

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 En-

hancement 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 report recent drinking of alcoholic beverages;

Whereas in a 2003 survey of such drinkers ages 10 to 18, 65 percent said they got the alcohol from family members or friends—some took alcohol from their home or a friend's home without permission, and in other cases adults, siblings, or friends provided the alcohol;

Whereas the Surgeon General issued a national Call to Action against underage drinking in March 2007, asking Americans to do more to stop current underage drinkers from using alcohol and to keep other youth from starting to drink alcohol before the age of 21;

Whereas the Leadership to Keep Children Alcohol Free initiative is a coalition of Governors' spouses, Federal agencies, and public and private organizations which specifically targets prevention of drinking in the 9- to 15-year-old age group;

Whereas the National Alliance to Prevent Underage Drinking is a coalition of public health, law enforcement, religious, treatment and prevention, and other organizations with the goal of supporting and promoting implementation of a comprehensive strategy to reduce underage drinking;

Whereas the best protections against underage drinking are comprehensive prevention and enforcement strategies that include educating parents and members of the community;

Whereas beverage alcohol is a unique product and is regulated in such a way as to encourage social responsibility;

Whereas parents should be encouraged to talk to their children about the dangers of underage drinking;

Whereas the goal of the We Don't Serve Teens campaign is to educate parents and community leaders about effective ways of reducing underage drinking;

Whereas the Federal Trade Commission has partnered with other Government entities, members of the beverage alcohol industry, and members of the advocacy community to educate the public on the dangers of underage drinking;

Whereas the Federal Trade Commission has created a Web site, www.dontserveteens.gov, as a resource for parents, educators, and community leaders concerned with underage drinking;

Whereas Congress has demonstrated its commitment to the prevention of underage drinking by enacting the Sober Truth on Preventing Underage Drinking Act (STOP), which recognizes that the continued State regulation of all three tiers of the beverage alcohol industry (manufacturer, wholesaler, and retailer), as well as of the sale, distribution, transportation, and importation of alcohol is critical to preventing access to alcohol by persons under 21 years of age; and

Whereas the We Don't Serve Teens campaign seeks to unite State officials, business leaders, parents, community leaders, and all three tiers of the beverage alcohol industry

in fighting underage drinking, and unites all those participants in a concerted effort to protect America's youth: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of campaigns working to improve long-term public health and well being, including campaigns that work to prevent underage drinking of alcoholic beverages, such as the We don't Serve Teens Campaign;

(2) encourages Americans to utilize resources, including the Web site of the Federal Trade Commission at www.dontserveteens.gov and the Web site of the National Institute of Alcohol Abuse and Alcoholism at www.alcoholfreekids.org, that provide a wealth of information beneficial to combating and reducing such underage drinking; and

(3) commends the leadership and continuing efforts of all groups working to reduce such underage drinking, including the Federal Trade Commission, the Department of Health and Human Services, State and local officials, law enforcement, public health organizations, community groups, and the beverage alcohol industry.

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 to revise and extend their remarks and include extraneous material on the resolution 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 in support of H. Res. 1042, supporting the We Don't Serve Teens Campaign.

Underage drinking is an ongoing problem in our country, as over half of high school seniors drink alcoholic beverages, while more than a quarter of them engage in binge drinking. Binge drinking at a young age is an especially troubling activity, as those teens are more susceptible to both alcohol addiction and dependence.

Besides binge drinking, teens who drink are more likely to engage in other risky behavior, including smoking, having sex without birth control, and drinking and driving. This last behavior should be a particular concern to everyone as the combination of inexperience behind the wheel and alcohol often results in a deadly conclusion.

Currently, car crashes rank as the leading cause of death among individuals ages 15 to 20. We must all work to prevent such tragedies from occurring.

The resolution before us supports the goals and ideals of campaigns working to improve long-term health, encourages Americans to use resources to

help combat underage drinking, and commends organizations that are already working to reduce underage drinking.

I want to thank my colleague, Representative BONO MACK, for her leadership on this resolution. It's an important issue to address.

I urge my colleagues on both sides of the aisle to join me in support of its adoption.

I reserve the balance of my time.

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

And I do rise in support of House Resolution 1042.

Since Congress passed the National Minimum Drinking Age in 1984, teen drinking rates have dropped; 25 percent fewer high school seniors drink than in 1983. But despite these gains, many teens still drink, and when they do, it can be to excess, with 25 percent of seniors reporting binge drinking.

Mr. Speaker, adolescent years can be fraught with peril. It is said that being a teenager is risky business. Adding alcohol to the mix can compound the difficulties, and especially when driving, being behind the wheel of a car. Drunk driving is the leading cause of death among people ages 15 to 20. These crashes claim and kill almost 2,000 teenagers each year; and in 65 percent of them, the kids got the alcohol without permission from family or friends.

The best protections against underage drinking are prevention and enforcement strategies by parents and members of the community. Parents should take the time to discuss with their children the dangers of underage drinking, and can use the Federal Trade Commission's Web site as a resource for parents, educators and community leaders concerned about underage drinking.

The We Don't Serve Teens campaign has worked to unite State officials, business leaders, parents and all three tiers of the beverage alcohol industry in fighting underage drinking, and unites all of those participants in a concerted effort to protect America's youth.

I do want to thank the sponsor of the resolution, Mrs. BONO MACK of California, for raising public awareness and her continued effort to reduce underage drinking.

I encourage all of my colleagues to vote in favor of this resolution.

Having no additional requests for time on my side, I will yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would yield 5 minutes to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. Mr. Speaker, I rise in support of H. Res. 1042, which supports the We Don't Serve Teens campaign.

I commend my California colleague, MARY BONO MACK, for her leadership in

offering this resolution, and for highlighting the public health crisis of underage drinking in our country. This crisis is real, and the impact on the health and safety of our children is profound.

During the 10 years I've been working on this issue, one thing has been made perfectly clear: underage drinking and its serious consequences are not inevitable. From research, we know that parents are the leading influence over their children's decision to drink or not drink alcohol. Simply stated, when parents talk, kids really do listen. Unfortunately, many parents underestimate the problem of underage drinking in their communities and therefore do not talk to their children about the dangers of alcohol consumption.

The facts are, however, that each year, 10.8 million Americans between the ages of 12 and 20 report illegal alcohol consumption. This number includes 41 percent of 8th grade students, 62 percent of 10th grade students, and 73 percent of 12th graders.

State officials, business leaders, parents and community leaders can also make a difference. When they come together to fight this public health crisis, it is possible to reduce the terrible toll underage drinking has on our youth. The We Don't Serve Teens Campaign will help us reach that goal.

From my personal experience in my own district, I can attest to how highly successful the program is in educating parents and their children about the dangers of underage drinking. Last fall I worked with the Century Council and the Federal Trade Commission to bring this important public safety campaign to Los Angeles during National We Don't Serve Teens Week.

The Wine and Spirits Wholesalers Association and the California Highway Patrol joined us in sending a strong message to retailers, parents and adults that providing alcohol to any person under the age of 21 is unsafe, irresponsible, and illegal.

I was privileged to host this important campaign in my district, and I am honored to support this resolution today.

I hope that passage of this resolution will encourage others to become more actively involved in the fight against underage drinking. By working together to reduce underage drinking, we will provide a safer and healthier future for our children.

I encourage my colleagues to vote "yes" on H. Res. 1042 and to do what they can in their communities to get the message out.

Mr. PALLONE. Mr. Speaker, I have no additional requests for time, I would urge passage of this resolution relative to underage drinking, 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 agree to the resolution, H. Res. 1042, as amended.

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

A motion to reconsider was laid on the table.

SUPPORTING THE GOALS AND IDEALS OF NATIONAL SUDDEN CARDIAC ARREST AWARENESS MONTH

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 393) supporting the goals and ideals of "National Sudden Cardiac Arrest Awareness Month".

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 393

Whereas sudden cardiac arrest is a leading cause of death in the United States;

Whereas sudden cardiac arrest takes the lives of more than 250,000 people in the United States each year, according to the Heart Rhythm Society;

Whereas anyone can experience sudden cardiac arrest, including infants, high school athletes, and people in their 30s and 40s who have no sign of heart disease;

Whereas sudden cardiac arrest is extremely deadly, with the National Heart, Lung, and Blood Institute giving the disease a mortality rate of approximately 95 percent;

Whereas to have a chance of surviving an attack, the American Heart Association states that victims of sudden cardiac arrest must receive a lifesaving defibrillation within the first 4 to 6 minutes of an attack;

Whereas for every minute that passes without a shock from an automated external defibrillator, the chance of survival decreases by approximately 10 percent;

Whereas lifesaving treatments for sudden cardiac arrest are effective if administered in time;

Whereas according to joint research by the American College of Cardiology and the American Heart Association, implantable cardioverter defibrillators are 98 percent effective at protecting people at risk for sudden cardiac arrest;

Whereas according to the American Heart Association, cardiopulmonary resuscitation and early defibrillation with an automated external defibrillator more than double the chances that a victim will survive;

Whereas the Yale-New Haven Hospital and the New England Journal of Medicine state that women and African-Americans are at a higher risk than the general population for dying as a result of sudden cardiac arrest, yet this fact is not well known to people at risk;

Whereas there is a need for comprehensive educational efforts designed to increase awareness of sudden cardiac arrest and related therapies among medical professionals and the greater public in order to promote early detection and proper treatment of this disease and to improve quality of life; and

Whereas the Heart Rhythm Society and the Sudden Cardiac Arrest Coalition are preparing related public awareness and education campaigns on sudden cardiac arrest to

be held each year during the month of October: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) supports the goals and ideals of "National Sudden Cardiac Arrest Awareness Month";

(2) supports efforts to educate people about sudden cardiac arrest and to raise awareness about the risk of sudden cardiac arrest, identifying warning signs, and the need to seek medical attention in a timely manner;

(3) acknowledges the critical importance of sudden cardiac arrest awareness to improving national cardiovascular health; and

(4) calls upon the people of the United States to observe this month with appropriate programs and activities.

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 to revise and extend their remarks and include extraneous material on the resolution 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 in strong support of H. Con. Res. 393, a resolution expressing support for the goals and ideals of National Sudden Cardiac Arrest Awareness Month.

While many of us are aware of the importance of maintaining a healthy diet in order to mitigate the risk of heart attacks, there is much less information concerning the risk of cardiac arrest. However, the dangers to the public are no less severe. It's estimated that more than 250,000 people die each year from sudden cardiac arrest.

Sudden cardiac arrest occurs when the heart stops functioning properly, usually as a result of an irregular heart rhythm. Any type of heart disease can lead to cardiac arrest.

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Often, though, two or more major coronary arteries are narrowed due to fatty buildups.

H. Con. Res. 393 recognizes October as an appropriate month to support National Sudden Cardiac Heart Awareness. This resolution would support efforts to educate the American public about cardiac arrest and raise awareness regarding prevention and warning signs.

It's especially important that warning signs are recognized immediately because death can occur in as little as 6 minutes after experiencing cardiac arrest. Moreover, women and African Americans need to make themselves particularly familiar with this health