

arms in defense of our lives and our freedom. As I ask my colleagues to join me in recognizing the 60th anniversary of VFW Post 8469, I believe it appropriate to conclude with the remarks of Floyd Houston, a member of VFW Post 8469.

"These young veterans need us as much as we need them. We must never forget our past—these giants who built what we have today and we must always keep faith with our values as we press into the future—support to veterans, their survivors, our community, and honoring our dead. May God continue to bless this Post, this county, this country, and may we never be at a loss for heroes such as these."

PAYING TRIBUTE TO JOHN
RINALDI

HON. JON C. PORTER

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. PORTER. Mr. Speaker, I rise today to honor my good friend John Rinaldi, who is retiring after a long and distinguished career with the City of Henderson, Nevada. John is an outstanding example of a dedicated and supportive community-minded person that I have the privilege of representing in the Third Congressional District.

John joined the City of Henderson in October 1989 as Property Manager and City Surveyor and was promoted in July 2004 to Manager of the Office of Property Management and Redevelopment in the City Manager's Office. He formerly directed the City of Henderson's real estate interests; administered the sale, purchase, and lease of property for public use and city-initiated enterprise projects; and oversaw the Redevelopment Agency's efforts in three separate districts: Downtown, Tuscany, and Cornerstone.

John graduated from California Polytechnic University, San Luis Obispo in 1976 with a Bachelor of Science degree in Horticulture—Landscape Design. John is a registered Water Rights Surveyor in Nevada and a licensed Professional Land Surveyor in Nevada, California, and Oregon. He is a published author of several articles on land surveying and an instructor, presenting papers at national conferences, classes and seminars.

In addition to his academic success and accomplishments, John is also a member of several organizations such as the Urban Land Institute, International Right-of-Way Association, American Public Works Association, American Congress on Surveying and Mapping, and the Nevada Association of Land Surveyors. John is also a graduate of the 1998 Clark County Leadership Forum.

John has allowed these experiences to strengthen his philosophies and ideologies of community, integrity, and professionalism to strengthen his moral code and leadership abilities. John is well regarded for possessing a strong moral character which has guided him successfully through his years of public service to our community. His commitment and passion for building a better Nevada reflects the type of person that he is.

Mr. Speaker, I am proud to honor my good friend John Rinaldi. He has worked tirelessly for the last 17 years on behalf of the residents

of the City of Henderson, and I applaud his efforts and dedication. I wish him the best in his retirement.

PAYING TRIBUTE TO MAXWELL
BAIN

HON. THOMAS G. TANCREDO

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. TANCREDO. Mr. Speaker, I rise today to pay tribute to one of my constituents, Mr. Maxwell Bain of Littleton, Colorado. Mr. Bain has been accepted to the People to People World Leadership Forum here in our nation's Capitol. This year marks the 50th anniversary of the People to People program founded by President Eisenhower in 1956.

Mr. Bain has displayed academic excellence, community involvement and leadership potential. All students chosen for the program have been identified and nominated by educators.

Mr. Speaker, I would like to join in paying tribute to Maxwell Bain, and wish him the best in all his future endeavors.

CONGRATULATIONS TO KATY
ELEMENTARY

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. PAUL. Mr. Speaker, Katy Elementary School, of the Katy Independent School District, is among the 26 Texas schools that have recently received the Department of Education's prestigious Blue Ribbon Schools award.

The No Child Left Behind-Blue Ribbon Schools Program recognizes outstanding public and private schools that are either academically superior or have demonstrated dramatic and consistent gains in student achievement. The Department of Education selects Blue Ribbon Schools based on nominations submitted by the states. My colleagues may be interested to know that every school nominated by Texas received a Blue Ribbon Schools award.

Schools can be nominated for a Blue Ribbon Schools Award if at least forty percent of their disadvantaged students show dramatic improvement over three years on state tests in reading or English language arts and mathematics. Schools whose student bodies rank in the top ten percent on state tests in reading or English language arts and mathematics may also be nominated for a Blue Ribbon Schools Award.

In addition to these two criteria, Blue Ribbon Schools must meet Adequate Yearly Progress requirements in reading or English language arts and mathematics, must not have been identified as a "Persistently Dangerous" school within the last two years, and must comply with other Department of Education requirements.

Katy Elementary's designation as Blue Ribbon Schools is a tribute to the schools' teachers, administrators, and other employees' dedication to providing students with a quality

education. It also is a reflection of the students and parents' commitment to the pursuit of educational excellence. I am therefore pleased to offer my congratulations to Katy Elementary School for being one of the 26 Texas schools designated as Blue Ribbon Schools by the Department of Education.

INTRODUCTION OF THE PERSONALIZED
HEALTH INFORMATION
ACT

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. KENNEDY of Rhode Island. Mr. Speaker, I'm proud today to introduce the Personalized Health Information Act, which I hope will be a step in helping us redesign America's health care system.

Our health care system today delivers some of the best care in the world, but can hardly be described as the best health care system. We spend more than 50% more on health care per capita than other industrialized nations, and yet our health outcomes are much worse. We all know the burden that health care costs are putting on America's families and businesses.

Many of us have extolled the potential of information technology to begin transforming health care. I.T. can unlock data that is trapped in paper, catch human errors, help providers deliver the latest evidence-based medicine, improve public health, reduce duplication and administrative costs, and provide new research capabilities. I.T. is by no means a silver bullet, but it is a tool that can be used to reorient health care, so that—finally—the system delivers the right care to the right people at the right time, as efficiently as possible.

I've introduced other bills on this subject, and House and Senate negotiators are currently trying to work out a compromise health I.T. bill, but this bill today is a new approach. Those other bills, mine and others', have generally focused on the challenges of putting technology in providers' hands and building the related infrastructure. That goal is critical, and we pursue it vigorously. But it also is long-term.

I believe that there are other, parallel steps we can take that can begin harnessing the power of technology to improve health outcomes and efficiency right now. And I think we can do so in a way that will begin changing the dynamics around health I.T. in a way that makes the longer-term goals more attainable.

Web-based, consumer-controlled patient health records, PHRs, have been recognized by many to have great potential. After all, a PHR that contains a person's basic demographics, insurance information, and a current medications list would be extremely valuable, even if it contained nothing else. That PHR would mean every provider would have important basic information at the point of care. It would cut down on medication errors, and streamline administration.

The problem is that while many organizations offer PHRs, few people actually use them. The Personalized Health Information Act is designed to jump-start the use of PHRs.

This bill seeks to use the doctor-patient relationship to make the PHRs of value to the patients. Right now, most individuals see PHRs

as a lot of work with little benefit. If doctors begin using them with patients, however, the patients can get something out of them. So this bill will ask doctors to use PHRs to replace those dreaded clipboards when patients come to the office. If physicians do that, PHRs become more attractive. The patient can take ten minutes to put their information into a PHR, and use it with any doctor. If their doctors use them, the person will never have to fill out another clipboard again.

Even better, the PHR can be a communications channel between doctor and patient. The physician, or other entities like the person's health plan or the Centers for Disease Control and Prevention or the American Heart Association, can send messages to the patient. For example, the patient can receive a reminder that she is due for a mammogram, or her prescription needs to be refilled. If physicians are willing, many PHRs can be used to allow e-consults and online scheduling as well.

If we can bring a critical mass of consumers into PHRs, it could create a strong consumer demand for health I.T. that could dramatically accelerate adoption. And polls show that consumers do want the capabilities that PHRs provide. For example, a recent Wall Street Journal poll found that approximately three-quarters of respondents said in each case that they would like to be able to email their doctor, to schedule appointments online, to receive test results electronically, and to receive electronic reminders. Unfortunately, fewer than ten percent can do any of those things right now.

Once physicians begin tapping into this pent-up demand by offering to use PHRs, I believe large numbers of patients will enroll. And conversely, as patients begin using PHRs, they will want their physicians to do so as well. Banks initially paid customers to use ATMs, but now they compete on how many ATMs they have and the functionality of their online banking offerings. Similarly, once health care consumers begin seeing the convenience and benefits of information technology, providers will want to be able to meet that demand. In this way, widespread use of PHRs could help give providers the incentive to make the investments in electronic medical records and other information technologies.

PHRs carry the potential for significant health and efficiency gains by changing patient behavior. Research shows that when patients receive reminders and other messages, they better comply with prescriptions, preventive care, and other health care recommendations. When that happens, patient health improves, and it also brings financial benefits to health plans, purchasers, and pharmaceutical companies. Everyone wins.

The Personalized Health Information Act would tap the value-added of PHRs by creating a public-private PHR Incentive Fund to pay physicians and other providers an incentive of at least \$2 for every patient with whom they use a PHR. The doctor simply needs to use the PHR in lieu of the clipboard, ensure that the patient's medications list is updated after the appointment, and use the PHR for communicating with the patient in appropriate circumstances. These requirements would be carried out by office staff and put minimal burden on doctors. Medicare would contribute \$2 to the Fund for each beneficiary enrolled, and private plans, drug and device manufacturers, and other private parties could do the same.

To qualify physicians for the payment, PHRs will need to meet certain minimum standards. They need to be entirely in the control of the individual, and will have to guarantee the portability of the data, so that the individual can take the information at any time. They'll have to meet interoperability standards and privacy and security standards. The PHR will also need to be able to send patient-specific messages in appropriate situations. Partners in the Fund would be able to have messages sent to patients with whom they have relationships via the PHRs, with strong safeguards to ensure that the messages are independently verified to be objective, accurate, and relevant to the patient. Absolutely no marketing or solicitations would be permitted. The individual must have the right to opt out of these messages, either entirely or from particular sources, at any time. In addition, the bill creates a Consumer Protection Board to ensure that these standards are met.

By paying incentives to physicians from a public-private fund, the Personalized Health Information Act captures the value that PHRs can create while tapping the strongest force in health care: the doctor-patient relationship.

This bill is not a silver bullet, Mr. Speaker, and will not solve all of the challenges inherent in moving from a 20th century pen-and-paper system to a digital system for the 21st century. But it can inexpensively and quickly give millions of consumers and physicians a stake in that transition.

Before I close, I want to acknowledge the efforts of Dr. Edward Fotsch, who has done much to develop the ideas underlying this bill and has helped pull together feedback and input from physicians, consumer groups, payers, pharmaceutical companies, and others. I also need to express a debt of gratitude—again—to former Speaker Newt Gingrich and David Merritt at the Center for Health Transformation, who have been unlikely but terrific allies in the quest for, as Speaker Gingrich would say, a 21st century intelligent health system.

There are too many Americans who are being let down by a health care system that is unable to consistently and efficiently deliver the world-class care that it is capable of. I hope that this legislation will bring us one step closer to the health care system we need and deserve.

PUGHTOWN BAPTIST CHURCH
150TH ANNIVERSARY

HON. JIM GERLACH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. GERLACH. Mr. Speaker, I rise today to honor Pughtown Baptist Church as it celebrates its 150th anniversary. In 1856, citizens from Spring City, Pennsylvania gathered at the banks of the French Creek to baptize six men and women, thereby officially forming the Pughtown Baptist Church. From that day forward, the Church has been in its original building at 780 Pughtown Road, South Coventry Township, Chester County, Pennsylvania.

The Church congregation is focused on preserving their history while expanding the community's knowledge of the Church to its neighbors. The Church holds an annual community

picnic where members spend a day of fellowship and, additionally, this year the congregation reached out to the needy by sending a mission group to Ocean Spring, Mississippi, an area hit hard by last year's Hurricane Katrina.

Mr. Speaker, I ask that my colleagues join me today in honoring Pughtown Baptist Church as it celebrates its 150th anniversary. I am sure that this active and energetic congregation will continue to bring hope, faith, and aid to both Chester County communities and other communities in need for generations to come.

RECOGNIZING LOUIS COSTANTINO,
SR.

HON. JOHN S. TANNER

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. TANNER. Mr. Speaker, I rise today to recognize a valued employee of the U.S. House of Representatives, Louis Costantino, Sr. This year marks his 26th year of service to the Capitol and the House of Representatives. Mr. Costantino was born in a house on New Jersey Avenue, just a couple of blocks from the Capitol and it has always been an integral part of his life. Growing up on Capitol Hill he has fond memories of playing in the halls of the Capitol as a child. There is no wonder that he grew up to be one of our Chamber's finest gate keepers.

For years he has taken up his post outside the main entrance to the chamber—"the same door the president comes in for his State of the Union address," he will quickly tell you. He first began his career with the House of Representatives in 1980 with the Office of the Doorkeeper and he currently works for the Sergeant at Arms. Mr. Costantino has the deepest respect and admiration for our institution and all of its Members. He truly loves his job and the people around him.

Mr. Costantino has been struggling with cancer for the last two years, and I am happy to report that he has won that struggle. His physician, Dr. Kressel, this week gave him the good news. This was what his wife Doris, his children Eydie, Lou and Amy, his first grandchild Bella and his friends everywhere had long waited for.

Mr. Speaker, I ask that we congratulate Mr. Costantino on his 26 years of service to the House of Representatives and that we wish him continued good health.

HONORING THE LIFE OF FRANK
SUBLETT

HON. MARK STEVEN KIRK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, September 29, 2006

Mr. KIRK. Mr. Speaker, I want to honor a true hero and patriot who passed away on Wednesday evening, September 27th. A pioneer for African-Americans everywhere, Frank Sublett was one of 13 men who broke the Navy's color barrier in 1944. Dubbed the "Golden 13," these men bravely stood up in the face of racism in the Armed Forces and