

on bat-making full time, and the company made the change from producing stair rails and butter churns to Louisville Sluggers.

Thousands of ballplayers of every age have since swung the Louisville Slugger at every level of the game, including many of the all-time greats: Ty Cobb, Babe Ruth, Joe DiMaggio, Mickey Mantle, Jackie Robinson, Roberto Clemente, Hank Aaron and Louisville's own, Pee Wee Reese.

Each player specified the measurements for the bat they wanted, and Louisville Slugger developed a unique model that was their own. Ted Williams, one of the greatest hitters of all time, personally traveled to the factory in Louisville throughout his career to pick out his bats. Not by coincidence, he broke the coveted .400 batting average barrier in three seasons and had a career average of .344. Ted acknowledged that he had a little help, famously saying, "I would have been a .290 hitter without Louisville Slugger."

This resolution is a commemoration of the legacy of the Louisville Slugger but also the success of Hillerich & Bradsby, a company that remains committed to Louisville after 125 years. That commitment translates into a lasting impact on our region, with the jobs the company creates at its factory and museum and the economic benefit that comes from thousands of visitors who travel to Louisville every year to see the place where the Slugger is made. Louisvillians take great pride in the fact that the slugger is created in our own backyard, and all of us should take great pride in a company that was built 125 years ago on the American spirit of entrepreneurship and is, itself, now one of our great American icons.

I am honored to celebrate the legacy of the Louisville Slugger and the Hillerich & Bradsby Company, and I urge my colleagues to join me in supporting this resolution.

Mr. TERRY. I think for the TV viewers, it's important to note that Mr. YARMUTH isn't that short. It's that the bat is that big.

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

Mr. PALLONE. Having no additional speakers, Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CUELLAR). The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and agree to the resolution, H. Res. 314.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

DELAYING MEDICARE ACCREDITATION REQUIREMENT DATE

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 3663) to amend title XVIII of the Social Security Act to delay the date on which the accreditation requirement under the Medicare Program applies to suppliers of durable medical equipment that are pharmacies.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3663

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXTENSION OF MEDICARE DME ACCREDITATION DEADLINE FOR CERTAIN PHARMACIES.

(a) IN GENERAL.—Section 1834(a)(20)(F)(i) of the Social Security Act (42 U.S.C. 1395m(a)(20)(F)(i)) is amended by inserting before the semicolon the following: “, except that the Secretary shall not require under this clause pharmacies to obtain such accreditation before January 1, 2010”.

(b) CONSTRUCTION.—Nothing in subsection (a) shall be construed as affecting the application of an accreditation requirement for pharmacies to qualify for bidding in a competitive acquisition area under section 1847 of the Social Security Act (42 U.S.C. 1395w-3).

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD.

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

There was no objection.

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

Presently under Medicare, pharmacies supply Medicare beneficiaries with durable medical equipment, or DME, such as canes, crutches and diabetes testing strips. Pharmacists not only provide access to these items but also provide critical services, such as counseling on patient compliance and adherence, which often results in improved health outcomes.

In spite of the important and positive role that many pharmacists play in the Medicare DME program, in the past there has been a lot of fraud and abuse that has occurred in the world of DME supply. Accordingly, Congress stepped in and imposed new requirements on DME suppliers that would help rout out fraud, waste and abuse. One of the requirements is to require suppliers of durable medical equipment to obtain quality accreditation by October 1, 2009, or this Thursday, tomorrow.

Requiring DME suppliers to be accredited would help ensure that the integrity of the Medicare program is protected and makes sure that beneficiaries have access to quality services and supplies. Unfortunately, as pharmacists have tried to comply with this

new requirement, those charged with providing accreditation have been unable to keep up with the demand.

Accordingly, a backlog of applications now exists, and there is little hope of having them completed by this week's deadline. If we do nothing, Mr. Speaker, countless pharmacies across the country will be left in limbo, possibly causing problems for beneficiaries seeking to access the DME supplies that they need. Congress should do everything it can to avoid this kind of disruption. The health reform bill provides some relief in this area, but its details are still being worked out.

That's why I urge my colleagues on both sides of the aisle to support this commonsense measure which will temporarily delay the accreditation requirement from taking effect. Congress can fine-tune the health care reform legislation to address any remaining problems after January 1, which is the new deadline.

I want to thank my colleague on the Energy and Commerce Committee, Mr. SPACE of Ohio, for spearheading this effort, as well as Representatives JO ANN EMERSON, MARION BERRY and JERRY MORAN.

I reserve the balance of my time.

Mr. TERRY. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of H.R. 3663, a bill to delay the date for accreditation of durable medical equipment suppliers for 90 days. I want to thank my colleague from Ohio (Mr. SPACE) for bringing this legislation to the floor today and to correct a provision in the Medicare Improvements for Patients and Providers Act of 2008. That law, which was approved by the House last year, required suppliers of durable medical equipment, DME, to get accreditation before applying to the Centers for Medicare & Medicaid Services to meet the quality standards before being awarded a contract under the Medicare DMEPOS competitive bidding program. The law carved out an exemption for certain physicians and other treating practitioners and also gave the Secretary of HHS the authority to exempt others.

By regulation, CMS determined that pharmacists would fall under this exemption and not be required to obtain accreditation in order to sell durable medical equipment to consumers. Brick and mortar pharmacies, however, would be subject to CMS accreditation under the CMS rules.

The bill would fix this problem and extend the period of time for CMS to complete the accreditation process for those pharmacies that have filed their paperwork. The bill also includes language clarifying that the 90-day extension would not apply to those suppliers wishing to participate in competitive bidding for certain durable medical equipment.

The issue that is facing us here today is that only about 43 percent of the pharmacies have actually had their inspection and review, leaving 50 percent of them out there dangling because of

the backlog from the inspections. So hopefully within the next 90 days from this extension, we'll be able to get caught up, and all of them will be able to continue to sell durable medical goods to the patients who require such goods.

Therefore, I encourage all of my colleagues to vote "yes" for this. Again, I want to thank Mr. SPACE, Chairman WAXMAN, Ranking Member BARTON, and Mr. PALLONE for acting so quickly on this when Mr. SPACE and I brought it up last week for attention.

With that, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. SPACE), who is the sponsor of this legislation.

Mr. SPACE. Mr. Speaker, I rise in support of H.R. 3663, legislation that I introduced with my friend, Mr. TERRY from Nebraska, which will delay implementation of accreditation requirements imposed on America's pharmacies who offer service to Medicare beneficiaries. I think that my colleague from Nebraska as well as my colleague, Chairman PALLONE from New Jersey, have done an ample job explaining the predicament that we find ourselves in with regards to the accreditation and surety bond requirements that will be imposed effective tomorrow.

Certainly, I would like to extend my gratitude to Chairman WAXMAN, Ranking Member BARTON, of course Chairman PALLONE, and others as well for their assistance in providing us with a prompt forum for consideration.

What I would like to do is spend just a moment explaining what the implications of failure to act may be on the millions of Medicare beneficiaries across the country. Ohio's 18th Congressional District is an entirely rural part of the country. Some of our counties, Morgan County, Ohio, for example, is served by one pharmacist, one pharmacy in the entire county. If that pharmacy, as an example, were to lose its ability to provide things like diabetic test strips to its patients, those patients would be required to drive up to an hour just to get to a pharmacy where they sell those.

The net effect of that would be that people will not be able to buy diabetic test strips, people that need them desperately. One of the issues that has been lost in the ongoing debate regarding health care reform in this country has been the challenges that rural America faces in accessing adequate health care.

As is the case with so many other issues, whether it be access to technology, access to education, access to infrastructure, we in rural America suffer from a lack of access to health care. We cannot afford to suffer any further, and this legislation will help overcome one of those challenges.

So I urge my colleagues on both sides of the aisle for prompt passage today. I think it's also worth noting that this

issue is addressed in H.R. 3200; but because of this House's intent to thoroughly deliberate that legislation, we've not been able to see passage to this point. I look forward to working with my colleague from Nebraska and my colleagues on both sides of the aisle in resolving this issue promptly.

Mr. TERRY. I thank the gentleman from Ohio for his kind comments. I appreciate it very much, and I enjoyed working with him.

At this time I yield 4 minutes to the gentleman from Kansas (Mr. MORAN), one of the co-chairs of the House Pharmacy Caucus.

Mr. MORAN of Kansas. Mr. Speaker, I thank the gentleman from Nebraska and the gentleman from Ohio for this legislation. I am a supporter of H.R. 3663. In Kansas and across America, the relationship between pharmacists and patients is a vital part of the way we deliver health care. Patients depend upon pharmacists for information counseling to ensure that they receive quality products and medical services.

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My mom and dad are 92 and 93 and still live in my hometown of Plainville, Kansas, a town of about 1,900 people. My dad can be stubborn about going to the doctor because the doc may tell him he's not 100 percent healthy. But my dad has morning coffee with Keith Unrein, our local pharmacist, and Keith keeps a watchful eye on my dad's health. Access to pharmacies and other health care services determines whether Plainville and other Kansas towns survive and flourish, and we must protect and foster these health facilities.

The Centers for Medicare and Medicaid Services has required pharmacies that provide diabetes testing supplies and other medical equipment to obtain accreditation by October 1, 2009, in order to dispense these important supplies to Medicare patients. H.R. 3663, as we have heard, will extend this accreditation deadline to January 1 and give Congress the time it needs to better address this issue.

Many Kansans live in areas with too few doctors and nurses to meet their primary care needs. At the same time, the average age of Kansans is getting older. Often pharmacists are Kansans' most direct link for health information and counseling and the only place for miles that we can obtain much-needed medical equipment to keep us healthy.

However, according to CMS's own estimate, 25,000 medical equipment suppliers will exit the Medicare program due to this new accreditation requirement. We should be encouraging our pharmacies and other medical professionals to provide care to their communities, not burden them with cost-prohibitive regulatory requirements that do not increase patient safety or expand access for these patients.

In conclusion, Mr. Speaker, I urge passage of this bill to protect Medicare beneficiaries' access to their necessary medications and supplies from their trusted pharmacist.

Mr. TERRY. Mr. Speaker, I yield the balance of my time to the gentleman from California (Mr. HERGER), member of the Ways and Means Committee, and I ask unanimous consent that he be allowed to control that time.

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

There was no objection.

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

I rise in support of H.R. 3663, which very simply delays the quality accreditation requirements for pharmacies until no sooner than January 1, 2010. Without this legislation, accreditation requirements would go into effect tomorrow and many pharmacies would not be able to supply our Medicare beneficiaries with needed, durable medical equipment such as diabetes testing strips or canes.

I've heard from a number of independent pharmacies in my rural northern California district who have expressed serious concerns about the cost of complying with this new regulation. In many cases, these pharmacies are the only source of basic medical supplies for miles around and they are already strapped for cash because of reimbursement charges at the Federal and State level. Along with many of my colleagues on both sides of the aisle, I have taken the position that State-regulated pharmacies should be completely exempted from the accreditation requirement. At a minimum, I believe all Members can support a short delay in the deadline.

Certain eligible professionals, such as physicians, are exempt from the requirement for DME suppliers to be accredited as compliant with quality standards. Although pharmacists themselves would be exempt for purposes of DME, it's the physical pharmacy that has the Medicare provider number, and the Centers for Medicare and Medicaid Services, CMS, did not exempt pharmacies from the accreditation requirement.

Mr. Speaker, we must make it a priority to reduce waste, fraud, and abuse in Medicare, and we need strong quality standards for DME suppliers. There are simply too many cases of fly-by-night suppliers who have defrauded the Medicare program and the taxpayers by submitting millions of dollars in fake claims for power wheelchairs and other high-end DME.

However, most pharmacies do very little DME business, mostly involving small items like diabetes testing supplies. In addition, pharmacies are regulated at the State level, so those that engage in questionable activities can be identified and prosecuted. I'm confident that the quality accreditation program, with a reasonable exemption for pharmacies, will greatly reduce the \$1 billion Medicare spent in 2007 in improper payments for medical equipment and supplies, and I will continue to support the program.

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

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

Mr. HERGER. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia, Dr. PRICE.

Mr. PRICE of Georgia. I thank my friend from California for leading on the issue of health care and for yielding me time.

Mr. Speaker, as a physician, I have passionately worked, since the moment I began in public service and even before then, for positive solutions in the area of health care, solutions that allow patients to have the highest quality of care. And in debate here on the floor of the House especially in the area of health care, Americans are anxious for open and honest deliberation and discussion, which is why what occurred on the floor last night was so very, very troubling.

Mr. Speaker, as you may know, Representative GRAYSON from Florida came to the floor for a speech and said that the Republican plan for health care is for Americans to, and I quote, "die quickly." In fact, he concluded his remarks by saying, "Remember, the Republican plan: Don't get sick. And if you do get sick, die quickly."

Mr. Speaker, it's that type of presentation that debases and denigrates our proceedings here in the House and it does a disservice to all Americans.

I have a privileged resolution that I'm not going to introduce today, but it's a resolution that parallels the previous resolution that was handled here in the House, that calls on the House to recognize that that kind of behavior is disapproved of by the House of Representatives. But in an effort to try to give the Representative from Florida, Mr. GRAYSON, an opportunity to recognize that his comments were, in fact, a breach of decorum, we respectfully request that he apologize to our leader. And I call on all Democrat Members of the House and all Democrat leaders to demand that he apologize, just as one of our Members did earlier.

Mr. Speaker, the American people want open and honest discussion, yes, but they want respectful discussion. We call on Mr. GRAYSON to apologize. Mr. Speaker, it's the right thing to do.

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

Mr. HERGER. Mr. Speaker, this is a good, commonsense bill with broad support from both Democrats and Republicans. This is an example of the way that health care policy should be handled in this Congress. I urge an "aye" vote.

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

Mr. PALLONE. Mr. Speaker, in closing, I just want to mention that my colleague Mr. STARK, from the Ways and Means Committee, wanted to speak in favor of this bill but was unable to be here. I also neglected to thank Mr. TERRY, who was the lead Republican sponsor of the legislation.

I urge passage of the bill.

Mr. POMEROY. Mr. Speaker, I rise in support of H.R. 3663, bipartisan legislation that I introduced with Congressmen ZACH SPACE (D-OH) and LEE TERRY (R-NE) which will delay implementation of flawed accreditation requirements imposed on America's pharmacies who offer service to Medicare beneficiaries.

Starting tomorrow pharmacies will be required to meet new accreditation requirements in order to participate in Medicare's Durable Medical Equipment Prosthetics, Orthotics and Supplies (DMEPOS) program. This program ensures that seniors covered under Medicare have access to critical medical supplies and Part B medications.

I have heard first hand from pharmacists across my state of North Dakota about the negative impact saddling these new costly and burdensome accreditation requirements will have on seniors' access to supplies and medications that pharmacists provide, especially diabetes testing strips. These local pharmacists have been faced with the tough choice of spending thousands of dollars they do not have to fulfill these accreditation requirements or leave seniors will no affordable access to the critical supplies and medications they need.

Both the House and Senate have included in their health care reform proposals important changes to these flawed regulations that will protect seniors' access to their medications and supplies. However, we have not yet been able to complete consideration of this legislation before the October 1st effective date.

By enacting H.R. 3663, which provides a three month extension of the DMEPOS accreditation requirement date for pharmacies, we will be providing Congress the additional time it needs to reform these important rules. Doing so will enable seniors to continue receiving valuable health care products at community pharmacies without disruption.

H.R. 3663 is important legislation that will protect America's Medicare beneficiaries. Leadership did the right thing bringing this important legislation to the House floor and I urge my colleagues to support it.

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 New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 3663.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

FOREIGN EVIDENCE REQUEST EFFICIENCY ACT OF 2009

Mr. SCHIFF. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1289) to improve title 18 of the United States Code.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1289

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Foreign Evidence Request Efficiency Act of 2009".

SEC. 2. IMPROVEMENTS TO TITLE 18.

Title 18 of the United States Code is amended—

(1) in section 2703—

(A) in subsection (a), by striking "by a court with jurisdiction over the offense under investigation or an equivalent State warrant" and inserting "(or, in the case of a State court, issued using State warrant procedures) by a court of competent jurisdiction";

(B) in subsection (b)(1)(A), by striking "by a court with jurisdiction over the offense under investigation or an equivalent State warrant" and inserting "(or, in the case of a State court, issued using State warrant procedures) by a court of competent jurisdiction"; and

(C) in subsection (c)(1)(A), by striking "by a court with jurisdiction over the offense under investigation or an equivalent State warrant" and inserting "(or, in the case of a State court, issued using State warrant procedures) by a court of competent jurisdiction";

(2) in section 2711(3), by striking "has the meaning assigned by section 3127, and includes any Federal court within that definition, without geographic limitation; and" and inserting the following: "includes—

"(A) any district court of the United States (including a magistrate judge of such a court) or any United States court of appeals that—

"(i) has jurisdiction over the offense being investigated;

"(ii) is in or for a district in which the provider of a wire or electronic communication service is located or in which the wire or electronic communications, records, or other information are stored; or

"(iii) is acting on a request for foreign assistance pursuant to section 3512 of this title; or

"(B) a court of general criminal jurisdiction of a State authorized by the law of that State to issue search warrants; and";

(3) in section 3127(2)(A), by striking "having jurisdiction over the offense being investigated;" and inserting the following: "that—

"(i) has jurisdiction over the offense being investigated;

"(ii) is in or for a district in which the provider of a wire or electronic communication service is located;

"(iii) is in or for a district in which a landlord, custodian, or other person subject to subsections (a) or (b) of section 3124 of this title is located; or

"(iv) is acting on a request for foreign assistance pursuant to section 3512 of this title;";

(4) in chapter 223, by adding at the end the following:

"§ 3512. Foreign requests for assistance in criminal investigations and prosecutions

"(a) EXECUTION OF REQUEST FOR ASSISTANCE.—

"(1) IN GENERAL.—Upon application, duly authorized by an appropriate official of the Department of Justice, of an attorney for the Government, a Federal judge may issue such orders as may be necessary to execute a request from a foreign authority for assistance in the investigation or prosecution of criminal offenses, or in proceedings related to the prosecution of criminal offenses, including proceedings regarding forfeiture, sentencing, and restitution.

"(2) SCOPE OF ORDERS.—Any order issued by a Federal judge pursuant to paragraph (1) may include the issuance of—

"(A) a search warrant, as provided under Rule 41 of the Federal Rules of Criminal Procedure;

"(B) a warrant or order for contents of stored wire or electronic communications or