

WELCOMING CHARLOTTE BETH
STONE

HON. JOHN L. MICA

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 10, 2015

Mr. MICA. Mr. Speaker, as I rise today, it is my pleasure to announce the birth of Charlotte Beth Stone on June 3, 2015 at Virginia Hospital Center in Arlington, VA.

Charlotte is the daughter of Kevan Stone, my Special Projects Director, and Alexis Rice. Friends since High School in West Palm Beach, Florida, Alexis and Kevan married years later in Washington, D.C. at the historic Willard Hotel in May of 2014.

On this happy occasion, I ask my colleagues to join me in extending our warmest congratulations and wishes to the Stone and Rice families for continued health and happiness.

PERSONAL EXPLANATION

HON. MARK DeSAULNIER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 10, 2015

Mr. DeSAULNIER. Mr. Speaker, I regret that I was unable to vote on Friday, July 10 as I was attending the memorial services of a dear friend in my congressional district.

Had I been present, I would have cast my vote in support of H.R. 6, the 21st Century Cures Act, even though I am disappointed that the Republican Majority included last minute and unnecessary policy riders. I am cosponsor of the underlying bill which would encourage biomedical innovation and the development of new treatments and cures (Roll Call #433).

I would have also cast my vote in support of the amendment introduced by Representatives BARBARA LEE, JAN SCHAKOWSKY, and YVETTE CLARKE to H.R. 6, the 21st Century Cures Act. This amendment would remove harmful policy riders that aim to undermine women's access to reproductive health services from this otherwise noncontroversial, bipartisan effort. As a longtime supporter of a woman's right to access comprehensive reproductive healthcare, I oppose the inclusion of these unnecessary policy riders in this important bill (Roll Call #432).

I would have cast my vote in opposition to the Brat/McClintock/Garrett/Stutzman/Perry Amendment to H.R. 6, which would have turned the NIH and Cures Innovation Fund into a discretionary spending program, leading to immense uncertainty which would undercut the Fund's effectiveness and NIH's ability to maximize its work (Roll Call #431).

CONGRATULATING MARY AGEE ON
HER RETIREMENT FROM NORTH-
ERN VIRGINIA FAMILY SERVICE

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 10, 2015

Mr. CONNOLLY. Mr. Speaker, I rise today to congratulate Mary Agee of Fairfax, Virginia

on her retirement after 43 years at Northern Virginia Family Service (NVFS).

Since its founding by community volunteers in 1924, NVFS has addressed the growing needs of communities throughout our region. NVFS works to improve the lives of its clients through a variety of programs in five mission initiatives: housing, child and family enrichment, health access, emergency assistance, and workforce development.

Ms. Agee began her career with the organization as a Family Counselor in 1972 and since 1988 has served as Executive Director and then Chief Executive Officer. Four decades of service to our community cannot be fairly summarized in one statement, but just a few examples illustrate the tremendous impact Ms. Agee's efforts have had on the lives of Northern Virginia families.

When she was named Deputy Director in 1978, NVFS had 11 staff, five of whom were full-time, and a budget of \$187,000. Today, the nonprofit organization has 350 employees, approximately 3,600 volunteers, an operating budget of \$32 million and offices in Arlington, Fairfax, Prince William and Loudoun counties, as well as the cities of Alexandria, Manassas and Manassas Park. NVFS is now the largest private, nonprofit human service organization in Northern Virginia. Each year, nearly 34,000 individuals and families turn to NVFS to find housing and emergency services, early childhood programs, health & mental health services, workforce development programs, legal assistance, anti-hunger programs, and intervention and prevention programs.

Additionally, NVFS has played a role in stabilizing families affected by national crises. After the tragedy of 9/11, NVFS led the Survivors' Fund Project, providing direct assistance and long-term case management services to local victims, their families, and first responders. Ms. Agee considers this her proudest moment. In partnership with the Red Cross, NVFS led the Katrina Project for evacuees from New Orleans who relocated to our region. The success of this first-ever collaboration led the Red Cross to establish similar contracts across the nation.

Through Ms. Agee, NVFS has earned a reputation as a leader in the community by supporting community partnerships, taking a leadership role in multi-agency service delivery for clients, and working collaboratively with other human services agencies on advocacy issues. On an individual level, Ms. Agee has served as an inspiration and mentor to many in the human services community. She carefully works with colleagues to develop their strengths and to nurture relationships that benefit the community and people in need, rather than any particular organization. I had the great pleasure of collaborating with Ms. Agee during my 14 years on the Fairfax County Board of Supervisors. Her leadership was invaluable when the County launched homeless prevention and affordable housing initiatives during my tenure as Chairman, and she, along with the entire team at NVFS, was an invaluable partner for the County's many human service programs to assist our neighbors most in need.

Mr. Speaker, I ask my colleagues to join me in thanking Mary Agee for a lifetime of service to our community and in congratulating her on her retirement. When I was Chairman of the County Board, we often joked when retirement announcements like this were made that we

should pass an ordinance not allowing such talented and dedicated people to leave public or community service, and I certainly wish that was the case here. I wish Mary and her family all the best in this next chapter of her life.

21ST CENTURY CURES ACT

SPEECH OF

HON. GUS M. BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 9, 2015

The House in Committee of the Whole House on the state of the Union had under consideration the bill (H.R. 6) to accelerate the discovery, development, and delivery of 21st century cures, and for other purposes:

Mr. BILIRAKIS. Mr. Chair, on a personal level, I have family members who have suffered with Parkinson's—I witness this debilitating disease through them. It is hard to see. Few things in America are truly ubiquitous—diseases, sadly, are one of those things.

In addition to the struggle chronic and rare disease patients face, physicians, researchers, clinicians, and medical device companies (among others) deal with an outdated and overly burdensome regulatory structure. These regulations stifle the development of new cures and treatments, whether they are drugs, biologics, or devices.

Given the reality, we have to ask: how can we get cures and treatments to the people who desperately need them?

That is the question the 21st Century Cures Initiative was created to answer. The 21st Century Cures Initiative is a bipartisan undertaking by members of the Energy and Commerce Committee to help our healthcare innovation infrastructure thrive and deliver more hope for all patients. This is a tremendous undertaking, and is much easier said than done.

It is about finding new ways to drive innovation. In addition to adequate funding and resources, we need to think critically about structural changes to streamline and modernize our health care system. We need to rethink what we have been doing and how we are doing it for the 21st Century.

This is what 21st Century Cures Initiative is giving us: an opportunity to address some of the structural barriers to new cures and promote new ways to incentivize developments. The 21st Century Cures Initiative has examined and seeks to accelerate the complete cycle of cures—from discovery to development to delivery and back again to discovery. This has resulted in the 21st Century Cures Act—a culmination of over a year's worth of engaging with patients, researchers, physicians, government, and private entities.

This year included numerous hearings and roundtables in Washington D.C. As legislators, we worked tirelessly to engage all stakeholders from across the spectrum. The only way we can answer the question—how do we get better cures and treatments?—is to work with everyone involved in the American health care system.

I am proud that I was able to have several provisions that were included in the final version of the Cures Act. These provisions will help to change the lives of patients in small to larger ways. I want to take a moment and highlight some of the provisions and some of the people that helped shape the policy.