

Through the years as a community servant, Mayor Jones has served as Chairman of Diversified March of Dimes, Chairman and Member of the Board of Directors of Coahoma Opportunities, Inc., President of Third District Teachers Association and North Delta Uniserv-MAE, and Representative of the Board Scouts of America. He is also affiliated with NAACP; Tri-County Workforce Alliance Board of Directors, Mississippi Delta Council for Farm Workers, Inc., local, state and national education associations, the Mississippi Conference of Black Mayors, the National Conference of Black Mayors, the Mississippi Municipal League, and the Mississippi Black Caucus of Local Elected Officials.

Despite his many achievements, affiliations and recognition, Mayor Jones' focus remains the town of Coahoma. He is currently working on a drainage and street improvement project with federal and state support. He believes that the largest room in the world is the room of improvement and is continuously seeking ways and funds to improve the quality of life for his citizens in all areas—educationally, economically and socially.

Mr. Speaker, I ask my colleagues to join me in recognizing Mayor W.J. Jones for his dedication to serving others.

#### ACCURACY IN MEDICARE PHYSICIAN PAYMENT ACT OF 2013

**HON. JIM McDERMOTT**

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 27, 2013*

Mr. McDERMOTT. Mr. Speaker, I rise today to introduce the Accuracy in Medicare Physician Payment Act of 2013. This bill will give the Centers for Medicare and Medicaid Services (CMS) important tools and resources to continue alleviating our dire shortage of primary care physicians. As Congress tries to come together around the challenges of how to repeal and replace the broken Sustainable Growth Rate formula, I want to make sure that we do not neglect the Medicare physician fee schedule and the impact it has on our physician workforce.

It is no mystery that relatively depressed salaries are driving new doctors away from primary-care fields like family medicine and pediatrics and into more lucrative specialties and subspecialties like radiology and orthopedic surgery. I don't begrudge anyone for making that choice; when I graduated from medical school 50 years ago I could not have fathomed being loaded down with six figures of medical school debt. And to be sure, we need talented specialists. But we have a stubbornly small proportion of primary care doctors—just over 30 percent, when most experts agree that 50 percent is the “sweet spot” in terms of maximizing quality and minimizing cost.

I am proud that Congress gave primary care a shot in the arm in the Affordable Care Act, under which Medicaid pays higher Medicare rates for primary care through 2015, and Medicare makes quarterly incentive payments to primary care physicians through 2017. The ACA also expanded the National Health Service Corps, which eases the steep cost of medical education for doctors and allied health practitioners willing to practice in an under-

served area after graduation. These are meaningful steps, but to make more enduring progress in this area, I believe that Medicare must repair structural inaccuracies in the Medicare physician fee schedule that have eroded the value of primary care. Simply put, Medicare contributes to this imbalance by underpaying for the critical yet undervalued job of managing complex patients with multiple chronic conditions and keeping them out of the emergency room and hospital.

A major obstacle to reform is Medicare's continued reliance on a committee of mostly specialist physicians to help set payment rates for the 7,400 services on the Medicare physician fee schedule. Since 1991, Medicare has outsourced its work of appraising the value of these services to the AMA's Relative Value Scale Update Committee (RUC)—a 31-member panel of physicians who decide how services should be valued and updated. Only a handful of the 31 committee members perform primary care. The RUC meets in private and provides limited release of the minutes of its proceedings. In formulating its recommendations, the RUC also relies heavily on anecdotal and self-serving surveys, rather than forensic evidence.

CMS has begun to update misvalued codes in the fee schedule, but it needs more muscle and resources to do the job. This bill would establish a panel of independent experts within CMS that would identify the distortions in the fee schedule and develop evidence to justify more accurate updates. Medicare could continue to request work from the RUC, but the expert panel would both initiate such requests and review RUC's work product. The panel members would not have a direct interest in the fee schedule, and would include beneficiary representatives. It would be subject to the Federal Advisory Committee Act, which requires advisory bodies to hold open meetings and publish the minutes of such meetings.

In addition to payment accuracy and fairness, this is also about reining in a conflict of interest. After looking at this for several years I believe that we give the physician specialty societies, through the RUC, an undue influence on their own payments. In no other area—whether it be hospitals, skilled nursing facilities, or any other setting—does Medicare ask the providers to play such an active role in setting their own reimbursement amounts. Medicare certainly needs clinical expertise to evaluate the resources necessary to perform physician services but should not look to an outside organization whose members directly benefit from the fee schedule to apportion some \$70 billion in annual public spending, without some checks and balances. No matter how well-intentioned, such a system contains structural biases that need safeguards to prevent abuse.

Medicare is not only one of America's most important social insurance programs and a bulwark of the middle class, it also establishes economic incentives that ripple through all of health care and contribute to our shortage of primary care physicians. As we continue to pursue a permanent doc fix, let's also talk about how we will use Medicare to incentivize the appropriate mix of physicians in the workforce to serve beneficiaries and the public health.

#### PERSONAL EXPLANATION

**HON. YVETTE D. CLARKE**

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 27, 2013*

Ms. CLARKE. Mr. Speaker, I was unavoidably detained in my district and missed the votes on Tuesday, June 25, 2013 and Wednesday, June 26, 2013.

Had I been present, I would have voted “yea” on rollcall No. 287, H.R. 2383—To designate the new Interstate Route 70 bridge over the Mississippi River connecting St. Louis, Missouri, and southwestern Illinois as the “Stan Musial Veterans Memorial Bridge”;

“Yea” on rollcall No. 288, H.R. 1092—To designate the air route traffic control center located in Nashua, New Hampshire, as the “Patricia Clark Boston Air Route Traffic Control Center”;

“No” on rollcall No. 289, Motion on Ordering the Previous Question on the Rule providing for consideration of H.R. 1613, H.R. 2231, and H.R. 2410—Democrats are urged to vote no on the Previous Question so that Mr. HASTINGS of Florida can offer his amendment to the Rule, which allows for Mr. COURTNEY of Connecticut's bill, H.R. 1595—Student Loan Relief Act of 2013, to be considered under an open Rule. H.R. 1595 would amend the Higher Education Act of 1965, extending the freeze on subsidized student loan interest rates for two years, which would prevent rates from doubling from 3.4% to 6.8% on July 1. Immediate action is necessary to protect college students and families, given the short time remaining before rates double. Republicans should not allow the House to go into its 8th full week of recess this year without addressing this critical issue with a bipartisan solution that can become law; and

“No” on rollcall No. 290, H. Res. 274—Rule providing for consideration of H.R. 1613—Outer Continental Shelf Transboundary Hydrocarbon Agreements Authorization Act, H.R. 2231—Offshore Energy and Jobs Act, and H.R. 2410—Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2014.

#### HONORING AURELIO HURTADO OF ST. HELENA, CALIFORNIA

**HON. MIKE THOMPSON**

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, June 27, 2013*

Mr. THOMPSON of California. Mr. Speaker, I rise today to honor Aurelio Hurtado of St. Helena, California, on the occasion of his retirement as the Director of the Farmworker Services Program for California Human Development, after 45 years of advocacy work.

Mr. Hurtado left his small town of Jerez, Mexico in 1955 to work in the agricultural fields of Texas and New Mexico. When he moved to Northern California to work in the vineyards of St. Helena, Mr. Hurtado fell in love with the region and decided to make it his home. It was a conference with farmworker advocate Cesar Chavez that pushed Mr. Hurtado to dedicate his life to improving educational, social, and economic aspects of the Napa Valley community.