

bill, payment for items and services included in the essential benefits package should be made in accordance with generally accepted standards of medical and other appropriate clinical or professional practice. In addition, under the bill, a qualified health benefits plan may not impose any restriction (other than cost-sharing) unrelated to clinical appropriateness on the coverage of the health items and services included in the essential benefits package. Consistent with medical, clinical, and professional practice, appropriateness should be determined based on the unique needs of the individual with brain injury and treatment should be of sufficient scope, duration, and intensity.

A third principle identified by BIAA is that individuals with brain injury should receive treatment in the most appropriate treatment setting by accredited programs including acute care hospitals, inpatient rehabilitation facilities, residential rehabilitation facilities, day treatment programs, outpatient clinics and home health agencies as determined in accordance with the choice and aspirations of the patient and family in concert with an interdisciplinary team of qualified and specialized clinicians. I am pleased that the bill includes important patient protections that are designed to permit providers to fully discuss treatment options with patients and their families and permit the patient to render an informed choice as to their course of rehabilitation or other treatment. These patient protections are also designed to ensure that the patient receives appropriate medical care and that the health care treatment is available for the full duration of the patient's medical needs.

More specifically, the bill restricts the Secretary in a number of important ways from creating rules that potentially restrict access to certain benefits or settings of care. The bill states that the Secretary shall not promulgate any regulation that:

Creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care;

Impedes timely access to health care services;

Interferes with communications regarding the full range of treatment options between the patient and provider;

Restricts the ability of health care providers to provide full disclosure of all relevant information to patients making health care decisions;

Violates the principles of informed consent and the ethical standards of health care professionals; or

Limits the availability of health care treatment for the full duration of the patient's medical needs.

In addition, the bill specifies that a group health plan and a health insurance issuer shall not discriminate with respect to participation in the group or individual health insurance plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. The bill also specifies that health plans to be considered "qualified" by the Secretary must ensure "a sufficient choice of providers (in a manner consistent with applicable network adequacy provisions under section 2702(c) of the Public Health Services Act) and provide information to enrollees and prospective enrollees on the availability of in-network and out-of-network providers" in order to en-

sure enrollee access to covered benefits, treatments and services under a qualified health benefits plan. Thus, rehabilitative and habilitative services and chronic disease management services must be available from a full continuum of accredited programs and treatment settings at a level of intensity that is consistent with the needs of the patient.

A fourth principle identified by BIAA is that the bill should prevent private insurance systems from delaying or denying treatment as a means of transferring the burden of brain injury care to taxpayers at federal, state and local levels; ensure that both public and private health insurance systems meet the health care needs of people with brain injury; and avoid using Medicaid and Medicare as the first option for coverage of people with brain injury. I am pleased to report that the bill includes numerous requirements reforming the health insurance marketplace that should prevent private insurance systems from delaying or denying treatment for individuals with brain injury. These reforms include: prohibiting pre-existing condition exclusions; requiring guaranteed issue and renewal; requiring nondiscrimination in health benefits or benefit structure in terms of factors such as health status, medical condition, medical history, disability or any other health status-related factor; limits cost-sharing, and prohibits the imposition of lifetime limits or unreasonable annual limits on the dollar value of benefits for any individual. I believe that these provisions should help prevent private insurance from delaying or denying treatment to persons with brain injury.

The Patient Protection and Affordable Care Act includes provisions rewarding quality through market-based incentives, including consideration of payment structures that provide increased reimbursement or other incentives for, among other things, improving health outcomes through the implementation of activities that include effective case management, care coordination, and chronic disease management. The bill also includes numerous provisions designed to encourage the development of new patient care models that address the needs of persons requiring comprehensive rehabilitation and chronic care management, including models that facilitate the maintenance of close relationships between care coordinators, primary care physicians, specialist physicians, community-based organizations, and other providers of services and suppliers.

Separate provisions are included in the Patient Protection and Affordable Care Act regarding post-acute care (PAC) bundling under Medicare. The bill provides for the establishment of a national pilot program for integrated care around a hospitalization in order to improve coordination, quality, and efficiency of health care services. Under the bill, the Secretary will select 1 or more of 8 conditions, taking into consideration, among other things, whether a condition is high volume and most amenable to bundling. Applications to participate in the pilots may be made by "participating providers" consisting of providers of services and suppliers, including but not limited to hospitals.

BIAA, in a submission to the chair of the Senate Finance Committee commented that post-acute payment systems must facilitate, not impede, improvements in functional status of individuals with brain injury and their ability to return to their homes and communities. BIAA supports a deliberative planning process

and rigorous pilot testing. The deliberative process should determine, among other things, whether PAC bundling should exempt diagnoses such as brain injury, which are of low predictability and highly complicated; and test innovative payment methods that make payments directly to nonhospital-based treatment centers, including residential rehabilitation facilities specializing in the treatment of brain injury that have earned accreditation by the Joint Commission on Accreditation of Healthcare Facilities and/or the Commission on Accreditation of Rehabilitation Facilities.

I agree with the comments presented by BIAA. I am pleased that the Patient Protection and Affordable Care Act is consistent with BIAA's comments and addresses their concerns. I have some reservations regarding the bundling of post-acute care that require the "bundle" be earmarked to an acute care hospital for patients with complex and highly unpredictable diagnosis and health outcomes, as is the case for individuals with brain injury and other catastrophic conditions. I agree with BIAA that such payment systems may impede, rather than facilitate, improvements in functional status and may result in premature return to homes and undue levels of preventable disability without adequate facilitation of progression through necessary step down levels of treatment.

In closing, I believe the Patient Protection and Affordable Care Act addresses the unique health care needs of individuals with brain injury by recognizing that brain injury is the start of a lifelong disease process requiring access to a full continuum of medically necessary treatment, including rehabilitation services and devices and chronic disease management, furnished by accredited programs in the most appropriate treatment setting as determined in accordance with the choices and aspirations of the patient and family in concert with an interdisciplinary team of qualified and specialized clinicians.

LA MIRADA 50TH ANNIVERSARY

HON. LINDA T. SÁNCHEZ

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Ms. LINDA T. SÁNCHEZ of California. Madam Speaker. I rise to honor the City of La Mirada's 50th Anniversary.

Fifty years ago, on March 23, 1960, the village residents of Mirada Hills witnessed their homeplace incorporated as a city. At the time, it was a brave step in challenging circumstances, signaling the area's transition from a rural and agriculture community to a beautiful suburb of Los Angeles. This spirit of transition continued when on November 8, 1960, the people of Mirada Hills approved a change of name to the current La Mirada.

It is this striving to meet the challenges of the future for which La Mirada stands and which I would like to share with you today, celebrating the City's 50th anniversary.

La Mirada's development has been, for its first 70 years, closely linked to the family of Andrew McNally, the founder and president of the Rand McNally Publishing Company. In 1888, McNally purchased over 2,200 acres of rangeland and named it La Mirada, which in Spanish means "The View." He built a home

and surrounded it with olive, orange, grapefruit and lemon groves. In order to be able to ship his finest olive oil and fruits throughout the United States, he made plans for the construction of a plant and a railroad station, thus providing the basic infrastructure for the further development of La Mirada.

In 1896, McNally turned the property over to his daughter's family, the Neffs. Their homestead, known as the Neff House, is today listed on the National Register of Historic Sites.

In the early 1950s, the Neff family once more cleared the way for the transition of La Mirada to become a modern city. By selling the land to a number of developers in one of the largest real estate transactions in California, it gave way to an astounding growth in population. In 1946, La Mirada counted 213 inhabitants, by its incorporation in 1960 the city comprised over 8,000 homes.

This overwhelming growth over a short period of time posed great challenges to La Mirada's leaders. But they met those challenges successfully. In the early 1950s, La Mirada was admired as a well structured city. Its spirit was reflected by the State Fair which in 1953 praised La Mirada for planning for the future while at the same time maintaining practicality for today.

This notion holds true today, and I'm confident that it will guide the City's development through the next 50 years.

I want to share La Mirada's spirit and success with the rest of our Nation as an inspiration for how we can master current and future challenges: by taking them on in a positive, pro-active way.

I ask my colleagues to join me in ushering in La Mirada's 50th Anniversary.

PERSONAL EXPLANATION

HON. J. GRESHAM BARRETT

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. BARRETT of South Carolina. Madam Speaker, unfortunately, I missed the following recorded votes on the House floor on Tuesday, March 2, 2010, and Wednesday, March 3, 2010.

For Tuesday, March 2, 2010, had I been present I would have voted "aye" on Rollcall vote No. 75 (on motion to suspend the rules and agree to H. Res. 1072), "no" on Rollcall vote No. 76 (on motion to suspend the rules and agree to H.R. 3820), "aye" on Rollcall vote No. 77 (on motion to suspend the rules and agree to H. Res. 1097).

For Wednesday, March 3, 2010, had I been present I would have voted "no" on Rollcall vote No. 78 (on agreeing to H. Res. 1126, which provides for consideration of H.R. 4247), "aye" on Rollcall vote No. 79 (on motion to suspend the rules and agree to H. Res. 747), "aye" on Rollcall vote No. 80 (on motion to suspend the rules and agree to H. Res. 1096), "aye" on Rollcall vote No. 81 (on agreeing to the Flake amendment to H.R. 4247), "no" on Rollcall vote No. 82 (on passage of H.R. 4247), "aye" on Rollcall vote No. 83 (on motion to suspend the rules and agree to H. Res. 1127).

THE LEGENDARY PRICE PRUETT OF BAYTOWN, TX

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 23, 2010

Mr. POE of Texas. Madam Speaker, we often speak of great American heroes like Benjamin Franklin, George Washington, and

Thomas Jefferson. In Texas, we speak of state heroes like Sam Houston, Stephen F. Austin, and William Barrett Travis. Similar to these great men, in the Second District of Texas, we honor local community heroes like Price Pruett.

Price Pruett was born in the 1800s on a farm in Dayton located in southeast Texas. He attended college at Southwestern University in Georgetown and graduated with a major in Business Administration. After college he spent time rounding up cattle in between Beaumont and Houston. Following in the footsteps of his grandfather who was a rancher in Liberty County, Pruett later established his own ranch in the area now known as Baytown.

In 1902 he married Georgia Estelle Lawrence and the two built a home located at Baytown's present-day Bicentennial Park. In 1917 Pruett teamed up with good friend Ross S. Sterling to form Goose Creek Realty Co. Sterling bought land from Pruett that was acquired when he established his ranch. The land was used for a new town and railroad depot. The town eventually became Goose Creek which was the first incorporated town in east Harris County.

Pruett and Sterling worked hard to sell a great amount of land. The offices of Goose Creek Realty Co. became the depot for the Dayton-Goose Creek Railroad. One of their most notable contributions to the area was the preservation of the beloved oak tree on Texas Avenue. Even when developers recommended cutting the tree down to extend roads in the town Pruett refused.

It has become a long-standing tradition in Baytown to keep the tree alive and well. It is a way for the citizens to honor the men who worked hard to preserve its beauty and originality. Pruett would be proud to know the people of Baytown have continued to carry on his legacy. Today we honor Price Pruett for the establishment of the town and for helping to initiate a tradition of pride, one well-known to the constituents of southeast Texas.