

tell a story about some group that reaches out to folks in New York or folks at the Pentagon, whether it is King Elementary School, where the kids just donated \$16,000 to charities in New York, or Pinnacle Elementary, that wrote a check to people that they did not see, had never seen and will never know.

But the fact is that it tells us that we are doing something right in this country; that we are raising the next generation of leaders in the right way, where they are giving and not necessarily taking.

We are here today to make sure that the American people understand that there is a system to give life to individuals who need it. We are here to make sure that there is a 4-year certification for those organizations that make sure that organs are provided to individuals whose difference in life is the receipt of that organ, that their ability to continue a normal life, and sometimes to continue life, is the difference between whether they receive the organ or whether they do not.

As the chairman said, this is a technical change to make sure that these organizations have 4 years between certification. Four years makes a tremendous difference in their ability to function in the job that they carry out.

My only hope today, Madam Speaker, is that all Members will take the opportunity as we begin to fix this bill, that they will start a massive campaign in their districts and across this country to get more and more people to donate organs, to make sure that the organs are available for the individuals that need them today. The only way that we will let the American people down is if we cannot promote organ donation in a bigger and more effective way than we do today.

So I think the gentleman from Florida (Mr. BILIRAKIS), the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Ohio (Mr. BROWN). This is truly a bipartisan effort to make a technical change to a piece of legislation, but it will touch many, many lives.

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

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

The SPEAKER pro tempore (Mrs. BIGGERT). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 3504.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mr. BROWN of Ohio, Madam 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, rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

NURSE REINVESTMENT ACT

Mr. BILIRAKIS, Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3487) to amend the Public Health Service Act with respect to health professions programs regarding the field of nursing.

The Clerk read as follows:

H.R. 3487

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 "Nurse Reinvestment Act".

SEC. 2. PUBLIC SERVICE ANNOUNCEMENTS REGARDING NURSING PROFESSION.

Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended by adding at the end the following:

"PART H—PUBLIC SERVICE ANNOUNCEMENTS

"SEC. 851. PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary shall develop and issue public service announcements that advertise and promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals to enter the nursing profession.

"(b) METHOD.—The public service announcements described in subsection (a) shall be broadcast through appropriate media outlets, including television or radio, in a manner intended to reach as wide and diverse an audience as possible.

"SEC. 852. STATE AND LOCAL PUBLIC SERVICE ANNOUNCEMENTS.

"(a) IN GENERAL.—The Secretary shall award grants to eligible entities to support State and local advertising campaigns via appropriate media outlets to promote the nursing profession, highlight the advantages and rewards of nursing, and encourage individuals from disadvantaged backgrounds to enter the nursing profession.

"(b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds received through such grant to acquire local television and radio time, place advertisements in local newspapers, and post information on billboards or on the Internet, in order to—

"(1) advertise and promote the nursing profession;

"(2) promote nursing education programs;

"(3) inform the public of public assistance regarding such education programs;

"(4) highlight individuals in the community that are presently practicing nursing in order to recruit new nurses; and

"(5) provide any other information to recruit individuals for the nursing profession.

"(c) METHOD.—The campaigns described in subsection (a) shall be broadcast on television or radio, or placed in newspapers as advertisements, or posted on billboards or the Internet, in a manner intended to reach as wide and diverse an audience as possible."

SEC. 3. LOAN REPAYMENT PROGRAM; SCHOLARSHIPS.

(a) LOAN REPAYMENT PROGRAM; ADDITIONAL ASSIGNMENT AUTHORITIES.—Section 846(a) of the Public Health Service Act (42 U.S.C. 297n(a)) is amended—

(1) in paragraph (3)—

(A) by striking "in a public hospital," and inserting "in a public or private hospital (including a critical access hospital or a rural hospital);" and

(B) by inserting after "rural health clinic," the following: "in a State or local department of public health, in a skilled nursing facility, in a home health agency, in a hospice program (including home settings), in an ambulatory surgical center,"; and

(2) by adding at the end the following: "In the case of a private entity that is not a non-profit entity and is pursuant to paragraph (3) eligible for an assignment of a nurse, the Secretary may not assign a nurse to such an entity after the expiration of the three-year period beginning on the date of the enactment of the Nurse Reinvestment Act."

(b) ESTABLISHMENT OF SCHOLARSHIP PROGRAM.—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended—

(1) in the heading for the section, by striking "PROGRAM" and inserting "AND SCHOLARSHIP PROGRAMS";

(2) by redesignating subsections (d), (f), (g), and (h) as subsections (f), (h), (i), and (g), respectively;

(3) by transferring subsections (f) and (g) (as so redesignated) from their current placements, by inserting subsection (f) after subsection (e), and by inserting subsection (g) after subsection (f) (as so inserted); and

(4) by inserting after subsection (c) the following subsection:

"(d) SCHOLARSHIP PROGRAM.—

"(1) IN GENERAL.—The Secretary may carry out a program of entering into contracts with eligible individuals under which such individuals agree to serve as nurses in designated health facilities in consideration of the Federal Government agreeing to provide to the individuals scholarships for attendance at schools of nursing.

"(2) ELIGIBLE INDIVIDUALS; DESIGNATED HEALTH FACILITIES.—For purposes of this subsection:

"(A) The term 'eligible individual' means an individual who is enrolled or accepted for enrollment as a full-time student in a school of nursing.

"(B) The term 'designated health facility' means any entity that is eligible under subsection (a) for an assignment of a nurse, subject to the provisions of such subsection relating to private entities that are not non-profit entities.

"(3) APPLICABILITY OF CERTAIN PROVISIONS.—With respect to the National Health Service Corps Scholarship Repayment Program established in subpart III of part D of title III, the provisions of such subpart shall, except as inconsistent with this section, apply to the program established in paragraph (1) in the same manner and to the same extent as such provisions apply to the National Health Service Corps Scholarship Program established in such subpart."

(c) PREFERENCES REGARDING PARTICIPANTS.—Section 846(e) of the Public Health Service Act (42 U.S.C. 297n(e)) is amended in the matter preceding paragraph (1) by striking "subsection (a)" and inserting "subsection (a) or (d)".

(d) DEFINITIONS.—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended in subsection (h) (as redesignated by subsection (b)(2) of this section) by amending the subsection to read as follows:

"(h) DEFINITIONS.—For purposes of this section:

"(1) The term 'ambulatory surgical center' has the meaning applicable to such term under title XVIII of the Social Security Act.

"(2) The term 'community health center' has the meaning applicable to such term under section 330.

“(3) The term ‘home health agency’ has the meaning given such term in section 1861(o) of the Social Security Act.

“(4) The term ‘hospice program’ has the meaning given such term in section 1861(dd)(2) of the Social Security Act.

“(5) The term ‘migrant health center’ has the meaning applicable to such term under section 330.

“(6) The term ‘rural health clinic’ has the meaning given such term in section 1861(aa)(2) of the Social Security Act.

“(7) The term ‘rural hospital’ means a hospital located in a rural area, as defined in section 1886(d)(2)(D) of the Social Security Act.

“(8) The term ‘skilled nursing facility’ has the meaning given such term in section 1819(a) of the Social Security Act.”.

(e) FUNDING.—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended in subsection (i) (as redesignated by subsection (b)(2) of this section) by amending the subsection to read as follows:

“(i) FUNDING.—

“(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of payments under agreements entered into under subsection (a) or (d), there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2002 through 2007.

“(2) ALLOCATIONS.—Of the amounts appropriated under paragraph (1), the Secretary may as determined appropriate by the Secretary allocate amounts between the program under subsection (a) and the program under subsection (d).”.

SEC. 4. STUDIES BY GENERAL ACCOUNTING OFFICE.

(a) HIRING DIFFERENCES AMONG CERTAIN PRIVATE ENTITIES.—The Comptroller General of the United States shall conduct a study to determine differences in the hiring of nurses by nonprofit private entities as compared to the hiring of nurses by private entities that are not nonprofit. In carrying out the study, the Comptroller General shall determine the effect of the inclusion of private entities that are not nonprofit in the program under section 846 of the Public Health Service Act. Not later than two years after the date of the enactment of this Act, the Comptroller General shall submit to the Congress a report describing the findings of the study.

(b) NURSE FACULTY.—

(1) DETERMINATION REGARDING SHORTAGE OF FACULTY.—The Comptroller General of the United States shall conduct a study to determine whether and to what extent there is a shortage of faculty for schools of nursing. Not later than June 30, 2002, the Comptroller General shall submit to the Congress a report describing the findings of the study.

(2) RECOMMENDATIONS.—If the Comptroller General determines pursuant to paragraph (1) that there is or will be a shortage of faculty for schools of nursing, the Comptroller General shall, not later than September 30, 2002, submit to the Congress a report providing the recommendations of the Comptroller General for developing scholarship programs, loan repayment programs, private-public partnerships, or other programs through the Department of Health and Human Services to provide for an increase in the number of such faculty, including recommendations on appropriate incentives for nurses to become such faculty.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida (Mr. BILIRAKIS).

GENERAL LEAVE

Mr. BILIRAKIS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3487.

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

There was no objection.

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

Madam Speaker, I rise today in support of H.R. 3487, the Nurse Reinvestment Act. Recently we have all read about and heard about issues with recruitment and retention of nursing staff, including both nurses and nurse aides. Our health and long-term care systems rely heavily on the services of these health care professionals.

I would like to thank my colleague, the gentlewoman from California (Mrs. CAPPS), for being such a strong advocate in this field, and I mean strong advocate in this field. We worked together with the gentleman from Louisiana (Mr. TAUZIN); the ranking member, the gentleman from Michigan (Mr. DINGELL); the gentleman from Ohio (Mr. BROWN); the gentleman from Maryland (Mr. EHRlich); the gentleman from Kentucky (Mr. WHITFIELD); and the gentlewoman from New York (Mrs. KELLY) to craft this bipartisan legislation that addresses the nursing shortage.

Nurses provide the critical medical services necessary to ensure comfortable quality health care. A nurse shortage could seriously diminish the level of medical care in health care facilities. Experts and providers are reporting a current shortage of nurses, partly as a result of patients' increasingly complex care needs.

Unfortunately, young Americans today are not entering the nursing profession. To encourage young people to choose this challenging and fulfilling career, this legislation directs the Secretary of Health and Human Services to create public service announcements, PSAs, designed to promote nursing and nursing education programs and to highlight the benefits and rewards of a career in nursing.

Furthermore, H.R. 3487 expands Title VIII of the Public Health Service Act to include scholarships for students entering the nursing profession. In exchange for a commitment to serve in a health care facility determined to have a critical shortage of nurses, students will receive scholarships to nursing schools.

This bill includes a sunset, to take place after 3 years, on the inclusion of private facilities in this scholarship and loan repayment program. A Government Accounting Office study required under the bill to examine the hiring practices of private and nonprofit facilities is due prior to this sunset. The goal of this legislation is to ensure a strong pool of talented nurses

throughout the country for years to come.

Again, Madam Speaker, I would like to recognize the work of the gentlewoman from California (Mrs. CAPPS) in this legislation and thank her for her dedication and persistence on this issue. As a nurse, the gentlewoman from California (Mrs. CAPPS) understands the importance of nurses in our health care system and recognizes the dangers patients could encounter without proper nursing care.

I would also like to thank, in no little way, the gentlewoman from New York (Mrs. KELLY) for taking a leadership role on this issue, particularly on this side of the aisle. Many times, many times, she has talked to me about the need to do something to help solve this problem.

I would like to also mention legislative counsel, Pete Goodloe, for his efforts to work with the Committee on Energy and Commerce on this issue and so many others on the floor possibly today, but at other times. His dedication and service should be not overlooked and certainly deserve more than a brief mention.

I would also like to thank staff who worked so hard on this issue, including Anne Esposito, Jeremy Sharp, John Ford, Katie Porter, and Erin Ockunzzi on our side.

Nurses are invaluable to the success and quality of our health care delivery system. This legislation helps ensure that the Nation will have a well-trained supply of nurses on which to rely. I urge my colleagues to join me and the gentlewoman from California (Mrs. CAPPS) and the gentlewoman from New York (Mrs. KELLY) in support of H.R. 3487, the Nurse Reinvestment Act.

Madam Speaker, I reserve the balance of my time.

Mr. BROWN of Ohio. Madam Speaker, I yield myself 3 minutes.

Madam Speaker, I want to thank both the gentleman from Louisiana (Mr. TAUZIN) and the gentleman from Florida (Mr. BILIRAKIS) for their commitment to work with the gentleman from Michigan (Mr. DINGELL) and with the gentlewoman from California (Mrs. CAPPS), whose idea this bill was, and for the particularly good work she did, and to work with me on this modest but important legislation.

The gentlewoman from California (Mrs. CAPPS) has particularly led the charge on an omnibus, more comprehensive bill to deal with the nursing shortage, and this is a very important step we hope we can address in more detail later.

Special thanks to staff members Anne Esposito and Jeremy Sharp for their hard work on this legislation. Anne has been terrific to work with on this bill and many others. Jeremy's father I served with my first term in the legislature, and he was one of the most hard-working, decent people I have had the pleasure to know in my 9 years in this institution.

There is, Madam Speaker, a nursing shortage in this country. It is jeopardizing health care access and quality, and it is getting worse. It is not a theoretical problem; it is a fact.

We especially, as I said earlier, owe a debt of gratitude to the gentlewoman from California (Mrs. CAPPS), the top health care expert in Congress, a registered nurse, a valuable member of the Subcommittee on Health Care, for making sure that this body finally is doing something about it.

The problem is easy to define: There are not enough nurses in the workforce to replace those expected to retire in the next 10 years. But the problem is difficult to address. A host of factors, ranging from working conditions to competing professional opportunities, have contributed to the current shortage.

This bill is not intended to provide all the answers. Its modest but crucial purpose is to get the ball rolling. To alleviate the nursing shortage, we must jump-start recruitment and foster retention.

Key provisions of the bill would establish a nursing degree scholarship program and a major public awareness and recruitment campaign. These strategies make sense. They can be deployed quickly and they will make a difference.

I want to again thank my friend, the gentlewoman from California (Mrs. CAPPS) as well as the gentlewoman from New York (Mrs. KELLY) for raising the profile of the nursing shortage issue.

I urge my colleagues to support this legislation.

Madam Speaker, I ask unanimous consent to yield the balance of my time to the author of this bill, the gentlewoman from California (Mrs. CAPPS), and I ask that she be permitted to yield time.

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

There was no objection.

Mr. BILIRAKIS. Madam Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. EHRLICH), who, along with the gentleman from Kentucky (Mr. WHITFIELD), has really been just so very strongly in support of doing something regarding this shortage.

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Mr. EHRLICH. Mr. Speaker, I rise to commend this Congress for bringing to this floor important legislation to address the national nursing shortage.

This bill, which the gentlewoman from California (Mrs. CAPPS) has worked so hard to pass, will assist the Secretary of HHS in addressing the nursing shortage around the country.

As we have heard, the bill amends the Public Health Service act to empower the Secretary to develop and issue public service announcements to advertise and promote the nursing profession. The bill allows for national

public service announcements, as well as authorizes the Secretary to provide grants to State and local communities to promote nursing, highlight the advantages and rewards of nursing, and encourage individuals from disadvantaged backgrounds to enter the profession.

Second, the legislation establishes a scholarship program to allow the Secretary to enter into contracts with individuals to serve in medically underserved areas. In return for service to those in need, sometimes in dire need, the Federal Government will provide to these nurses scholarships to pay for the cost of their education.

The third provision of the bill instructs the GAO to conduct a study of the shortage of highly trained nurse faculty who are charged with educating bedside nurses. The study has two parts: the first, due by June 30, 2002, will address whether and to what extent there is a shortage of nursing faculty; the second part, due by September 30, 2002, will report on recommendations to address a potential shortage of nursing faculty through the Department of Health and Human Services.

I have been pleased to work with many Members on this bill, and the names have been mentioned. Our terrific chairman, the gentleman from Florida (Mr. BILIRAKIS), his work speaks for itself. I really appreciate his willingness and his attitude and everything he has done to bring this bill to the floor. The gentlewoman from California (Mrs. CAPPS), we could not get it done without her. The gentleman from Kentucky (Mr. WHITFIELD) and the gentlewoman from New York (Mrs. KELLY), who I believe is going to speak, and the gentleman from Ohio (Mr. BROWN) as well. Finally, the gentleman from Louisiana (Mr. TAUZIN), of course. Everybody talks about staff, and the American public should know that these bills do not get done without bipartisan cooperation, not just between Members, but also with regard to staff as well. So I congratulate staff on both sides of the aisle. Also, the gentleman from Michigan (Mr. DINGELL), of course, the ranking member of the full committee and, as I said, the gentleman from Louisiana (Mr. TAUZIN), the full committee chairman.

Mr. Speaker, I thank the gentleman from Florida (Mr. BILIRAKIS) very much for bringing this bill to the floor. I mean that. I have bugged him time and time again, and I know it is a friendly bug and I was preaching to the choir; and the gentleman from Florida, in turn, went to the leadership and got this done. So I congratulate the gentleman.

This bipartisan legislation puts patients first by investing in high quality, highly trained nurses. I urge all of my colleagues to support it.

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

Mr. Speaker, I rise in strong support of the Nurse Reinvestment Act, and I

urge my colleagues to vote for this important legislation, H.R. 3487. I want to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Louisiana (Mr. TAUZIN) for their hard work on this issue and their willingness to help us get this legislation to the floor this year. The staff members Ann Esposito and Jeremy Sharp have been mentioned, and I want to add two others, John Ford and Katie Porter. I also particularly want to thank the gentleman from Michigan (Mr. DINGELL), the ranking member of the full committee, and the gentleman from Ohio (Mr. BROWN), the ranking member of the subcommittee, for their unswerving support for this effort. They have made this bill a priority, and I doubt if we would have seen this action so quickly without their dedication. They and their staff have made the effort to see that this legislation could move in the waning days of this session.

This bill is based on legislation that I introduced in April, H.R. 1436. That bill was the product of a lot of hard work of the gentleman from Michigan (Mr. DINGELL) and the gentleman from Ohio (Mr. BROWN), and a variety of nursing and health care groups, including the American Nurses Association, the American Organization of Nurse Executives, and the American Association of Colleges of Nursing. H.R. 1436 now has 228 bipartisan cosponsors.

The bill before us will authorize new scholarships to help prospective nurses complete their education more quickly. These scholarships will help a broader range of people to find their way into a very rewarding career, one that will be in much great demand, no matter the strength or weaknesses of the economy. It will also authorize public service announcements to educate the public about the need for more nurses, the opportunities available for educational assistance, and the rewards of a care-giving career.

Our profession needs the positive and accurate description within this PR campaign. One of the major problems we face is the misperception that nursing is an unappealing career and that it is women's work. These PSAs will help us counter that impression and explain the value and benefits of a career in nursing. These benefits have been brought to sharp relief for us by the events of September 11.

The bill will direct the General Accounting Office to study the faculty needs of our nursing schools and education programs. As my colleagues know, I am one of three nurses currently serving in the Congress. Before I was elected to this House, I served the people of Santa Barbara County in California as a public health nurse for 20 years. I know firsthand the challenges facing our hospitals and our health care providers and the consequences if we fail to meet them.

One of the most important difficulties we face is a shortage of nurses, especially registered nurses. Current

events, as I have said, have highlighted the importance of having a strong and effective public health system. September 11 and the recent spate of anthrax letters reminds us that our safety and our well-being depend on the ability of our hospitals to care for us and our loved ones, and having enough nurses is a critical component, both in the hospital and in many public health settings.

Nurses are the first line of defense in our health care system. They will be the ones treating victims of biological or conventional terror attacks; and right now, we do not have enough of them, not enough of them even for our daily needs.

Last week, we passed legislation to address many of our Nation's needs in terms of bioterrorism, and now it is time to make sure we have the workforce necessary to carry out that bill's provisions. Data on the nursing workforce show that staffing shortages are increasing, and recruiting new registered nurses is becoming progressively more difficult. We already need 125,000 registered nurses to fill the existing vacancies of today, according to the American Hospital Association; and by 2010, less than 9 years from now, 40 percent of the RN workforce will be over 50 years old. In contrast, the number of RNs under 35 has fallen to 18 percent. Simply put, there are not enough new nurses joining the workforce to replace those expected to retire in the next 10 years, and this problem will be compounded by the 78 million baby boomers retiring and needing more health care.

Congress needs to act on this problem quickly. We need to pass the Nurse Reinvestment Act. This bill represents several good steps toward a comprehensive solution to the nursing shortage and, to be sure, as has been mentioned, there is much more we will need to do, including increasing funding for nurse education programs; but this is an excellent start. I will be pleased if we can move it forward. I urge all of my colleagues to support nurses and vote for the Nurse Reinvestment Act.

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

Mr. BILIRAKIS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise in strong support of the Nurse Reinvestment Act, which is a substantial first step in addressing the growing shortage of nurses currently being experienced by health care facilities nationwide.

Today we are working on both short- and long-term solutions to the problem, and I thank the gentleman from Florida (Mr. BILIRAKIS) and the gentlewoman from California (Mrs. CAPPS) for their hard work in bringing the legislation to the floor. It is my hope that this is the first of many steps that Congress will take to make sure there are enough health care professionals to care for a growing number of patients.

Let us think about what nurses do for a minute. They are there at our birth; they are more than likely there at our death. And in between, nurses are apt to be there to support and care for us during every single serious medical crisis that we face, helping us through good news and bad. They care for patients, they advocate for patients, they are there for our long-term care, and those who are nurse anesthetists make us comfortable during surgery and during medical stress.

Now more than ever, attention needs to be focused on the ability of our health care personnel to respond to critical situations, and we have a crisis on our hands. The shortage of nurses in our Nation's hospitals and the pending retirement of many nurses should be worrisome to all of us. Hospitals cannot run without nurses. Without adequate nursing staff, hospitals are forced to close units, turn away patients, and redirect emergency cases. This results in long waits and reduced quality of care. In critical situations, time is everything; and when patients have to travel farther or wait longer for care, they are less likely to have a positive recovery.

So let us consider this bill. It focuses on attracting students to nursing by educating them about the benefits of a nursing career. Its outreach and public awareness campaigns should help ensure stronger registration at nursing schools so that we have a steady supply of well-trained nurses to replace the retiring RNs; and, believe me, they are retiring very rapidly. In New York, the average age of a nurse is 48 years old. We need to attract new people, people who may not traditionally have considered a career in health care. The bill expands loan repayment assistance to encourage nurses to serve after graduation in an area that is experiencing a shortage.

This bill will not only facilitate the entry of students into nursing schools, it also anticipates additional issues that we may encounter. It requires the GAO to evaluate the need for nursing faculty recruitment. In New York State, our faculty average age is somewhere around 52 to 53 years old. We need to raise the consciousness of nurses that they can enhance their skills and become a part of faculty.

This provision particularly is important, since we need qualified educators to train those who want to enter the field and seek to expand their expertise into the advanced practice of nursing specialties.

In short, the bill does a simple thing. It sets forth a method to get more nurses into the field. This should give relief to the nursing staff that are already stretched too thin and provide much-needed care to patients. It is a small step, but it is a necessary beginning. There is much more to be done.

Mr. Speaker, I look forward to the passage of this legislation and to continuing to explore new innovative solutions to relieve America's nursing

shortage. I urge my colleagues to support America's nurses and support this bill and strengthen our Nation's health care in the workforce.

Mrs. CAPPS. Mr. Speaker, I am very pleased to yield 3 minutes to the distinguished gentleman from Michigan (Mr. DINGELL), the ranking member of the Committee on Commerce.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, I thank the distinguished gentlewoman from California for yielding me this time.

I rise in support of the Nurse Reinvestment Act, a solid piece of legislation, one which does great credit to the gentlewoman from California and one which is a solid down payment on our effort to address severe shortages in the nursing professions. We need to do more, and we must do more. But for a variety of reasons, this is about as good as we can do today. It is, however, a valuable bill.

As with any bill of importance, this is a very important bill and much of the credit goes to the colleagues of ours who are willing to do the hard work. No one has worked harder for the nursing profession than my distinguished friend and colleague from California (Mrs. CAPPS). She has been tireless and, today, that effort bears fruit. I congratulate her and salute her for a job well done. Of course, we would not be here without bipartisan support and cooperation; and I thank the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on Health, and the gentleman from Ohio (Mr. BROWN), the subcommittee ranking member, and, of course, the gentleman from Louisiana (Mr. TAUZIN), the chairman of the full committee, for their support of this undertaking.

The bill will help us recruit more nurses through public service announcements and other educational programs. These will inform the public about the nursing profession as a career and will tell potential nurses about resources available to them if they choose to enter this wonderful, caring, and giving profession. This legislation mandates the study of the shortage in the nursing faculty and requests an analysis of the methods by which we may address effectively the faculty shortages and other shortages in the industry.

Finally, the bill has educational scholarships to the loan repayment program for nurse education. This is an important new tool, and it is a significant step in the right direction. Educational assistance in the form of scholarships reaches a new pool of applicants, and it also pays additional dividends in delivering quality health care to underserved areas as aspiring nurses work off their scholarship commitments.

The types of facilities that can accept nurses through this program have expanded, which will add to the appeal of the programs, both for nurses and

for the health care facilities in which they serve.

Mr. Speaker, we are looking at a severe shortage of nurses which we can anticipate will get worse because of lack of adequate pay, because of lack of adequate responsibility, because of excessive hours, and a wide array of other things. This will be a small step forward towards ending those unfortunate situation; but we hope that we will shortly be moving forward on other legislation which will continue and in new ways address the concerns which we confront in this area of providing adequate nursing care to the people of this country.

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I would note that the nurses are a wonderful group of public servants to whom we owe a great debt.

I again thank my distinguished colleague, the gentlewoman from California (Mrs. Capps), and my other colleagues who have brought us this far.

I urge my colleagues to join us in support of this bill.

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

Mrs. CAPPs. Mr. Speaker, I am very pleased to yield 2½ minutes to my colleague, the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, first of all, let me commend and congratulate all of the members of the Committee on Commerce, especially its leadership, the gentleman from Louisiana (Chairman TAUZIN); the dean of the House, the gentleman from Michigan (Mr. DINGELL); both the chairman and the ranking member of the subcommittee; and especially my colleague, the gentlewoman from California (Mrs. CAPPs).

They have all put their fingers on a most severe problem in our country, and I was just sitting there thinking how much of a Christmas present this is going to be for all of the hospitals.

I represent a district that has 23 hospitals, four university medical centers, nine nurses' training programs, 25 community health centers. Health for my district is one of the most important elements of it.

I just finished meeting with the deans of our nursing schools. Every one of them recognizes this shortage. I just finished meeting with the owners of nursing homes, and they all point out the problem that they have. As a matter of fact, we have even had hospitals seek waivers so that they could import nurses from other countries.

So we thank the gentleman from America, but especially do I want to thank this committee for the people of the Seventh Congressional District in Illinois. They have given us a tremendous Christmas present.

Mrs. CAPPs. Mr. Speaker, I am very pleased to yield 2½ minutes to my distinguished colleague, the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise in strong support of the bipartisan Nurse Reinvestment Act; and I thank the gentlewoman from California (Mrs. CAPPs), the gentleman from Ohio (Mr. Brown), the gentleman from Florida (Mr. BILIRAKIS), and the gentlewoman from New York (Mrs. KELLY) for their commitment to addressing our Nation's nursing shortage.

They have worked so hard to ensure this body could take the first steps in addressing the concerns of nurses and the issues which have plagued the nursing profession.

In Connecticut, more than 3,200 nurses have left the State or given up their licenses since 1996. Nurse vacancy rates are up 50 percent since 1996, and the number of newly licensed nurses is down 25 percent from 4 years ago.

Further, the average age of licensed nurses in my State is 45, compared to the national average of 42. There is a widening gap between the increasing need for nursing care and the number of women and men who will be there to provide the care that their patients need.

This year I sat down with a group of nurses in my district to discuss the shortage and the effect it is having on patient care. One nurse shared with me the critical nature of her work and the difficulty of providing care to all patients with so few nurses.

Another spoke to me of how difficult working conditions are, driving women and men away from the profession. If allowed to persist, the nursing shortage will have grave effects on the quality of life for America's nurses and the quality of care they are able to provide to their patients.

Substandard conditions must change. Nurses must feel valued, working conditions must improve, and we must recruit the next generation of nurses to care for our loved ones and ourselves. Nurses play a critical role and are often underappreciated in our health care system. Anyone who has spent time in any hospital knows how hard nurses work and the high quality of care that they provide.

I spent several months in the hospital a number of years ago; and while I applaud what the medical profession did for me and the wonderful doctors, it was the care, the feeding, the constant attention that I received from nurses that carried me through those months.

Congress needs to support nurses, just as they support us and our loved ones when we need it the most. The Nurse Reinvestment Act is that first step to achieve these goals. I am proud that nurses have been the driving force behind this bill. Together, they played a large role in developing the legislation and fighting for its passage. They were out on the front lines. They know better than anyone the challenges that nurses face day in and day out, and their experience and ideas informed this bipartisan effort and built a strong piece of legislation.

This much-needed legislation will provide for educational scholarships in exchange for a commitment to serve in health care facilities that are experiencing a critical shortage of nurses. The bill provides for public service announcements to educate the public about the nursing profession and the rewards of a nursing career.

Finally, it would require the GAO to study the nursing faculty work force to determine if there is a shortage. I strongly support the Nurse Investment Act. I thank my colleagues who spent so many hours in making this a reality. It is an investment that will build a strong force of nurses and improve the quality of health care in America.

Mr. BILIRAKIS. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. Mr. Speaker, I rise tonight in strong support and admiration of the cosponsors, the lead sponsors of this legislation. There is perhaps no more important issue that we face than the one of health care, certainly in Kansas, with the demographics of an aging population and our desire to make certain that all of our citizens across the country have access to adequate and affordable health care.

As I talked to hospital administrators, hospital trustees across the State of Kansas, the greatest concern they have is the lack of health care professionals. At the top of the list is the front line providers of health care service, our nurses. That nursing profession is so important.

I recently visited the school of nursing at Emporia State University, where I met with students who wanted to be nurses. I asked them the question, Why do you want to be a nurse? The answers were wonderful. They were about, when I was a young girl my grandmother was ill, and in the hospital the nurse took care of her. I watched how she cared for my grandmother and our family, and all my life I wanted to be a nurse. Today I am in nursing school so I can fulfill that ambition.

They were the kind of stories about human care and alleviating human suffering, and it made me very proud to know that there were still people who want to enter a profession to care for others.

Unfortunately, we have had a number of nurses retire, we have had a number of nurses change professions, and we have a number of people who still want to meet the needs of other citizens, meet their health care needs.

I think it is so appropriate that we step forward tonight to create the incentives and the environment for our schools of nursing and for potential nursing students to fulfill their life ambition to help other people.

It is important that we do things in the long run to make the nursing profession one that is rewarding and enjoyable, and we have issues of reimbursement and salaries that come from

concerns we all share about Medicare reimbursement to local health care providers.

We have certainly bureaucratic and paperwork issues that our nurses face. We want to make certain that our nurses do not spend their days charting results, filling out paperwork, and that they really are involved in patient care. While we work on those more long-term solutions to our health care challenges in our country, we must take the steps forward that this legislation represents in providing an opportunity for young men and women to move forward in their profession, to seek that opportunity to help other people, and to save lives.

I strongly support and encourage the enactment of this legislation and again commend our primary sponsors for their help in bringing this very critical issue to us. It is about saving lives, it is about fulfilling lifetime goals, and it is about taking the young person or even the middle-aged or elderly person who wants to change careers or move up the nursing ladder to a different aspect of nursing.

So tonight we have that opportunity, and I urge its passage.

Mrs. CAPPS. Mr. Speaker, I am pleased to yield 3 minutes to my colleague, the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentlewoman's courtesy in allowing me to speak on this legislation.

I am not going to join in the parade in acknowledging all the leaders who have stepped forward to make this possible. I will, however, say that I salute the gentlewoman from California (Mrs. CAPPS) for being the conscience of the House on this issue.

I think this would be a better institution if we had more nurses who were Members of this body. But frankly, we cannot afford them because they are needed in the field, and we really probably need the three that are here now out there caring for people.

Yes, it is true that nursing is a great profession, with caring, rewarding work that makes people really light up, which they really enjoy. It takes a special person, and they get special rewards. But we ought to acknowledge that it is also difficult work. It is demanding work, while it is more important than ever before, more critical, we have seen with actions that have taken place in recent months.

We are learning some hard lessons at home in my community with an unpleasant labor dispute that is taking place between a teaching hospital and a nurses' association.

It is not just the demographics that are working against us today. Frankly, I hear from friends of mine in the nursing profession and other health care professionals that the management of the health care system today is increasingly a negative factor. We are going to have to fight harder to keep these professionals, and we are going to

have to work to make sure that the system works for them.

I think this legislation is a small step in the right direction. It is not quite the legislation that some of us signed onto. Frankly, I hope before it wends its way through the legislative process, as it comes back from the Senate, that we will have stronger legislation, because frankly, I like the provisions that expand the nurse education loan repayment program. That is great. But it is also going to take more than public service announcements and more studies. We know how important it is. We know that there is a need. We know that there needs to be a greater Federal commitment if we are going to have the nursing professionals we need when we need them.

I commend the members of the committee for bringing this legislation forward. I hope that it starts the momentum towards the Federal commitment that the public and the nursing profession demand.

Mr. BILIRAKIS. Mr. Speaker, in the spirit of bipartisanship, I am glad to yield 3 minutes to the gentleman from Ohio (Mr. STRICKLAND).

Mr. STRICKLAND. Mr. Speaker, I rise in support of the Nurse Reinvestment Act, and I thank my friend and colleague, the gentleman from Florida (Mr. BILIRAKIS), for yielding me the time.

Mr. Speaker, I am a cosponsor of this legislation, which will help to ensure that we have enough nurses to care for our increasingly older population. The nursing shortage hits my rural congressional district, where it is difficult to attract and retain almost all health care professionals.

Statistics indicate that my State of Ohio is licensing fewer and fewer nurses. According to the Ohio Hospital Association, in 1995, 6,875 new Ohio licenses were issued through the exam process. This number has dropped each year through the year 2000, when only 4,662 licenses were issued. And recently, the Ohio Bureau of Employment Services estimated that Ohio will have 2,800 openings for registered nurses by the year 2002 which will probably go unfilled.

Inadequate staffing that is the result of our nursing workforce shortage in our nursing homes and other long-term care facilities contributes to poor feeding, malnutrition, dehydration, and the hospitalization of nursing home residents. Studies show that there is a direct correlation between higher nurse staffing levels and better outcomes of nursing home care.

This bill addresses these problems by expanding the nurse education loan repayment program to include scholarships if a nurse is willing to commit to serving in an area with a critical shortage of nurses. Like the National Health Service Corps, this provision gives nurses the incentives they may need to work in an area suffering from a critical workforce shortage, such as southern Ohio.

The provision also gives nurses a longer list of facilities at which a nurse can complete his or her service commitment, including departments of public health, home health agencies, and long-term care facilities.

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In addition, the bill authorizes public service announcements to educate the public regarding the nursing profession. Ensuring a strong workforce of health professionals would be particularly important in the events of a bioterrorist attack, when trained nurses would be critical to our Nation's effective identification of and response to the dissemination of a biological or chemical weapon.

I want to thank my friend, the gentlewoman from California (Mrs. CAPPS). She is a nurse. I am a psychologist. Others in this body are physicians. There was a time when most of us who served here were attorneys. And I think what the gentlewoman from California (Mrs. CAPPS) and the other nurses in this body have accomplished with this legislation is a testament to the strength that we have and the current diversity of those of us who make up this wonderful House of Representatives.

Mrs. CAPPS. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. TOWNS).

Mr. TOWNS. Mr. Speaker, let me thank the gentlewoman from California (Mrs. CAPPS) for yielding me time. I would like to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentlewoman from California (Mrs. CAPPS) for moving this legislation forward.

We have been doing a lot of talk about the nursing situation but we have not done very much. So I am happy to come tonight in terms of the fact and be supportive of the Nurse Investment Act. I think that the time is here to take action.

People are living longer now, so the fact that people are living longer we need more nursing personnel. We, right now, are 100,000 short nationwide in our nursing homes. And, of course, this is a small step in the right direction. Sure it is not a solution to the total problem, but it sure begins to move us in the right direction.

In my earlier life, I was on the administrative staff of Beth-Israel Hospital in New York and I had the opportunity to work very closely about nurses. And I know in terms of the kind of job that they do on behalf of patients. But then it became very close to me. On September 11, I had the opportunity to visit a few hospitals in New York during the crisis there. And to watch to see in terms of the functions, the way the nurses carried themselves, and I tell you it is very difficult work; but I want you to know that they were performing in grand style.

I think that we need to do everything that we can to encourage people to stay in nursing, encourage people to

come into nursing. And I think this has to be a greater Federal commitment. I think that we have to begin to look at the salary scale, look at the kind of training they have and to see what we can do. Look at a situation that we might be able to provide scholarships in large way, a loan forgiveness. We need to find ways to make certain that we are being very friendly to that profession.

I think it has not been treated fairly. I think that this legislation helps us to begin to look at it in a way that we should look at it. But the point is do not think this legislation is a solution. Let us look at what we can do with this now and then come back and do more.

I want to thank my friend, the gentlewoman from California (Mrs. CAPPS) for staying there and working on this, and, of course, my friend, the gentleman from Florida (Mr. BILIRAKIS) and saying that we must stop talking about it and begin to do something. And now we are doing something.

Mr. BILIRAKIS. Mr. Speaker, I would say amen to that.

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

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

Mr. Speaker, I want to take a minute to again thank the chairman of the Subcommittee on Health, the gentleman from Florida (Mr. BILIRAKIS) for his excellent leadership in this legislation. I also keep in mind the many nurses across this country with whom I have worked closely and who have supported this legislation who know firsthand the importance of it and their patients who will benefit from it.

Ms. PELOSI. Mr. Speaker, I rise in support of H.R. 3487, the Nurse Reinvestment Act, and commend my colleague Representative CAPPS for her leadership in addressing the current nursing shortage.

Today, health care institutions across the nation are experiencing a crisis in nurse staffing. In my district, hospital emergency departments divert patients to other hospitals over 75 percent of the time because of inadequate nurses to staff the critical care units where most emergency admissions are transferred for care. In a recent meeting with San Francisco's emergency response leaders, the Director of Emergency Health Services cited inadequate nurse staffing for emergency departments, critical care units, and surgical units as a major problem.

The shortage of educated, licensed Registered Nurses poses a significant threat to our nation's health care system, and we must act. The Nurse Reinvestment Act responds to this shortage by advertising and promoting the nursing profession to young people making career choices, broadening critical loan repayment programs and increasing the number of scholarships available for nursing students.

Employers in hospitals, long-term care facilities are having difficulty finding experienced nurses, especially in emergency room and long term care. The safety and quality of care provided in the nation's health care facilities is directly related to the number and mix of direct care nursing staff. Studies show that when

there are more nurses, there are lower mortality rates, shorter lengths of stay, lower costs, and fewer complications. The Institute of Medicine has documented that increased mortality and morbidity in long term facilities, where our most frail spend their final months, is directly related to inadequate nurse staffing.

This shortage is compounded by the lack of young people entering the nursing profession, the rapid aging of the nursing workforce, and the impending health care needs of the baby boom generation.

As new opportunities have opened up for young women and new stresses have been added to the profession of nursing, fewer people have opted to choose nursing as a career. For the past six years, new admissions into nursing schools have consistently dropped. Without sufficient numbers of young people entering nursing, the average age of nurses has increased steadily. As a result, the average working RN is over 43 years old and large numbers of nurses are expected to retire over the next decade. At the same time, the need for complex nursing services will only increase due to the aging of the population.

Now is the time to begin to address this impending public health crisis. I urge my colleagues to vote yes on the Nurse Reinvestment Act.

Mr. TAUZIN. Mr. Speaker, I rise in support of H.R. 3487, the Nurse Reinvestment Act. The United States health care system relies heavily on the services provided by nurses who are essential for ensuring comfortable and quality care for all patients. Unfortunately, health care providers and recent media reports have reported rising vacancy rates in the nursing profession.

Due to the lack of young people entering the nursing profession, the average age of the working nurse has increased to over 43 years old. If we do not encourage more young people to choose a career in nursing, the nursing workforce may reach dangerously low levels. This is taking place during a time when our demand for nursing services is growing, and will continue to grow into the future.

To combat this problem and encourage more young people to enter the nursing profession, this legislation provides for public service announcements that highlight the rewards of a career in nursing. Additionally, the bill expands Title 8 of the Public Health Service Act to provide scholarships for nursing students. Students receiving these loans and scholarships will be required to serve in a health care facility that has a shortage of nurses.

H.R. 3487 also provides for a study on nursing faculty. As more and more people enter nursing school, it is necessary to ensure there will be an adequate number of faculty to train them.

I commend Chairman BILIRAKIS and Mrs. CAPPS for working in a truly bipartisan manner to craft this legislation to ensure our nation will have enough nursing professionals to ensure quality patient care. I urge my colleagues to join me in supporting the Nurse Reinvestment Act.

Mr. TOWNS. Mr. Speaker, I rise today in support of H.R. 3487, the Nurse Reinvestment Act.

While today's bill is a start toward the Nation's nursing shortage problems, we still have a series of outstanding issues which have not been addressed in this bill. Chief among them

is the 100,000 nursing personnel shortage for long-term care facilities. The shortages include RNs, Licensed Practical Nurses (LPNs) and Certified Nurse Assistants (CNAs). Recent General Accounting Office (GAO) report indicates that "With the aging of the population, demand for nurse aides is expected to grow dramatically, with the supply of workers who have traditionally filled these jobs will remain virtually unchanged." Other reports suggest that the current nurse workforce issues are part of a larger healthcare workforce shortage that includes a shortage of Nurse Aides.

Additionally, we must address the lack of minority representation in the nursing profession as well as resources to ensure that we have sufficient Advance Practice Nurses to provide primary preventative care in underserved communities. I look forward to working with my colleagues to address these concerns as part of the Reauthorization of the Health Professions Act next session. None of the above issues can be solved simply by "Market Forces." If it was a question of simple economics, then we would not have a 100,000 personnel shortage. The Healthcare Industry needs our intervention to make sure that our Nation's patients have workers who are sufficiently trained to their health care needs. Let's support the Reinvestment Act today with the acknowledgement that much more remains to be done.

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

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 3487.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

Mrs. CAPPS. 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, rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

SUPPORTING THE GOALS OF THE YEAR OF THE ROSE

Mrs. JO ANN DAVIS of Virginia. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 292) to support the goals of the Year of the Rose.

The Clerk read as follows:

H. CON. RES. 292

Whereas the study of fossils has shown that the rose has been a native wild flower in North America for over 35,000,000 years;

Whereas the rose is grown today in every State in the United States;

Whereas the rose has long been used to symbolize love, friendship, beauty, peace, and the devotion of the people of the United States to their Nation;

Whereas the rose has been cultivated and grown in gardens for over 5,000 years, and is