners, distillers, importers, distributors, and retail or online outlets that sell or serve beer, wine, and distilled spirits.

"(2) The term 'school-based prevention' means programs, which are institutionalized, and run by staff members or school-designated persons or organizations in any grade of school, kindergarten through 12th grade.

"(3) The term 'youth' means persons under the age of 21.

"(4) The term 'IOM report' means the report released in September 2003 by the National Research Council, Institute of Medicine, and entitled 'Reducing Underage Drinking: A Collective Responsibility'.

"(b) SENSE OF CONGRESS.—It is the sense of the Congress that:

"(1) A multi-faceted effort is needed to more successfully address the problem of underage drinking in the United States. A coordinated approach to prevention, intervention, treatment, enforcement, and research is key to making progress. This Act recognizes the need for a focused national effort, and addresses particulars of the Federal portion of that effort, as well as Federal support for State activities.

"(2) The Secretary of Health and Human Services shall continue to conduct research and collect data on the short and long-range impact of alcohol use and abuse upon adolescent brain development and other organ systems.

"(3) States and communities, including colleges and universities, are encouraged to adopt comprehensive prevention approaches, including—

"(A) evidence-based screening, programs and curricula;

"(B) brief intervention strategies;

"(C) consistent policy enforcement; and

"(D) environmental changes that limit underage access to alcohol.

"(4) Public health groups, consumer groups, and the alcohol beverage industry should continue and expand evidence-based efforts to prevent and reduce underage drinking.

"(5) The entertainment industries have a powerful impact on youth, and they should use rating systems and marketing codes to reduce the likelihood that underage audiences will be exposed to movies, recordings, or television programs with unsuitable alcohol content.

"(6) The National Collegiate Athletic Association, its member colleges and universities, and athletic conferences should affirm a commitment to a policy of discouraging alcohol use among underage students and other young fans.

"(7) Alcohol is a unique product and should be regulated differently than other products by the States and Federal Government. States have primary authority to regulate alcohol distribution and sale, and the Federal Government should support and supplement these State efforts. States also have a responsibility to fight youth access to alcohol and reduce underage drinking. Continued State regulation and li-

censing of the manufacture, importation, sale, distribution, transportation and storage of alcoholic beverages are clearly in the public interest and are critical to promoting responsible consumption, preventing illegal access to alcohol by persons under 21 years of age from commercial and non-commercial sources, maintaining industry integrity and an orderly marketplace, and furthering effective State tax collection.

"(c) INTERAGENCY COORDINATING COMMITTEE; ANNUAL REPORT ON STATE UNDERAGE DRINKING PREVENTION AND ENFORCEMENT ACTIVITIES.—

"(1) INTERAGENCY COORDINATING COMMITTEE ON THE PREVENTION OF UNDERAGE DRINKING.—

"(A) IN GENERAL.—The Secretary, in collaboration with the Federal officials specified in subparagraph (B), shall formally establish and enhance the efforts of the interagency coordinating committee, that began operating in 2004, focusing on underage drinking (referred to in this subsection as the 'Committee').

"(B) OTHER AGENCIES.—The officials referred to in paragraph (1) are the Secretary of Education, the Attorney General, the Secretary of Transportation, the Secretary of the Treasury, the Secretary of Defense, the Surgeon General, the Director of the Centers for Disease Control and Prevention, the Director of the National Institute on Alcohol Abuse and Alcoholism, the Administrator of the Substance Abuse and Mental Health Services Administration, the Director of the National Institute on Drug Abuse, the Assistant Secretary for Children and Families, the Director of the Office of National Drug Control Policy, the Administrator of the National Highway Traffic Safety Administration, the Administrator of the Office of Juvenile Justice and Delinquency Prevention, the Chairman of the Federal Trade Commission, and such other Federal officials as the Secretary of Health and Human Services determines to be appropriate.

"(C) CHAIR.—The Secretary of Health and Human Services shall serve as the chair of the Committee.

"(D) DUTIES.—The Committee shall guide policy and program development across the Federal Government with respect to underage drinking, provided, however, that nothing in this section shall be construed as transferring regulatory or program authority from an Agency to the Coordinating Committee.

"(E) CONSULTATIONS.—The Committee shall actively seek the input of and shall consult with all appropriate and interested parties, including States, public health research and interest groups, foundations, and alcohol beverage industry trade associations and companies.

"(F) ANNUAL REPORT.—

"(i) IN GENERAL.—The Secretary, on behalf of the Committee, shall annually submit to the Congress a report that summarizes—

"(I) all programs and policies of Federal agencies designed to prevent and reduce underage drinking;

"(II) the extent of progress in preventing and reducing underage drinking nationally;

"(III) data that the Secretary shall collect with respect to the information specified in clause (ii); and

"(IV) such other information regarding underage drinking as the Secretary determines to be appropriate.

"(ii) CERTAIN INFORMATION.—The report under clause (i) shall include information on the following:

"(I) Patterns and consequences of underage drinking as reported in research and surveys such as, but not limited to Monitoring the Future, Youth Risk Behavior Surveillance System, the National Survey on Drug Use and Health, and the Fatality Analysis Reporting System.

"(II) Measures of the availability of alcohol from commercial and non-commercial sources to underage populations.

"(III) Measures of the exposure of underage populations to messages regarding alcohol in advertising and the entertainment media as reported by the Federal Trade Commission.