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No. 133

## House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. JOLLY).

### DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,  
September 17, 2014.

I hereby appoint the Honorable DAVID W. JOLLY to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,  
*Speaker of the House of Representatives.*

### MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 7, 2014, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 11:50 a.m.

### INSTITUTE OF MEDICINE END OF LIFE REPORT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, for the last 6 years, I have been spending a significant amount of time making sure that the Federal Government is a better partner in helping families as they deal with some of the most difficult times they will ever encounter, as a loved one enters their last stage of life.

This often involves an elderly spouse or relative, but not necessarily. This is

a challenge that faces all of us, regardless of age, health, or family circumstance. The youngest, healthiest, most vital member of your office could suffer an accident or come down with a disease this afternoon.

We all must at some point face this challenge that requires that we do a better job of meeting those needs, helping our families understand the circumstances and choices and that we make their wishes known, and that those wishes are respected.

This afternoon there is an important landmark in this effort to protect families, as the Institute of Medicine releases key facts and recommendations on improving the quality and honoring individual preferences at the end of life. It is entitled "Dying in America," sort of a jarring title, but it should be required reading for everyone in government, health care, insurance, anyone who is involved with this complex web that should be supportive of families in their time of need, but too often fails them.

This report makes clear that most people nearing the end of life are not physically, mentally, or cognitively able to make their own decisions about care, and that the majority of those patients will receive acute care from physicians who don't even know them.

The default is often for more hospital days, intensive care, and emergency care, which means that there are more transitions about care settings, which can be unnerving for patients and complicate their care. All this combines to jeopardize the quality of end of life care, while obviously adding to its cost and complexity.

This panel of experts, after months of intense study, makes a compelling case that we all should be working to provide comprehensive care for individuals nearing end of life, how it should be seamless, high quality, integrated, patient-centered, family-oriented, and consistently accessible around the clock.

It should be tailored to the needs and desires of the families, and the resources that we can save by doing it right can be redirected to enhance the quality of their last days. Often done right, it will enable them to live longer as well as more comfortably.

This report is an opportunity for all of us to step back and make sure we are doing everything we can to play our part in meeting the critical responsibilities not just for our constituents, but for our family members.

Dr. PHIL ROE and I have introduced H.R. 1173, the Personalize Your Care Act. There are 60 bipartisan cosponsors focusing on the Federal Government placing value on this relationship, on these critical conversations, and empowering families and patients to control the circumstances that matter so much to them.

We strongly urge that everyone looks at this Institute of Medicine report and that you cosponsor the Personalize Your Care Act. I congratulate the Institute for the careful research, the clear analysis, and the strong recommendations. It is an important step to make sure that critical assistance to support our families, that they deserve and demand, is available.

### HONORING JAMES C. RUSSELL

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kentucky (Mr. BARR) for 5 minutes.

Mr. BARR. Mr. Speaker, I rise today to honor the career of Mr. James C. Russell, master distiller at the Wild Turkey Distillery in Lawrenceburg, Kentucky, and to mark the event of his 60th year in the industry.

Mr. Russell, or Jimmy as he is warmly known to family, friends, and acquaintances alike, is the living example of the maxim that you ought to do what you love. Born into a family of distillers just 3 miles from the Wild Turkey Distillery in Lawrenceburg,

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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