

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