

to the KORUS agreement in order to ensure that U.S. textile, apparel and fiber jobs were not outsourced to Korea and China. These fixes concerned (a) loopholes in the enforcement portions of the agreement that benefit China, (b) a tariff schedule that gives Korean exporters better terms than U.S. companies and (c) the exclusion of textile components in the agreement's rules-of-origin that advantage non-signatories to the agreement such as China.

These mistakes not only hurt our manufacturing workers but also damage our industry's ability to supply our military with essential goods for our men and women in uniform. In particular, Korea's producers get longer phase-out schedules than U.S. producers on a number of sensitive product lines that include products that are needed by the U.S. military. Damaging surges by Korean producers because of this inequitable arrangement will hurt U.S. companies that the military depends on for a number of important products.

Unfortunately, the Administration chose not to address the concerns of textile workers in your districts, and we are concerned that their jobs are now in jeopardy.

Polls have shown a rising concern by the American voter regarding the outsourcing of American jobs, particularly manufacturing jobs, and the decline of the U.S. as an economic power. Recent Wall Street Journal and Pew polls show voter dissatisfaction regarding badly written trade agreements is at a record high.

An analysis by the Economic Policy Institute estimates that 159,000 good paying American jobs will be destroyed if the KORUS agreement in its present form passes Congress. Of that total, we estimate that between 9,300 and 12,300 jobs will be lost specifically in the U.S. textile and apparel sector as a result of legal KORUS trade. U.S. government figures show that approximately three additional jobs are lost to the U.S. economy for each textile job that is eliminated. In addition, U.S. job losses from illegal Chinese exports are not included and these would be significant. Total U.S. job losses because of the flawed KORUS textile text are expected to be at least 40,000 jobs.

With job creation a central concern in the country, we do not believe that this agreement meets that goal. We continue to urge that the textile portions of the agreement be renegotiated in order to ensure that textile jobs are not imperiled. Until that time, we ask you to stand firm on behalf of textile workers in your district and oppose the Korean FTA when it comes before a vote in Congress.

Sincerely,

AUGGIE TANTILLO,  
*Executive Director,*  
*American Manufacturing Trade Action Coalition.*

KARL SPILHAUS,  
*President, National Textile Association.*

PAUL O'DAY,  
*President, American Fiber Manufacturers Association.*

CASS JOHNSON,  
*President, National Council of Textile Organizations.*

RUTH STEPHENS,  
*Executive Director,*  
*U.S. Industrial Fabrics Institute.*

HONORING LIEUTENANT COLONEL  
DAVID J. PALMER

HON. TOM MARINO

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 12, 2011

Mr. MARINO. Mr. Speaker, I rise today in honor of my constituent, Lieutenant Colonel David J. Palmer, on the occasion of his induction as a distinguished alumnus of Mountain View High School.

After graduating from Mountain View High School in 1973, David J. Palmer enlisted in the United States Air Force as an aircraft maintenance specialist. Four years later, Mr. Palmer transferred to the U.S. Air Force Reserves, where, in 2004, he was commissioned to the rank of Lieutenant Colonel. Over his illustrious career, Lieutenant Colonel Palmer has earned fourteen medals and awards for his dedicated and selfless service.

Lieutenant Colonel Palmer received both his Bachelor's and Master's degrees at the University of Scranton and has always been diligent in service to his community. He has worked with the Northern Tier Planning and Development Commission, the Susquehanna Housing Authority, and Wilkes University. Lieutenant Colonel Palmer continues to be active in many local organizations, including sitting on the Board of Trustees for the First Universalist Church, as well as serving as a Citizenship Merit Counselor for the Boy Scouts of America's Baden-Powell Council.

Lieutenant Colonel Palmer and his wife, Luann, have two sons, both of whom are combat veterans and have received a Purple Heart and Joint Service Commendation for their service in Operation Iraqi Freedom. Today, the Palmers reside on their farm, near Hop Bottom, Pennsylvania, where they raise sheep and train border collies.

Mr. Speaker, I rise today in honor of my constituent, Lieutenant Colonel David J. Palmer, and ask my colleagues to join me in praising his commitment to community, country, and family.

(SCREEN) ACT FOR 112TH  
CONGRESS

HON. RICHARD E. NEAL

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, October 12, 2011

Mr. NEAL. Mr. Speaker, I rise today to introduce the Supporting Colorectal Examination and Education Now (SCREEN) Act. This legislation will remove barriers to one of the most effective preventive health screenings available, saving lives and reducing health care costs in the process. I urge all of my colleagues to support this important legislation.

The statistics surrounding colon cancer are startling. Colon cancer is the number two cancer killer in the United States for both men and women. (CDC Colorectal Cancer Vital Signs; July 2011)

Over 50,000 people will die this year from this disease according to the American Cancer Society (2010 Fact & Figures).

These deaths become more tragic when one considers that colorectal cancer is highly preventable with appropriate screening. Ac-

ording to the American Cancer Society (2010 Facts & Figures), the 5 year survival rate is 90 percent for those diagnosed at an early stage; however, less than 40 percent of the cases are diagnosed at that stage.

During colorectal cancer screening by colonoscopy, 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.

The CDC "colorectal cancer control program" screening target rate is 80 percent. The American Cancer Society and other patient advocacy groups have a target rate of 75 percent. Unfortunately, only half of the Medicare population is being screened, despite the availability of a Medicare colon cancer screening benefit. According to CMS and American Cancer Society (March 2011), Medicare claims indicate that only 52–58 percent of beneficiaries have had any colorectal cancer test and there is "clearly an opportunity to improve colorectal cancer screening rates in the Medicare population."

The latest findings by the American Cancer Society confirm that screening rates among the Medicare population continue to be in this 50th percentile range, with screening rates among minority populations are especially low among Medicare-aged beneficiaries.

The CDC concludes that 1,000 additional colorectal cancer deaths will be prevented each year if screening rates reached 70.5 percent. (CDC Colorectal Cancer Vital Signs; July 2011).

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 (Feb. 2008).

The direct costs of treating colorectal cancer in 2010 reached \$4 billion. (CDC Colorectal Cancer Vital Signs; July 2011)

I am pleased that Congress took steps to improve access to life-saving colon cancer screening when it passed the Patient Protection and Affordable Care Act PPACA in March 2010.

While Congress has made tremendous strides in increasing colorectal cancer utilization rates in PPACA, this bill will further make live saving screenings more accessible to Medicare beneficiaries.

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 coding purposes.

The unintended consequence of this is that the beneficiary is obligated to pay the Medicare coinsurance because the procedure is no longer a "screening." However, the purpose of the screening is to find and remove precancerous polyps.

The SCREEN Act waives all Medicare beneficiary cost-sharing for colorectal cancer screenings that become "therapeutic" or diagnostic procedures.

The legislation also resolves this unintended consequence for beneficiaries participating in health insurance exchanges beginning in 2014.

The SCREEN Act also provides incentives for Medicare providers to participate in nationally recognized quality improvement registries