

WELCOME TO OLIVIA ALEXANDRA
BECERRA

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 9, 1995

Mr. BECERRA. Mr. Speaker, it is with great joy that I inform my colleagues that on April 25, 1995, my wife, Carolina, gave birth to Olivia Alexandra, our second daughter.

Because she was born near the end of the Easter district work period, I elected to remain in Los Angeles during the week of May 1 to be with and help care for her during her first week home. As such, I missed a number of recorded votes when the House met on May 2. I would have voted on each amendment and bill:

On motion to instruct conferees on H.R. 1158, Omnibus Rescissions and Supplemental Appropriations (rollcall 303)—Aye.

On final passage of H. Con. Res. 53, visit by President of Taiwan (rollcall 304)—Aye.

On final passage of H. Res. 135, condemnation of the Oklahoma City bombing (rollcall 305)—Aye.

Olver amendment to H.R. 655, Hydrogen Future Act (rollcall 306)—Aye.

Brown of California amendment to H.R. 655 (rollcall 307)—Aye.

THE SARAH WEBER HOME INFUSION
CONSUMER PROTECTION
ACT OF 1995

HON. SHERROD BROWN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 9, 1995

Mr. BROWN of Ohio. Mr. Speaker, today, I introduce the Sarah Weber Home Infusion Consumer Protection Act of 1995 in honor of Sarah Weber, a young girl from Ohio.

Unfortunately, many of the most vulnerable patients who depend on home infusion therapy are currently at the mercy of certain unscrupulous home infusion providers. This legislation will ensure that patients are served more appropriately by these providers.

Let me share with you Sarah's story. Sarah was a happy little girl from Cleveland Heights, OH, who suffered from cerebral palsy and a rare digestive disorder that would not allow her to tolerate food. Given her condition, she needed to be fed and medicated intravenously. Wanting to stay with her family at home, Sarah received this treatment with her mother as her nurse. It sounds like the perfect situation. Unfortunately for Sarah and her family, it was not.

Instead, Marie was plagued by bill collectors once her \$2 million insurance policy ran out. Sometimes, the wrong medications were delivered. Thankfully, Marie was astute enough to recognize the mistake and resolve the situation before harm could be done. Sarah was dropped by one provider, without notice, left hanging by a thread between life and death, with only a day's worth of life sustaining supplies.

These are just a few of the examples of the lack of quality standards and harmful practices that exist. My bill will require home infusion companies to be licensed according to quality

standards included in the law. Further, the bill would crack down on fraud in the industry by extending the current restrictions on physician referrals to companies in which they have a financial interest to home infusion companies and all payers.

I believe this bill will go far to eliminate the abuses and will restore families faith in home infusion. Many seriously ill patients depend on home infusion for their medication or nutrients. In many cases, the available technology has enabled them to remain in the comfort of their own homes while they receive treatment. Yet, what good is treatment at home if it is of questionable quality? We must ensure that the care patients receive at home is of the utmost quality and that the patient's physician is involved in the process.

A summary of the bill follows. I invite all my colleagues to join me in cosponsoring this important legislation.

SUMMARY OF SARAH WEBER HOME INFUSION
CONSUMER PROTECTION ACT OF 1995

1. Licensure: Require home infusion providers to be licensed according to the standards defined in the bill.

The language of the bill requires persons providing, or arranging for the provision of services, to hold a license. In this context, persons will apply to individuals or companies, whichever applies.

Further, the bill defines home infusion broadly to encompass all types of home infusion providers.

2. Standards: The bill would require providers: to maintain clinical records; adhere to written protocols and policies; make services available 24 hours a day, seven days a week; coordinate all home infusion therapy services with the patient's physician; conduct a quality assessment and assurance program including drug regimen and review and coordination of patient care; assure that only trained (and licensed if necessary) personnel provide infusion products or services; assume responsibility for the quality of services provided by others under arrangements with the person; establish appropriate protocols and explain protocols clearly to patients prior to the initiation of treatment plan; and, meet other requirements which the Secretary may determine are necessary to assure the safe and effective provision of home infusion therapy services.

3. Authorizes Funds for Start up Grants to the States: The bill provides for the authorization of funds to provide assistance to the states in establishing a licensing system. It further states to require the payment of a fee for the processing and licensing of companies.

4. Restrictions on Referrals: The legislation will ban physicians from referring patients to home infusion providers in which they have a financial interest. This requirement would apply to all payers.

5. Enforcement: The bill would be enforced via civil monetary penalties determined by the Secretary of Health and Human Services but not to exceed \$10,000. The Secretary may also file an action to enjoin persons from violating the Act.

6. Study: The bill would require the study of the feasibility and economic impact of coverage of infusion services that may otherwise be covered in a hospital setting.

DR. BARBARA BARLOW, A GUARDIAN
ANGEL FOR THE CHILDREN

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, May 9, 1995

Mr. RANGEL. Mr. Speaker, I would like to bring to your attention and to the attention of my colleagues here in the house, a story about a very dedicated doctor committed to helping save the lives of our children in the Harlem community and beyond.

This guardian angel of which I speak is Dr. Barbara Barlow, chief of Pediatric Surgery at Harlem Hospital Center.

Her push for prevention in helping keep our children on the playgrounds and out of emergency rooms, was depicted recently in a story in Parade Magazine, April 16, 1995.

I am proud to have such a remarkable and devoted individual caring for the children in the Harlem community.

HER PUSH FOR PREVENTION KEEPS KIDS OUT
OF ER

(By Peter Hellman)

Dr. Barbara Barlow still recalls the 4-year-old boy who arrived at Harlem Hospital Center 20 years ago, soon after she had been appointed chief of pediatric surgery. "He tumbled head-first out a fourth-floor window while his mother went to answer the phone," she told me. "Multiple fractures. Brain dead. An only child. It was just so incredibly sad."

Dr. Barlow was then treating an average of one dozen children annually who'd fallen from windows. "I only saw kids who were still breathing," said Barlow. "Others had been taken directly to the morgue."

Convinced that "prevention is better than sewing them up," Dr. Barlow decided to get involved. She knew that installing inexpensive window gates would remedy the problem and that a new law required New York City Landlords to install the guards upon request. But compliance was spotty, so Barlow put her energy into a campaign, started by the city's health department, called "Children Can't Fly." Harlem students acted our dramas about window falls. They were sent home from hospital clinics with window-guard request forms. At the culmination of the campaign, "Children Can't Fly" balloons were tied to window gates all over Harlem.

The result? Last year, Dr. Barlow treated only one window-fall victim.

If window falls could be so decisively reduced by attacking root causes, reasoned Dr. Barlow, why not also the other kinds of trauma injuries to Harlem's children? Through the mid-1980s, they were being hurt at a rate that was double the national average. Now, thanks to the Injury Prevention Program that Dr. Barlow established in 1988, admissions of children with trauma injuries to Harlem Hospital have been reduced by 44 percent.

Dr. Barlow first focused on Harlem's dirty and dangerous playgrounds. Emergency-room data showed that they caused many injuries. To help upgrade the playgrounds, she persuaded the nonprofit Robert Wood Johnson Foundation of Princeton, N.J., to provide a \$240,000 grant. ("A very untraditional use for our money in terms of health care," admitted Michael Beachler, a program officer for the foundation.)

Though she was outwardly confident, Dr. Barlow remembers "lying awake all night and thinking, 'What if we can't get anyone to fix these playgrounds?'" But it turned out Barlow could put people together as well as