

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.

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#### 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.

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#### 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 standards, 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 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.

#### HONORING THE LINCOLN TRAIL AREA DEVELOPMENT DISTRICT

### HON. RON LEWIS

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Monday, September 15, 2008

Mr. LEWIS of Kentucky. Madam Speaker, I rise today to pay public tribute to the Lincoln Trail Area Development District (LTADD), a public agency in my congressional district that promotes regional economic growth by creating partnerships with local, civic and governmental leaders. LTADD will mark their 40th year of service during ceremonies scheduled later this month.

The Lincoln Trail Area Development District was created as a non-profit corporation in March 1968. Four years later, the organization was designated as a public agency under KRS 147a and assigned a development district that includes the west-central Kentucky counties of Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington.

Since its formation, LTADD has adhered to a philosophy that conscientious personal at-

tention provided to communities they serve will ensure long and mutually beneficial relationships. Their mission to develop innovative, economical and socially acceptable solutions to difficult community problems remains the trademark of LTADD's success as they begin their fourth decade.

The Lincoln Trail Area Development District includes major population centers, businesses, and tourism destinations including the birthplace and boyhood home of Abraham Lincoln and the Fort Knox Army Installation. The agency continues to play a significant role in coordinating community transitional needs resulting from the 2005 BRAC-mandated mission realignment at Ft. Knox.

LTADD currently employs a staff of over 40 planners, administrators and support personnel who manage a region that includes more than 243,000 residents and 35 local government bodies.

It is my great privilege to recognize the exceptional board of directors and staff of the Lincoln Trail Area Development District for all that they do to promote the economic vitality of local communities and enhance quality of life for those who live and work within the district. The objectives and collective achievements of this special organization are worthy of our honor and respect.

#### SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, September 16, 2008 may be found in the Daily Digest of today's RECORD.

#### MEETINGS SCHEDULED

##### SEPTEMBER 17

9:30 a.m.

##### Judiciary

To hold oversight hearings to examine the Federal Bureau of Investigation.

SH-216

##### Veterans' Affairs

To hold hearings to examine the nomination of Patrick W. Dunne, of New York, to be Under Secretary for Benefits of the Department of Veterans Affairs.

SR-418

10 a.m.

##### Environment and Public Works

To hold hearings to examine S. 1387, to amend the Emergency Planning and

Community Right-to-Know Act of 1986 to provide for greenhouse gases, S. 2080, to amend the Federal Water Pollution Control Act to ensure that sewage treatment plants monitor for and report discharges of raw sewage, H.R. 1464, to assist in the conservation of rare felids and rare canids by supporting and providing financial resources for the conservation programs of nations within the range of rare felid and rare canid populations and projects of persons with demonstrated expertise in the conservation of rare felid and rare canid populations, H.R. 1771, to assist in the conservation of cranes by supporting and providing, through projects of persons and organizations with expertise in crane conservation, financial resources for the conservation programs of countries the activities of which directly or indirectly affect cranes and the ecosystems of cranes, H.R. 3224, to amend the National Dam Safety Program Act to establish a program to provide grant assistance to States for the rehabilitation and repair of deficient dams, H.R. 3999 and S. 3338, bills to amend title 23, United States Code, to improve the safety of Federal-aid highway bridges, to strengthen bridge inspection standards and processes, to increase investment in the reconstruction of structurally deficient bridges on the National Highway System, H.R. 5001, to authorize the Administrator of General Services to provide for the redevelopment of the Old Post Office Building located in the District of Columbia, S. 2970, to enhance the ability of drinking water utilities in the United States to develop and implement climate change adaptation programs and policies, S. 1828, to require the Administrator of the Environmental Protection Agency to conduct a study of the feasibility of increasing the consumption in the United States of certain ethanol-blended gasoline, and other pending legislation.

SD-406

#### Foreign Relations

To hold hearings to examine Russia's aggression against Georgia, focusing on the consequences and responses.

SD-419

#### Health, Education, Labor, and Pensions

To hold hearings to examine 401(k) plan fee disclosure, focusing on helping workers save for retirement.

SD-430

#### Homeland Security and Governmental Affairs

Business meeting to consider S. 3474, to amend title 44, United States Code, to enhance information security of the Federal Government, S. 3384, to amend section 11317 of title 40, United States Code, to require greater accountability for cost overruns on Federal IT investment projects, H.R. 2631, to strengthen efforts in the Department of Homeland Security to develop nuclear forensics capabilities to permit attribution of the source of nuclear material, H.R. 6098, to amend the Homeland Security Act of 2002 to improve the financial assistance provided to State, local, and tribal governments for information sharing activities, H.R. 3815, to amend the Homeland Security Act of 2002 to require the Secretary of Homeland Security to make full and efficient use of