

others, to now report their meetings with Congress to the Justice Department. Now, this is a two-way street. Once they do that, then the Attorney General has the ability to go back to Members of Congress and begin to inquire what was that meeting about. They don't have any business doing that. We are a coequal branch of government. We are a separate branch of government.

Since the Justice Department now feels that they can go into our offices and grab our papers, what is the difference between doing that and having another government say they met with Members of Congress and then the Justice Department coming back and saying what was that meeting about.

We don't have to answer to the Justice Department. I wasn't elected by the Attorney General. I was elected by the people of Ohio's 10th Congressional District.

This bill opens the door for the destruction of our constitutional right to speech and debate of the separation of powers. Not everything that we do here in this Congress poses an undermining of our role as Members of Congress. And I assert that this does. So I appreciate the gentlewoman's indulgence, and I appreciate the attention of Members of Congress who are also concerned with this issue of speech and debate and of our separation of powers.

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

Let me thank the distinguished gentleman from Ohio for his insight. And I am hoping that as we move this bill along, this instruction that he has given us will be taken into account.

Might I close by simply saying that one of the strong elements of this bill, which I think maybe Members of Congress might not have been aware of, and I hope is made very plain, as these various individuals meet with members in the White House, meet with Vice President CHENEY on issues that we have concern with, they will have to report and it will be publicized, those interactions.

There is a component of this that will be worthy of the oversight that this particular bill gives at this instance. But I think it is important that when we do engage in oversight that our legislative initiatives pass constitutional muster.

With that, I would ask for the words of our various speakers, including Mr. KUCINICH, to be taken into consideration as we move this bill along. And as indicated, I ask my colleagues to support this legislation.

Mr. Speaker, I yield back my time.

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

The SPEAKER pro tempore. 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. 5228.

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. KUCINICH. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

NURSING RELIEF FOR DISADVANTAGED AREAS REAUTHORIZATION ACT OF 2005

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1285) to amend the Nursing Relief for Disadvantaged Areas Act of 1999 to remove the limitation for nonimmigrant classification for nurses in health professional shortage areas, as amended.

The Clerk read as follows:

H.R. 1285

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 "Nursing Relief for Disadvantaged Areas Reauthorization Act of 2005".

SEC. 2. 3-YEAR EXTENSION FOR CHANGES TO REQUIREMENTS FOR ADMISSION OF NONIMMIGRANT NURSES IN HEALTH PROFESSIONAL SHORTAGE AREAS.

Section 2 of the Nursing Relief for Disadvantaged Areas Act of 1999 (8 U.S.C. 1182 note) is amended—

(1) in the section heading, by striking "4-YEAR" and inserting "SPECIFIED"; and

(2) by amending subsection (e) to read as follows:

"(e) LIMITING APPLICATION OF NON-IMMIGRANT CHANGES TO SPECIFIED PERIOD.—The amendments made by this section shall apply to classification petitions filed for nonimmigrant status only during the period—

"(1) beginning on the date that interim or final regulations are first promulgated under subsection (d); and

"(2) ending on the date that is 3 years after the date of the enactment of the Nursing Relief for Disadvantaged Areas Reauthorization Act of 2005."

SEC. 3. EXEMPTION FROM ADMINISTRATIVE PROCEDURE ACT.

The requirements of chapter 5 of title 5, United States Code (commonly referred to as the 'Administrative Procedure Act') or any other law relating to rulemaking, information collection or publication in the Federal Register, shall not apply to any action to implement the amendments made by section 2 to the extent the Secretary Homeland of Security, the Secretary of Labor, or the Secretary of Health and Human Services determines that compliance with any such requirement would impede the expeditious implementation of such amendments.

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.

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 materials on H.R. 1285 currently under consideration.

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, I rise in support of H.R. 1285, to extend for 3 years the Nursing Relief For Disadvantaged Areas Act of 1999 which provides nonimmigrant visas for nurses in health professionals shortage areas.

A number of hospitals are experiencing great difficulty in attracting American nurses, particularly hospitals serving mostly poor patients in inner-city neighborhoods and those serving rural areas. For example, St. Bernard Hospital in Chicago is the only remaining hospital in an area of over 100,000 people and has a patient base composed entirely of individuals in poverty. St. Bernard almost closed its doors in 1992, primarily because of its inability to attract registered nurses.

In 1999, Congress passed the Nursing Relief for Disadvantaged Areas Act to help precisely these kinds of hospitals. This legislation created a new H-1C temporary registered nurse visa program with 500 visas available a year. To be eligible to petition for an alien nurse, the employer must, one, be located in a health professional shortage area as designated by the Department of Health and Human Services; two, have at least 190 acute care beds; three, have a certain percentage of Medicare patients; and, four, have a certain percentage of Medicaid patients.

The H-1C program adopted protections for American nurses contained in the expired H-1A nursing visa program. For instance, for a hospital to be eligible for H-1C nurses, it has to agree to take timely and significant steps to recruit American nurses, then H-1C nurses have to be paid the prevailing wage. The program also contained new protections such as the requirement that H-1C nurses cannot comprise more than 33 percent of the hospital's workforce of registered nurses, and that a hospital cannot contract out H-1C nurses to work at other facilities. This bill would reauthorize the H-1C program for an additional 3 years.

Our goal in creating the H-1C program was set out in the Immigration Nursing Relief Advisory Committee which recognized the necessity to "balance both the continuing need for foreign nurses in certain specialties and localities for which there are not adequate domestic registered nurses, and then the need to continue to lessen employers dependence on foreign registered nurses and protect the wages and working condition of U.S. registered nurses."

The H-1C program reflects this balance. I urge my colleagues to support this reauthorizing legislation.

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

Ms. JACKSON-LEE of Texas. Mr. Speaker, I ask to address the House for such time as I might consume.

Mr. Speaker, I rise to support the Nursing Relief for Disadvantaged Areas Reauthorization Act of 2005, H.R. 1285. And I offer my appreciation for the distinguished gentleman from Illinois (Mr. RUSH), who is en route. And I would ask, as I know that the Chairman will ask, but I ask specifically that Mr. RUSH's statement subsequently can be entered into the RECORD.

□ 1300

I do appreciate the fact that we have worked with Mr. RUSH for a number of years, and I am reminded of the passage of this legislation in 1999; so it is a long time that we have been focusing on this great need.

The original Nursing Relief for Disadvantaged Areas Act was a temporary visa program that expired at the end of September 20, 2004. H.R. 1285 would reauthorize and extend it for years.

Let me cite for my colleagues some important information. According to a report released by the American Hospital Association, April 2006, U.S. hospitals need approximately 118,000 registered nurses to fill vacant positions nationwide. This translates into a national RN vacancy rate of 8.5 percent. The report titled "The State of America's Hospitals: Taking the Pulse" also found that 49 percent of hospital CEOs had more difficulty recruiting RNs in 2005 than in 2004. Since the origins of this bill, Mr. Speaker, we are going downward, if you will.

According to the latest projections from the U.S. Bureau of Labor Statistics published in the November of 2005 Monthly Labor Review, more than 1.2 million new and replacement nurses will be needed by 2014. Government analysts project that more than 703,000 new RN positions will be created through 2014, which will account for two-fifths of all new jobs in the health care center.

This is a wake-up call for America. This legislation is attempting to respond to this crisis, but this is, frankly, a wake-up call for America. Where are the nursing schools? Where are the recruits? Where are the students, and how can we assist?

I rose in support of the original Nursing Relief for Disadvantaged Areas Act 5 years ago, and I support this. I had hoped, however, at that time that the nursing shortage would be temporary. Unfortunately, the shortage of nurses in the United States has gotten worse since then. As indicated, 5 years ago the U.S. Department of Health and Human Services reported on the results of a survey which indicated that there were roughly at that time 1.89 million nurses in the United States, but that we needed 2 million. Unfortunately, as I have said, we are spiraling downward.

I hope this debate on the floor of the House will ignite nursing schools,

States, and this Congress across America. As this legislation has been so diligently offered by our colleague from Illinois, who sees the nursing shortage and who has asked us to extend the time for this particular provision to bring in nurses, let us have a wake-up call to begin to train nurses out of America's high schools around the country.

According to projections from the U.S. Bureau of Labor Statistics that were published in November 2005, I indicated that we need 1.2 million new and replacement nurses, as stated earlier, in 2014. We need a growing enrollment in America's nursing schools. Part of the problem is that a shortage of nursing school facilities is restricting nursing program enrollments. According to the American Association of Colleges of Nursing's report on 2005–2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 41,683 qualified applicants in 2005 due to insufficient faculty, clinical sites, classroom space, and budget constraints.

Let me read to you just a paragraph from the American Nursing Association. My mother having been a nurse, I know many Members of Congress having come from the nursing profession and maybe our colleagues as well knowing nurses or working with nurses: "Overall, the ANA," and this is back in 1999, "believes that we need to address the root causes for the instability of the nursing workforce that has led to swings in the supply and demand of registered nurses. It is clear that overreliance on foreign-educated nurses by the hospital industry serves only to postpone real efforts to address the nursing workforce needs of the United States."

This is not a criticism of this legislation. This is support for this legislation. But what it says is, as we welcome the nurses who will help our disadvantaged areas, let us track their great service, as we do with the J-1 visa that helps us in rural and urban areas with doctors who will serve in underserved areas who are coming into our country. Let us work to address this critical shortage. The Nursing Relief for Disadvantaged Areas Act would provide more nurses in the disadvantaged areas, which is where the shortage is most critical. I support that enthusiastically.

I urge Members to vote for H.R. 1285 because it is needed. It is needed now. I urge Members to vote to reauthorize and extend the Nursing Relief for Disadvantaged Areas Act for another 3 years so that disadvantaged communities in our Nation do not suffer from lack of health care.

I rise in support of the Nursing Relief for Disadvantaged Areas Reauthorization Act of 2005, H.R. 1285. The original Nursing Relief for Disadvantaged Areas Act was a temporary visa program that expired at the end of September 20, 2004. H.R. 1285 would reauthorize and extend it for 3 years.

When I rose in support of the original Nursing Relief for Disadvantaged Areas Act 5 years ago, I hoped that the nursing shortage would be temporary. Unfortunately, the shortage of nurses in the United States has gotten worse since then. Five years ago, the U.S. Department of Health and Human Services reported on the results of a survey which indicated that there were roughly 1.89 million nurses in the United States, but that we needed 2 million.

According to projections from the U.S. Bureau of Labor Statistics that were published in the November 2005 Monthly Labor Review, more than 1.2 million new and replacement nurses will be needed by 2014. Enrollment in American nursing schools is not growing quickly enough to meet this demand.

Part of the problem is that a shortage of nursing school facilities is restricting nursing program enrollments. According to the American Association of Colleges of Nursing's report on 2005–2006 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, U.S. nursing schools turned away 41,683 qualified applicants in 2005 due to insufficient faculty, clinical sites, classroom space, and budget constraints.

The Nursing Relief for Disadvantaged Areas Act would provide more nurses in disadvantaged areas, which is where the shortage is most critical. I urge you to vote for H.R. 1285 to reauthorize and extend the Nursing Relief for Disadvantaged Areas Act for another 3 years.

Mr. Speaker, I am pleased to yield 3 minutes to the distinguished gentleman from Maryland (Mr. CUMMINGS), who is on our Government Reform Committee and has worked very hard on these issues dealing with disadvantaged neighborhoods.

Mr. CUMMINGS. Mr. Speaker, I thank the gentlewoman for yielding.

I stand in support of this legislation, but I do want to emphasize something that is very important, and I think Ms. JACKSON-LEE alluded to it just a moment ago.

In my district in Baltimore, we have one Johns Hopkins, we have the University of Maryland, we have a small black college called Coppin State. Coppin State University has a nursing school, and most of its applicants come from the inner city of Baltimore, in our region. These are kids that have worked very hard to get through school and have done very well. But for every one applicant that we admit into Coppin, five are not able to come. These are people who are qualified. It is incredible to me that young people who work hard, play by the rules, give it everything they have got, and then they get to the point of being able to go to college, they cannot go to Coppin's nursing school because of two main things: one, faculty, a lack of faculty; and, second, a lack of space. And it is so incredibly sad when I think about their standing on the sidelines of life and not being able to pursue goals that are their life dreams.

In some kind of way we have got to turn this around. I mean, it is wonderful to do what we have to do to go across the shores, but what about the

young people in our country? What about them? What about the ones who simply want to grow up to help other people? What about the ones who have to defer their dreams? What about the ones who have to arrest their dreams and not be able to pursue them?

We spend just a phenomenal amount of time talking about No Child Left Behind, talking about educating our children, using our State and local and Federal funds to educate them, and then when they get to the point where they are qualified to go to nursing school, there are not enough resources for them.

The other thing I might add is that Coppin State has like a 99 percent passage on the State exam, 99 percent. So what that means is definitely we have five not going to nursing school, one going, and, again, those folks being left on the sidelines.

So I hope that the committee will continue to work on this because I want these young people to fulfill their dreams.

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

I thank the distinguished gentleman Mr. CUMMINGS.

Let me conclude by thanking Congressman BOBBY RUSH, who has been a strong advocate for providing and helping with nursing in underserved areas.

And let me also conclude by indicating again my support by saying, Mr. Speaker, we have to balance what we do as we provide these valuable nurses through the extension of this bill in our areas, but we must also reach out and find a way to ensure that every young person, every individual, seeking an opportunity in our medical schools for physicians and as well nursing has that opportunity to serve America.

With that, again, I ask for support of H.R. 1285.

Mr. RUSH. Mr. Speaker, I rise today in support of H.R. 1285, a bill to amend the Nursing Relief for Disadvantaged Areas Act of 1999. In 1999, I sponsored the Nursing Relief for Disadvantaged Areas Act, formerly H.R. 441-P.L. No.: 106-95, to address an immediate nursing shortage in my district, the First Congressional District of Illinois. This legislation sunset last year in June of 2005.

Today, there are many areas in this country which are experiencing a scarcity of health professionals, some areas more than others. In 1999 when I sponsored this legislation there were only pocket areas that experienced a shortage of nurses, now there exists, a national shortage. This shortage unfortunately, exists in my district, the First Congressional District of Illinois.

The Englewood community, a poor, urban neighborhood with a high incidence of crime, is primarily served by St. Bernard's Hospital. This small community hospital's emergency room averages approximately 31,000 visits per year; 50% of their patients are Medicaid recipients and 35% receive Medicare.

Prior to the creation of a non-immigrant visa (H1-C) St. Bernard could not attract nurses into the Englewood area and was forced to hire temporary nurses to service its patients.

This resulted in St. Bernard nursing expenditures to increase in the millions. The Immigration Nursing Relief Act of 1989 created the H-1A visa program in order to allow foreign educated nurses to work in the United States. The rationale for the H1-A program, as acknowledged by the AFL-CIO, the American Nurses Association and others, was to address spot shortage areas.

My legislation merely seeks to close the gap created by the expiration of the H1-A program. H.R. 1285 simply extends the sunset provision in the Nursing Relief for Disadvantaged Areas Act to three years. It does not substantively change any language in the law, it still prescribes that any hospital which seeks to hire foreign nurses under these provisions must meet the following criteria: (1) be located in a Health Professional Shortage Area; (2) have at least 190 acute care beds; (3) have a Medicare population of 35 percent; and (4) have a Medicaid population of at least 28 percent.

As one who has always fought for the American worker, I can assure you that this proposal does not have a detrimental effect on American nurses. My legislation continues the cap on the number of new visas that may be issued each year. It also includes processing requirements that require employers to attest that the hiring of foreign nurses will not adversely affect the wages and working conditions of registered nurses. The Secretary of Labor will oversee this process and provide penalties for non-compliance.

Health care is a basic human right. The hallmarks of civilized nations are health care, education, and democracy.

The state of health care is a grave concern in my district. Hospitals have closed. City health clinics are closing. Payments for Medicare and Medicaid have been cut back.

The legislation we must pass today is aimed at helping hospitals, like St. Bernard's, keep their doors open to the communities they serve. That said I would like to thank my colleagues Congressman SENSENBRENNER, Congressman HOSTETTLER, Congressman HYDE, Congressman CONYERS and Congresswoman SHEILA JACKSON-LEE for their support and for recognizing the national and local importance of this bill. Again, I urge my colleagues on both sides of the aisle to support this legislation.

Mr. CASE. Mr. Speaker, I rise in strong support of H.R. 1285, which would amend the Nursing Relief for Disadvantaged Areas Act of 1999 by repealing a provision limiting the non-immigrant classification for nurses working in health professional shortage areas.

Nursing shortages continue to plague our country, especially our underserved areas like much of my district. A report released by the American Hospital Association (AHA) in April 2006 indicated that U.S. hospitals need approximately 118,000 Registered Nurses (RNs) just to fill current vacant positions. This is, nationwide, a vacancy rate of 8.5 percent. In November 2005, the U.S. Bureau of Labor Statistics, Monthly Labor Review, stated that more than 1.2 million new and replacement nurses will be needed by 2014. Even worse, the Health Resources and Services Administration (HRSA) reported that approximately 30 states had RN shortages in 2000.

In my state of Hawaii, the University of Hawaii (UH) reported in 2000 that we faced a nursing shortage of more than 1,000 reg-

istered nurses; this shortage is projected to increase to approximately 2,000 by 2010. Like most states, UH found Hawaii's nursing workforce tired and burnt out due to incredible stress, understaffing issues, and increased overtime without adequate support staff. What is clear from the data already collected coupled with existing information regarding retention is that a worsening shortage of nurses means a worsening shortage of quality care for patients.

These statistics and the trends and conclusions they reflect are nothing new, but what do we do about it? As one valuable initiative, in 1999 President Clinton signed into law P.L. 106-96, the Nursing Relief for Disadvantaged Areas Act. This law provided for foreign nurses to obtain temporary work visas to come to the U.S. and work in places experiencing a shortage of health professionals. By allowing experienced health professionals, particularly nurses, from countries such as the Philippines into medically shortage underserved communities, the law has contributed greatly to keeping hospitals open and, more importantly, providing quality care to patients who otherwise would have no other place to seek treatment.

Mr. Speaker, I fully support the goal of H.R. 1285 to extend this important legislation, the Nursing Relief for Disadvantaged Areas Act of 1999, for an additional three years. I look forward to working with my colleagues on this and other initiatives to ensure that Americans continue to receive the health care they deserve.

Ms. JACKSON-LEE of Texas. 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. DUNCAN). 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. 1285, 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.

The title of the bill was amended so as to read: "A bill to extend for 3 years changes to requirements for admission of nonimmigrant nurses in health professional shortage areas made by the Nursing Relief for Disadvantaged Areas Act of 1999."

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 5631, DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 2007

Mr. COLE of Oklahoma. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 877 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 877

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the