

contours that express contemporary and edgy artistic style, whose work has garnered acclaim from the Atlanta Journal Constitution, Décor Magazine, and BET's hit reality show, College Hill.

Frank Frazier, a Harlem native whose art career spans over 50 years of perseverance and inspiration, whose genius works depict everything from antagonistic war to jovial jazz concerts.

George Nock, a self-taught artist and former running back with the New York Jets and Washington Redskins, who has distinguished himself among the greatest sculptors of the twentieth and twenty-first centuries through his highly original bronzes.

Kerream Jones, whose work possesses a multifaceted and timeless quality that has led this prolific artist to receive commissions from Verizon Wireless, Pepsi, Upscale Magazine, Atlanta Tribune: The Magazine, the City of Chicago, and various non-profit organizations.

Gwendolyn E. Redfern, a North Carolina native and multi-talented artist who expresses life experiences through her pottery, painting, and mixed media collages.

Najee Dorsey, Founder of Black Art in America and a mixed media artist whose work pays homage to a cast of colorful characters, folk legends and heroes, as well as critiquing aspects of contemporary times.

In accordance with HFAS's commitment to our young scholars, the show will host Diversity Prep Day to give students the opportunity to explore the visual arts, mingle with the artists, and participate in a Youth Information Fair by the show's sponsors and partners.

Mr. Speaker, let me congratulate along with Founder Dion Clark, this year's Mistress and Masters of Ceremony, Barbara Smith and Dan Gasby for your ongoing contributions to Black and American culture. On behalf of my colleagues and a very grateful nation and in celebration of National Black History Month I salute and recognize all of our participating Harlem and world renowned artists and exhibitors of the 2012 Harlem Fine Arts Show.

HONORING AERAS AND THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) OF THE NATIONAL INSTITUTES OF HEALTH (NIH)

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. VAN HOLLEN. Mr. Speaker, I rise today to commend Aeras and the National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH) for their innovative partnership to conduct clinical trial research on a tuberculosis vaccine candidate. Aeras and NIAID are leveraging established NIAID-funded clinical trial networks in Africa including the HIV Vaccine Trials Network (HVTN), the HIV Prevention Trials Network (HPTN) and the International Maternal Pediatric Adolescent AIDS Clinical Trials Network (IMPAACT) to accelerate a multi-center Phase II clinical trial of a tuberculosis vaccine candidate.

The two partners are working together in a novel way that capitalizes on existing infrastructure and displays responsible stewardship

of U.S. government resources. The partnership also showcases the innovative capacity of U.S.-based researchers and the willingness of the American people to engage in solving global health problems such as the TB epidemic.

Tuberculosis is the second leading infectious disease killer worldwide, taking the lives of 1.4 million children, women and men each year. It is extremely deadly for people living with HIV. As drug-resistant strains of tuberculosis evade the best tools we have to fight this disease, new tuberculosis vaccines hold promise to finally help eliminate this disease as a public health problem in a cost-effective way.

Aeras is a nonprofit product development partnership leading efforts to develop new vaccines against tuberculosis, with laboratory, vaccine manufacturing and office facilities in Rockville, MD. Aeras works globally with partners in government, foundations, academia and industry to advance the world's most promising TB vaccine candidates. I am proud to serve the Congressional district where both Aeras and NIH are engaging in cutting-edge research at the forefront of solving devastating health problems. I hope to see the continuation and expansion of important research partnerships that hold promise to save millions of lives, create a world free from TB and secure our country's place at the forefront of world-class research.

A TRIBUTE TO JIM LEWIS

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. BRADY of Pennsylvania. Mr. Speaker, I rise today to honor Mr. Jim Lewis on the occasion of his retirement. Mr. Lewis has contributed over thirty-three years of faithful service to the School District of Philadelphia.

Since 1981, Jim has worked for the School District of Philadelphia in various capacities, serving as a Maintenance Mechanic, Foreman, Supervisor, and Compliance Officer; an Assistant to the Chief Operating Officer, and eventually as Senior Vice President for Facilities and Operations and for Special Projects. A registered Master Plumber for twenty-five years, Jim is also the President and CEO of "Just in Time" Plumbing and Heating. He benefitted greatly from this body's enactment of the 1973 Comprehensive Employment Training Act, which helped give him the skills he needed to succeed.

Mr. Lewis's accomplishments and contributions to his community stretch far beyond his employment. He is a past President and current board member of the Emerald Education Committee, of which he has been a member for 32 years; and a current member of the Masons. Jim has been involved in politics for the past thirty years, and serves as a Committeeman for the 58th Ward, 41st Division. He has been married for thirty-two years to Eileen Lewis, with whom he has raised two children, Jim and Christine.

Mr. Speaker, I encourage my colleagues to join me in thanking Jim Lewis for his years of service and dedication to the School District of Philadelphia and for his greater service to his community.

PROTECTING ACCESS TO HEALTHCARE ACT

SPEECH OF

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 21, 2012

The House in Committee of the Whole House on the state of the Union had under consideration the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system:

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Chair, I rise today in opposition to H.R. 5, legislation which makes it more difficult for injured patients to hold medical providers, the drug industry, insurance companies, and nursing homes accountable for patient deaths and injuries. The so-called "Protecting Access to Healthcare Act," is simply the same, repackaged tort reform proposal that has been considered on the House floor many times. This "medical malpractice" bill is a one-size-fits all, anti-individual rights bill that denies individuals their rights to redress when injured.

The medical liability components of H.R. 5 do little to control health care costs and do more to undercut the rights of patients. The \$250,000 cap and high standard of proof for punitive damages would severely weaken the deterrent effect that punitive damages have on egregious misconduct. Forever freezing the damage caps further weakens future deterrent effects while further reducing benefits to injured parties.

According to the Institute of Medicine, approximately 98,000 people die each year in the United States from preventable medical errors. The best way to lessen healthcare costs associated with malpractice is to reduce incidents of malpractice, not bargain away the legal rights of injured patients and consumers. This bill does nothing to address patient safety, quality measurement, and care improvement strategies that could actually reduce costs.

Mr. Chair, H.R. 5 will not do anything to lower the cost of health care. If the compensation for injured patients is not sufficient, American tax payers will be left to pick up the tab. I urge my colleagues to consider very carefully who will end up paying at the end of the day.

RECOGNIZING THE 191ST ANNIVERSARY OF THE INDEPENDENCE OF GREECE

HON. MICHAEL G. GRIMM

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. GRIMM. Mr. Speaker, today, as we honor the 191st Anniversary of Greek Independence, it gives me great pride as a member of the Congressional Hellenic Caucus in celebrating the ties that connect our two great democracies together as both friends and allies.

In celebrating this day we also honor the accomplishments of Greek Americans, many of which first immigrated to our country and made their homes in New York, and the fantastic contributions they have brought to our

country as a whole. I represent the 13th Congressional District of New York and am proud to have a large and thriving Greek American community in my district. Anyone who visits the remarkable cultural festivals thrown by the Holy Cross Orthodox Church in Bay Ridge, or the Holy Trinity/St. Nicholas Greek Orthodox Church on the West Shore of Staten Island, can attest to the strength of, and support for, the Greek-American community in Staten Island and Brooklyn.

Greek Independence Day is an opportunity for all Americans to reflect on our nation's own freedom. We must not forget that when the United States was first conceived, many of its ideals and laws were based on those of the Greeks. Just seeing the artwork right here in the United States Capitol or reading through our constitution exemplifies the profound impact the people of Greece have made on our modern society.

It is with great pride that I rise today to honor the independence of a nation that, for centuries, has protected the fundamental rights of liberty and participation in the democratic process. I have seen the positive cultural heritage Greek-Americans bring to local communities firsthand in Staten Island and Brooklyn, and I am sure that the shared bond between our two great nations will remain rock solid for many years to come.

ON THE INTRODUCTION OF THE MEDICARE ADVANTAGE PROGRAM INTEGRITY ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Advantage Program Integrity Act. My legislation will make common-sense payment reforms to the Medicare Advantage (MA) program to ensure that taxpayers get the best bang for their buck. The Medicare Advantage Program Integrity Act requires that Medicare Advantage payments more accurately reflect the health status of their enrollees. In addition, the bill ends the ability for Medicare Advantage plans to game the system by retaining investment income from pre-payments. Taken together, these policies will save over \$20 billion over ten years, protecting both taxpayers and beneficiaries.

The MA program has grown substantially in recent years, increasing from \$65.2 billion in plan payments in 2006 to \$116.1 billion in 2010. Today, 25 percent of Medicare beneficiaries are enrolled in a private health insurance plan through MA. Congress took action through the Affordable Care Act (ACA) in 2010 to substantially reduce historical excessive base payment rates in MA. However, these plans continue to be overpaid relative to traditional Medicare, both in terms of base rates that exceed the cost of traditional Medicare in many geographic areas and because payments do not accurately reflect the health status of enrolled beneficiaries.

Because plan payments are adjusted for health status such that plan payments are increased as anticipated service use increases, plans have an incentive to "up code" and report less healthy patients. In fact, documented

independent evidence shows that Medicare Advantage plans do tend to report higher patient severity than is supported by medical records. The data also show that reported patient severity in MA plans increased faster than for comparable patients in traditional fee-for-service Medicare (FFS) over the same time period.

In an attempt to address this issue, CMS reduced MA beneficiary risk scores (which are used to adjust base payments) by 3.41 percent when calculating payment rates in 2010 and 2011. However, a Government Accountability Office (GAO) report, Medicare Advantage: CMS Should Improve the Accuracy of Risk Score Adjustments for Diagnostic Coding Practices (January 12, 2012) found the Medicare program continues to overpay MA plans despite the Centers for Medicare and Medicaid Services' (CMS) effort to adjust payments to more accurately reflect the health status of plan enrollees. GAO estimated that in 2010, MA beneficiary risk scores were at least 4.8 percent, and perhaps as much as 7.1 percent higher than they would have been if the same beneficiaries had been continuously enrolled in traditional Medicare. GAO recommended that CMS take additional steps to improve the accuracy of these scores and estimated that the recommended methodological improvements would have saved the Medicare program \$1.2 to \$3.1 billion in MA plan payments in 2010 alone.

My legislation implements the GAO recommendations by codifying and phasing in the higher coding intensity adjustment over several years to prevent disruption in the market. The policy in this legislation would culminate in a 7.1 percent downward adjustment by 2019. GAO's findings indicate that a coding adjustment of up to 7.1 percent is warranted now and would yield billions of dollars in federal savings.

Under current law, CMS makes advanced capitated payments to Medicare Advantage plans at the beginning of every month for each beneficiary enrolled in their plan. MA plans often then invest these Medicare funds in interest-bearing accounts until the money is needed to pay for services. Current law does not prohibit Medicare Advantage plans from retaining the investment income on the pre-payments. However, the HHS Office of Inspector General (OIG) points to the Federal Employees Health Benefits Program (FEHBP) as a model, noting that in contrast to Medicare Advantage, insurance companies' ability to earn investment income is limited under FEHBP. The HHS OIG conducted audits in 2000 and 2011 and concluded that if Medicare delayed pre-payments to Medicare Advantage plans by 46 days (similar to FEHBP), the Medicare Part A and B trust funds would have earned \$450 million in interest income in Calendar Year 2007—rather than allowing that interest income to go to private health insurance plans. The Inspector General recommended that the Medicare program follow the FEHBP policy of delaying pre-payments to Medicare Advantage plans.

My legislation implements the Inspector General's recommendations by phasing-in a delay in the payments to Medicare Advantage plans. Taken together, these two policies will save federal taxpayers more than \$20 billion while protecting beneficiary access to Medicare Advantage plans.

The Medicare Advantage Program Integrity Act has been endorsed by the Medicare

Rights Center, the Center for Medicare Advocacy, AFL-CIO, Families USA, the National Committee to Preserve Social Security and Medicare and the Alliance for Retired Americans. This is a commonsense piece of legislation that attacks waste at its source and improves the program without hurting real people. I urge all of my colleagues to support the bill.

HONORING THE LIFE AND SERVICE OF MARINE CORPS CAPTAIN MICHAEL QUIN

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 22, 2012

Mr. WOLF. Mr. Speaker, today I rise to honor the life and service of Marine Corps Captain Michael Quin, who tragically lost his life, along with others, during the final training mission before his unit's scheduled deployment to Afghanistan. Captain Quin is a native of Purcellville, Virginia where his parents, Brad and Betsy still reside.

Captain Quin graduated from Loudoun Valley High School and received an appointment to the United States Naval Academy, where he graduated in 2006. Michael went on to successfully complete flight school and receive his wings in 2008, graduating at the top of his flight school class. Michael rose quickly as a pilot from 2nd Lieutenant to Captain and was in command of a helicopter.

On February 22, Captain Quin was conducting a training mission at the Yuma Training Range Complex in Arizona when his helicopter collided with another, killing six out of the seven pilots in his squadron. Captain Quin was remembered by the commanding officer and gunnery sergeant of the 3rd Marine Aircraft Wing as "one of those rare young captains" who inspired admiration from all those with whom he served.

Captain Quin's service has been reported on by the Leesburg Today, which I submit for the record, as well as the Loudoun Times Mirror, Purcellville Gazette, and the Blue Ridge Leader. Captain Quin was honored by residents of Purcellville when his body made the return trip from Arizona to Reagan National Airport and finally back home to his family. Marines old and young, police, firefighters, and Boy and Girl Scouts turned out to show their respects for Captain Quin and to show support for his parents, siblings and fiancée.

Captain Quin was an example of leadership and patriotism of which we all can be proud. He chose to serve his country during extremely difficult times and was prepared to wear the uniform of the United States Marine Corps into battle to protect his family and his country. That he lost his life in service to his country is a testament to his bravery.

Mr. Speaker, I ask that the thoughts and prayers of the full House of Representatives go out to the Quin family as they honor the exceptional life of their son, Marine Corps Captain Michael Quin.

CAPT. QUIN REMEMBERED: "HE WAS THE BEST"

The tragic impacts of the nation's war effort again are being felt in Loudoun, with the death of U.S. Marine Corps Capt. Michael Quin. The Purcellville resident and 2002 Loudoun Valley High School graduate was