HONORING THE LIFE AND SERVICE OF LT. GENERAL WILLIAM ODOM

HON. LINCOLN DAVIS

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. LINCOLN DAVIS of Tennessee. Madam Speaker, born in Putnam County and raised in Cumberland County, Lt. General William E. Odom rose to great prominence in the U.S. military intelligence community and was a widely known expert on matters relating to the Soviet Union.

A natural born leader, Odom graduated from the U.S. Military Academy at West Point in 1954. Over the next twenty years Gen. Odom earned a Masters Degree and Ph.D. from Columbia University, was stationed in East Germany for a lengthy period of time, taught at West Point, and served at the U.S. Embassy in Moscow.

In 1977, he was appointed as the military assistant to President Carter's National Security Adviser Zbigniew Brzezinski. General Odom served in that position till 1981. Shortly after leaving the White House and for a little more than 3 years, Odom held the position of Assistant Chief of Staff for Army Intelligence. By 1985 General Odom was named the 11th Director of the National Security Agency, our nation's largest intelligence agency.

Retiring in 1988 from the Army and the National Security Agency, General Odom embarked in a career in academia. Over the next twenty years he taught at Yale University and Georgetown University and was a Senior Fellow at the Hudson Institute.

General Odom is a member of the Military Intelligence Hall of Fame at the United States Army Intelligence Center in Fort Huachuca, Arizona.

On behalf of Tennessee's Fourth Congressional District and a grateful nation, we thank General Odom for his service in defense of our country.

EDWARD WILLIAM BROOKE III CONGRESSIONAL GOLD MEDAL ACT

SPEECH OF

HON. NIKI TSONGAS

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, June 10, 2008

Ms. TSONGAS. Mr. Speaker, I rise to express my strong support for S. 682, the ''Edward William Brooke III Congressional Gold Medal Act.'' It is my privilege to honor this most distinguished gentleman who broke barriers and tirelessly served his community and country with great conviction.

Edward Brooke was the first African American elected to the United States Senate by popular vote. I am proud that he accomplished this feat in my home state of Massachusetts, which he represented from January 1967 until January 1979. He has been Captain Brooke, Professor Brooke, and Attorney General Brooke. He has fought for civil rights in our country and against apartheid in South Africa. For his many accomplishments, he has received numerous medals and awards, most notably the Bronze Star and the Presidential Medal of Freedom.

Senator Brooke paved the way—his election to the United States Senate was a milestone in the march toward racial equality—and his impact continues today, as we watch the first African American nominee run for President, carrying Senator Brooke's legacy forward.

In a political world growing increasingly divisive and polarized, Senator Brooke has always had the distinct ability to separate the political from the personal. My husband, Paul, ran for the Senate against Senator Brooke in 1978. Although the race was tightly contested, Senator Brooke was always respectful, always warm, and Paul, in turn, greatly admired him.

It is appropriate that we express our gratitude with this legislation. Senator Brooke, in his life and through his service, broke barriers and created new opportunities for so many, and in so doing, moved our country further down the path towards the America that we all hope will someday be a reality.

INTRODUCTION OF THE HONORING OUR NATION'S OBLIGATION TO RETURNING WARRIORS ACT

HON. MARK UDALL

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. UDALL of Colorado. Madam Speaker, today I am introducing the Honoring Our Nation's Obligation to Returning Warriors Act (HONOR Warriors Act), along with my colleague and friend Representative JOHN SALAZAR (D–CO). It is a companion bill to S. 3008, bipartisan legislation authored by Senator KIT BOND of Missouri and Senator BARBARA BOXER of California.

This legislation recognizes that our servicemembers returning from Iraq and Afghanistan need and deserve improved mental health care services. The HONOR Warriors Act will provide better mental health care treatment for these military members and veterans, enhance care for military families, and better prepare our troops to cope with stress related to combat.

The Pentagon acknowledged recently that Post-Traumatic Stress Disorder (PTSD) and major depression are affecting an ever greater number of U.S. troops. Nearly 40,000 troops have been diagnosed with PTSD since 2003, up 50 percent just last year. The RAND Corporation found even more disturbing statistics recently: Nearly 20 percent of all military servicemembers who have returned from Iraq and Afghanistan—300,000 total—have reported symptoms of PTSD or severe depression. More than 600,000 returning troops suffer from PTSD or Traumatic Brain Injury (TBI), or both. With many our servicemembers deploying for their third or fourth tours to Iraq, we can expect that these numbers will continue to rise.

Treating these mental health problems is in some ways more difficult than treating wounds we can see. PTSD is the ''invisible wound'' that some soldiers don't even know they have, and the onset of its symptoms can be delayed, making it even harder to recognize. In addition, because of the stigma attached to PTSD, estimates are that nearly 50 percent of troops don't seek treatment. They are ashamed to seek help or fear that a diagnosis of mental illness will harm their careers.

The recent RAND report also found that of those who do seek help for PTSD, only about half receive treatment that is considered to be ''minimally adequate.'' With its shortage of funds and trained staff, it is clear that our military mental health care system isn't prepared to deal with this growing mental health crisis.

This is unacceptable. If the Pentagon can't act to help these injured servicemembers who have sacrificed so much for our country, then Congress must. That's why I am introducing this legislation—to ensure that the mental health needs of our military members and veterans are addressed now. The legislation will:

Create a scholarship program to educate and train behavioral health care specialists to serve servicemembers and veterans;

Give active-duty servicemembers access to Vet Centers, which currently provide readjustment counseling, outreach, and mental health care services to veterans only;

Extend survivor benefits to families of military personnel who commit suicide and have a history of combat-related mental health conditions, PTSD, or TBI;

Provide grants to non-profit organizations to offer services to survivors of members of the Armed Forces and veterans;

Establish pilot programs to better prepare servicemembers for combat through a focus on improved prevention, early detection, intervention, and treatment of PTSD. The bill sets up two locations for these programs—Fort Carson in Colorado, and Fort Leonard Wood in Missouri.

With Veterans Affairs Secretary James Peake himself suggesting a few weeks ago that concerns about PTSD and TBI are overblown, it's clear that Congress needs to step in to ensure that our servicemembers and veterans suffering from the invisible wounds of PTSD and major depression are getting the support they deserve. They shouldn't have to fight another war to get proper care once they return home. Providing prompt and effective treatment to our returning troops can help prevent many of the negative effects related to PTSD and depression. It's the least we can do to repay them for the sacrifices they have made for our country.

INTRODUCTION OF LEGISLATION TO DELAY MEDICARE'S DME COMPETITIVE BIDDING DEMONSTRATION PROGRAM

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. STARK. Madam Speaker, I rise today to introduce the ''Medicare DMEPOS Competitive Acquisition Reform Act of 2008.'' I am pleased to be introducing this bill with my Ranking Member on the Ways and Means Health Subcommittee, Representative DAVE CAMP (R–MI); Ways and Means Committee Chairman CHARLES B. RANGEL (D–NY); House Minority Leader JOHN BOEHNER (R–OH); Energy and Commerce Chairman JOHN D. DINGELL (D–MI); and Energy and Commerce Committee Health Subcommittee Chairman FRANK PALLONE (D–NJ). In particular, I would like to thank Mr. CAMP for helping to craft this bipartisan legislation.

The Medicare Modernization Act mandated a competitive bidding program for durable

medical equipment in Medicare and allowed the program to be nationally implemented after a several year phase-in. Unfortunately, the Administration developed the program with blinders on to the needs of patients and the small companies who make up the durable medical equipment industry.

Our subcommittee held a hearing on implementation of the bidding program on May 6, 2008. We heard testimony from numerous stakeholders about the difficulties they encountered during the bidding process. For example, nearly two-thirds of applicants were disqualified because of improper documentation—when they had initially been promised that such documentation errors would be pointed out to them and they'd have an opportunity to correct any errors. We also heard from beneficiary organizations concerned about a number of issues, including maintaining access to benefits during what is likely to be a very tumultuous transition period.

Without Congressional intervention, the flawed program begins on July 1, 2008. The bill we're introducing today delays implementation of the competitive bidding program for 18 months to provide the Centers on Medicare and Medicaid Services (CMS) with the time to create an improved program based on standards laid out in this legislation. Importantly, this bill comes at no cost to the Federal Government. The cost of delaying the program is fully paid for by the DME industry.

Let me be clear from the outset in saying that I do not think this legislation goes far enough. If it were entirely up to me, I would be introducing legislation to repeal the current competitive bidding program and take far simpler approach to adjusting Medicare's DME payment rates.

The program has already proved useful. It has shown that companies are willing to take Medicare's business for far lower prices than the current fee schedule rates. Overall, the estimate is that Medicare would save 26 percent over the current fee schedule in these communities. That's a significant savings that we can't afford to ignore. However, instead of repeating the bidding process again and again in each and every community, I think Medicare might better be served—and significant administrative costs saved—by taking what we learned in this first round to change the fee schedule rates by which we pay for DME now. Those improvements could be done once and would immediately be in effect nationwide. That seems far simpler and far less disruptive to both suppliers and beneficiaries than the program that CMS is now phasing in.

One aspect of the competitive bidding program that I fully embrace is the requirement that DME suppliers meet quality standards through an accreditation process. Unfortunately, as the Government Accountability Office and Office of Inspector General have told us in numerous reports, the DME industry has a ripe history of waste, fraud and abuse.

The program's accreditation provisions are a good start in tackling these problems, and our bill strengthens those requirements. Specifically, the bill sets a hard deadline of October 2009 for all DME suppliers to be accredited. It also addresses a loophole that currently allows subcontractors to remain unaccredited. It closes that loophole by requiring that every company that supplies DME items to Medicare beneficiaries, whether they are the primary supplier or have a subcontract to supply DME, must be accredited as meeting quality standards. Just recently, additional concerns have been raised about the quality of some of the accreditation organizations. While we did not address that in this bill, I believe the administration has both the authority and the obligation to ensure that accreditation is meaningful.

This bill was developed with strong bipartisan support and with input from patient advocates and industry representatives—many of whom have endorsed the legislation. It is the true definition of a compromise. It doesn't eliminate the program as some of us would have liked, but it lays out the standards for a much more fair and appropriate competitive bidding program for the future.

Again, as the program has shown, Medicare is overpaying for durable medical equipment. Enactment of this legislation reduces such overpayments and simultaneously paves the way for a better competitive bidding program for patients and suppliers. I am proud that we were able to develop this compromise and require the industry themselves to come to the table to help pay for the delay. This bill is in the best interest of our senior citizens and people with disabilities who depend on this equipment to maintain independent lives. I urge my colleagues to join us in acting swiftly to enact this much needed legislation.

Organizations endorsing the bill include: American Academy of Physical Medicine and Rehabilitation, American Association for Homecare, American Podiatric Medical Association, American Society of Transplantation, Consortium for Citizens with Disabilities Health Task Force, Health Industry Distributors of America, Invacare, ITEM Coalition, National Coalition for Assistive and Rehab Technology, National Community Pharmacists Association, Orthotic and Prosthetic Alliance, Pedorthic Footwear Association, Rite Aid, the Endocrine Society, Vision Council of America, Wound Ostomy Continence Nurses Society, 3M Corporation.

A more detailed summary of the bill follows:

MEDICARE DMEPOS COMPETITIVE ACQUISITION REFORM ACT OF 2008

Introduced by Reps. Stark, Camp, Rangel, Boehner, Dingell, Pallone and others,

SUMMARY

The Medicare DMEPOS Competitive Acquisition Reform Act of 2008 delays implementation of the Medicare durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) competitive bidding program. It would also make improvements to the bidding process, establish quality measures for DME suppliers in Medicare, and make additional changes to the program. The cost of the delay would be offset by a reduction in current DMEPOS payment rates.

BACKGROUND

Durable Medical Equipment (DME) has historically been paid using a fee schedule. The Balanced Budget Act of 1997 established a demonstration program to test competitive bidding as a new way to set payment for DMEPOS. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 went further, requiring CMS to implement competitive bidding nationally for the following selected categories of items and services: oxygen supplies and equipment; standard power wheelchairs and scooters; complex rehabilitative wheelchairs; mail-order diabetic supplies; enteral nutrients and equipment; continuous positive airway pressure (CPAP) devices and Respiratory Assist Devices (RADs); hospital beds; negative pressure wound therapy devices; walkers; and support surfaces, including mattresses. Under the program, suppliers bid to provide items for one or more of the categories in a geographic area. Those whose bids are awarded are then permitted to supply the selected items to beneficiaries; organizations that are not awarded bids are precluded from providing Medicare beneficiaries with DMEPOS items targeted for bidding in the bidding area. Unless this or other legislation is enacted to delay the program, Round 1, which affects 10 metropolitan statistical areas is slated to start on July 1. The agency is required to begin implementation of Round 2, which will affect 70 communities, in 2009, although CMS has not released the exact schedule. After Round 2 is completed, competitive bidding may be expanded across the country and prices may be adjusted in non-bid areas using information from the bidding program.

LEGISLATION

Temporary Delay Rounds 1 & 2

Terminate contracts awarded under Round 1 and restart the contracting process in those areas in 2009.

Round 2 contracting process would begin in 2011.

Payment adjustments for DMEPOS in non-competitive bid areas may not take effect until Round 2 is completed.

OFFSET

In January 2009, eliminate the annual inflationary adjustment for all items covered by Round 1 of the competitive bidding program and reduce payment rates for those items by 9.5 percent nationwide. This policy does not affect diabetic supplies furnished by retail suppliers because they were not covered by the bidding program.

Items that had been subject to the reduction would receive a 2 percent payment increase in 2014, except in any area where a competitive bidding contract is in effect or CMS has otherwise adjusted payment rates.

BIDDING PROCESS IMPROVEMENTS

Require CMS to notify bidders about paperwork discrepancies and give suppliers the opportunity to correct within a reasonable time frame.

Provide CMS the authority to subdivide MSAs with more than 8 million people.

Exempt rural areas and MSAs with a population of less than 250,000 from competitive bidding for at least 5 years.

Require that suppliers who bid on diabetic testing supplies offer brands that cover at least 50% of the market by volume (does not apply to Round 1).

Before using its authority to adjust prices in non-bid areas, CMS must issue a regulation and consider how prices set through competitive bidding compare to costs for such items in non-bid areas.

Require HHS's Office of Inspector General to verify calculations used to determine the pivotal bid amount and winning bid amounts.

QUALITY MEASURES

Require all suppliers to be accredited by October 1, 2009. Ensure that all suppliers, whether they are billing Medicare directly or are a subcontractor to another supplier, be subject to accreditation.

Require contracting suppliers to disclose all subcontracting relationships to CMS.

Exclude physicians and other practitioners from DMEPOS accreditation requirements

until CMS develops provider-specific standards. Allow CMS to waive physician accreditation if the agency determines they are subject to other mandatory quality requirements.

Establish a separate ombudsman within CMS to handle supplier and beneficiary issues related to the competitive bidding program.

OTHER CHANGES

Exclude complex rehabilitation wheelchairs, and related accessories when furnished with such wheelchairs, from competitive bidding.

Exclude negative pressure wound therapy from Round 1 and require CMS to evaluate how these items are coded and paid.

Exclude Puerto Rico from Round 1 re-bidding (did not receive enough valid bids in original Round 1 for CMS to award any contracts).

Allow physicians and other treating practitioners to supply ''off-the-shelf orthotics'' to their patients without being awarded competitive bidding contracts.

Allow hospitals in bidding areas to supply the same DMEPOS items that physicians and other practitioners will be able to supply (those that are considered an integral part of professional services) without being awarded contracts for those items.

Ensure that podiatrists and other similar practitioners can prescribe DMEPOS items by using broader definition of physician in Social Security Act. (This relates to a drafting error in MMA that pointed to the wrong definition of physician in the Social Security Act when requiring face-to-face examination in order to prescribe DMEPOS items.)

Delay mandated GAO report to coincide with delay to Round 1 and expand scope of report.

Provides CMS implementation funding of $120 million.

IN REMEMBRANCE OF MARVIN HIRSCHBERG

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. KUCINICH. Madam Speaker, I rise today in remembrance of Marvin Hirschberg, and in recognition of a life dedicated to his country, community and family.

Marvin Hisrchberg, a resident of Olmsted Falls since 1969, has a multifaceted and rich history of public service. He earned both his B.S. and M.S. degrees in Mechanical Engineering from the City College of New York in 1951 and from Case Institute of Technology in 1958. Marvin worked as a research scientist at NASA for forty-two years until his retirement in 1994. Despite his retirement from full-time work, he continued to be an active volunteer at NASA and in the Greater Cleveland Area. His dedication to the environment and to the Olmsted Falls community earned him recognition as Olmsted Falls Citizen of the Year in 1998. Marvin was imperative in initiating the city's recycling program and served on the Environmental Protection Board. He and his wife, Ann, worked together mentoring students through the American Field Service (AFS), a program which enables resident high school seniors to study abroad and students from around the world to study in Olmsted Falls.

Marvin was also a key member of the Olmsted Falls Airport Committee. He applied his knowledge as a NASA engineer to the civic efforts of Olmsted Falls residents to exercise oversight of the City of Cleveland's airport planning. As a result of his knowledge and research on sound, his dogged pursuit of a better way of planning airport expansions, and his dedication to citizenship as a resident and leader in his community, Marvin helped make Olmsted Falls a quieter place and helped make the City of Cleveland and Hopkins International Airport a better neighbor.

Mr. Hirschberg is survived by his loving wife, Ann, his children, Leslie Vickery, Eric and Lora Hirschberg, and his nine grandchildren; Daniel and Emily Olah, Benjamin and Samuel Vickery, Adam, Claire, and Valerie Hirschberg, and Eva and Alice Nowell.

Madam Speaker and colleagues, please join me in celebrating the life of Marvin Hirschberg, who committed his life to serving his country, community and family.

PERSONAL EXPLANATION

HON. STEVE COHEN

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. COHEN. Madam Speaker, I rise to note that I would have voted in favor of both the Motion to Refer H. Res. 1258 to the Committee on the Judiciary (Roll. No. 401) and H. Res. 1235 (Roll No. 402). I was obligated to leave the House floor before the close of votes in order to speak with several important witnesses and supporters just prior to a committee hearing that was scheduled to commence immediately after that series of votes.

H.R. 6229 MAYOR WILLIAM ''BILL'' SANDBERG POST OFFICE

HON. BETTY McCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Ms. McCOLLUM of Minnesota. Madam Speaker, I have the pleasure of introducing H.R. 6229, legislation to name the Post Office located at 2523 7th Avenue East in North Saint Paul after Mayor William ''Bill'' Sandberg, the longtime Mayor of North Saint Paul, Minnesota.

Bill Sandberg was born in 1932 in the Selby-Grand neighborhood of Saint Paul. His family later moved to North Saint Paul, where he lived the remainder of his life. He graduated from North Saint Paul High School in 1950 and the University of Minnesota in 1954. After serving in the Army in the 1950s, Bill joined the family business, Sandberg Funeral Home in North St. Paul as funeral director. He later served as an associate of Johnson-Peterson Funeral Home of St. Paul and White Bear Lake and was active in the Minnesota Funeral Directors Association and a Heritage Club member of the National Funeral Directors Association (NFDA). Throughout his career, Bill was a well respected business owner and a leader in the small business community.

Bill Sandberg was first elected Mayor of North Saint Paul in 1978, reelected for seven more terms, and served with honor and distinction until his passing on April 20, 2008. Throughout his 30 year career as Mayor, he brought people together to solve divisive issues such as the reconstruction of Highway 36 because he always put public service, common sense, and the citizens of North Saint Paul first. As a man of strong religious faith, Bill organized Mayor's Prayer Breakfasts where people of all faiths could come together to celebrate community and support one another.

I want to thank the entire Minnesota Delegation for cosponsoring this legislation that pays tribute to a dedicated public servant, wonderful human being, and dear friend and mentor. Those of us who knew Bill also know well his loving devotion to his wife Dolores, daughter Karen, and grandchildren Carolyn and William.

EXPRESSING CONCERN ABOUT HIV/AIDS EPIDEMICS IN THE CARIBBEAN

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. RANGEL. Madam Speaker, I rise today to express my concern about the increasing rate of HIV/AIDS infections in the Caribbean.

Caribbean nations are the areas of the highest occurrence of the HIV/AIDS disease. United Nations reports that Haiti, Belize, Barbados, the Bahamas and other neighboring countries have the prevalence ratio which comes second only after the sub-Sahara region. The developing countries are hit hardest by these epidemics, which are devastating families, labor forces and economies. Undoubtedly, substantial progress has been made in preventing and treating the disease. Many people in the Caribbean are provided with life-prolonging anti-viral medications and therapies. A growing number of pregnant women are receiving drugs that prevent passing the viruses from mother to child during pregnancy and child-labor. Still, many more people are urgently in need of medications to keep them alive. In 2007, nearly 2.5 million people were newly infected, mainly from the Caribbean and sub-Sahara regions. Developing countries work hard on providing the poor with life-saving medications. It is crucial that they continue such important work.

Universal access and reduced cost of disease-fighting drugs remain the main issues in dealing with the HIV/AIDS epidemic. I hope that many more Americans are concerned about the spread of the HIV/AIDS disease and join in the struggle against the deadly virus.

RECOGNIZING EMERGENCY MANAGERS IN BARTHOLOMEW COUNTY

HON. MIKE PENCE

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 12, 2008

Mr. PENCE. Madam Speaker, I rise today to commend and recognize the extraordinary contributions of emergency management, disaster response, and recovery personnel as well as elected officials and community leaders in my district devastated by the recent severe weather in Indiana.