

ago. According to the Gerontology Research Group, only one in 5 million people live to 110 years. Ms. Talley will turn 116 next month.

Mr. Speaker, I would like to submit an article from the Detroit Free Press from April 7, 2015 recognizing Ms. Talley for leading an extraordinarily full life and for achieving this unique distinction.

[Detroit Free Press, April 7, 2015]

INKSTER'S JERALEAN TALLEY IS OLDEST PERSON, GROUP SAYS

(By Bill Laitner)

The front door flew open as a reporter approached a brick ranch house in Inkster and a voice called out, "C'mon in—I've got Time magazine on the phone."

The speaker stood Thursday night over a placid figure dressed in a pale pink nightgown named Jeralean Talley, a bright-eyed elderly woman in spectacles who—despite her profound hearing loss—was fully aware, relatives said, that she'd just been declared by gerontology experts to be the oldest person in the world.

"It's truly incredible because Ms. Talley is very aware of what's going on. Her mental state is very sharp," said Michael Kinloch, 56, of Canton, a GM engineer and longtime family friend of Talley's through their church.

"It's unfortunate that other people passed away, but this has certainly elevated her. She's feeling no pain. She just can't get around like she used to," Kinloch said, who sat on a couch as he gestured to the walker that stood before Talley's easy chair.

Talley, who will turn 116 on May 23, climbed to the top spot after Gertrude Weaver, the world's oldest person for just five days, died Monday in Arkansas. She was 116.

Weaver, who was born July 4, 1898, to sharecroppers near the Texas border, was also the oldest American. She died at 10:12 a.m. at the Silver Oaks Health and Rehabilitation in Camden, a spokeswoman told KTHV-TV in Little Rock.

She was crowned the oldest just Wednesday after the death of Misao Okawa in Japan. She was 117.

At Talley's Inkster home Monday, a religious tapestry hung on the wall and around the room were others signs of her devotion to God. Asked for the key to her longevity, she gave the answer she has given before:

"It's coming from above. That's the best advice I can give you. It's not in my hands or your hands," she said, pointing vigorously skyward with both index fingers.

Talley, born according to U.S. Census records in 1899 in Georgia, came to Michigan in 1935 and said, "I've been here ever since then."

Her advice to the world on the occasion of her having attained a new level of celebrity was a rephrasing of Christianity's Golden Rule: "I ain't got nothing more but to treat the other fellow like you want to be treated. You don't tell a lie on me so I won't tell a lie on you."

Talley is widely known among experts who chart those who monitor the members of a rare worldwide club—the one in 5 million humans to live at least 110 years. She bowled until she was 104 and still mowed her lawn until a few years ago, according to previous Free Press reports. Equally amazing, Talley lived alone until seven years ago, when she was joined in the small home under the flight path of Detroit Metro Airport jets by her daughter, Thelma Holloway, 77, and Holloway's daughter, 26, who has added an ever-smiling spark to the supra-centenarian's life—little Armmell, now 2 years old and a frequent visitor to his great-great grandmother's lap.

On Thursday night, Armmell showed his elder his child-sized computer.

"He's fifth-generation," Thelma Holloway said, as the two bent over the toy together.

Kinloch said he's looking forward to taking Talley, despite her advanced age, on their annual fishing trip.

"We go to a trout pond in Dexter. She really likes that," he said.

RECOGNIZING WORLD HEMOPHILIA DAY

HON. DEREK KILMER

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. KILMER. Mr. Speaker, I rise to bring to the House's attention the recognition of World Hemophilia Day, which occurred on April 17.

Hemophilia is a rare disorder in which an individual's blood does not have enough clotting factor, causing them to potentially bleed longer than someone not affected by the disorder. As I have heard from my constituents, the health problems endured by those living with hemophilia can be debilitating. These problems can lead to seizures, paralysis and in some cases death. Sadly, there is no known cure for the disorder but treatment options can reduce symptoms and save lives.

In recognition of World Hemophilia Day, I ask that we remain aware of the burden of blood disorders and their impact on American citizens. In addition, on this day we should commit ourselves both to ensuring our country has the best treatment options available and also to working for a cure.

WORLD HEMOPHILIA DAY

HON. JARED POLIS

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. POLIS. Mr. Speaker, I rise to bring to the House's attention the recognition World Hemophilia Day which occurred on April 17.

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In recognition of World Hemophilia Day, I ask that we remain aware of the burden of blood disorders, their impact on American citizens, and work proactively to ensure our country has the best treatment options available, but that we also work for a cure.

HONORING G. OLIVER KOPPELL

HON. ELIOT L. ENGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. ENGEL. Mr. Speaker, as the Representative for New York's 16th Congressional Dis-

trict, I have had the distinct pleasure of knowing and honoring an array of incredible public servants. But few, if any, have worked as hard and achieved as much as my dear friend Oliver Koppell has for the people of the Bronx, and all of New York State.

The son of refugees from Nazi Germany, Oliver moved to the Bronx when he was two years old, and began a lifelong love affair with the borough. He attended Bronx elementary schools, graduated from Bronx High School of Science, and, following his tenure at Harvard University, where he graduated Cum Laude as both an undergraduate and law student, he returned to the Bronx to begin his life of public service.

On March 30, 1970, Oliver was first elected to office as a Bronx Assemblyman, and served as a member of that legislative body for over 23 years. I spent many of those years as a colleague of Oliver's, and was always struck by his incredible intellect and undeniable passion for his constituency. His legislative record as a Member of the Assembly was sterling, and showed the breadth of his interests and knowledge.

It was no surprise to me then in 1993 when Oliver was selected by his colleagues to serve in a higher capacity, as New York State Attorney General. As Attorney General, Oliver initiated dozens of public interest lawsuits, collected over \$100,000,000 for the state treasury, and negotiated the largest environmental settlement in the history of New York.

As a follow-up to his time in statewide office, Oliver returned to serve the local Bronx community, as Council Member for New York City's 11th District. From his election in 2001 to the end of his tenure in 2013, Oliver was a leading progressive voice in the Council and a tireless advocate for the constituents he represented in the northwest Bronx. To see the success of Oliver's tenure, look no further than his election results: he served three terms in office with overwhelming support from the community.

But for Oliver, no legislative accomplishment can compare to his greatest success, as a father and a husband. He is married to the love of his life, Lorraine, and has three amazing children, along with 5 beautiful grandchildren. I have had the privilege of getting to know all of the Koppells over the many years we have known each other, and they are all truly wonderful people.

This year, the Riverdale Temple is honoring Oliver with a tribute luncheon in celebration of his years of dedicated service to the community. There is no more fitting honoree than him. Oliver Koppell has been a true public servant, an advocate for people from all walks of life, a man of exceptional integrity. I honor Oliver along with the Riverdale Temple and wish to congratulate him on this wonderful, and incredibly well-deserved, honor.

COMMEMORATING THE CENTENNIAL ANNIVERSARY OF THE TRINITY UNITED METHODIST CHURCH OF WEST PALM BEACH, FLORIDA

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, April 28, 2015

Mr. HASTINGS. Mr. Speaker, I rise today to recognize and commemorate the centennial

anniversary of the Trinity United Methodist Church located in West Palm Beach, FL.

In October 2014, the Trinity United Methodist Church celebrated its 100th anniversary. Founded in 1914 by Reverend John H. Gordon, the church was organized along the Seaboard Railroad on Tamarind Avenue in West Palm Beach. Trinity was renovated following a fire and later modified after being heavily damaged during the Storm of 1928. In 1968, the church was sold and a new sanctuary was constructed on the corners of 9th Street and Golf Avenue in the Roosevelt Estates. Trinity's history is the story of faith, sacrifice and of a membership devoted to the community.

Since its founding, Trinity has served at the forefront of the community, working to enhance educational, social, and economic prosperity. Known as the "Civil Rights Headquarters," Trinity United Methodist Church served as the main meeting place to plan strategies in the fights for the right to vote, integration of schools, and equal access. Today, Trinity is still the headquarters for free rides to the voting polls, and often partners with the National Association for the Advancement of Colored People (NAACP) and Urban League on various other important initiatives.

Mr. Speaker, Trinity United Methodist Church is a true pillar of the community and I continue to applaud their efforts. I wish the Trinity United Methodist Church many more years of continued prosperity.

INTRODUCTION OF THE SUPPORTING COLORECTAL EXAMINATION AND EDUCATION NOW (SCREEN) ACT OF 2015

**HON. RICHARD E. NEAL**

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 28, 2015*

Mr. NEAL. Mr. Speaker, I rise today to introduce the Supporting Colorectal Examination and Education Now (SCREEN) Act of 2015. This legislation promotes access to critical colorectal screening procedures by removing barriers to one of the most effective preventive health screenings available. Simply put, colon cancer screening tests like colonoscopy save lives by detecting and preventing cancer, also reducing costs for individuals, their families, the Medicare program, and the health care system as a whole.

The likelihood of developing colorectal cancer is greater than one in twenty; meaning that 133,000 Americans will be newly diagnosed this year. The American Cancer Society (ACS) estimates that 2,550 new cases of colorectal cancer will be diagnosed in my home state of Massachusetts this year and 930 Bay-Staters will die from this deadly disease. Among all cancers, colorectal cancer is the number two killer of Americans. This year alone, approximately 50,000 Americans will die from colorectal cancer.

Despite these daunting statistics, I am encouraged by the opportunities for improvement as colorectal cancer is among the most preventable of all cancers. Unlike most other cancer screenings designed to detect cancer at an early stage, colorectal cancer screenings can actually prevent cancer from occurring in the first place. If found early through screening tests like colonoscopy, pre-cancerous growths

called polyps can be removed, thus halting the progression to colorectal cancer. Therefore the way to beat this deadly disease is to ensure Medicare beneficiaries are screened regularly through a variety of detection methods, including colonoscopy. In fact, a recent study in the New England Journal of Medicine concluded that of the nearly 50,000 people expected to die of colorectal cancer this year, screening colonoscopy could save more than 50 percent of these deaths.

The month of March was "National Colorectal Cancer Awareness Month" and, I think, an appropriate time to reflect on some of the strides we have made as a nation in confronting colorectal cancer. While it remains the second leading cause of cancer deaths among men and women combined, both the incidence and death rate have been steadily declining in recent years. This is a budding public health success story due to improvement in screening rates, demonstrating the power of preventive medicine. Yet there is much more to accomplish. The federal, state and local governments, as well as other stakeholders have come together and pledged their efforts to achieve the goal of 80 percent of eligible Americans screened by 2018.

The screening rate for those in the target populations has increased nearly 10 percent over the past decade. In Massachusetts, we can boast one of the highest screening rates in the country at 75 percent. However, that still means that one out of every four eligible people is not getting screened. Furthermore, screening rates for recommended tests remain unacceptably low across the country, highlighting the need for public policies to help us achieve this collaborative national goal of 80 percent screened by 2018. In particular, the Medicare-age population, which is at the greatest risk for developing colorectal cancer, has screening rates far below this goal. CMS should be commended for implementing policies to increase screening utilization rates. However, Medicare beneficiaries make up two-thirds of all new cases of colon cancer, and the number is expected to increase by more than 50 percent by 2020.

Accordingly, the SCREEN Act is designed to enhance Medicare beneficiaries' ability to access colorectal cancer screening by fixing coverage gaps and disincentives under the benefit. Medicare currently covers certain colon screening services, but Medicare beneficiaries are not appropriately using this benefit for various reasons, including out-of-pocket costs and fear of the procedure itself. Medicare waives cost-sharing for cancer screenings recommended by the U.S. Preventive Services Task Force (USPSTF), which assigns an "A" rating for colorectal cancer screening. However, if a doctor finds and removes a pre-cancerous polyp during a screening colonoscopy—the whole point of the procedure in the first place—Medicare no longer considers it a "screening" and the beneficiary is required to pay co-insurance. The SCREEN Act waives cost-sharing under this scenario, as well as the necessary follow-up colonoscopy upon a positive finding of other recommended colorectal cancer screening tests covered by Medicare. These changes will help achieve this "80 percent by 2018" goal and will ensure there are no financial barriers for Medicare beneficiaries across this screening continuum in colorectal cancer prevention. Relatedly, the SCREEN Act would

stabilize Medicare reimbursement for screening tests for the next three years to encourage Medicare providers to participate in nationally recognized quality improvement registries and screening initiatives as we strive towards the "2018 goal." This bill would ensure that the Medicare colorectal cancer screening benefit works for both patients and the physicians treating Medicare beneficiaries.

Unfortunately, fear of the screening colonoscopy test itself undermines the goal of increasing colorectal cancer screening utilization rates. This fear has also undermined screening rates for another public health epidemic in Medicare, Hepatitis C. Medicare has concluded that our nation's veterans and baby boomers—who make up about 30 percent of the U.S. population—account for two-thirds of the people with Hepatitis C in the U.S. CMS also notes that roughly 85 to 90 percent of those infected with Hepatitis C are asymptomatic, meaning they have no outward signs of disease. The Centers for Disease Control (CDC) and USPSTF recommend age-based screening for both colorectal cancer and Hepatitis C, even if the Medicare beneficiary has no symptoms. Just like colorectal cancer screening, we must do more to increase screening for Hepatitis C.

The SCREEN Act recognizes the critical role that doctors play in providing information, alleviating fears, and encouraging patients to ask questions, and thus establishes a demonstration project to allow Medicare beneficiaries the opportunity to discuss these screening procedures with the provider performing the procedure. Thus, allowing the Medicare beneficiary the option to be screened for Hepatitis C at the same time the beneficiary is undergoing a screening colonoscopy. One recent study has demonstrated that more patients will agree to get a Hepatitis C screening while they are undergoing a screening colonoscopy.

In addition to raising awareness, now is the time to redouble our commitment to preventing and beating and preventing colorectal cancer. I therefore urge my colleagues to join me in supporting the SCREEN Act.

HONORING TERRY CLEMENTS

**HON. ELIOT L. ENGEL**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 28, 2015*

Mr. ENGEL. Mr. Speaker, our communities remain vibrant and strong thanks to volunteer leaders who maintain a high level of involvement. Terry Clements has been a shining example of that type of civic engagement.

Terry Clements was born in Chicago, Illinois, and began her esteemed tenure of service as a graduate of Antioch College with a Bachelor's degree in Anthropology, followed by a Masters in Elementary Education at Fordham University.

After earning her degrees, Terry resided in West Hollywood, California. She was a prominent talent manager and consultant in the entertainment business, working with such stars as Kenny Loggins, David Bowie, Iggy Pop, the Charlie Daniels Band, and Michael Jackson.

Terry became the co-principal of a recording studio in Chicago, and helped inspire the concept of Studio Jams, a live studio concert on