

evaluated this program and identified lack of capital as a significant problem. Some health centers have learned, for example, that investors may be willing to provide the needed capital, but only if the center relinquishes its autonomy and control. This could greatly disadvantage patients, who potentially could be placed at risk of not being able to receive the care and services the centers must provide.

The loan guarantee program of S. 1044 addresses this problem carefully. The program is subject to appropriations and to the Credit Reform Act, and loan origination fees are deposited in a special fund for this purpose. Thus, no loans would be guaranteed by the Government unless funds are available to cover the potential cost.

The Subcommittee on Health and Environment held a hearing on health centers' programs, and we heard about the need for this reauthorization and for the loan guarantee program. We also heard about the importance, in any consolidation effort, of maintaining a focus on the special populations now served in separate facilities and programs. S. 1044 accomplishes these goals.

Today, health centers are integral parts of communities they serve. Community participation in the policies and programs of the centers is an essential component of their operation. This legislation will ensure that continued involvement, and will also assist health centers to modernize their operations and their service delivery so they can be even more efficient and effective as the American health care system moves into the next century.

Mr. Speaker, this is good legislation, and I urge my colleagues to support it.

Mrs. LINCOLN. Mr. Speaker, I rise in strong support of the community health center reauthorization bill because I believe in continuing the tremendous work that is being performed in thousands of local communities by these health centers.

Community health centers have provided health care to low-income and elderly residents throughout the First District of Arkansas, which I represent. This area is extremely rural with very few hospitals and physicians available. Without the help of community health centers, my constituents would not receive the important primary health care services they need to maintain quality lives.

I would also like to call the Members' attention to one very important aspect of the health centers, one which makes them quite unique among health care providers—and that is their strong base in the communities they serve. For the past 30 years, community and migrant health centers have involved community members in the development, organization, and delivery of health care.

This experience plays out in a number of important ways, such as serving as a conduit of important information to and from the community on matters such as how to avoid common childhood injuries or potentially serious agricultural accidents, warnings about unsafe water supply sources or the emergence of an infectious disease in the area; serving as an "anchor" in the communities by helping to attract or retain other local businesses, including other physicians, diagnostic services, pharmacies or other health care providers; and providing meaningful employment and career opportunities for community residents.

Mr. Speaker, experience has shown that the greater the degree of community involvement

in the health center, the greater the center's role and strength as a vital part of the community itself. I ask my colleagues to support the community health center reauthorization bill so that we can continue providing meaningful, quality care to our citizens.

Mr. DINGELL. Mr. Speaker, today the House has a signal opportunity to do the right thing for the American people. S. 1044, legislation to reauthorize the health centers program, gives us that chance. This is good legislation. But, more importantly, these are good programs; necessary programs; programs that care about people and help people.

Earlier in this Congress, we heard a lot about why and how this country should care for its vulnerable citizens—children, young mothers, low-income senior citizens, struggling middle-class working families. We disagreed strongly—and we still disagree—about the philosophy and policy this country must pursue to protect its people. Today, I hope, we will see no such disagreement, for today we will talk about programs that truly are "motherhood and apple pie" (made from Michigan apples, of course).

For many years, health centers have been the bastion and the fortress of high-quality health care for people who otherwise have no access to care. They have provided this care to every person, regardless of health insurance status or ability to pay for services. Health centers have developed with the communities they serve, working with the people in those communities and becoming active, supporting members of each community.

In my own 16th District of Michigan, we are proud and pleased that two health centers serve our people. The Family Medical Center in Temperance serves approximately 6,000 people, including migrant farm workers and their families. The Monway Family Health Center in Carleton serves about 4,500 people. These centers provide health care in rural areas, where geographic, financial, and other factors create a critical health care need. I have strongly supported these centers, because they have served the people well.

The legislation before us today reaffirms our support for health centers. It also advances the administration's proposal to consolidate some of the centers' authorities and to simplify the program administration. Wisely, it does this while retaining a special focus on populations such as homeless people and residents of public housing, so that the unique needs of these people are not overlooked in the future. The bill also authorizes a careful and limited loan guarantee program to allow health centers some flexibility in forming or participating in integrated health networks, so they can modernize with the changing health care system.

Health centers are important programs—a real example of Government working well, doing right, and functioning 100 percent in the public interest. They are a critical piece of the solution to the continuing question of how to provide good health care for all of our citizens. Health centers are increasingly challenged as the number of people without health insurance grows. We can help them meet these challenges by our continued support. However, as the health care system changes, the centers need to change as well, and we must assist them to make those changes. This legislation accomplishes both of those objectives.

Mr. Speaker, I support this bill and I urge my colleagues to support it.

Mr. WAXMAN. Mr. Speaker, I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I urge an "aye" vote on this proposal, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. INGLIS of South Carolina). The question is on the motion offered by the gentleman from Florida [Mr. BILIRAKIS] that the House suspend the rules and pass the Senate bill, S. 1044.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate bill was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on S. 1044.

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

ANNOUNCEMENT OF LEGISLATION TO BE CONSIDERED UNDER SUSPENSION OF RULES

Mr. MICA. Mr. Speaker, pursuant to House Resolution 525, it is expected that House Concurrent Resolution 218 will be considered under suspension today.

The SPEAKER pro tempore. The gentleman from Florida is serving notice?

Mr. MICA. Yes, Mr. Speaker.

NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION AUTHORIZATION FOR FISCAL YEARS 1998, 1999, 2000 AND 2001

Mr. MICA. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1577) to authorize appropriations for the National Historical Publications and Records Commission for fiscal years 1998, 1999, 2000 and 2001.

The Clerk read as follows:

S. 1577

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

SECTION 1. AUTHORIZATION OF APPROPRIATIONS FOR THE NATIONAL HISTORICAL PUBLICATIONS AND RECORDS COMMISSION.

Section 2504(f)(1) of title 44, United States Code, is amended—

(1) in subparagraph (F) by striking out "and" after the semicolon;

(2) in subparagraph (G) by striking out the period and inserting in lieu thereof a semicolon; and

(3) by adding at the end the following new subparagraphs:

"(H) \$10,000,000 for fiscal year 1998;

"(I) \$10,000,000 for fiscal year 1999;

"(J) \$10,000,000 for fiscal year 2000; and

"(K) \$10,000,000 for fiscal year 2001."