

Scholarship; the Fulbright & Jaworski Faculty Excellence Award for Educational Leadership; and has been named Outstanding Academic Instructor numerous times. In 2004, the American Association of Nurse Anesthetists named him Program Director of the Year. Dr. Walker has been a Member of the Texas Nurses Association; a Member of the American Nurses Association; a Member of the American Academy of Pain Management (AAPM), and served as an On-site Team Reviewer for the Council on Accreditation of Nurse Anesthesia Educational Programs. Adding to his professional accomplishments, Dr. Walker has been recognized for speaking on anesthesia- and sleep apnea-related topics over the years.

During his AANA Presidency, Dr. Walker advocated for CRNAs and patients before the Centers for Medicare & Medicaid Services, the Health Resources Services Administration, and other federal agencies. In addition, Dr. Walker represented the AANA before the House Appropriations Subcommittee on Military Construction, Veterans Affairs and Related Agencies, testifying about the contributions of CRNAs in the Veterans Affairs and military health systems. Finally, Dr. Walker has been an invaluable advocate for the value of CRNAs in the environment of health reform, as the attention of the Nation and this Congress has been upon making high quality healthcare more accessible and less costly to patients, households, employers and our country. In particular, he has demonstrated leadership in promoting provider non-discrimination, supporting equity in anesthesia payment in educational settings, advancing patient access to rural CRNA services, and in reversing Medicare Part B cuts for anesthesia and physician services. Through his leadership, a landmark study on the cost effectiveness and quality of anesthesia professionals was published this summer in the journal *Nursing Economics*, showing specifically how CRNA services contribute to cost-effective and well-managed healthcare delivery in hospitals and ambulatory surgical centers.

Madam Speaker, I rise to ask my colleagues to join me today in recognizing the outgoing President of the American Association of Nurse Anesthetists, Dr. James R. Walker, CRNA, DNP, for his notable career and outstanding achievements.

INTRODUCTION OF THE PERSONALIZE YOUR CARE ACT OF 2010 WHICH WOULD PROVIDE COVERAGE UNDER MEDICARE AND MEDICAID FOR VOLUNTARY ADVANCE CARE PLANNING CONSULTATIONS; MAKE GRANTS AVAILABLE FOR COMMUNITIES TO DEVELOP PROGRAMS TO SUPPORT "PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT" TO SUPPORT PATIENT AUTONOMY ACROSS THE CONTINUUM OF CARE; REQUIRE ADVANCE CARE PLANNING STANDARDS FOR ELECTRONIC HEALTH RECORDS; AND ALLOW PORTABILITY OF ADVANCE DIRECTIVES ACROSS STATES

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Mr. BLUMENAUER. Madam Speaker, today I am proud to introduce the Personalize Your Care Act of 2010.

Advances in healthcare have led to increasingly complex health care decisions and more treatment options than we have ever had the benefit, or the burden, of choosing between. Both Democrats and Republicans agree that individuals should be fully involved in decisions related to their health care, making informed decisions that reflect their values and their needs. We also agree that when people have expressed their wishes, those wishes should be known and respected.

While there is widespread agreement in these principles, too often this is not the reality. Most adults have not completed an advance directive; if documents are completed, they are not regularly revisited and can be difficult to locate. Because these issues are difficult to discuss, surrogates can feel ill-prepared to interpret their loved ones' written wishes.

These shortcomings often leave families and health care proxies faced with the burden of determining their loved ones' wishes in the midst of crisis, sometimes with little or no information about how best to direct care. This adds not only stress and anxiety to an already difficult situation, but studies show that lack of advance care planning actually prolongs the grieving process after losing a loved one.

One of the greatest misconceptions about advance care planning is that it is a one-time event. Attempting to plan for all possibilities in a single document or within a single conversation is both overwhelming and impossible. Early advance care planning is important because a person's ability to make decisions may diminish over time and he or she may suddenly lose the capability to participate in his or her health care decisions. Ongoing conversations are also necessary.

For advance care planning to be successful, it must become less about legal documentation and more about facilitating ongoing communication about future care wishes among individuals, their health care providers, and surrogates. This approach recognizes that advance care documents like advance directives are not the "ends", but the "means"—the tools for documenting care preferences based on informed decisions that incorporate an indi-

vidual's values, personal goals, and current circumstances.

This process not only provides higher quality care, but personalized care.

The Personalize Your Care Act aims to support advance care planning by providing Medicare and Medicaid coverage for voluntary consultations about advance care planning every 5 years or in the event of a change in health status. This periodic revisiting of advance care documents and goals of care recognizes that individual's preference may change over time. More so, should an individual develop a serious or chronic illness, additional curative and palliative treatment options may be available and the advance care plan should be updated to reflect the individual's current circumstances and preferences.

Honoring the expressed wishes of individuals must also be a priority and for this to occur, advance care planning documents must be accessible where care is provided. To this end, the bill would ensure that an individual's electronic health record is able to display his or her current advance directive and/or physician orders for life sustaining treatment (POLST), so that his or her wishes would be more easily accessible and respected. Furthermore, advance directives would be more portable to help individuals ensure that advance directives completed in one state are honored in another state in which the individual needs care.

And lastly, the bill provides grants to states to establish or expand physician orders for life sustaining treatment programs. These programs have a track record of promoting patient autonomy through documenting and coordinating a person's treatment preferences, clarifying treatment intentions and minimizing confusion, reducing repetitive activities in complying with the Patient Self Determination Act, and facilitating appropriate treatment by emergency personnel.

These investments in advance care planning will reinforce patient-centered care—engaging individuals in planning and decision-making about their future care and ensuring that those preferences are documented, accessible, and can be honored in any state and care setting.

I am proud to introduce the Personalize Your Care Act with the support of patient advocates, physicians, nurses, and the faith community who see everyday how advance care planning improves individuals' and families' peace of mind and the quality of their care.

I would like to submit for the RECORD letters of support from the AARP, Supportive Care Coalition, National Hospice and Palliative Care Organization, and American Hospital Association.

AMERICAN ASSOCIATION OF

RETIRED PERSONS,

July 19, 2010.

Hon. EARL BLUMENAUER,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BLUMENAUER: AARP is pleased to endorse the Personalize Your Care Act of 2010. Your bill ensures that more Americans have the opportunity to better plan and prepare for their future health care needs. Early advance care planning informs physicians, other health care providers, and family members of an individual's treatment preferences should he or she become unable to direct their own care. This planning and informed decision-making between patients,

families, and their health care providers aligns treatment with patients' wishes.

To help encourage advance care planning, the Personalize Your Care Act would provide Medicare and Medicaid coverage of voluntary advance care planning consultations between individuals and their doctor, nurse practitioner, or physician assistant. Such consultations would occur no more often than every five years unless there is a significant change in the health, health-related condition or care setting of the individual.

Honoring the expressed wishes of individuals must be a priority regardless of where the care is provided. To this end, the bill would ensure that an individual's electronic health record would include their current advance directive and/or physician orders for life sustaining treatment (POLST), so that their wishes would be more easily accessible and respected. Furthermore, advance directives would be more portable to help individuals ensure that advance directives executed in one state are honored in another state in which the individual needs care.

Finally, the bill would also authorize grants to establish statewide programs for physician orders for life sustaining treatment or to expand or enhance existing POLST programs. POLST translates the wishes of patients with advanced chronic progressive illness into medical orders that health care systems understand.

AARP supports your bill to help give Americans peace of mind knowing their wishes for care are understood and respected. If you have any further questions, please feel free to call me or have your staff contact Rhonda Richards on our Government Relations staff at (202) 434-3770.

Sincerely,

DAVID P. SLOANE,
Senior Vice President,
Government Relations
and Advocacy.

SUPPORTIVE CARE COALITION,
July 15, 2010.

Hon. EARL BLUMENAUER,
House of Representatives,
Washington, DC.

Re: Personalize Your Care Act of 2010

DEAR REPRESENTATIVE BLUMENAUER: The Supportive Care Coalition is pleased to endorse the "Personalize Your Care Act of 2010" which promotes advance health care planning and provides individuals the opportunity to fully participate in decisions related to their health care or the care of a person for whom they are the proxy or surrogate. The Coalition supports providing a Medicare and Medicaid benefit for voluntary patient-physician consultations regarding advance care planning. These consultations will ensure that an individual's values and goals for care are identified, understood and respected. This legislation also provides grants to states to create Physician Orders for Life Sustaining Treatment programs, allows portability of advance directives across states, and requires standards to include completed advance care planning documents within a patient's electronic record, increasing the likelihood that these documents are kept up-to-date and available.

The Supportive Care Coalition, comprised of 19 Catholic health organizations with approximately 425 acute care hospitals and 150 long-term care facilities nationwide, works to assure excellence in palliative care in all Catholic health care settings.

We envision a society in which all persons living with or affected by a chronic or life-threatening condition receive compassionate, holistic, coordinated care. This will include relief of pain, suffering and other symptoms from the time of diagnosis

throughout the process of living and dying. Such excellent care will be provided according to need, respecting the values and goals of individuals, their families and other loved ones. It will assist them to live fully in community and will support survivors in their bereavement. Through such care, we believe that God's healing love is revealed.

The Coalition commends you on your leadership in promoting advance health care planning and we look forward to collaborating with you to facilitate available and accessible high-quality palliative care services across the continuum of care.

Sincerely,

JAMES SHAW, MD.,
Chair, Board of Directors.

TINA PICCHI, MA, BCC,
Executive Director.

NATIONAL, HOSPICE AND
PALLIATIVE CARE ORGANIZATION,
Alexandria, VA, July 6, 2010.

Hon. EARL BLUMENAUER,
Rayburn House Office Building, Washington,
DC.

DEAR REPRESENTATIVE BLUMENAUER: On behalf of the National Hospice and Palliative Care Organization and its more than 30,000 provider and individual members, I am writing in support of the Personalize Your Care Act of 2010. While research shows that a large majority of Americans would prefer to die at home, more than seventy-five percent die in hospitals each year. At the same time, additional research shows that when people facing a life-limiting illness have discussions with their physician about end-of-life care preferences, they experience less physical and psychological distress and overall, a better quality of death.

Your proposed legislation recognizes that with appropriate Medicare and Medicaid coverage for voluntary advance care planning consultations, grants for programs in support of Physician Orders for Life Sustaining Treatment (POLST), advance care planning standards for electronic health records and portability of advanced directives, the American healthcare system can meet the complex needs of our aging population.

The Personalize Your Care Act would empower patients, decrease the burden on families, and produce end-of-life care outcomes, while increasing care quality and adherence to patient wishes. Enactment of your legislation would mean the realization of many long-time NHPCO goals, especially the provision of coverage for voluntary advance care planning consultation between a patient and their health care practitioner. Discussing advance care planning before a Medicare or Medicaid beneficiary finds him or herself in a medical crisis will help ensure the patient gets the care that he or she wants. One of the most frequent comments from family caregivers that hospice providers hear is "Why didn't we know about this sooner?" Coverage for advance care planning consultations would ensure patients and family caregivers knew all of their options earlier.

NHPCO commends your leadership on the advancement of end-of-life care planning. We strongly support passage of this important legislation, and look forward to working with you on this and future legislation that meets the need for all Americans to have access to quality end-of-life care.

Sincerely,

J. DONALD SCHUMACHER, PSYD
President/CEO.

AMERICAN HOSPITAL ASSOCIATION,
Washington, DC, July 20, 2010.

Hon. EARL BLUMENAUER,
House of Representatives,
Washington, DC.

DEAR MR. BLUMENAUER: On behalf of the American Hospital Association's (AHA) more than 5,000 member hospitals, health systems and other health care organizations, and the physicians and other practitioners that work in hospitals, I commend you for introducing the Personalize Your Care Act of 2010.

Your legislation recognizes that today's fast-paced health care environment often impedes effective communication between patients, families and caregivers—physician visits and hospital stays are shorter, medical care more complex, and more patients want to take an active role in care decisions. Hospitals have been doing ever more to foster clearer, more frequent and more satisfying communication during the hospital experience, and these discussions add quality and value to patient care. Your legislation rightly addresses the need for Medicare and Medicaid to recognize the time and training required of physicians and other practitioners to talk with patients in advance to clearly articulate their wishes for treatment if they suffer a life-threatening medical crisis.

Three years ago, the AHA joined in a campaign designed to encourage patients to articulate their wishes for care—a campaign we called "Put it in Writing." Your bill would ensure that patients could draw on the knowledge and perspective of a trusted clinician as they seek to articulate their desires. We look forward to working with you toward enactment of this important initiative.

Sincerely,

RICK POLLACK,
Executive Vice President.

HONORING BOY SCOUT TROOP 463
OF NORTHFORD, CONNECTICUT

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 20, 2010

Ms. DeLAURO. Madam Speaker, I rise today to honor Boy Scout Troop 463 for its forty-five years of service to our community, and to congratulate them for being chosen to represent Connecticut, the Connecticut Yankee Council, and the Boy Scouts of America by carrying the Council's flag in the Centennial Parade in Washington, D.C.

Originally chartered in March of 1965 and sponsored by Northford Acres Volunteer Fire Department Company #3, Troop 463 of Northford, CT, was established to provide character development and citizenship training and promote mental and physical fitness among the youth of the community.

The boys of Troop 463 have dedicated at least forty weekends a year to Scout related activities. Community Service is a fundamental part of the Scouting Program, and the Troop has volunteered with organizations such as Relay For Life, Habitat for Humanity and Town Leaf Recycling. They have also participated in food drives, clothing drives, and community and church cleanups.

Since 2007, six Scouts have achieved scouting's highest rank, Eagle Scout, bringing Troop 463's total to an impressive 23. Recently, Life Scout Joseph L. Parisi completed the Troop's latest Eagle Scout Project, the planning and construction of a 200 foot long pedestrian bridge on a town hiking trail.