means healthy mothers, healthy fathers, and safe and healthy children. Every success story is one less family torn apart by meth.

H.R. 6901 authorizes over $110 million for family-based treatment over 5 years. We need this funding in rural areas like Wyoming that otherwise lack treatment options. This legislation points us in that direction,

I know that some question the wisdom of spending taxpayer dollars on drug treatment. I don't think we can afford not to invest in treatment. The cost of treatment pales in comparison to what meth has cost the taxpayer through our courtrooms, our prisons, our emergency rooms, and our foster care system. Moreover, the emotional cost to Wyoming's families has been immeasurable. Family treatment is a sound investment, one that this body should make.

I want to thank Representative HOOLEY for her leadership and willingness to tackle the meth problem in a bipartisan fashion. I urge my colleagues on both sides of the aisle to join me in support of H.R. 6901, which will make a real difference for meth-affected families in Wyoming and across the Nation.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would urge passage of this meth addiction bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6901.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

PHYSICIAN WORKFORCE ENHANCEMENT ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2583) to amend title VII of the Public Health Service Act to establish a loan program for eligible hospitals to establish residency training programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2583

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Physician Workforce Enhancement Act of 2008''.

SEC. 2. HOSPITAL RESIDENCY LOAN PROGRAM.

Subpart 2 of part E of title VII of the Public Health Service Act is amended by adding at the end the following new section:

''SEC. 771. HOSPITAL RESIDENCY LOAN PROGRAM.

''(a) ESTABLISHMENT.—Not later than October 1, 2010, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a hospital residency loan program that provides loans to eligible hospitals to establish a residency training program.

''(b) APPLICATION.—No loan may be provided under this section to an eligible hospital except pursuant to an application that is submitted and approved in a time, manner, and form specified by the Administrator of the Health Resources and Services Administration. A loan under this section shall be on such terms and conditions and meet such requirements as the Administrator determines appropriate, in accordance with the provisions of this section.

''(c) ELIGIBILITY; PREFERENCE FOR RURAL AREAS.—

''(1) ELIGIBLE HOSPITAL DEFINED.—For purposes of this section, an 'eligible hospital' means, with respect to a loan under this section, a public or non-profit hospital that, as of the date of the submission of an application under subsection (b), meets, to the satisfaction of the Administrator of the Health Resources and Services Administration, each of the following criteria:

''(A) The hospital does not operate a residency training program and has not previously operated such a program.

''(B) The hospital has secured initial accreditation by the American Council for Graduate Medical Education or the American Osteopathic Association.

''(C) The hospital provides assurances to the satisfaction of the Administrator of the Health Resources and Services Administration that such loan shall be used, consistent with subsection (d), only for the purposes of establishing and conducting an allopathic or osteopathic physician residency training program in at least one of the following, or a combination of the following:

''(i) Family medicine.

''(ii) Internal medicine.

''(iii) Obstetrics or gynecology.

''(iv) Behavioral or Mental health.

''(v) Pediatrics.

''(D) The hospital enters into an agreement with the Administrator that certifies the hospital will provide for the repayment of the loan in accordance with subsection (e).

''(2) PREFERENCE FOR RURAL AREAS.—In making loans under this section, the Administrator of the Health Resources and Services Administration shall create guidelines that give preference to rural areas (as such term is defined in section 1886(d)(2)(D) of the Social Security Act).

''(d) PERMISSIBLE USES OF LOAN FUNDS.—A loan provided under this section shall be used, with respect to a residency training program, only for costs directly attributable to the residency training program, except as otherwise provided by the Administrator of the Health Resources and Services Administration.

''(e) REPAYMENT OF LOANS.—

''(1) REPAYMENT PLANS.—For purposes of subsection (c)(1)(D), a repayment plan for an eligible hospital is in accordance with this subsection if it provides for the repayment of the loan amount in installments, in accordance with a schedule that is agreed to by the Administrator of the Health Resources and Services Administration and the hospital and that is in accordance with paragraphs (2), (3), and (4).

''(2) COMMENCEMENT OF REPAYMENT.—Repayment by an eligible hospital of a loan under this section shall commence not later than the date that is 18 months after the date on which the loan amount is disbursed to such hospital.

''(3) REPAYMENT PERIOD.—A loan made under this section shall be fully repaid not later than the date that is 24 months after the date on which the repayment is required to commence.

''(4) LOAN PAYABLE IN FULL IF RESIDENCY TRAINING PROGRAM CANCELED.—In the case that an eligible hospital borrows a loan under this section, with respect to a residency training program, and terminates such program before the date on which such loan has been fully repaid in accordance with a plan under paragraph (1), such loan shall be payable by the hospital not later than 45 days after the date of such termination.

''(f) NO INTEREST CHARGED.—The Administrator of the Health Resources and Services Administration may not charge or collect interest on any loan made under this section.

''(g) LIMITATION ON TOTAL AMOUNT OF LOAN.—The cumulative annual dollar amount of a loan made to an eligible hospital under this section may not exceed $250,000.

''(h) PENALTIES.—The Administrator of the Health Resources and Services Administration shall establish penalties to which an eligible hospital receiving a loan under this section would be subject if such hospital is in violation of any of the criteria described in subsection (c)(1). Such penalties shall include the charge or collection of interest, at a rate to be determined by the Administrator of the Health Resources and Services Administration. Except as otherwise provided, penalties collected under this subsection shall be paid to the Administrator of the Health Resources and Services Administration and shall, subject to appropriation Acts, be available until expended for the purpose of enforcing the provisions of this section.

''(i) REPORTS.—Not later than January 1, 2012, and annually thereafter (before January 2, 2014), the Administrator of the Health Resources and Services Administration shall submit to Congress a report on the efficacy of the program under this section in increasing the number of residents practicing in each medical specialty described in subsection (c)(1)(C) during such year and the extent to which the program resulted in an increase in the number of available practitioners in each of such medical specialties that serve medically underserved populations.

''(j) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing amounts for loans under this section, there are authorized to be appropriated such sums as may be necessary to provide—

''(A) $8,000,000 in loans for fiscal year 2010;

''(B) $8,400,000 in loans for fiscal year 2011;

''(C) $8,820,000 in loans for fiscal year 2012;

''(D) $9,261,000 in loans for fiscal year 2013; and

''(E) $9,724,050 in loans for fiscal year 2014.

''(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.

''(k) TERMINATION OF PROGRAM.—No loan may be made under this section after December 31, 2013.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise this evening in support of H.R. 2583, the Physician Workforce Enhancement Act of 2008. This legislation seeks to address shortages in the physician workforce by creating a loan program for rural and

urban hospitals to start residency training programs.

Demand for primary care has grown due to an increase in the number of people living with chronic diseases and due to the long-term care needs of an aging population. However, recent trends show that the growth in the physician workforce is not keeping pace with the growth of the general population. In fact, there has been a decline in the number of medical students and training opportunities for primary care in certain areas of practice, including pediatrics, which are expected to have more critical shortages in the future.

H.R. 2583 seeks to address the physician shortage by establishing a loan program for eligible hospitals to establish residency training programs in allopathic and osteopathic medicine with a preference for hospitals located in rural areas.

Residency training programs are an integral way for rural and small urban communities to attract physicians as it encourage doctors to put down roots in the community where they completed their residency.

One important source of funding for residency training programs is Medicare. However, the Medicare program caps the number of residents and fellows eligible for Medicare reimbursement.

□ 2045

This can narrow the number of resources available to some smaller hospitals that have the greater need for residents that will later serve the community as physicians. That cap was implemented at the time when it appeared that the physician workforce would enjoy surpluses for some time, and that the use of managed care services would reduce the demand of medical services. But both trends have significantly reversed in recent years, precipitating the need for a new strategy to improve the health and vitality of the U.S. physician workforce.

H.R. 2583 provides such a strategy. This legislation will make great strides in attracting new physicians to serve in rural and small urban districts that need them most.

I want to urge my colleagues to support the passage of this bill.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume.

Health care workforce issues are going to be a major and developing problem over the next several years, and it's a problem that the country really doesn't know a great deal about. In fact, in the next 20 to 30 years our population is going to age, and it's going to grow. And the current trends suggest that we will reach a critical shortage of physicians in growing communities, and it'll be especially acute in some specialties.

The problem is complex. The problem is varied, and does not have just one solution. But in a modest attempt to spark the discussion on how to increase the domestic supply of physicians and provide at least one solution, Congressman MATHESON and I introduced H.R. 2583 last year.

H.R. 2583 will assist small hospitals that serve rural or growing areas by providing them with financial resources to establish a residency training program for certain high need medical specialties.

While we need to increase the number of doctors, we also need to make certain that they practice in areas where they're needed. We need to develop new residency training programs away from the major urban centers. It is a rule of thumb that most physicians tend to settle and start their families and integrate into the community where they complete their residency training program. H.R. 2583 will help smaller emerging communities attract and retain the medical professionals that their communities will need to rely on well into the future.

H.R. 2583 would establish an interest-free loan program for eligible hospitals to establish residency training programs. Over the period of its authorization, it should operate at no cost to the American taxpayer.

To qualify, hospitals will need to have secured preliminary accreditation from the American Council of Graduate Medical Education or the American Osteopathic Association, and have not had a residency training program in the past. These loans would go to pay salaries or benefits for residents, salaries of faculty and other costs directly attributable to the residency training program.

Mr. Speaker, in response to concerns raised during discussions on this bill, House Energy and Commerce staff and Member office staff have worked together in a bipartisan manner to address areas of concern. This bill represents a modest and an accountable approach to the growing problem of physician workforce issues.

This bill is supported by medical groups, and most notably, the American Osteopathic Association. I'm pleased also to have worked with Congressman MATHESON on this important proposal.

So, Mr. Speaker, if Members want to help their smaller rural communities, and if they want to help attract medical professionals that their communities will need in the future, I urge a ''yes'' vote on H.R. 2583 today.

I reserve the balance of my time.

Mr. MATHESON. Mr. Speaker, I rise today in support of H.R. 2583, the "Physician Workforce and Graduate Medical Education Enhancement Act." I am proud to join Representative BURGESS as a lead sponsor of this legislation and want to thank him along with Chairman DINGELL and the Energy and Commerce staff for moving this legislation forward.

Data shows that physicians typically will practice within 100 miles of where they train. While current residency training programs continue to excel at producing high quality physicians, they do not adequately distribute physicians to communities across the Nation. H.R. 2583 aims to create new residency programs in geographic regions that face physician shortages, especially those in the South, Southwest, Rocky Mountain, and West regions.

A major obstacle often preventing the establishment of new residency training programs are the costs associated with the creation of such programs. Under current law, a hospital starting a new residency program is not eligible immediately for direct graduate medical education or indirect medical education funding. This financing arrangement presents challenges for hospitals that operate on narrow margins, especially community hospitals that lack adequate reserve funds to offset the financial commitments associated with staffing a new residency program.

I believe this legislation provides the appropriate incentives that would lead to the creation of new residency training programs in geographic areas that lack an adequate supply of physicians, thus enhancing the Nation's ability to meet future physician workforce needs. If carried out over 10 years, the loan program established by the "Physician Workforce and Graduate Medical Education Enhancement Act" has the potential of assisting in the establishment of up to 50 new residency programs.

Thank you and I urge my colleagues to support this piece of legislation.

Mr. PALLONE. Mr. Speaker, I have no further speakers. I urge passage of the Physician Workforce and Graduate Medical Education bill, and I yield back the balance of my time.

Mr. BURGESS. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2583, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SUPPORTING THE WE DON'T SERVE TEENS CAMPAIGN

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1042) supporting the We Don't Serve Teens campaign, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. Res. 1042

Whereas the 2007 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration estimates there are 10,700,000 underage alcoholic beverage drinkers in the United States;

Whereas research shows that young people who start drinking alcoholic beverages before the age of 15 are 4 times more likely to develop an alcohol-related disorder later in life;

Whereas surveys show that 17 percent of 8th graders, 33 percent of high school sophomores, and 47 percent of high school seniors