

and racial discrimination (Section 2) against Asian American voters. The complaint alleges that Boston abridged the rights of language minority groups by:

Treating limited English proficient Hispanic and Asian American voters disrespectfully;

Refusing to permit limited English proficient Hispanic and Asian American voters to be assisted by an assistant of their choice;

Improperly influencing, coercing, or ignoring the ballot choices of limited English proficient Hispanic and Asian American voters;

Failing to make available bilingual personnel to provide effectively assistance and information needed by minority language voters; and

Refusing or failing to provide provisional ballots to limited English proficient Hispanic and Asian American voters.

In San Diego County, California, voter registration among Hispanics and Filipinos rose by over 20 percent after the Department of Justice brought suit against the county to enforce the language minority provisions of Section 203. During that same period, Vietnamese registrations increased by 40 percent.

The Voting Rights Act of 1965, represents our country and this Congress at its best because it matches our words to deeds, our actions to our values. And, as is usually the case, when America acts consistent with its highest values, success follows. By eliminating language assistance to American voters, the King Amendment will make it more difficult for American citizens to participate in the political process simply because English is not their primary language. The King Amendment is thus inconsistent with American values and the spirit of the Voting Rights Act. Therefore, I urge my colleagues to reject the amendment.

MEDICARE HOME INFUSION THERAPY CONSOLIDATED COVERAGE ACT OF 2006

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, July 17, 2006

Mr. ENGEL. Mr. Speaker, I am delighted to join with my colleagues KAY GRANGER, TAMMY BALDWIN, and RANDY KUHL in introducing the Medicare Home Infusion Therapy Consolidated Coverage Act of 2006. This bill would correct long-standing gaps in Medicare coverage for home infusion therapy, and will enable thousands of beneficiaries to obtain these often life-saving therapies in the most convenient and cost-effective setting—their homes.

Under current Medicare coverage rules, beneficiaries who have severe infections, cancer, or congestive heart disease and many other diagnoses, are needlessly admitted into hospitals or nursing homes to receive the care they need. This is most unfortunate, Mr. Speaker, because in many cases, infusion therapy administered in the patient's home is clearly the preferred alternative. Commercial health plans have long recognized the clinical value and cost-effectiveness of home infusion therapy, and full and proper coverage of home infusion therapy is commonplace among these payers. Medicare stands virtually alone in its antiquated coverage policies that discourage the use of a therapy that in actuality should be promoted for its cost savings, safety, clinical effectiveness, and convenience. At a time when there is a growing awareness of the

need to prevent or limit inpatient hospital stays for our Nation's elderly, we believe this legislation is extremely timely.

Our bill is very simple in its approach. Currently, whatever coverage exists for home infusion therapy is divided between part B and part D. Part B coverage is based on the durable medical equipment benefit, because an item of DME—the infusion pump—is sometimes needed to administer home infusion therapy. That coverage, however, is limited to about 23 drugs. Part D, the outpatient prescription drug benefit, covers more infusion drugs than part B, but does not cover the services, supplies and equipment necessary to safely and appropriately administer these therapies in the home. As a result, both part B and part D coverage of home infusion are very limited. Under part B, Medicare beneficiaries do not have access to many of the most common infusion drugs covered by commercial health plans. Under part D, many beneficiaries have to pay for the infusion services, supplies, and equipment with out-of-pocket funds. The clear result is that access to home infusion therapy, despite its potential for cost savings and good clinical outcomes, is needlessly limited.

Our bill would consolidate coverage for home infusion therapy under part B, so that coverage would be centered in one benefit and coverage would be designed to appropriately and accurately reflect what is involved in the safe and effective provision of home infusion therapy. The Secretary of HHS would apply quality standards that are consistent with prevailing community standard of care commonly utilized by commercial health plans. Both beneficiaries and the Medicare program itself would reap the benefits of broader access to these important medical treatments in the home.

I introduced a similar bill in 2001 that would have established a home infusion therapy benefit under part B. Since then Congress enacted the Medicare Modernization Act of 2003 which created the part D prescription drug benefit. While I appreciate the efforts to broaden coverage of the drug portion of home infusion therapy, the problems I have described still persist because CMS believes it does not have the authority to cover anything beyond the drugs. Thus, effective coverage of home infusion therapy has remained elusive. We can fix this now.

Along with my colleagues, I urge early consideration of this long-overdue bill.

THANK YOU, HECTOR BARRETO,
FOR A JOB WELL DONE

HON. DONALD A. MANZULLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, July 17, 2006

Mr. MANZULLO. Mr. Speaker, last Monday was the last day in office for Hector Barreto, the second-longest serving SBA Administrator in its 53-year history. Last week, there was a reception in honor of former Administrator Barreto with a broad spectrum of the small business community in Washington in attendance. This reflected well upon Mr. Barreto and his leadership style to bring people together of diverse interests and backgrounds.

I don't know how Mr. Barreto put up with being in Washington for these past 5 years.

I'm proud to be associated with Mr. Barreto and where he has taken the SBA to serve more small businesses than ever before in the history of the agency. I'm also proud to say that Mr. Barreto and I have similar backgrounds, growing up in the family restaurant business in the Midwest.

It's amazing to see what has happened during the tenure of Mr. Barreto as Administrator of the SBA. Mr. Barreto was confirmed by the Senate and then sworn into office on July 25, 2001. Several weeks later, our Nation was hit by the awful terrorist attacks on September 11. More Americans were killed in 9/11 than at Pearl Harbor. Mr. Barreto was just getting used to his new job responsibilities and this terrible tragedy struck America. Administrator Barreto rose up to the challenge by extending Economic Injury Disaster loans to small businesses all across America regardless of their proximity to the locations of the actual terrorist attacks. The terrorists sought to devastate our economy by tearing down the World Trade Center and disrupting air travel but they did not count on the resiliency of the small business sector and the American people. More than 10,000 small businesses across the Nation employing 166,000 workers were helped with over \$1 billion in 9/11 SBA disaster loans.

If that wasn't enough, Mr. Barreto achieved great results in other programs of the SBA. Between 2000 and 2005, the SBA more than doubled the number of loans made through its main business loan guarantee programs. The dollar volume also dramatically increased—in 7(a) by nearly 40 percent and in the 504 program by threefold. And after a series of programmatic shut-downs and curtailments, I joined with Mr. Barreto in making the historic decision in late 2004 to finally get the 7(a) program off the rollercoaster of the appropriations process and have it funded entirely through user fees just like the 504 and the SBIC program. Now, the 7(a) program is going like gangbusters, serving record numbers of small businesses throughout all demographic groups, as compared to when it was receiving a loan subsidy.

There has also been a steady increase in the number of individuals receiving technical assistance, education, and counseling through the SBA and its resource partners. Also, as a result of active engagement between the SBA and Federal agencies, Federal procurement dollars going to small businesses are at an all-time high. All this was accomplished while transforming the SBA into an agency to meet the challenges of the 21st century. Change is hard but Mr. Barreto made the courageous decision to have the SBA operate more like the private sector than a bureaucracy. Doing more with less should be praised, not condemned, particularly in this tough budget environment.

Then, Hurricanes Katrina, Rita, and Wilma violently struck the gulf coast last year. It was as if a swath of complete devastation 100 miles wide ripped through our country from Boston to Chicago. Again, Administrator Barreto and his team in the Office of Disaster Assistance came through despite enormous obstacles placed in their path, including not being able to really get to the areas of deepest destruction until well after a month after Hurricane Katrina ravaged New Orleans. The SBA and Administrator Barreto in particular took many below-the-belt political potshots