EXTENSIONS OF REMARKS

FREEDOM FOR HEALTH CARE WORKERS ACT

SPEECH OF

HON. SHEILA JACKSON LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, January 31, 2023

Ms. JACKSON LEE. Mr. Speaker, I rise today in strong opposition to H.R. 497, the Freedom for Health Care Workers Act that would endanger health care workers, their families and their patients.

H.R. 497 would put more strain on our already fragile health care system by eliminating the COVID–19 vaccine mandate for health care providers.

As a Member of Congress, who represents a congressional district that has experienced the worst of the COVID–19 pandemic, I must oppose this bill.

The Biden administration plans to end the public health emergency in May, but we must remember that we are currently in a winter surge.

The current COVID positivity rate in Houston is 20 percent.

We are still in a pandemic, and we must do what we can to slow the spread so that less people are ending up in hospitals.

Before widespread availability and access to COVID vaccines, health care workers were 3 times more likely to get COVID than the rest of the public.

By keeping the vaccine mandates for health care workers, we can continue to slow the spread and keep health care workers and their families safe.

In a 2020 survey by MentalHealthAmerica, 76 percent of respondents were worried about bringing COVID home to their children, and half of respondents worried about bringing COVID home to their partners or an older family member.

In a survey of U.S. physicians, it was found that the portion of the day spent treating COVID–19 patients was associated with higher PTSD scores, depression and anxiety.

Additionally, many health care workers at the beginning of the pandemic saw coworkers get sick and die from COVID, and this contributed to their increased stress and anxiety.

According to the University of Chicago, it was found that an increase in staff vaccination rates resulted in fewer COVID–19 cases among the staff and the patients.

Additionally, the same study found that the more transmittable variants of COVID may require additional boosters for staff to help manage COVID–19 cases in nursing homes.

By taking away the vaccine mandate, we are making health care workers and their patients even more susceptible to the virus.

By taking away the vaccine mandate, we are neglecting vulnerable Americans who deserve their right to life and safety when getting health care.

It is important to remember, that vaccines are not new and that they are necessary to limiting viruses and keeping the country safe.

It is federal law that any health care settings that receive money for Medicare or Medicaid patients must ensure that their health care workers are vaccinated against COVID–19.

Even though the vaccine requirement caused many health care workers to leave, the health care work force is larger than it was prior to the pandemic.

As of December 2022, the health sector added 54,700 jobs over the previous month and the employment in healthcare was 1.2 percent higher than the peak in February 2020.

I urge my colleagues to oppose this bill to show our support for our health care workers.

INTRODUCTION OF THE FAIR COLA FOR SENIORS ACT OF 2023

HON. JOHN GARAMENDI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 1, 2023

Mr. GARAMENDI. Mr. Speaker, today I introduced the Fair COLA for Seniors Act of 2023, which would require using the Consumer Price Index for the Elderly (CPI–E) when calculating cost of living adjustments (COLAs) for federal retirement programs. The proposed index would adjust the benefits programs such as Social Security, Supplemental Security Income, civil service retirement, military retirement, veterans' pensions and compensations, and other retirement programs.

Current law uses the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI–W) which measures costs solely of working individuals—unlike most Social Security beneficiaries. Using CPI–W does not adequately consider the rising expenditures of retirement, such as housing and healthcare costs. This inadequate accounting amounts to an effective decrease in benefits for those who rely on these federal programs. The proposed change will lead to increased COLAs, ensuring that seniors are able to keep up with the rising costs of their real-world expenses.

I thank Representatives JIMMY PANETTA (CA–19), STEVE COHEN (TN–09), LUCY MCBATH (GA–07), SETH MOULTON (MA–06), BETTY MCCOLLUM (MN–04), LOIS FRANKEL (FL–22), RAÚL GRIJALVA (AZ–03), BRENDAN BOYLE (PA–02), MARY GAY SCANLON (PA–05), DINA TITUS (NV–01), CHELLIE PINGREE (ME–01), DEBORAH ROSS (NC–02), ILHAN OMAR (MN–05), JASON CROW (CO–06), JOYCE BEATTY (OH–03), ANDY KIM (NJ–03), GWEN MOORE (WI–04), TED LIEU (CA–36), and JAMAAL BOWMAN (NY–16) for their support as original cosponsors. I look forward to working with the Chairpersons of the Ways and Means, Veterans' Affairs, Oversight and Reform, and Armed Services Committees to ensure this critical piece of legislation becomes law.

INTRODUCTION OF THE PROMOTING ACCESS TO DIABETIC SHOES ACT

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 1, 2023

Mr. BLUMENAUER. Mr. Speaker, today I am pleased to introduce the Promoting Access to Diabetic Shoes Act.

With serious comorbidities and complications associated with it, diabetes has a significant impact on the health of our country. Diabetes is the leading cause of non-traumatic lower extremity amputation in the United States. Research shows that approximately 50 percent of people with diabetes will develop at least some degree of peripheral neuropathy and that 25 percent can expect to develop a foot ulcer at some point. As many as 24 percent of people who develop a foot ulcer will go on to have an amputation.

The good news is that preventive measures such as therapeutic or diabetic shoes can help avert the progression of neuropathy and the need for amputation. However, current Medicare statute does not allow nurse practitioners and physician assistants to fulfill certification requirements as a patient's primary care providers. This means that patients who typically see these providers need to be referred to a physician for certification and continue to see them afterwards. Not only does it increase costs, this policy interrupts patient care and delays access to time-sensitive services.

My legislation would allow nurse practitioners and physician assistants to fulfill these documentation requirements, which is within their scope of practice. Enacting this legislation would streamline this administrative process and allow Medicare patients to get the care they need in a timely fashion.

I urge my colleagues support this bipartisan legislation.

INTRODUCTION OF THE EMANCIPATION STATUE REMOVAL ACT

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 1, 2023

Ms. NORTON. Mr. Speaker, today, I rise to introduce the Emancipation Statue Removal Act, which would remove the Emancipation Statue from Lincoln Park, a federal park in the District of Columbia, and require the Secretary of the Interior to donate the statue to a museum or similar entity. This bill is part of a series of statue and memorial removal bills I am introducing during Black History Month.

The Emancipation Statue was dedicated on April 14, 1876, the 11th anniversary of President Abraham Lincoln's assassination. Although formerly enslaved Americans paid for this statue, it was designed and sculpted without their input, and it shows. The paternalistic