

manager of technology; Tim Suire, event coordinator; Doug Thornton, SMG regional vice president; Toby Valadie, production manager; Benny Vanderklis, security manager; Danny Vincens, Superdome assistant general manager; David Weidler, senior directors finance and administration; Lisa Wharton, security staffing supervisor; Chad Wilken, assistant operations manager.

Ms. LANDRIEU. Mr. President, it demonstrates that the people of the city of New Orleans are fighting to come back, to fight some obstacles that were thrown our way. Despite so much of the criticism that came from some places, we are determined to rebuild.

The spirit of our city and the spirit of this region is strong, and the Saints represented that last night. They came roaring into the dome, as the Saints go marching in with our musicians and our artists and the great spirit of its people to say: We will not allow this city to die or this region to die. We are going to continue to fight hard, to build partnerships, to reform what needs to be reformed, to fix what needs to be fixed, and to build this region, every single neighborhood, every single town, and to do it smarter and better.

The Saints came marching in. They brought a lot of hope to everyone. This resolution will commend them for their extraordinary work as we go into the difficult rebuilding in the years ahead.

SENATE RESOLUTION 586—CELEBRATING 40 YEARS OF ACHIEVEMENTS OF MEDICAL CODERS, AND ENCOURAGING THE MEDICAL CODING COMMUNITY TO CONTINUE PROVIDING ACCURATE MEDICAL CLAIMS AND STATISTICAL REPORTING TO THE PEOPLE OF THE UNITED STATES AND TO THE WORLD

Mr. HATCH submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 586

Whereas, in 1966, the Current Procedural Terminology (CPT) was developed by the American Medical Association (AMA) to assist with the accurate reporting of physician procedures and services, and has since grown to include 8,568 codes and descriptions;

Whereas, in 1977, when the 9th revision to the World Health Organization's International Classification of Diseases (ICD-9) was published, the United States National Center for Health Statistics modified the statistical study with clinical information and provided a way to classify diagnostic and procedural data to create a clinical picture of each patient to improve the quality of health care;

Whereas, in 1977, the Health Care Financing Administration (HCFA), now the Centers for Medicare & Medicaid Services (CMS), was established for the coordination of the Medicare and Medicaid programs and its responsibilities has since included coordinating the annual update to ICD-9-CM Volume 3 procedure codes;

Whereas Congress passed the Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360), and mandated the reporting of ICD-

9-CM codes on each part B claim submitted by physicians and that mandate has since extended to parts A, C, and D of the Medicare program;

Whereas the Health Information Portability and Accountability Act of 1996 (Public Law 104-191) requires every health care provider who does business electronically to use the same code sets, including Current Procedural Terminology, ICD-9-CM, and other code sets involving medical supplies, dental services, and drugs;

Whereas, since 1998 and the publication of the first medical practice compliance plans, the Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) has recognized medical coding as an essential element in the fight against health care fraud and abuse;

Whereas, in 2003, the Department of Health and Human Services delegated authority under the Health Information Portability and Accountability Act of 1996 to the Centers for Medicare & Medicaid Services to maintain and distribute the Healthcare Common Procedure Coding System (HCPCS) that is used primarily to identify products, supplies, and services not included in the Current Procedural Terminology codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office;

Whereas the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) included a provision to update ICD-9-CM codes affecting new technology and procedures twice each year;

Whereas, in 2006, the Department of Labor forecasted above average job growth for medical coders through 2012 because of rapid growth in the number of medical tests, treatments, and procedures that will be increasingly scrutinized by third-party payers, regulators, courts, and consumers; and

Whereas medical coders have a tradition of working in collaboration with the Federal Government to improve the overall health of all people of the United States through the accuracy of claims reporting: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the historical, clinical, and public health achievements of medical coders and celebrates the milestones achieved in the 40-year history of medical coding;

(2) recognizes the great impact that medical coders have on improving the quality of health care of people in the United States and around the world; and

(3) congratulates medical coders for their dedication and trusts that the profession will continue to offer its guidance relative to medical coding and its effect on accurate patient information to improve the public health of future generations.

Mr. HATCH. Mr. President, I am pleased to submit today a resolution to celebrate 40 years of achievements of medical coders, and to encourage the medical coding community to continue providing accurate medical claims and statistical reporting to the people of the United States and to the world.

There are about 80,000 professional medical coders employed in the United States, and that number is expected to continue to grow due to the increasing number of medical tests, treatments and procedures, and the consequent scrutiny to provide the best quality health care in a market driven economy. Medical coders are a diverse group of women and men dedicated to "running the numbers" of health care.

They translate the information that a physician documents during a patient visit into numerical codes that are used for both payment and statistical purposes.

Medical coders are sentries of our Nation's health. They communicate regularly with physicians and other health care professionals to clarify diagnoses or to obtain additional information in the assignment of alphanumeric codes. They are knowledgeable of medical terminology, anatomy, physiology, and the code sets necessary to serve effectively in their professional role within the health care community. They are team players committed to ethical and sound medical documentation and reimbursement practices.

Medical coders work in a variety of health care environments. Nearly 40 percent of all coding jobs are in hospitals. Others work in the offices of physicians, nursing care facilities, outpatient care centers, and home health care services. Insurance firms that offer health plans employ coders to tabulate and analyze health information. Medical coders in public health departments supervise data collection from health care institutions and assist in research. The Department of Defense policy requires accurate and prompt documentation of and coding of medical encounters within the Military Health System to assist, Military Treatment Facility operations. The compliance plan for third-party payers of the Department of Health and Human Services, Office of the Inspector General acknowledges the specialized training of medical coders required due to the greater legal exposure related to coding medical services. Coders also stand as the frontline against the potential fraud and abuse of the Medicare and Medicaid programs while assuring that the physicians, hospitals, and clinics receive accurate compensation for the services provided.

The abilities coders possess to collect data about diagnoses and procedures figure prominently within my own interests for quality health care. Medical coders also provide us with the data we need for making tough choices in health care policy.

It is my hope that this resolution will help advance the recognition of professional medical coders and the attention given to their commendable work. It recognizes contributions to the national health care system and it reminds us of medical coders' dedication to the value of hard work in the interest of a national priority—quality health care for everyone. I applaud that contribution and am hopeful that my colleagues in the Senate will join me by passing this resolution.