

INTRODUCTION OF THE "LABELING EDUCATION AND NUTRITION ACT OF 2008"

HON. JIM MATHESON

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Mr. MATHESON. Madam Speaker, I rise to introduce the "Labeling Education and Nutrition Act of 2008" which I believe is a first step towards providing consumers with the nutritional information they seek while hopefully providing restaurants with a workable framework for delivering that information. This legislation is a starting point for a bipartisan effort to address nutritional labeling. Senator CARPER introduced the same legislation earlier this week in the Senate. With the introduction of the LEAN Act, I believe we have an opportunity to have a constructive national conversation about this important issue.

As we see in our own lives and daily eating habits, consumers increasingly choose to eat in restaurants. In my home State of Utah, restaurant jobs represent about 7.9 percent of the employment in my State. American adults buy a meal or a snack from a restaurant 5.8 times per week on average, and spend 48 percent of their food budget on food away from home, almost \$1,078 per person annually. Unfortunately, we have also seen the toll diseases such as obesity and diabetes have taken on society. By providing nutritional information, individuals with special dietary needs will be able to make the right nutritional decisions for them regarding caloric intake or sodium levels.

I appreciate the interest and leadership some of my colleagues have demonstrated on this issue in the past. I believe my legislation represents a compromise effort that will allow consumers to make informed decisions while also providing for greater individual responsibility in dietary choices. Finally, I hope my colleagues will work with me on this piece of legislation and I look forward to building upon this legislation next year.

HEART FOR WOMEN ACT

SPEECH OF

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, September 23, 2008

Ms. DeLAURO. Mr. Speaker, I rise in support of the HEART for Women Act (H.R. 1014) to help improve the prevention, diagnosis, and treatment of heart disease in women, which often manifests itself differently in women than in men. It is critically important that we develop a better understanding of these differences and the reasons behind them, and spur the development and use of diagnosis, treatment, and prevention strategies that are most effective for reducing the death rate for heart disease in women.

We have made some progress on this front. The Centers for Disease Control and Prevention's WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) provides low-income, under-insured or uninsured middle-aged women with screening and knowledge to prevent cardiovascular disease. Cardiovascular disease ranks as Amer-

ica's number-one killer and, with one in three female adults facing some form of cardiovascular disease, this program shows how prevention can make the difference between life or death.

The WISEWOMAN program has proven to be tremendously successful in reaching those women most at risk for heart disease and stroke. In fact, 3 out of 4 of the women screened by WISEWOMAN have at least one risk factor for heart disease and stroke, and women who have participated in WISEWOMAN are more likely to quit smoking and make other lifestyle changes to reduce their cardiovascular disease risk.

It is a good investment, too. A recent study found the WISEWOMAN program to be very cost-effective because of its success in reducing risk for chronic diseases. In this study, the program extended women's lives at a cost of \$4,400 per estimated year of life saved, as opposed to a much higher cost of \$26,000 per estimated year of life saved by heart bypass surgery.

Unfortunately, even these effective, proven programs reach only a fraction of the women who could actually take advantage of them. Through 2007, CDC funded 14 state health departments and two tribal organizations to offer WISEWOMAN programs. It makes common sense to bring this effective program to women in all 50 states. The HEART for Women Act would do just that.

The HEART for Women Act is co-sponsored by a majority of Members of Congress, including almost all of the women in the House, and has the support of the American Heart Association, the Society for Women's Health Research, WomenHeart, the Association of Black Cardiologists, and the American College of Cardiology.

I commend the Energy and Commerce committee for supporting this important bill and congratulate my colleague Congresswoman CAPPs for her leadership. This represents an important step forward in ensuring that women all across our country have the help they need to live the healthiest, most productive lives possible.

IN SUPPORT OF H.R. 3013, THE ATTORNEY-CLIENT PRIVILEGE PROTECTION ACT

HON. ROBERT C. "BOBBY" SCOTT

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Mr. SCOTT of Virginia. Mr. Speaker, I rise today in support of the "H.R. 3013, the Attorney-Client Privilege Protection Act of 2008." This legislation would have reversed an ever changing DOJ policy on privileged material. I sponsored this bill because I believe DOJ's prior policy allowed prosecutors to overreach in forcing organizations and their employees to waive the protections of the attorney-client privilege and the work product doctrine.

On August 28, 2008, Deputy United States Attorney General Mark R. Filip announced a new policy that adopted much of the substance of H.R. 3013. I applaud DOJ's effort, and see it as a clear and substantive improvement over the previous policy, in many respects. However, I believe legislation is still needed for at least three reasons.

First, the new DOJ policy does not cover other federal agencies and many still have policies that undermine these important protections. A list of some of those agencies and their policies is attached to this statement.

Second, agency policies on protections to the attorney-client privilege, including the Deputy Attorney General's new policy, do not have the effect of law. Defendants are advised in the new DOJ policy to complain to a prosecutor's supervisor when a prosecutor has violated DOJ policy. It is unrealistic, to say the least, to think that defendants are going to complain to the supervisor of a prosecutor who is determining whether to indict the organization because of the actions of one or more of its employees.

Lastly and perhaps most importantly, public policy in this area should not be subject to the whims of every new administration. Deputy Attorney General Filip's new policy is DOJ's fifth attempt in 10 years to settle this matter.

Given the desire by some Members to give this new DOJ policy a chance to play out, it appears that legislation may not pass in the Congress this year. However, I call on all federal agencies to change their policies to come into line with H.R. 3013 as soon as possible. If legislation fails to pass in this Congress, I intend to reintroduce legislation in the next Congress. I also plan to hold a hearing in the next Congress to examine the issues of attorney-client privilege waiver and employee due process rights in federal investigations, to determine what if any real change has occurred in DOJ's actions under its new policy, and to determine whether other Federal agencies have appropriately revised their policies.

Department of Justice.

Securities and Exchange Commission (ac privilege, work product, employee legal rights).

Department of Housing and Urban Development (ac privilege, work product, employee legal rights).

Environmental Protection Agency (ac privilege and work product only).

General Services Administration/Civilian Agency Acquisition Council/Defense Acquisition Regulations Council (ac privilege and work product only; waiver demand is not explicit, but rather is implied as part of its proposed FAR rule dealing with "Contractor Compliance Program and Integrity Reporting").

Commodity Futures Trading Commission (employee legal rights only; it reversed its ac privilege and work product policies at our request).

H.R. 2786, THE NATIVE AMERICAN HOUSING ASSISTANCE AND SELF-DETERMINATION REAUTHORIZATION ACT

HON. MAZIE K. HIRONO

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Ms. HIRONO. I rise in support of H.R. 2786, the Native American Housing Assistance and Self-Determination Reauthorization Act, NAHASDA. Reauthorization of NAHASDA through FY2012 will ensure that safe, decent, and affordable housing is available to low-income American Indian and Alaska Native families.

At the same time, I am very troubled by the obstructionist tactics of certain Republicans in

the Senate that resulted in stripping reauthorization of the Native Hawaiian Housing Block Grant and Loan Guarantee Program from the final version of this bill. Native Hawaiians, like other indigenous peoples of the United States, are members of traditionally underserved communities and deserve equitable participation in federal programs with American Indians and Alaska Natives.

Legislation will be reintroduced next year that will reauthorize funding for the Native Hawaiian housing program to ensure that the affordable housing needs of Native Hawaiians are addressed. Since the inception of the Native Hawaiian housing program in FY2002, \$37 million has been awarded to Hawaii to support much-needed affordable housing activities for low-income Native Hawaiians who are eligible to reside on Hawaiian home lands. I believe in the importance of Native Hawaiian programs, and I will continue to champion these programs.

I urge my colleagues to vote for H.R. 2786, and I ask for your support to correct this unfair exclusion of Native Hawaiians.

TRIBUTE TO THE HONORABLE
JERRY WELLER AND THE HONORABLE RAY LAHOOD

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Mr. COSTELLO. Madam Speaker, I rise today to ask my colleagues to join me in honoring the distinguished career of RAY LAHOOD, who will be retiring at the end of the 110th Congress. I wish to express my appreciation for his service to our country and the State of Illinois.

First elected in 1994, RAY LAHOOD has represented the 18th District of Illinois for nearly 15 years. A teacher by trade, RAY began his career teaching junior high school students in Peoria, Illinois. He continued his commitment to public service by becoming a member of the Illinois General Assembly and serving Congressman Bob Michel for over a decade.

RAY has been lauded by many of his colleagues for his leadership on the local, State, and national levels. He has led efforts to preserve our waterways, improve local airports, and addressed the development of rural communities in his district. Never afraid to disagree with his party's leaders, RAY has always worked in the best interests of the State and his district, particularly as part of the Appropriations Committee.

RAY is widely regarded as someone who has a deep respect for the institution of Congress, proven by his efforts to establish a higher level of civility and decorum in the House of Representatives. His commitment to bipartisanship remains an example to all of us in Congress today. I wish RAY and his family the very best and I am proud to call him my friend.

Madam Speaker, I ask my colleagues to join me in an expression of appreciation to Congressman LAHOOD for his years of dedicated service to this body and to the people of Illinois.

VOLUSIA HONOR AIR VETERANS

HON. JOHN L. MICA

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Mr. MICA. Madam Speaker, today, September 27, 2008, 100 Volusia County veterans from the Second World War will visit our Nation's Capital as part of the Honor Air program. For most of these central Florida veterans this will be their first opportunity to see the World War II Memorial. As the Congressman from Florida's Seventh Congressional District, it will be my privilege to assist in their visit. As part of their mission to Washington, DC, I will join them in laying a wreath at the Tomb of the Unknown Soldier at Arlington National Cemetery to honor those who have paid the ultimate sacrifice for our Nation. This will be a special occasion in the lives of our World War II veterans. I ask that the United States House of Representatives join me in recognizing Our Greatest Generation from Florida's Seventh Congressional District and wish them well as they gather in America's Capital City.

It is my privilege to honor the service and sacrifice of those veterans who will be visiting our Nation's Capital on September 27, 2008:

Rhea Adams, Leonard Ballesteras, Raymond Behrens, Seymour Berman, Michael Bloch, William Brown, Bernard Bruns, Dan Brunson, James Brussow, Robert Burrough, Mildred Cavanaugh, Tervence Cavanaugh, Jr., Kenneth Chapman, Robert Chase, William Clark, Kenneth Coe, George Crippen, Robert Deline, Robert Dinda, Rabun Dittmar, Jr., Richard Douglas, Arthur Dreves, Dorothy Dreves, Leland Eamest, Albert Edwards, Donald Ellwein, Delbert Erickson, Albert Erwin, Ben Fabian, Jr., Dominick Ferrarini, Louis Figliuolo, Victor Frank, James Galloway, Edward Gariano, David Garland,

Edward Gartland, Richard Goodwin, George Gornatti, Leroy Gwaltney, Authur Harriman, Daniel Harting, Richard Heard, Frederick Hering, Clarence Hershberger, Stanley Hiers, Marvin Hinshaw, George Holden, James Holsapple, Jack Honaker, George Hood, James Houck, Francis Johnson, Helen Jurewicz, William Kautz, William Kernstock, Howard Koons, Adolph Koury, Phyllis Lee, Earl Leone, David Levenson, Claude Lindquist, Jr., Eric Loveland, Albert Luckett, Jr., Russell Macomber, Gabriel Maioli, Howard Meyers, Navy Meyers, Daniel Miller, Robert Miller, Boris Nekrassoff, William Parker,

Frank Parsons, James Patterson, Ivey Poe, Jr., Harry Price, Donald Priddle, Marion Reid, Mary Rickerson, Edwin Rieger, Wilfred Rook, William Schildecker, Herman Schmidt, Ethel Schuemann, Juanita Semsy, William Shiepe, Lester Shontz, Jr., Vincent Sindelar, Jack Singleton, Charles Skeels, Eugene Swarbrick, Robert Thousand, Sr., Charles Underwood, Jr., Wilbert Varley, Alfred Vogel, Bertran Wallace, Keith Weihermiller, Walter White, JD Womack, Walter Ziamik.

I know I join countless Americans who continue to recognize their heroism and their families' incredible sacrifice to our Nation.

INTRODUCTON OF THE LIFE SUSTAINING TREATMENT PREFERENCES ACT OF 2008, WHICH WOULD PROVIDE COVERAGE UNDER MEDICARE FOR CONSULTATIONS REGARDING ORDERS FOR LIFE SUSTAINING TREATMENT AND PROVIDE GRANTS TO DEVELOP OR ENHANCE ORDERS FOR LIFE SUSTAINING TREATMENT PROGRAMS.

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 27, 2008

Mr. BLUMENAUER. Madam Speaker, today I am proud to introduce the Life Sustaining Treatment Preferences Act of 2008. Advances in health care have led to an aging population facing increasingly complex end-of-life health care decisions. Too often, these decisions are avoided until a crisis occurs, resulting in inadequate planning, unknown patient preferences, and families left struggling with the burden of determining their loved ones' wishes.

In response to this, health organizations in Oregon came together in the early 1990s to develop what became known as the POLST form, or Physicians Orders for Life Sustaining Treatment, to help seriously ill patients identify their treatment preferences using a clear, standardized template. Written as actionable medical orders and signed by a physician, these forms help communicate patient preference regarding intensity of medical intervention, transfers to the hospital, use of antibiotics, artificially administered nutrition, and resuscitation.

National interest in Oregon's POLST program has blossomed and Oregon has become the national resource for states and communities interested in developing similar programs. Recently California and New York enacted orders for life sustaining treatment programs and 23 other states have adopted or are developing programs.

While Medicare currently pays for acute care services provided to beneficiaries, it does not recognize the important benefit of informed discussions between patients and their health provider about care preferences for their last months and years of life. The Life Sustaining Treatment Preferences Act provides coverage under Medicare for consultations regarding orders for life-sustaining treatment. These discussions add quality and value to patient care, but they often require significant time, proper training, and great delicacy, which merit compensation through Medicare.

Programs for orders for life-sustaining treatment provide valuable services to patients, their families, and health care providers through educational materials, professional training on advance care planning, coordinating and collaborating with hospitals, skilled nursing facilities, hospice programs, home health agencies, and emergency medical services to implement such orders across the continuum of care, and monitoring the success of the program. The Life Sustaining Treatment Preferences Act creates a grant program to support the development and expansion of these programs, providing necessary resources to states and local communities.

To be effective, advance care plans must ensure that treatment preferences are elicited