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 deliver 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.10 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.