

I would like to express my condolences to the families of those who lost their lives in this tragedy and offer comfort to those who are injured. I assure them we will do everything we can to determine the cause and to ensure that something like this never happens again.

ON THE BIRTH OF ALEXANDER  
JACOB LEE AIMAR

**HON. JOE WILSON**

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Mr. WILSON of South Carolina. Madam Speaker, I am happy to congratulate Allen and Amber Aimar on the birth of their new baby boy. Alexander Jacob Lee Aimar was born on September 11, 2008, weighing five pounds and five ounces. He has been born into a loving home, where he will be raised by parents who are devoted to his well-being and bright future.

His father, Allen, serves as the military legislative assistant in the Office of the Second Congressional District of South Carolina. His mother, Amber, is a former member of our staff who served as deputy campaign manager during my 2001 run for Congress, as a field representative, and as our office manager.

I want to congratulate Alexander's grandparents, Pete and Andi Riddell of Westerville, Ohio, Allen and Deborah Aimar of Johnson City, Tennessee, and Greg and Marian Erickson of Beaufort, South Carolina. On behalf of my wife Roxanne, and our entire family, we want to wish Allen, Amber, and Alexander all the best.

PERSONAL EXPLANATION

**HON. ADAM SMITH**

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Mr. SMITH of Washington. Madam Speaker, I was unable to vote on rollcall No. 567: On motion to suspend the rules and pass S. 2403, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 568: On motion to suspend the rules and pass S. 2837. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 569: On motion to suspend the rules and pass S. 2135, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 570: On motion to suspend the rules and pass H. Con. Res. 344, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 571: On motion to suspend the rules and pass H. Res. 937, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 572: On motion to suspend the rules and pass H. Res. 1069, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 573: On motion to suspend the rules and pass H. Res. 1307, as amended. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 574: On motion to suspend the rules and pass H.R. 6168. Had I been present, I would have voted yes.

I was unable to vote on rollcall No. 575: On motion to suspend the rules and pass H.R. 6630, as amended. Had I been present, I would have voted yes.

HONORING 30 YEARS OF  
HOSPICECARE IN SOUTHERN  
WISCONSIN

**HON. TAMMY BALDWIN**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Ms. BALDWIN. Madam Speaker, I rise today to honor the 30th anniversary of HospiceCare Inc. From its humble beginnings as a small grassroots operation serving a handful of patients in Southern Wisconsin, Dane County Hospice, now HospiceCare, has grown into an organization that serves over 400 patients each day throughout the area in a variety of settings. HospiceCare's Madison and Janesville locations maintain a staff of more than 500 professionals and nearly 1,000 volunteers.

The term "hospice" originates from the root word "hospitality." It is with this foundation in mind that HospiceCare seeks to carry out its mission of providing quality end-of-life care to patients and families coping with life-limiting illnesses. HospiceCare's comprehensive and collaborative team of professionals combines expert pain and symptom management with compassionate care to ensure that individuals diagnosed with life-limiting illnesses live the end of their lives in comfort and with dignity, whether they are in their own home or in a hospital, community based residential facility, nursing home, or assisted living facility.

Since its founding in 1978, HospiceCare has become an essential component of our community's fabric. As an innovator, educator, and above all, a quality care provider, HospiceCare has shown the way to a more peaceful end-of-life experience for a growing number of patients and their loved ones. In 1995, HospiceCare merged with Janesville Team Care to bring HospiceCare's brand of quality and commitment to the Rock County area. In the last decade alone, HospiceCare has planned, built, and opened the Don and Marilyn Anderson HospiceCare Center, the only freestanding, inpatient hospice unit in Dane County, and more recently, the Ellen & Peter Johnson HospiceCare Residence to provide care to patients in a residential setting on the HospiceCare campus.

These accomplishments have brought HospiceCare closer to achieving its long-term vision of "building a community in which exceptional end-of-life care is accepted, expected and available to all." I am proud to stand with HospiceCare in order to make that vision a reality.

For 30 years of continued service and commitment to families across Wisconsin, I congratulate HospiceCare Inc. and wish all those involved many more years of success in the future.

HONORING THE ACCOMPLISHMENT  
OF ED LOVE

**HON. JOHN CONYERS, JR.**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Mr. CONYERS. Madam Speaker, I rise today to make express my gratitude for my fellow jazz enthusiast and Detroit, Ed Love. For more than 24 years, Ed Love has delighted listeners with Destination Jazz: The Ed Love Program on weekdays from 7 pm to midnight on WDET 101.9FM. Ed's passion for jazz and radio extends all the way back to his youth in Kansas, when he was an avid listener of his mother's records and hosts like Dick Martin of WWL in New Orleans. After graduating from broadcasting school, Ed worked for Armed Forces Radio in several states and in the Philippines. Starting in 1960, he worked at various stations throughout Detroit until joining WDET in 1983. Ed has not only entertained Detroit radio listeners throughout his impressive career, but also spent six years hosting a nationally syndicated program entitled "The Evolution of Jazz," educating and entertaining listeners on 125 stations from coast to coast.

Ed was honored for his contribution to the world of jazz with the "Distinguished Achievement Award" from the Motor City Music Foundation. Ed was recognized by the Friends of the Detroit Institute of Arts with the "Dr. Alan Locke Award" in 1999 for his contributions to the arts. He's earned two "Spirit of Detroit Awards" from Detroit Mayors Coleman A. Young and Dennis W. Archer. The Michigan House of Representatives, the Michigan Senate, the Congressional Black Caucus and the National Broadcast Awards have all recognized him for his profound knowledge and love of jazz. The Southeast Michigan Jazz Association (SEMJA) recognized Ed for his outstanding contribution to jazz and the arts. In 2005, Ed received the "Detroit Jazz Guardian" Award from the Music Hall Center for the Performing Arts and the Detroit International Jazz Festival. Ed was also honored in 2005 with the "Distinguished Arts Achievement" award from the Oakland County chapter of The Links. He has also served as the senior program consultant for the Detroit International Jazz Festival since 2000.

In the wake of the collapse of the International Association of Jazz Educators, Ed Love and other jazz advocates will be even more important in the preservation of one of our nation's treasures and original art forms, jazz. I know that as long as jazz has stewards like Ed Love, we can be assured that it will be taught and will thrive the future. Through his work, Ed Love has and will continue to inspire generations of performers, educators, and students for years to come.

PERSONAL EXPLANATION

**HON. ED PERLMUTTER**

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Mr. PERLMUTTER. Madam Speaker, I rise today to enter into the RECORD votes I would have cast had I been present for rollcall votes

585 through 588. I was absent on Thursday, September 11th due to a family event.

If I were present I would have voted, "aye" on rollcall vote 585, "aye" on rollcall vote 586, "aye" on rollcall vote 587, and "aye" on rollcall vote 588.

THE HEALTH-E INFORMATION  
TECHNOLOGY ACT OF 2008

**HON. FORTNEY PETE STARK**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Monday, September 15, 2008*

Mr. STARK. Madam Speaker, I rise to introduce the Health-e Information Technology Act of 2008, a bill to stimulate the development of a uniform, interoperable health information technology system for America. Such a system would enable every hospital and doctor to input a patient's information and pull up their medical record—all on-line and readily available. It would also make data available to researchers so that we could improve the practice of medicine.

Health Information Technology (HIT) is the key to improving quality, gaining efficiencies, and reducing cost in the U.S. health care system. That's something that even people ranging from President Bush to BARACK OBAMA can agree on.

If the United States had such a system, we would be able to provide the right care, to the patient, at the right time. A nationwide HIT system would:

Ensure that every hospital could access an emergency room patient's medical record to appropriately treat them.

Reduce duplicative lab tests. One study found that 9 percent of all lab tests were redundant and that physicians canceled 69 percent of lab tests when their HIT systems alerted them to the redundancy.

More quickly eradicate outbreaks of disease because the HIT system would allow us to analyze where people were sick and what they had in common.

More effectively conduct post-market surveillance on drugs approved by the FDA to ensure that they really are safe and effective once they are on the market. According to the FDA, Vioxx may have contributed to 27,785 heart attacks and sudden cardiac deaths between 1999 and 2003. Providers with health IT systems were able to closely monitor their Vioxx patients and take them off Vioxx at the first sign of harm.

Dramatically reduce the use of paper records which—on top of being cumbersome and environmentally unfriendly—also cause medical errors because of difficulty interpreting handwriting and an inability to easily detect orders that are inappropriate for the patient, given their age, allergies, health conditions, and other drugs they may be taking. One study found that 1.4 percent of hospital admissions were caused by adverse drug events, 28 percent of which were preventable, and at a cost of \$10,000 per preventable event.

There is no debate over whether we need such a HIT system in America. The debate is over the right role for government to foster the widespread adoption of such an interoperable, seamless HIT system. In this debate, it is vitally important to ensure that such a system has strong privacy protections and security requirements.

Some might say let the private sector do it. I'd respond that we've tried that and it's failed. Currently only 20–30 percent of hospitals and 10–20 percent of physicians' offices have comprehensive health information systems. Even where systems are in place, they operate in silos and do not provide the aggregate data needed to improve quality of care. One reason for this failure is that private industry has spawned the development of unique proprietary systems. These systems may work well for the doctor's office or hospital system that purchases it, but they are unable to perform outside of their own network and therefore fail to meet the need of integrating our disparate health care system. This lack of progress is costing U.S. taxpayers millions of dollars. Studies have indicated that widespread adoption of HIT could reduce health care spending by \$80 million annually.

Just last week at a hearing before the Ways and Means Health Subcommittee, a representative for the California Association of Physician Groups (which represents large physician group practices in California) acknowledged that, while each of their member groups had adopted HIT, those systems were unable to talk to each other. The groups had each spent millions of dollars and suffered through reduced productivity during the transition, but their systems still cannot advance the practice of medicine in the United States or engage in other activities to achieve broader system efficiencies and quality improvements.

That's why, in my mind, it is so important for the Federal Government to step into the arena of HIT. Not because I think Government is better than the private sector. But, because I think that if our Government has decided that a uniform, interoperable HIT system is a priority, we should step up to the plate to create the standards and help pay for its adoption. That's precisely what the Health-e Information Technology Act does.

The Health-e Information Technology Act would codify the Office of the National Coordinator for Health Information Technology within the Department of Health and Human Services. The National Coordinator—with the assistance of an advisory committee representing private stakeholders and other appropriate public agencies—would be responsible for establishing and implementing a plan to achieve widespread adoption and use of interoperable, secure, and clinically useful electronic health records. In addition, the Coordinator would develop an open source health information technology system that is certified to meet the standards and would be available to health care providers at little or no cost in 2012, after the standards are established in 2011. Private vendors would be part of the process and would be encouraged to ensure that their products meet the new federal standards as well.

The bill would utilize the strength and size of the Medicare program as a tool to assure the adoption of these standards. Starting by 2013, Medicare would provide supplementary payments to doctors and hospitals (each up to a capped amount) to help offset the cost of purchasing new HIT equipment, transitioning to its use, and training personnel. These incentive payments would phase-out on a sliding scale over a four or five year period, for hospitals and doctors respectively. After that timeframe, if doctors or hospitals failed to use an HIT system that meets the defined stand-

ards, they would be penalized by a reduction in their Medicare reimbursements. As not all health care providers are reimbursed by Medicare, there are grant programs to assure assistance to them as well.

Maintaining the privacy and security of people's electronic health records is of vital importance. The Health-e Information Technology Act takes the protections afforded by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and updates them for the 21st century. It provides for protections to reach new entities in the e-health environment that were not envisaged by HIPAA, such as e-prescribing gateways and regional health information organizations, and addresses the increased migration of personal health information out of the traditional medical system through business associates. It shuts down the secondary market that has emerged around the sale and mining of patient health information by prohibiting the sale of patient information and applying stiff penalties to any individual or entity that uses or discloses health information in an unauthorized way. The bill also develops a culture of privacy protection through tough enforcement. To date, the Secretary has not levied a single penalty against a HIPAA covered entity, despite numerous privacy and security violations. This bill strengthens the enforcement of privacy and security protections by increasing the amount of civil monetary penalties that may be levied, requiring the Secretary to levy penalties in cases where violations rise to the level of willful neglect, and holding the Secretary accountable for actively enforcing the provisions through period audits and reports.

I recently sat down with the chairman of a major medical association, the head of a physician group practice organization, and two former Medicare and Medicaid administrators—one for a Democratic president and the other for a Republican president. All four of them agreed that without a date certain in law by which a uniform, interoperable HIT system must be used by all of America's doctors and hospitals, it simply won't happen. They also agreed that, while it won't be easy, it is vital that we form consensus around such legislation. They, too, acknowledged that a system that provides financial incentives for adoption, with eventual penalties for failure to adopt, is a sensible way to proceed.

With introduction of the Health-e Information Technology Act, I hope that we can move from the realm of private discussions to public endorsements. I am under no illusions that it will be easy to enact a bill like this. While the Congressional Budget Office has not yet provided a score for the legislation, we know that it will have significant costs. But down-payments are required to achieve yield on long-term investments. I am confident that a uniform HIT system will ultimately lead to dramatic improvements in the delivery system and reap great savings once it is in place.

I look forward to working with my colleagues on both sides of the aisle, as well as physician and hospital organizations, to enact legislation to require the development and adoption of a uniform HIT system. We've been talking about this for decades. It is now time to act.