

Kingman and Heritage Islands a center for environmental education recreation and restoration of the Anacostia River ecosystem passed in the House last year and I am working hard to get it through the Senate this year. This bill simply requires the federal government to continue its recent commitment to protecting and cleaning our waters, as well as to be a good neighbor here in the District and throughout the country.

I urge my colleagues to support this bill.

HONORING DENNIS SHEPHERD—
2010 SODEXO HERO OF EVERY-
DAY LIFE

HON. WALTER B. JONES

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. JONES. Madam Speaker, in this world of such negativity, I think it is important to bring attention to the good things people do for others.

My constituent, Dennis Shepherd of Hubert, NC, has been declared a "2010 Hero of Everyday Life" by the Sodexo Foundation. The Sodexo Foundation is a committed force that contributes to ending hunger in America.

Every year since 2000, the Sodexo Foundation has recognized Sodexo employees who invest their time, talent, and service spirit in helping some of the 49 million people who are at risk of hunger in the United States. Nominated by a colleague, friend, or employer, selected Heroes are honored by the foundation and a donation is made to their local hunger-related charities of choice.

After serving 22 years in the United States Marine Corps, Dennis has been instrumental in the success of Sodexo Servathon at the USMC by organizing and delivering food donations to the Onslow Community Ministries Kitchen and Jacksonville Food Bank. Since 2004, Dennis has collected and delivered 18,000 pounds of food.

After Dennis finishes his regular work day, he volunteers at least 10 hours a week, doing charitable jobs including cutting grass and baking cakes to help gather food donations, supplies, and money for local charities. Dennis also engages in creative activities such as posting advertisements to help spread the word and encouraging others to help support people in need throughout the community.

Since 2004, Dennis has collected donations valued at \$20,000 for children and families in need. The award from the Sodexo Foundation has continued to open doors to Dennis' work. So far in 2010, he has already raised \$17,000—plus a \$5,000 grant that he received as part of the Heroes of Everyday Life award.

Dennis has been married to his wife Naomi for 19 years. He met Naomi while stationed in Okinawa, Japan during the 16 years he spent there with the United States Marine Corps.

Dennis also finds time to be a devoted father to his three children, Jonathan, Christina and Vega.

People like Dennis Shepherd make our world a better place to live, and I am proud that Dennis and his family live in the 3rd district. We could all learn from Mr. Shepherd's example and do more for our communities.

May God continue to bless Dennis Shepherd and his family, may God bless our men

and woman in uniform, and may God continue to bless America.

TATE LINDEMANN

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. PERLMUTTER. Madam Speaker, I rise today to recognize and applaud Tate Lindemann who has received the Arvada Wheat Ridge Service Ambassadors for Youth award. Tate Lindemann is a 7th grader at Oberon Middle School and received this award because his determination and hard work have allowed him to overcome adversities.

The dedication demonstrated by Tate Lindemann is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations once again to Tate Lindemann for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt he will exhibit the same dedication and character to all his future accomplishments.

AAPI HOSTS SUCCESSFUL
CONVENTION

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. WILSON of South Carolina. Madam Speaker, I rise to commend the American Association of Physicians of Indian Origin for their successful 28th annual convention. I was honored to join AAPI members from around the country at a reception on Capitol Hill, where nearly 500 physicians from 27 states had registered to make their voices heard in Congress.

As the past co-chair of the Congressional Caucus on India and Indian Americans, I have seen firsthand the professionalism, dedication, and success of Indian American doctors from rural and medically underserved areas to cities across South Carolina. I was recruited for the Caucus before I was elected by noted Lexington physician Dr. Kaushal Sinha and his wife Arunima, of Irmo, South Carolina.

I want to commend Dr. Vinod K. Shah of Maryland for his successful presidency and wish Dr. Ajeet R. Singhvi of California the very best as he leads AAPI forward.

This is an historic period for South Carolina where State Representative Nikki Haley of Lexington, a very successful legislator of Indian heritage has served as a Majority Whip and is now a nominee for Governor.

In conclusion, God bless our troops and we will never forget September 11th in the Global War on Terrorism.

THE REAL WORLD CONSEQUENCES
AND UNCERTAINTIES OF
HEALTH CARE REFORM

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. BURTON of Indiana. Madam Speaker, I have come down to this Floor many times over the past year and a half to share with my colleagues my profound concerns over the direction the Majority was taking with regard to health care reform. Regrettably, the enactment into law of Patient Protection and Affordable Care Act—accomplished via an unprecedented and extraordinary misuse of budget reconciliation rules—did nothing to alleviate my concerns. In fact, now that health care reform is law and the American people can finally see, in the full light of day, the law that the Democrat Majority wrote and jammed down their throats, a strong preponderance of Americans want this turkey of a law repealed.

I am firmly convinced that the credibility gap between what the Majority claimed its health care reform bill would do, and what all of the experts say it will actually do now that it is law, is a large part of why, according to the latest Gallup opinion poll, only 20% of Americans, a mere 2 in 10, have a favorable opinion of this Congress.

This Majority and this Administration has shown more disregard for the opinions and desires of the American people than any Congress and any presidential Administration, certainly of the modern age, if not history. It is time we listen to the American people; listen to the ordinary moms and dads and the small business owners who must live with the consequences—intended and unintended—of the laws that we pass.

To that end, I would like to share with my colleagues a letter I received from Pharmakon Long Term Care Pharmacy, Inc. and Pharmakon Pharmaceuticals; two Indiana corporations that provide pharmacy services to Indiana nursing and institutional facilities. Founded in 2003, these two companies have grown to over one hundred and fifty, 150, full-time employees serving more than six thousand, 6,000, people throughout Indiana and part of Illinois. I ask unanimous consent to include a copy of the letter in the CONGRESSIONAL RECORD after my statement.

I ask my colleagues to pay particular attention to the questions and concerns expressed in the letter about the Patient Protection and Affordable Care Act but I think it is also important to understand their observations about problems with Medicare and insurance billing as well as their concerns about DEA rules when it comes to dispensing medications; because these are the kinds of real world problems in our health care system that we should have been working to resolve if only we had been listening.

LETTER TO CONGRESSMAN BURTON ON
HEALTHCARE

MAY 27, 2010

Congressman DAN BURTON,
Rayburn House Office Building,
Washington, DC.

Pharmakon Long Term Care Pharmacy, Inc. and Pharmakon Pharmaceuticals (d/b/a Pharmakon Compounding, Inc.) Inc. are two Indiana Corporations founded by Paul J. Elmer R.Ph. Pharmakon Long Term Care

Pharmacy, Inc. was founded in 2003 with the purpose of providing pharmacy services to Indiana Nursing Facilities and Institutional Facilities. Since its founding Pharmakon has grown from 5 employees to a company with over 150 full time employees; serving more than 6,000 individuals throughout Indiana and part of Illinois. Carol and Paul Elmer, R.Ph. founded Pharmakon Pharmaceuticals, Inc. in 2006 with the purpose of providing medications to hospitals run by the Department of Defense, throughout the United States. Pharmakon Pharmaceuticals has a current staff of 25 employees with an expected growth of over 100 within the next two years. In the past 7 years, both Pharmakon LTC Pharmacy and Pharmakon Pharmaceuticals have been able to provide jobs in this rough economy and continue to grow and provide services to our most vulnerable population, the elderly.

Currently, the Pharmakon Long Term Care Pharmacy, Inc. experiences multiple barriers as a long-term care pharmacy. A long-term care pharmacy differs from your local retail pharmacy in that it is a highly specialized organization, with the primary purpose of providing pharmacy services (medications, medical supplies, consultant services, and the such) to the elderly and institutional residents in nursing facilities and various institutional facilities, such as mental hospitals. Because it is a highly specialized pharmacy, it faces multiple barriers daily, which make it extremely difficult at times to provide the required services to the most fragile population in the American Society. These barriers are not challenges but are rather outright problems that must be solved in order for these individuals to receive the service and care they deserve. The following are examples of some of our current barriers, none of which are addressed in the current Healthcare Reform.

First, most pharmacy bills come due the 15th of the month or the 30th of the month. The problem with this is that the pharmacy is not paid on insurance claims for usually 30 days; however, it is more common for the insurance company to take up to 60 or even 90 days to pay the pharmacy. In addition any claims submitted to Medicare Part B or D generally are not paid to the pharmacy for 30 to 90 days. So while the pharmacy must pay its bills when they come due, the insurance and government plans generally do not pay within a timely matter—this thus leaves the pharmacy with an ongoing debt.

Furthermore, another payment problem with Part D is whom does the pharmacy contact when there are problems with Part D? It would be beneficial for the pharmacy to know who holds the position of managing the administration of the government program. For example, when the pharmacy is not getting paid on claims by Part D Anthem who can they contact to get this resolved? The pharmacy, cannot continue to operate without getting paid; we set out to create jobs in the community while servicing some of the most vulnerable populations; however, when the pharmacy is not being paid, we cannot pay our bills or employees and thus those who need our services cannot receive the services and goods they require in some cases to continue living.

With that being said, another barrier the Pharmacy continues to run into is Prior Authorizations. We, as a pharmacy, have had to hire a nurse to work on prior authorizations due to the fact that the nursing staff at the facilities has no time to handle these and the doctors generally refuse to do them. We must contact the insurance company for prior approval for a medication. Generally, on a good day, it is a 30-minute phone conversation with the insurance company; however in some instances it may take up to 72

hours for the insurance company to reply and say yes. While we wait for the insurance company's reply, the individual is suffering in pain waiting for their medications. Because we must contact the insurance company for a prior authorization this slows our ability to get the medication to the individual, leaving them suffering in pain.

Additionally, many hours are spent handling, monitoring and appealing insurance audits; rather than providing pharmacy services. Insurance audits have become burdensome; we understand the need for them; however, insurance companies do not understand the Long Term Care Industry and the majority of the time as it relates to these audits is spent on educating the insurance company about this industry. Once educated we usually win the audit; however, the time it takes to reach this result, takes away from our primary purpose, which is providing pharmacy services. Additionally, the time frames set forth by the insurance company are not realistic; they are too short for a pharmacy to return with proper information and many times, we end up paying for something that was originally covered and properly processed to begin with.

Similarly, insurance formularies are not conducive to residents in a Long Term Care Facility; for example, many do not cover IV therapy, in which case we must get an override in order to provide the necessary medication to the individual and even with that we are audited for those claims. It appears from our point of view that the insurance companies do not grasp that these residents are cared for 24/7 by healthcare professionals of many different disciplines and when they are denied various medications due to the formularies, they lay in pain suffering until we can finally get the needed medications covered. These individuals pay for plans to cover their medications, in most cases these are expensive medications which the individual themselves more than likely could not pay for out of pocket. Additionally, we are not in the business of providing free, expensive medications; as much as we would like to, we cannot pay our employees while handing out free medications. Since we cannot just give the medications away, and since the patient cannot pay for it and nor will the insurance; we are left in a difficult position while the individual suffers.

Finally, one of our biggest barriers is the DEA not treating nurses in long-term care facilities as agents of the prescribing doctor when it comes to controlled substances. There are times when a resident needs an emergency dosage of a Controlled Substance, generally a Schedule II, and the nurse must call a doctor who is generally not near a fax machine. The nurse may not call in the prescription due to the fact that the nurse is not considered an agent of the doctor by the DEA and thus the pharmacy must attempt to reach the doctor via phone before sending out the medication; which can take hours; all the while the resident is agonizing in pain. If the nurse would be permitted to be an agent of the doctor this would reduce the time between when the order is called in and when it is delivered to the individual.

HOW WILL THE PATIENT PROTECTION AND AFFORDABLE CARE ACT EFFECT PHARMAKON LONG TERM CARE PHARMACY AND PHARMAKON PHARMACEUTICALS, INC.?

First, there are several sections that state the employer must provide affordable coverage, but who is determining what is affordable? In some instances, our hourly individuals may want to opt out and purchase from the exchange because to them they may find one a plan on the exchange more to their liking and more what they deem affordable opposed to the plan we offer. Why should we be

punished for the decision that the individual makes. We, as a corporation, cannot force our employees to spend their hard earned wages toward something they may personally decide either (a) they have no interest in procuring from us (b) find that they just do not think they can afford it or (c) they have no interest in purchasing period from us or the exchange. The affordability is truly a personal decision and should be left to the individual to decide and the employer should not be punished for the individual's decision. Furthermore, there is also the issue that in some cases, our employees may choose just not to purchase insurance from us or from an exchange and again we cannot force them to buy it. We have many employees who just choose not to buy the insurance we currently offer. Additionally, the Bill states that the Employer is responsible to cover 60% of all health care; for our particular business this is a large sum that we just possibly could not do and continue to pay our employees at their current rates. If we are forced to cover 60%, there is a good chance that we would have to lay off many employees in order to be able to provide the required healthcare coverage.

Under this Bill, HSA cannot be used for over the counter drugs, this seems to be counterproductive. The purpose of an HSA is for the individual with a high premium to use those monies for office visits, medication, and the such. In some instances, why should an individual visit the doctor to receive a prescription for Claritin-D just so that they can use their HSA, now the individual will have to pay for the office visit, which in the scheme of things may be more costly than just buying the medication out of pocket. In all reality this is the individual's hard earned money, the government should not tell them how they may spend it; especially when it comes to accounts set up just for health care concerns. Yes, people may be irresponsible; but at some point, the government needs to just trust that its citizens will do the right thing and use their non-taxed dollars on their health care. We at Pharmakon have HSA accounts due to our high premiums; we believe that it should be the individual's decision as to how to spend their monies and if they choose to purchase Over the Counter medications, which they need then they should be permitted to use their HSA accounts.

The Class Act states that an employee can enroll and disenroll but how will this affect the employer? If an employee chooses not to enroll, will we the employer be penalized? Again, we cannot force our employees to do something they do not want; nor can we force them to spend their hard-earned money on something they have no desire to. Additionally what protections are there that we will not be forced to enroll all employees in this when it becomes apparent that it cannot support itself?

The Bill sets up Health Information Technology; however, it is vital to ensure that Long Term Care especially the Long Term Care Facilities and Pharmacies are brought to the table in this process. We must realize that in a few years, the baby-boomer generation will be the new class of residents in these Long Term Care Facilities and with this increase of resident population; we must look to the LTC community for suggestions as it relates to Health Information Technology. Many do not realize that while the pharmacies may be state of the art, many of the facilities are not equipped with some of the most basic technology; additionally most of the staff would be in complete shock if they were just slammed with this new technology; thus input from the LTC area is extremely vital. Furthermore, the way things are done in a doctor's office and hospital do

not always transfer as easily to LTC settings. HIT while vital and extremely beneficial will be useless in the LTC setting if LTC providers are not consulting in the development of it. In additional the Pharmacy cannot be left holding the price tag for updating LTC facilities when it comes to this technology; there must be a way in which we can encourage these facilities to update their own technology and not depend on the Pharmacy to do it for them. Some of these HIT grants should not only be given to LTC Pharmacies but also the Facilities we service.

With the new Bundling system, the unanswered question here is under the pilot program if one hospital receives a bid will they determine which nursing facilities the individual may use? One of the concerns with Bundling is what if the hospital chooses to use nursing facilities which they own or which are related in some manner to the hospital, will patients have a choice as to which facility they want? If not then the question becomes what will protect those facilities, which are currently in business? Those facilities which are related to the hospital may have the technology which non-related facilities lack and then the question becomes who is to provide the technology, across the board, most Long Term Care Facilities are accustomed to Pharmacies providing all of their equipment needs, fax machines, med carts and so forth. If and when this new technology is implemented there will be a vast problem of who is to provide it and furthermore uniformity. Pharmacies cannot bear the burden of providing this to Facilities, and additionally neither should hospitals.

The establishment of CMI within CMS aims to move the fee payment from fee for service based reimbursement toward a salary-based payment; however, providers are not defined, so do Pharmacies fall into this? Additionally under CMS, there is the Medicare Shared Savings Program, which sets up Accountable Care Organizations—with the development of this new organization the question becomes will pharmacies be a group later determined by the Secretary to be part of this process? If so or if not the question then becomes how will these organizations effect our ability to procure business or which homes may be able to willingly choose us for their pharmacy services? All of these issues are left open and yet to be determined, these are rather important issues; and there are so many unanswered questions and with the possibility of this new fee payment reimbursement, which may affect LTC pharmacies.

Under the Medicare Shared Savings Program, subsection (b) Eligible Accountable Care Organization. The payment would be via shared saving; this section does not list pharmacies but allows the Secretary to determine groups of providers and supplies as appropriate. The big question is would this new program affect how we as a pharmacy obtain new business and in some cases keep current customers? Would this limit which nursing facilities, institutions and so forth can utilize our services?

Due to the fact that the bill does not address these above stated questions, we are left wondering how these new programs will affect the Long Term Care industry, specifically the Pharmacies. While there is some concern about how we will be paid, we are more concerned as to what will happen to us and how these programs affect us. There is a concern that because LTC pharmacies aren't mentioned by name, we may not necessarily fall into one of these programs, and under the guise of cost control our reimbursement fees may be cut; which in turn will create a larger problem for us as how to pay our employees and how to continue to provide the

services that we are do and that the facilities are accustomed to.

Our concern with Individuals at Home Demonstration Program, specifically the payment methods governed by (subsection (c)). The issue is the spending targets, which will be determined on a per capita basis, what does that mean for items covered under Part A and Part B and those cuts? While, we agree that there is wasteful spending and that budget controls are needed, we ask that those cuts to remedy the increase in cost do not affect the Pharmacy. As a pharmacy, there is only so much we can provide while not running at a loss and if the spending targets reduce payments to the pharmacy, there is a chance that the pharmacy will not be able to provide to those who are most vulnerable and need all the care we can give them.

While we at Pharmakon agree that Health Care needs to be reformed, we believe that this current Reform Bill will create more barriers in our ability to provide services to the most vulnerable in our society and in addition as a medium size business with mainly hourly employees, we feel that many of these changes will affect our ability to continue to employ many of our employees and will affect them in their personal choices.

Sincerely,

PHARMAKON LONG TERM
CARE PHARMACY, INC.
PHARMAKON
PHARMACEUTICALS, INC.

TERA PROPER

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. PERLMUTTER. Madam Speaker, I rise today to recognize and applaud Tera Proper who has received the Arvada Wheat Ridge Service Ambassadors for Youth award. Tera Proper is a 10th grader at Ralston Valley High School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Tera Proper is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations once again to Tera Proper for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character to all her future accomplishments.

IN RECOGNITION OF JEFFREY AND
SUZANNE CITRON

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. PALLONE. Madam Speaker, I rise today to recognize Jeffrey and Suzanne Citron for their immeasurable contributions to their communities, and the subsequent honor they have received from the American Cancer Society (ACS) in appreciation of their efforts. The Citrons are valuable members of my district and

assets to their communities. I would like to congratulate them on being the honored individuals at ACS's Annual Golf Classic 2010.

Jeffrey and Suzanne Citron are married, have two children, Kyra and Noah, and are both extremely successful business leaders and philanthropists. Mr. Citron has always been a visionary entrepreneur, even right out of high school, beginning on Wall Street at the age of 17. He revolutionized financial services in the '90s when he founded the computerized trading system known as Island ECN, allowing traders to cut out the middleman in the stock market. He was the CEO for Datek Online Holdings until 1999, and then became the CEO and founder of the VoIP company, Vonage. Founded in Edison, New Jersey, and now located in Holmdel, Vonage is a publicly traded company on the NYSE as of 2007. Mr. Citron has now retired from Vonage and enjoys spending time with his family.

His wife, Suzanne, is also a vigorous philanthropist. Mrs. Citron herself has been a former member of the ACS' Peer Review Committee for Institutional Research Grants, and has also been on the society's Jersey Shore Region Board of Advisors. Together, the Citrons have founded the Charles Laffite Foundation in 1999, which is dedicated to education, medical research, children, and the arts. Their commitment to their communities and the betterment of it, as well as their entrepreneurial business intellect, is a credit to the state of New Jersey and the nation as a whole.

Madam Speaker, I would once more like to thank Jeffrey and Suzanne Citron for their immeasurable contributions to my district and their communities and to again congratulate them for the honors they have received from the American Cancer Society in this year's Annual Golf Classic.

HONORING DON SHERMAN HUBERT
VETERANS OF FOREIGN WARS
POST 345

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 13, 2010

Mr. McCOTTER. Madam Speaker, today I rise to honor and acknowledge the Don Sherman Hubert Veterans of Foreign Wars Post 345 in Redford Township, Michigan, as they celebrate 80 years of service to our veterans, our community and our country.

Named in recognition of Don Sherman Hubert, a 22-year-old private who served in Company A, 25th Infantry Regiment, 32nd Division, who was killed in action on August 29, 1918, during the assault in Juvigny, France, and became the first Redford Township serviceman killed during World War I. Post 345 has been a part of the Redford community since August 6, 1930. Originally located at Seven Mile Road and Dalby St., the post moved to the Metropolitan Club on Plymouth Rd from 1977–1982, before moving to its current location at Schoolcraft and Inkster Roads.

Upholding the commitment begun in 1899 when veterans of the Spanish-American War and the Philippine Insurrection founded local organizations to secure rights and benefits for returning soldiers, the VFW's national voice has been instrumental in establishing the Veteran's Administration, creating the GI Bill, and