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Senate

The Senate was not in session today. Its next meeting will be held on Tuesday, July 23, 2013, at 10 a.m.

House of Representatives

MONDAY, JULY 22, 2013

The House met at noon and was called to order by the Speaker pro tempore (Mr. WOMACK).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
July 22, 2013.

I hereby appoint the Honorable STEVE WOMACK to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2013, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes each, but in no event shall debate continue beyond 1:50 p.m.

END-OF-LIFE CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, I arrived at my office this morning to a

Politico with the front page headline “Blumenauer’s Death Panel Bill Lives on.”

It’s actually a terrific article by Joanne Kenen, but the terrible headline about nonexistent death panels symbolizes why, three Congresses later, we still have not helped families deal with the most difficult circumstances any of us will ever encounter.

This issue hit me with full force 10 years ago in the midst of the Terri Schiavo case, where we watched one family’s tragedy turn into a national media circus and a political spectacle all because one 27-year-old woman didn’t have a conversation with her loved ones to make her wishes known about what would she want if the unthinkable happened. And she was caught in the terrible circumstance of being in a vegetative state—brain dead—for 8 years with no likelihood of recovery.

It’s not really unthinkable. It’s just that many of us would rather not think about it. Too rarely do we have this conversation, yet virtually every one of us will be in these circumstances with ourselves or with a loved one unable to make their wishes known about health care because of permanent or temporary incapacity.

This is not just about end of life. It could be any decision: about whether or not to amputate a leg or to have an operation that carries with it significant risks. Who speaks for each of us when we’re unable to speak for ourselves?

The public overwhelmingly thinks that people should have the informa-

tion and that their insurance or Medicare should pay for that conversation with a medical professional. Unfortunately, today, Medicare will pay tens of thousands of dollars for a 93-year-old man with terminal cancer to have a hip replacement who will never walk again but will not pay for a conversation with that same person and their family to understand the circumstances they face and what their options are, to understand their choices and have those choices, whatever they might be, respected, known, and enforced.

This actually won’t cost us anything. The evidence is that people who know more use their information to choose wisely—very often less intense medical interventions. Overall, it could actually save money.

Doctors are perhaps the best example. They certainly can afford medical care. They certainly know about it. Yet, because they know what works and what doesn’t, they make their wishes known and strategically choose their health care. As a group, they actually end up using less medical care in their last year of life, but arguably have a higher quality of life. Everybody should have the same choice as a doctor.

I’m in the process of visiting with each and every Member of the House to see if we can do something that will give people the care they want that is overwhelmingly supported by the public and that won’t cost the Federal Government any net cost.

I urge my colleagues to examine the bipartisan legislation H.R. 1173, the Personalize Your Care Act of 2013, that

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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