

(Ms. JACKSON-LEE), for her help and support. Most especially I would like to say to my coauthor, the gentleman from Utah (Mr. CANNON), it has been a pleasure to work with him on a commonsense approach to solving a problem that is a wave of the present.

The law dates back 16 years, but the technology is changing every minute. What seems to be a simple change in this bill I think will have a profoundly positive effect on businesses, small and large, around the country.

As we have an increasingly diverse workforce with people from all over the world enriching our economy and our country, that workforce carries with it the responsibility to maintain records on the legal status of various workers. The maintenance of those records is burdensome, expensive and done in an ungainly way, an unseemly way in some cases, under present law.

The purpose of our bill is to make it much more simple. We say to employers that at their option they may retrieve these documents and create these documents and store these documents on electronic records rather than paper records. It is a small improvement for business, but I think it is a significant improvement that will make the records more accurate, more accessible, less burdensome to maintain and less expensive to maintain. This is how business ought to be done here.

I again thank the gentleman from Utah (Mr. CANNON) for his leadership on this and all others on both sides of the aisle. I would urge our colleagues, both Republican and Democrat, to vote "yes."

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I wanted to make sure that I added as well my appreciation to the gentleman from Utah (Mr. CANNON) for his great work, along with the gentleman from New Jersey (Mr. ANDREWS) on this legislation, and also the cooperation of the chairman and the ranking member.

One of the provisions that we were able to keep in recognizing the importance of technology is giving the option of having paper, just in case there are those who had to utilize that method because of their own lack of access to the superinformation highway.

Mr. Speaker, I just wanted to add what I heard from the 9/11 Commission families yesterday regarding a debate that we will have tomorrow, and I understand that, but it did have to do with immigration issues.

My concern as we move this legislative initiative along is that it is unclear to the American public as we lump together the question of benefits versus enforcement. This bill that we have before us helps to enhance the benefits side of the responsibilities of homeland security, and that is to ensure legalization, to ensure process, to ensure that the system works. We have so much intimidated Americans around

the question of immigration that, unfortunately, we have not been able to move valuable legislation on the question of immigration reform.

Let me cite, Mr. Speaker, some issues that in fact the gentleman from Wisconsin (Chairman SENSENBRENNER) worked long and hard on. We have not been able to bring that back up again, 245(i) which is the reunification of family members. We have not been able to address that, families who are here legally. We have not been able to address those questions.

The whole question of immigration reform as it relates to documenting illegal immigrants, many of us have had comprehensive reform packages ready and waiting to be addressed, particularly talking about earned access to legalization, the Dream Act, which allows those individuals who were born here who happen not to be citizens to access higher education, legislation that deals with technology that would help secure our borders more definitively, and basic civil rights and civil liberties that are contained in the Comprehensive Fairness Reform Act of 2004 that the ranking member and I were joined on by a number of Members.

We can begin to define immigration the way we have done so in this debate today as balancing fairness and the rights of Americans as relates to making sure they have an immigration system that works, and then working with certainly those who are concerned about ensuring the safety of the homeland, particularly measuring out immigration reform that deals with security, but also deals with fairness. I think we would be much further along and I think this legislation points to the fact that Americans are willing to welcome bipartisan immigration legislation that helps fix the backlog, that helps fix some of the problems that employers face.

Might I just say in conclusion, we are going to be talking about another bill in just a moment here dealing with physicians. But our school districts around the country, many of them have asked for flexibility in immigration as it relates to school teachers who have been utilized in the elementary and primary and secondary schools, along with those who have been utilized in our higher education.

So we have a long way to go, Mr. Speaker. I believe the more we can do this in a bipartisan way, we will be making long headway. I know the gentleman from Utah (Mr. CANNON) has often said in fixing a broken system and separating out the question of terrorism and immigration, separating out enforcement, which has a bipartisan approach, from, if you will, the benefits side of it, that makes the system work on behalf of the good work of the gentleman from New Jersey (Mr. ANDREWS) and the gentleman from Utah (Mr. CANNON).

Mr. Speaker, with that, I ask my colleagues to support H.R. 4306.

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

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

The SPEAKER pro tempore (Mr. QUINN). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 4306, as amended.

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

A motion to reconsider was laid on the table.

#### ACCESS TO RURAL PHYSICIANS IMPROVEMENT ACT OF 2004

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4453) to improve access to physicians in medically underserved areas, as amended.

The Clerk read as follows:

H.R. 4453

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

#### SECTION 1. MODIFICATION OF VISA REQUIREMENTS WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

##### (a) EXTENSION OF DEADLINE.—

(1) IN GENERAL.—Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note) (as amended by section 11018 of Public Law 107-273) is amended by striking "2004." and inserting "2006."

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall take effect as if enacted on May 31, 2004.

(b) EXEMPTION FROM H-1B NUMERICAL LIMITATIONS.—Section 214(l)(2)(A) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(2)(A)) is amended by adding at the end the following: "The numerical limitations contained in subsection (g)(1)(A) shall not apply to any alien whose status is changed under the preceding sentence, if the alien obtained a waiver of the 2-year foreign residence requirement upon a request by an interested Federal agency or an interested State agency."

(c) LIMITATION ON MEDICAL PRACTICE AREAS.—Section 214(l)(1)(D) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(1)(D)) is amended by striking "agrees to practice medicine" and inserting "agrees to practice primary care or specialty medicine".

(d) EXEMPTION FROM GEOGRAPHIC LIMITATIONS.—Section 214(l)(1)(D) of the Immigration and Nationality Act (8 U.S.C. 1184(l)(1)(D)), as amended by subsection (c), is further amended—

(1) by striking "except that," and all that follows through the period at the end and inserting "except that—"; and

(2) by adding at the end the following:

"(i) in the case of a request by the Department of Veterans Affairs, the alien shall not be required to practice medicine in a geographic area designated by the Secretary; and

"(ii) in the case of a request by an interested State agency, the head of such State agency determines that the alien is to practice medicine under such agreement in a facility that serves patients who reside in one or more geographic areas so designated by the Secretary of Health and Human Services (without regard to whether such facility is within such a designated geographic area), and the grant of such waiver would not cause the number of the waivers granted on behalf of aliens for such State for a fiscal year (within the limitation described in subparagraph (B)) in accordance with the conditions of this clause to exceed 5."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentlewoman from Texas (Ms. JACKSON-LEE) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin (Mr. SENSENBRENNER).

#### GENERAL LEAVE

Mr. SENSENBRENNER. Mr. 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. 4453.

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

There was no objection.

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

Mr. Speaker, H.R. 4453, introduced by the gentleman from Kansas (Mr. MORAN), would extend the program under which foreign doctors can avoid having to return home for 2 years by agreeing to practice in medically underserved areas here in America.

Aliens who participate in medical residencies in the United States on the "J" exchange program visas must generally leave the U.S. after the completion of their residencies and reside abroad for at least 2 years. The intent behind the policy is to encourage American-trained foreign doctors to return home to improve health conditions and advance the medical profession in their native countries.

In 1994, Congress created a waiver of the 2-year foreign residence requirement. State departments of public health may request a waiver for foreign doctors who commit to practicing medicine for no less than 3 years in geographic areas designated by the Secretary of Health and Human Services as having a shortage of health care professionals. The number of foreign doctors who can receive this waiver is limited to 30 per State each year.

The waiver program has proven to be an important means of ensuring quality medical care in areas of the United States with physician shortages. This bill would extend the program to June 2006. It would also allow each State to place five of the doctors it sponsors each year in areas not designated by HHS as physician-shortage areas.

The bill continues the practice of allowing foreign doctors receiving a waiver to receive an H-1B visa regardless of the H-1B visa quota and will allow doctors receiving waivers to practice specialty medicine.

I urge my colleagues to support this bill.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to acknowledge again the chairman of the Committee on the Judiciary and the ranking member, along with the chairman of my

subcommittee, the gentleman from Indiana (Mr. HOSTETTLER), and also the gentleman from Kansas (Mr. MORAN), for the work on this legislation, and again cite this is an immigration bill. It is a health care impact bill, but it is a bill that we have been able to work on from the perspective of benefits again, and I think that this is truly how we should be approaching this question, to take away the fear and address the problem and resolve it.

Let me first of all acknowledge that this bill has good support in the other body. But as we were deliberating on the bill and it came to a point where we were talking about extensions, frankly, Mr. Speaker, I wanted to extend this particular bill, that I will begin to detail the rights of, for physicians to remain in the United States for 5 years. The proposal was for 1 year.

Interestingly enough, out of that negotiation and in a bipartisan effort, coming from the Texas Medical Center, being housed in Houston, knowing the great need of physicians and also the great need of underserved areas, I thought the 5-year extension would have been the best. We wound up in a bipartisan effort in negotiations to work on a 2-year extension.

So let me rise to support H.R. 4453, the Access to Rural Physicians Improvement Act of 2004, which makes it possible for foreign doctors to provide medical services in a geographic area which has been designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

Aliens who attend medical schools in the United States on "J" exchange program visas are required to leave the country afterwards and reside abroad for 2 years before they can receive a visa to work here as physicians. In 1994, Congress created a temporary waiver of this 2-year foreign residence requirement. It applied to foreign doctors who would commit to practicing medicine for no less than 3 years in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals. This program has been successful for 10 years in bringing highly qualified physicians to medically underserved areas. It sunsetted on June 1 of this year.

The first physician recommended for a waiver in Texas was Dr. Maria Camacho, a pediatric internist. Her services to the residents of Harlingen in Cameron County provided a level of health care to children that was previously unavailable in that county.

Dr. K.M. Moorthi is a nephrologist who was recommended for a waiver to serve at a facility in Pecos, Texas, in Reeves County. He works at a brand new dialysis center. Patients requiring dialysis three times per week in that part of Texas used to have to travel more than 70 miles each way for treatment. Now it is available in Pecos.

The Access to Rural Physicians Improvement Act will provide a 2-year extension for this waiver program. It also

will establish a pilot flexibility provision which will allow a State agency to place a doctor in an area that has not been designated as underserved if the doctor will nevertheless serve patients from an underserved area. This exception is limited to five doctors in each State. Finally, the doctors that receive a waiver to come here with H-1B waivers will not be counted toward the annual H-1B cap.

Mr. Speaker, I ask my colleagues to support this legislation.

The Access to Rural Physicians Improvement Act of 2004, H.R. 4453, makes it possible for foreign doctors to provide medical services in a geographic area which has been designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

Aliens who attend medical school in the United States on J exchange program visas are required to leave the country afterwards and reside abroad for 2 years before they can receive a visa to work here as physicians. In 1994, Congress created a temporary waiver of this two-year foreign residence requirement. It applied to foreign doctors who would commit to practicing medicine for no less than three years in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals. This program has been successful for ten years in bringing highly qualified physicians to medically underserved areas. It sunsetted on June 1st of this year.

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I urge you to vote for H.R. 4453.

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

Mr. SENSENBRENNER. Mr. Speaker, I yield 3 minutes to the gentleman from Kansas (Mr. MORAN), the author of the bill.

Mr. MORAN of Kansas. Mr. Speaker, I thank the gentleman from Wisconsin (Chairman SENSENBRENNER), and I thank the gentlewoman from Texas for her remarks in support of this legislation.

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It has been adequately described and well-defined.

This is an important program that serves both rural America and the core center of cities. It brings rural and urban America together. But as a Member of Congress from Kansas who cares greatly about the future of rural communities across my State, I recognize this is a significant component to meeting the needs, the health care needs of our communities. I know that should we lose our physicians, should we lose our hospitals, our doctors, our home health care agencies, the ability to keep those communities together, to keep our communities alive and well for the future dissipates quickly.

So this is one way in which we have been successful in Kansas and many communities across the country in attracting and retaining physicians.

The good news about the program is, there is a 3-year commitment that the physician remain in that underserved community for a 3-year period of time but, in reality, nearly two-thirds of all physicians in Kansas who participate in this program remain longer. They become an integral part of the community and an integral part of the health care delivery system. Jewell County, Kansas, population 3,791, has two J-1 physicians in their community. They are the only two physicians in the county, Dr. Kalderon and Dr. Meena. They have brought a breath of fresh air to Jewell County and to its hospital. Absent physicians, we cannot keep our hospital doors open, and this program has made it possible for the citizens, the residents of Jewell County to access health care. The great news is that these people become so important to not only the delivery of health care, but components of the community that make a huge difference in the future of that community.

So once, when there was despair and concern as to whether or not we would be able to access health care, whether or not the community hospital would stay alive and well, and whether or not people could be able to afford to live, because rural folks live in that community, senior citizens, young families, the question was answered when the J-1 physicians arrived and stayed.

So, Mr. Speaker, this issue is important. It matters to the future of our country, and it matters especially to the future of rural communities. I thank the gentlewoman from Wisconsin (Mr. SENSENBRENNER) as well as the gentlewoman from Texas (Ms. JACKSON-LEE) for their support today, and I ask my colleagues in Congress to quickly pass this bill, let the Senate act quickly and keep this program, this highly-valuable program, in place.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, but let me just thank the gentleman from Kansas and as well mention the gentleman from Texas (Mr. STENHOLM) who is a strong, strong supporter of this legislation.

Mr. Speaker, a few years ago, before coming to Congress, I was named to a

committee, appointed by the attorney general of the State of Texas, talking about the closing of hospitals in the State of Texas, particularly because of the lack of physicians. So this legislation for our rural communities is extremely important, primarily because we are even seeing, today, hospitals and facilities being closed. This legislation will go a long way, and I particularly want to bring attention again to the idea that even if a physician goes to a served area, we have the flexibility now potentially to allow five doctors to serve in a served area but as well be able to serve in an underserved area, and that flexibility, I am delighted to indicate, is part of this legislation.

So you may be at the Texas Medical Center, but you may be able to go and serve in rural areas at places outside of that particular jurisdiction.

I rise in strong support of H.R. 4453, which I have been pleased to work on and cosponsor with the gentleman from Kansas (Mr. MORAN). I thank the gentleman from Wisconsin (Mr. SENSENBRENNER) for bringing the bill to the floor today.

Mr. Speaker, H.R. 4453 reauthorizes and expands the State Conrad 20 program. The 2-year reauthorization allows States to continue to act as an interested government agency in order to sponsor foreign-born doctors to practice in medically underserved areas. The number of doctors that can be sponsored per State is expanded from 20 to 30.

Since the mid-1990s, the J-1 Visa Program has helped numerous rural counties and underserved communities meet the health care needs of their community.

Nonetheless, the demand for doctors continues to grow. Despite a continuing population migration to urban and suburban communities throughout the State, the vast majority of Texas remains rural, posing unique challenges to the delivery and accessibility of high-quality health care. Not only are health care services likely to be unevenly distributed, but many rural residents do not even have access to a local doctor, primary care provider, or hospital.

Regrettably, a doctor would diagnose the health care problems in rural communities as chronic and persistent. The issues are not new, and we have tried a variety of medicines to remedy these problems, but we still have a long way to go before we achieve a healthy rural America.

Access to primary care promotes appropriate entry into the health system and is vital to ensure the long-term viability of rural health care delivery.

Without access to local health care professionals, rural residents are frequently forced to leave their communities to receive necessary treatments. Not only is this a burden to rural residents, who are often older or lack reliable transportation, but it drains vital health care dollars from the local community, further straining the financial well-being of rural communities.

It is imperative that we identify and expand those programs that provide physicians, pharmacists, nurses, dentists, and physician assistants incentives to practice in rural areas.

The J-1 visa waiver program was expanded in 1995, allowing medical exchange graduates in U.S. residency training to extend their stay

for 3 years, provided they practice in an underserved community.

For certain rural—as well as urban—areas in the United States, the J-1 doctors have been key providers.

In rural West Texas, the area I represent, residents are benefiting directly from the services of J-1 visa physicians.

The cities of Rotan and Winters, Texas are two communities in my district that continue to rely on the care of these health care professionals.

The City of Abilene, Texas intends to use the J-1 Visa Program next year after they have exhausted all other avenues to pursue a psychiatrist.

The city is “medically underserved” in the area of psychiatry and faces extreme difficulties in attracting a mental health professional. The J-1 Visa Program may be their best solution.

Since 1995, Texas alone has received the services of 400 J-1 physicians. This represents service to a population of over 1 million people. One million people have received health care that they would not otherwise have received, or at least it would have been more difficult to receive, as a result of this program that we reauthorize today.

This isn't the final answer to our health care shortage problems but it certainly is an important part of that answer and I commend Congressman MORAN for his leadership on this issue.

I urge my colleagues to support H.R. 4453, the Access to Rural Physicians Improvement Act.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

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

The SPEAKER pro tempore (Mr. QUINN). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 4453, as amended.

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

A motion to reconsider was laid on the table.

#### MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT OF 2004

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 1194) to foster local collaborations which will ensure that resources are effectively and efficiently used within the criminal and juvenile justice systems.

The Clerk read as follows:

S. 1194

*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 “Mentally Ill Offender Treatment and Crime Reduction Act of 2004”.*

#### SEC. 2. FINDINGS.

*Congress finds the following:*