

INTRODUCTION OF THE EMPOWERING MEDICARE PATIENT CHOICES ACT ESTABLISHES A PHASED IN PROGRAM TO SUPPORT SHARED DECISION-MAKING IN MEDICARE BY EQUIPPING BENEFICIARIES WITH UNBIASED, EVIDENCED-BASED RESOURCES THAT CAN HELP THEM BE BETTER INVOLVED IN TREATMENT DECISIONS

HON. EARL BLUMENAUER

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. BLUMENAUER. Madam Speaker, today I am proud to introduce the Empowering Medicare Patient Choices Act of 2009.

The onset of an illness creates intense stress and anxiety for patients and families. In addition to the weight of a diagnosis, patients struggle to learn about their illness and determine which treatments to pursue. During this time, people often feel helpless and unprepared to make such critical decisions, but it doesn't have to be that way. We have the opportunity to improve both the quality of health care and patient satisfaction by better engaging patients and families in treatment decisions.

The Empowering Medicare Patient Choices Act will create a shared decision-making process between physicians and patients within Medicare, offering incentives for doctors to provide resources such as DVD's and web-based, interactive programs. These materials provide unbiased, evidence-based information on treatment options. After reviewing the decision aids, patients and families are better prepared to have meaningful conversations with their doctors to determine the course of action right for them.

The legislation introduces shared decision-making into Medicare in three phases. Phase I is a three-year period pilot program allowing 'early adopting' providers to participate, providing data and serving as Shared Decision-Making Resource Centers. Phase II expands the pilot for a three-year period during which a larger pool of providers will be eligible to receive reimbursement for the use of certified patient decision aids. The final stage requires providers to use patient decision aids for certain conditions as a standard of practice.

Shared decision-making is a common-sense program that will improve quality of care, but more importantly, support patients and families during difficult times.

INTRODUCTION OF THE INDEPENDENCE AT HOME ACT

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. MARKEY of Massachusetts. Madam Speaker, I rise today to introduce the Independence at Home Act. I would like to thank my colleague and fellow co-chair of the bipartisan Alzheimer's Task Force, Mr. CHRIS SMITH of New Jersey, for working with me on this important legislation.

As health care reform efforts move forward, we have a golden opportunity to provide high-

quality care for our most vulnerable seniors right in their own homes at dramatically lower costs. The bi-partisan Independence at Home legislation we are reintroducing today aims to better coordinate care for Medicare beneficiaries with multiple, debilitating chronic diseases, including Alzheimer's, congestive heart failure, diabetes and other chronic conditions.

In many cases, our frail elders prefer to remain in their own homes, in the comfort of familiar surroundings, rather than enter a nursing home or hospital. Our current health care system does a poor job caring for seriously ill Americans, who often are "lost in transition", struggling to manage multiple illnesses as they transition between emergency room, hospital, nursing facility and home. The Independence at Home Act holds great promise for reducing hospitalizations, preventing medication errors, and lifting the spirits of those who, after a lifetime of contributions to our society, deserve the dignity and peace of mind that comes with living independently.

This legislation builds on successful house calls programs operating around the country and at the Department of Veterans Affairs by establishing a 3-year pilot program in Medicare that would enable beneficiaries with chronic, complex conditions to receive the care they need in their own homes. These patients see roughly 14 physicians and fill about 50 prescriptions each year. Due to a lack of coordination between their many doctors, these patients often receive disjointed care, conflicting information, and multiple diagnoses for the same symptoms. At the same time, Medicare beneficiaries with multiple chronic conditions account for a highly disproportionate share of Medicare spending.

The Independence at Home Act creates a three year pilot program that utilizes a patient-centered health delivery model to ensure that Medicare beneficiaries with multiple chronic conditions can remain independent, in their homes, for as long as possible. Our model is a better, more coordinated way of getting these patients the care they need by physicians who know them and are experienced in managing their unique needs.

The Independence at Home care teams tasked with coordinating the care of these patients will be comprised of qualified and experienced physicians, physician assistants, and nurse practitioners. Participating organizations will be required to produce improved health outcomes, demonstrate patient and caregiver satisfaction, and show that their methods result in savings to Medicare. In order to realize these savings, our bill holds participating providers accountable for demonstrating a minimum savings of 5 percent to Medicare. As an incentive, providers are able to keep a portion of savings they achieve beyond the initial 5 percent. Whereas our current health care system runs up costs by reimbursing for the volume of care, the Independence at Home model incentivizes the value of care.

This proposal also encourages the adoption of electronic medical records and other technologies that will result in more efficient and cost-effective care. And, to help address the existing shortage of primary care physicians, this bill develops a new, promising career path for primary care physicians who can own and operate Independence at Home organizations and receive reimbursements for house calls.

The Independence at Home Act addresses the needs of patients with multiple chronic dis-

eases and holds providers accountable for producing savings. As such, I believe this bill to be a critical part of our efforts to reform health care because it will produce better, coordinated care and reduce costs. I look forward to working with my colleagues in the House to turn our "sick-care" system into a true health care system, and I look forward to working on this bill with my colleagues as efforts proceed to pass comprehensive health care reform this year.

CONGRATULATING CHRIS ECONOMAKI, THE 2009 RECIPIENT OF POCONO RACEWAY'S BILL FRANCE AWARD OF EXCELLENCE

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, May 21, 2009

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Chris Economaki, the dean of motorsports journalists, who has dedicated himself to the promotion of a national sport that has enriched the lives of countless people for more than 60 years.

Mr. Economaki is the first journalist to receive this award, first presented in 1977, which is dedicated to the memory of William H. G. France, the founder of NASCAR. This award is presented annually to a person, organization or corporation that has made outstanding contributions to the sport of NASCAR Sprint Cup Series Racing.

Born in Brooklyn, New York, in 1920, Mr. Economaki's father was a Greek immigrant while his mother was a great niece of Robert E. Lee. He witnessed his first auto race in Atlantic City at the age of nine and was immediately hooked on the sport. He started his career at the age of 13 selling copies of National Speed Sport News newspapers. He wrote his first column at the age of 14 for the National Auto Racing News. In 1950, he became editor of the National Speed Sport News. He began a column for that publication, titled "The Editor's Notebook," that he still writes more than 50 years later. He eventually became owner, publisher and editor of the National Speed Sport News. His daughter, Corinne Economaki, is the current publisher and the paper is still considered "America's Weekly Motorsports Authority."

His autobiography is entitled "Let Em All Go: The Story of Auto Racing by the Man Who Was There."

Mr. Economaki worked as a race track announcer in the 40s and 50s. He covered races at Indianapolis, Daytona, LeMans and many other locations. His motorsports coverage on radio and television became legendary.

Mr. Economaki has been the recipient of numerous major motorsports award and he was inducted into the Motorsports Hall of Fame of America in 1994. The Economaki Champion of Champions Award is named after him. A day at the Dodge Charger 500 at the Darlington Speedway race weekend is named "Chris Economaki Day." The press room at the Indianapolis Motor Speedway was named the "Economaki Press Conference Room" in 2006. He appeared as a pit reporter in two motion picture films, "Stroker Ace" and "Six Pack."