

UMB Bank embodies strong community involvement in all the communities it serves. From financing for small businesses, to providing working capital loans to companies that support job creation and retention, to employee volunteerism and corporate donations UMB stands tall with their communities. In fact UMB just received an "Outstanding" rating from the Office of the Comptroller of the Currency in their most recent public evaluation of UMB's community lending and participation.

When the largest banks in America were trying to repay billions of dollars in TARP funds and to improve their balance sheets and to deal with the impact of severe economic problems in the states where they do business, UMB was keeping to their business strategy, conservative with slow, steady growth. Their non-performing loans as a percent to total loans was 0.7 percent, the fourth best in this category in the country; reserves as a percentage of nonperforming loans was 210 percent; and their Tier 1 capital ratio was 13.5 percent. Their stock trades at 1.5 times its book value. In a September 2009 *TheStreet.com* article "UMB's Kemper Proves Boring Is Better: Best In Class", Mariner Kemper said "The Street, the investor population, believed that we . . . could leverage [our] earnings streams more, if we had taken the same risks as the rest of the industry. I'm thrilled to be able to stand up and say: Those strategies worked for us! We didn't erase 20 years of earnings by taking three years of risks."

To be rated the second-best bank in America in 2009 by *Forbes* out of the 100 largest banks and thrifts in America is "A great source of pride for everyone at UMB", Mariner Kemper said in a January press release. He went on to say, "This ranking also shows that the regional banking model works. UMB sticks to our time-tested prudent business practices, such as making loans within our territory, building relationships with our customers and understanding that strong underwriting practices produce quality results. Our standards have remained unchanged in all economic conditions. This principle, as well as a focus on a diversified income stream from fee-based businesses, affords us steady growth."

Madam Speaker, again we offer UMB Bank and all its employees, officers, directors and shareholders our heartiest congratulations on a job well done.

HONORING W. GLENN WINFREY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize W. Glenn Winfrey, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 82, and in earning the most prestigious award of Eagle Scout.

Glenn has been very active with his troop participating in many Scout activities. Over the many years Glenn has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending W. Glenn Winfrey for his

accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. DENNIS A. CARDOZA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. CARDOZA. Mr. Speaker, I would like to submit for the record a letter sent to me by the Physician Insurers Association (PIAA) expressing their concerns that multiple provisions of H.R. 3590 could potentially create new causes of action for medical liability claims despite the assurances I received from the committees and others that there would be no impact.

Mr. Speaker, the House-passed H.R. 3962 prevented these causes of action from being created by adding Section 261. Section 261 stated that the development, recognition, or implementation of any guideline or other standard shall not be construed to establish the standard of care or the duty of care owed by healthcare providers to their patients in any malpractice action or claim.

Mr. Speaker, for the record, it was the legislative intent of Congress to insert Section 261 or similar language in any Conference Committee bill to prevent new causes of action. It was not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

PHYSICIAN INSURERS
ASSOCIATION OF AMERICA,
Rockville, MD, March 9, 2010.

Hon. DENNIS CARDOZA,
Longworth Building,
Washington, DC.

DEAR CONGRESSMAN CARDOZA: On behalf of the 60 domestic primary medical professional liability insurance company members of the Physician Insurers Association of America (PIAA), I am writing regarding the healthcare reform legislation passed by the Senate. Specifically, I would like to share our concerns about the legislation creating new causes of action for medical liability claims.

The PIAA is the only trade association in the nation dedicated solely to the medical professional liability insurance industry. Our members are physician and other healthcare provider owned or operated professional liability insurers which provide indemnification for over 60% of America's doctors, as well as dentists, hospitals and other healthcare providers. Our member insurance companies were formed by state medical, dental and hospital associations over the past 30 years, to include 4 which are domiciled in California. They were formed with the specific goals of lowering insurance costs for providers and helping patients through sound underwriting and patient safety practices. In this regard, we are uniquely qualified to offer our perspective on medical liability issues.

As approved by the Senate, H.R. 3590 contains at least 14 provisions which could create new causes of action for medical liability claims. These include:

Section 2701 (adult health quality measures).

Section 2702 (payment adjustments for health care acquired conditions).

Section 3001 (Hospital Value-Based Purchase Program).

Section 3002 (improvements to the Physician Quality Reporting Initiative).

Section 3003 (improvements to the Physician Feedback Program).

Section 3007 (value based payment modifier under physician fee schedule).

Section 3008 (payment adjustment for conditions acquired in hospitals).

Section 3013 (quality measure development).

Section 3014 (quality measurement).

Section 3021 (Establishment of Center for Medicare and Medicaid Innovation).

Section 3025 (hospital readmission reduction program).

Section 3501 (health care delivery system research, quality improvement).

Section 4003 (Task Force on Clinical and Preventive Services).

Section 4301 (research to optimize delivery of public health services).

Sufficient questions were raised about these sections of H.R. 3590 that a provision was added to the bill commissioning a Government Accountability Office (GAO) study to see if these sections did indeed result in new avenues for medical liability claims to be filed. Quite simply, such a study is unnecessary and possibly harmful. If Congress intends to create multiple new avenues for the filing of medical liability claims, it does not need to commission the study. If, as we have been told, it does not intend to substantially increase medical liability litigation, a study will only needlessly create an opening for such cases to be filed until Congress finds the opportunity to correct the issue.

Congress should not wait for a study to be conducted—it should clearly state its intent in the legislation to not create new medical liability causes of action which could dramatically increase medical liability insurance premiums and potentially decrease access to healthcare providers in the process. The PIAA recommends the following legislation language to address this issue:

Sec. XXXX—Construction Regarding Standard of Care

The development, recognition, or implementation of any guideline or other standard under any provision of this Act shall not be construed to establish the standard of care or duty of care owed by healthcare providers to their patients in any medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11151(7))).

From the very beginning of the healthcare reform debate, there has been broad consensus that medical liability reform was a necessary component in making our healthcare system more efficient and effective. While the exact nature of that reform has been the source of some disagreement, no one has been suggesting that our medical system will be improved by having new opportunities for even more medical liability claims to be filed. Congress should ensure such opportunities are not created by healthcare reform legislation.

Thank you for your time and consideration of this critically important issue. Should you have any questions about these proposals, or need additional information, please do not hesitate to contact me. We look forward to working with you on this most important issue.

Sincerely,

LAWRENCE E. SMARR,
President.

HONORING DR. DOROTHY L.
HEIGHT ON HER 98TH BIRTHDAY

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA
IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Ms. NORTON. Madam Speaker, I rise today to ask the House of Representatives to join me in honoring Dr. Dorothy L. Height, the President Emerita of the National Council of Negro Women, on her 98th birthday.

Dr. Dorothy L. Height has spent her extremely productive lifetime in service of African Americans, especially African-American women, and the people of the United States of America. She has been a visionary, championing every great effort for equality and racial justice that our nation has achieved, from equal pay and voting rights for women to the integration of the nation's governmental institutions and revision of societal norms.

Known as the "Godmother of the Civil Rights Movement," Dr. Height has also organized the annual Black Family Reunion, a national celebration that she leads to celebrate African-American family values on the National Mall and throughout the nation.

Dr. Height has been recognized with virtually every significant national honor, from the NAACP Spingarn Medal, to the Presidential Medal of Freedom Award and the Congressional Gold Medal.

It is especially appropriate that Dr. Height's birthday occurs in March, during Women's History Month. Her contributions, not only to our country, but to women of every color and background, make Women's History Month a timely occasion to celebrate Dr. Height's life's work as President Emerita of the National Council of Negro Women. Madam Speaker, I ask the House of Representatives to join me in celebrating the lifetime contributions of Dr. Dorothy L. Height on her 98th birthday.

HONORING JOHN ZACHARY PARKS

HON. SAM GRAVES

OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize John Zachary Parks, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 121, and in earning the most prestigious award of Eagle Scout.

Zach has been very active with his troop participating in many Scout activities. Over the many years Zach has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending John Zachary Parks for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

A TRIBUTE TO DR. DOROTHY I.
HEIGHT

HON. EDOLPHUS TOWNS

OF NEW YORK
IN THE HOUSE OF REPRESENTATIVES
Wednesday, March 24, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition and celebration of Dr. Dorothy I. Height on her 98th Birthday for her unwavering dedication and contributions to society. Her commitment to social work and those who are underserved have been indelible.

Dorothy I. Height was born in Richmond, Virginia. At an early age, she moved with her family to Rankin, Pennsylvania. She graduated from Rankin High School. While in high school, she received a scholarship to Barnard College; however, upon her arrival, she was denied entrance. During that time, Barnard only admitted two African Americans per academic year and Ms. Height had arrived after the other two students had been admitted. She did not let this disappointment deter her; she would later attend New York University, where she earned a Bachelor's and Master's degree in only four years.

After college, Dr. Height worked as a teacher in Brownsville Community Center in Brooklyn, New York. She was also very active in the United Christian Youth Movement after its founding in 1935. Her undying commitment to women and families led her to her work as a case manager for the welfare department in New York. In 1937, she would join the National Council of Negro Women and her career as a pioneer in civil rights began to unfold.

In 1938, Dorothy Height was one of ten young people selected to help Eleanor Roosevelt plan a World Youth Conference. Through Ms. Roosevelt, she met Mary McLeod Bethune and became involved in the National Council of Negro Women. That same year, she was hired by the Young Women's Christian Association (YWCA). She worked for better conditions for black domestic workers, leading to her election to YWCA national leadership. She was active in developing its leadership training and interracial and ecumenical education programs.

Throughout her career, Dr. Dorothy I. Height has remained a tireless leader in the struggle for equality and human rights for all people. Her life exemplifies her passionate commitment for a just society and her vision of a better world. She has worked closely with Dr. Martin Luther King, Jr., Roy Wilkins, Whitney Young, A. Philip Randolph, and many others. Dr. Height has participated in virtually all of the major civil and human rights events in the 1950's and 1960's. For her tireless efforts on behalf of the less fortunate, President Ronald Reagan presented her the Citizens Medal Award for distinguished service to the country in 1989.

Dr. Height is known for her extensive international and developmental education work. She initiated the sole African American private voluntary organization working in Africa in 1975. In her numerous decades of national leadership, she has served on major policy-making bodies affecting women, social welfare, economic development, civil and human rights. She has received numerous recognition and awards. Recently, she was appointed to the Advisory Council of the White House Initiative on Historically Black Colleges and Universities by President Bush.

Dr. Height has remained a model of social consistency. She has inspired me as a social worker, community organizer and policy maker. She embodies the spirit of commitment. It is with immense honor and pleasure that I recognize her historic efforts and legacy and wish her a very happy birthday. May this year bring with it all the success and fulfillment her heart desires. Madam Speaker, I urge my colleagues to join me in wishing Dr. Dorothy I. Height a Happy Birthday.

RECONCILIATION ACT OF 2010

SPEECH OF

HON. ALLYSON Y. SCHWARTZ

OF PENNSYLVANIA
IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Ms. SCHWARTZ. Mr. Speaker, I, on behalf of myself and Mr. NEAL, rise to speak about the Independent Payment Advisory Board (IPAB), which is a new executive branch entity created in the Senate passed health reform bill, H.R. 3590, the Patient Protection and Affordable Care Act.

In particular I want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending.

In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n).

In addition, further clarifications are needed to ensure that IPAB is empowered to recommend payment improvements for all items and services provided to Medicare beneficiaries.

HONORING SABRINA DINOVO

HON. SAM GRAVES

OF MISSOURI
IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 24, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Sabrina Dinovo, a very special young lady who has exemplified the finest qualities of citizenship and leadership. Sabrina was recently invited to attend a People to People