

young cancer patients who have lost their hair from chemotherapy and radiation. Initiatives like the Magical Caps for Kids program help lift the spirits and boost the self-esteem of children undergoing exhaustive and painful courses of treatment. The American Cancer Fund for Children also sponsors the Courageous Kid Award, which organizes ceremonies and hospital celebrations to recognize a child's bravery and determination in fighting the battle against childhood cancer.

Kids Cancer Connection provides educational resources to the public and strives to raise public awareness about childhood cancer.

I ask my colleagues to join me in commending Steven Firestein for his remarkable efforts on behalf of the thousands of children and families affected by childhood cancer.

COLUMBIA COUNTY BICENTENNIAL ANNIVERSARY

HON. LOU BARLETTA

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 21, 2013

Mr. BARLETTA. Mr. Speaker, I rise to honor Columbia County of the Commonwealth of Pennsylvania, which will celebrate its bicentennial anniversary on March 22, 2013.

On March 22, 1813, Columbia County separated from Northumberland County. The area was named for Columbia, a popular poetic name for America at the time and one that alludes to Christopher Columbus and his discovery of our great nation. In 1870, Bloomsburg was named as the County Seat and is still considered to be the only "incorporated" town in Pennsylvania. Today, about 66,000 Americans call Columbia County home. They contribute to our nation by working hard for a living and caring for their families. Many of them are earning an education at Bloomsburg University, working at Geisinger-Bloomsburg Hospital or tending to family-owned farms or businesses.

The County is noted for its natural beauty and historic sites. The Susquehanna River and several tributaries flow through the region which also has rolling farmlands, State game lands, State forests, and nature preserves. Notable architectural sites are the Catawissa Friends Meetinghouse constructed in 1789, the Columbia County Courthouse built in 1848, the Berwick Armory constructed in 1922, Bloomsburg Historic District, and 23 covered bridges, the third largest concentration of covered bridges in Pennsylvania.

Mr. Speaker, for two hundred years Columbia County has been an integral part of the Commonwealth of Pennsylvania and our great nation. Therefore, I commend all those citizens who have lived and worked for two centuries in this beautiful and historic area.

HONORING MR. ROD TAYLOR ON HIS SELECTION TO THE NAFCU BOARD

HON. STEVE SCALISE

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 21, 2013

Mr. SCALISE. Mr. Speaker, I rise today to congratulate Rod Taylor on his recent selec-

tion to the Board of Directors at the National Association of Federal Credit Unions, NAFCU.

Mr. Taylor has been President and CEO of Barksdale Federal Credit Union in Bossier City since 2008. Barksdale FCU is the largest member-owned credit union in Louisiana. Mr. Taylor previously served as Barksdale Federal Credit Union's Executive Vice President and Chief Operations Officer, a post he held for over sixteen years.

Mr. Taylor served in the U.S. Coast Guard from 1973–1977 and received his MBA from Oregon State University before he started working in the financial industry with US National Bank of Oregon in 1983.

Mr. Taylor also brings experience as a board member of other businesses, and he will bring a tremendous amount of expertise to the NAFCU Board. I wish Mr. Taylor the best of luck in his new role on the NAFCU Board and look forward to working with him in this capacity. I ask that my colleagues join me today in congratulating Rod Taylor on this achievement.

TRIBUTE TO BENJAMIN PAGE

HON. TOM LATHAM

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 21, 2013

Mr. LATHAM. Mr. Speaker, I rise today to congratulate and recognize Benjamin Page for being named a 2013 Forty Under 40 honoree by the award-winning central Iowa publication, Business Record.

Since 2000, Business Record has undertaken an exhaustive annual review to identify a standout group of young leaders in the Greater Des Moines area who are making an impact in their communities and their careers. Each year, forty up-and-coming community and business leaders under 40 years of age are selected for this prestigious distinction, which is based on a combined criteria of community involvement and success in their chosen career field. The 2013 class of Forty Under 40 honorees join an impressive roster of 560 business leaders and growing.

Benjamin Page is the Director of the Des Moines Park and Recreation Department, where he manages a \$15.8 million budget that includes 76 parks, 42 miles of trails, five aquatic centers, three public golf courses, and the Principal Riverwalk. Benjamin's role also tasks him with overseeing well known local landmarks such as the Greater Des Moines Botanical Garden, Blank Park Zoo and Principal Park, home of the Iowa Cubs, while serving as a liaison for each location's respective foundations. When he's not in the office, Mr. Page serves on a number of boards including the Greater Des Moines Convention and Visitors Bureau Sports Commission, First Tee of Greater Des Moines, and the Blank Park Zoo Foundation. Ben is also a proud recipient of the Governor's Award for Outstanding Service to Iowa's Children in the Area of Environmental Awareness. Outside of his official commitments, Ben loves spending time with his wife Kim, and their children Sophia and Bryce. Together they enjoy participating in several activities of the city's recreational programming. In all facets of his life, Benjamin is an example of hard work and service that our state can be proud of.

Mr. Speaker, it is a profound honor to represent leaders like Benjamin in the United States Congress and it is with great pride that I recognize and applaud Mr. Page for utilizing his talents to better both his community and the great state of Iowa. I invite my colleagues in the House to join me in congratulating Benjamin on receiving this esteemed designation, thanking those at Business Record for their great work, and wishing each member of the 2013 Forty Under 40 class continued success.

INTRODUCTION OF THE SCREEN ACT FOR 113TH CONGRESS

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 21, 2013

Mr. NEAL. Mr. Speaker, the month of March is national colorectal cancer awareness month. I introduce today the Supporting Colorectal Examination and Education Now (SCREEN) Act. This legislation removes barriers in colon cancer screening, one of the most effective preventive health screenings available. The bill helps save lives, improve quality of care, while also reducing Medicare costs in the process. I urge all of my colleagues to support this important legislation.

The statistics surrounding colon cancer are startling. Over 50,000 people will die this year from this disease according to the American Cancer Society. Colon cancer is the number two cancer killer in the United States for both men and women. Many of us in this chamber have had friends, family members, and associates affected by this terrible disease.

Thankfully, colorectal cancer is highly preventable with appropriate screening. According to an important study recently published in the New England Journal of Medicine, colorectal cancer deaths may be reduced by over 50 percent by removing precancerous polyps during the screening colonoscopy. Colon cancer screening is a unique preventive service as pre-cancerous polyps are removed during the same encounter, thus preventing cancer from developing, as opposed to other cancer screenings where early detection is the goal. That is one reason why the U.S. Preventive Services Task Force provides an "A" rating for CRC screenings.

Unfortunately, only half of the Medicare population is being screened, despite the availability of a Medicare colon cancer screening benefit. According to CMS and the American Cancer Society, Medicare claims indicate that only 55–58 percent of beneficiaries have had a colonoscopy or any colorectal cancer test. Screening rates among minority populations are especially low despite the fact that incidences of colon cancer are higher in these populations. The Centers for Disease Control and Prevention (CDC) concludes that 1,000 additional colorectal cancer deaths will be prevented each year if screening rates reached 70 percent.

In addition to saving lives, colorectal cancer screening has been demonstrated to save Medicare long-term costs as noted by the New England Journal of Medicine in a recent article. The direct costs of treating colorectal cancer in 2010 reached \$4 billion. These costs can be partially avoided with proper screening.

Congress can and should help increase the number of individuals receiving colorectal cancer screenings. The SCREEN Act takes several much-needed steps to increase access to life-saving colorectal cancer screenings for Medicare beneficiaries.

The SCREEN Act waives all Medicare beneficiary cost-sharing for colorectal cancer screenings where polyps are removed during the examination. Currently, Medicare waives cost-sharing for any colorectal cancer screening recommended by the U.S. Preventive Services Task Force. However, should the beneficiary have a precancerous polyp removed, the procedure is no longer considered a “screening” for Medicare purposes. The unintended consequence of this is that the beneficiary is obligated to pay the Medicare coinsurance. This is an unexpected and unwelcome “sticker shock” that does nothing to promote screening or improve patient care. The Administration announced in February 2013 that private insurers participating in state-based health insurance exchanges must remove all cost sharing for colon cancer screenings where a polyp was removed. We must have a similar policy in the Medicare program.

The SCREEN Act also provides incentives for Medicare providers to participate in nationally recognized quality improvement registries so that our Medicare beneficiaries are in fact receiving the quality screening they deserve. Congress and other organizations can look to the SCREEN Act as a model for Medicare reimbursement reform as the bill reimburses providers in a budget neutral manner based on the quality of the procedure and not on the quantity of services.

Lastly, the SCREEN Act would allow a Medicare beneficiary to sit down and discuss the screening with a physician before undergoing the procedure. The federal government and patient advocacy groups have concluded that the “fear of the procedure” is a major impediment to increasing colorectal cancer screening rates. This pre-procedure visit is good clinical practice and would help improve screening utilization. The patient plays an integral role in colon cancer screening aside from just showing up for the procedure. This role dictates the quality of the screening itself. Medicare should recognize this and provide coverage for a pre-screening visit to review the preparation and procedure itself. There is no reason why a Medicare beneficiary sees the physician for the first time right before being sedated for the procedure.

Promoting access to colorectal cancer screening is good policy. It will save lives and reduce costs to families and the health care system. Please join with me in the fight against colorectal cancer by cosponsoring this legislation.

INTRODUCTION OF THE YOUTH PROMISE ACT

HON. ROBERT C. “BOBBY” SCOTT

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 21, 2013

Mr. SCOTT of Virginia. Mr. Speaker, I rise today along with the gentleman from North Carolina, Mr. JONES, to introduce the “Youth Prison Reduction through Mentoring, Inter-

vention, Support and Education Act”, or “Youth PROMISE Act” (YPA), a bill we believe will greatly reduce crime and its associated costs and losses. Senator LANDRIEU of Louisiana and Senator CASEY of Pennsylvania have indicated their intent to file companion YPA legislation in the Senate.

The Youth PROMISE Act implements the best policy recommendations from crime policy makers, researchers, practitioners, analysts, and law enforcement officials from across the political spectrum concerning evidence- and research-based strategies to reduce gang violence and crime. Under the Youth PROMISE Act, communities facing the greatest youth gang and crime challenges will be able to enact a comprehensive, coordinated response and intervention that includes the active involvement of representatives from law enforcement, court services, schools, social service organizations, health and mental health care providers, the business community, and other public and private community-based service organizations, including faith-based organizations. These key players will form a council to develop a comprehensive plan for implementing evidence-based prevention and intervention strategies for young people who are involved, or at risk of becoming involved, in gangs, delinquency, or the juvenile or criminal justice system to redirect them toward productive and law-abiding alternatives.

Title I: Federal Coordination of Local and Tribal Juvenile Justice Information and Efforts. Sec. 101 creates a PROMISE Advisory Panel. This Panel will assist the Office of Juvenile Justice and Delinquency Prevention in selecting PROMISE community grantees. The Panel will also develop standards for the evaluation of juvenile delinquency and criminal street gang activity prevention and intervention approaches carried out under the PROMISE Act. Sec. 102 provides for specific data collection in each designated geographic area to assess the needs and existing resources for juvenile delinquency and criminal street gang activity prevention and intervention. This data will then facilitate the strategic geographic allocation of resources provided under the Act to areas of greatest need for assistance.

Title II: PROMISE Grants. Sec. 202 establishes grants to enable local and tribal communities, via PROMISE Coordinating Councils (PCCs) (Sec. 203), to conduct an objective assessment (Sec. 204) regarding juvenile delinquency and criminal street gang activity and resource needs and strengths in the community. The assessment will include an estimate of the total amount spent in the previous year by the community and other entities for the incarceration of offenders who committed offenses in the community. Based upon the assessment, the PCCs will then develop plans that include a broad array of evidence-based prevention and intervention programs. These programs will be responsive to the needs and strengths of the community, account for the community's cultural and linguistic needs, and utilize approaches that have been proven to be effective in reducing involvement in or continuing involvement in delinquent conduct or criminal street gang activity. The PCCs can then apply for federal funds, on the basis of greatest need, to implement their PROMISE plans (Sec. 211–213). In addition, each PCC will be required to identify cost savings sustained from investing in prevention and intervention practices and explain how those sav-

ings will be reinvested in the continuing implementation of the PROMISE Plan (Sec. 212). Title II also provides for national evaluation of PROMISE programs and activities (Sec. 223) based on performance standards developed by the PROMISE Advisory Panel.

Title III: PROMISE Research Center. Sec. 301 establishes a National Research Center for Proven Juvenile Justice Practices. This Center will collect and disseminate information to PROMISE Coordinating Councils and the public on current research and other information about evidence-based and promising practices related to juvenile delinquency and criminal street gang activity and intervention. Sec. 302 provides for regional academic research partners to assist PCCs in developing their assessments and plans.

During my more than 30 years of public service, I have learned that when it comes to crime policy, we have a choice—we can reduce crime, or we can play politics. For far too long, Congress has chosen to play politics by enacting so-called “tough on crime” slogans such as “three strikes and you're out”, “mandatory minimum sentencing”, “life without parole”, “abolish parole” or “you do the adult crime, you do the adult time”. My personal favorite is “no cable TV in prisons.” You can imagine the cable guy disconnecting the cable and then waiting for the crime rate to drop. As appealing as these policies may sound, their impacts range from a negligible reduction in crime to an increase in crime.

In spite of the counterproductive nature of these “tough on crime” laws, over the past two decades, Congress has continued to enact slogan-based sentencing policies. As a result, the United States now has the highest average incarceration rate of any nation in the world. At over 700 persons incarcerated for every 100,000 in the population, the U.S. far exceeds the world average incarceration rate of about 100 per 100,000. Russia is the next closest in rate of incarceration with about 600 per 100,000 citizens. No other nation is even close. Among countries most comparable to the U.S., Great Britain is 153 per 100,000, Australia is 129, Canada is 116, Germany is 95, France is 89, and Japan is 63. India, the world's largest Democracy, is 33 per 100,000 and China, the world's largest country by population, is 119 per 100,000. Since 1970, the number of individuals incarcerated in the U.S. has risen from approximately 300,000 to over 2 million.

This increase in incarceration does not come for free. Since 1980, the cost of corrections in this country has risen from about \$7 billion annually to over \$68 billion a year.

And the U.S. has some of the world's most severe punishments for crime, including for juveniles. Of the more than 2400 juveniles now serving sentences of life without parole, ALL are in the U.S. Some were given their sentence as first-time offenders under circumstances such as being a passenger in a car from which there was a drive-by shooting.

The impact of all this focus on tough law enforcement approaches falls disproportionately on minorities, particularly Blacks and Hispanics. While the incarceration rate in the United States is approximately 700 per 100,000, for Blacks the average rate is over 2200 per 100,000, and the rate in some jurisdictions exceeds 4,000 per 100,000 Blacks, a rate 40 times the international average. For Black boys being born today, the Sentencing