

For these and many other reasons, I and many of my Democratic colleagues have introduced legislation, the FDA Improvement Act and others, to address many of the loopholes that currently exist at this agency. This legislation would sever the financial links between the FDA and the drug companies. It would restore the independence of the FDA. It would strengthen the agency's efforts to guarantee post-market drug safety. It would eradicate conflicts of interest on FDA advisory boards. It would restore the public trust in this very critically important agency.

Last month, the Wall Street Journal and Harris Interactive released a poll on public perceptions of the job that the FDA is doing on the safety of prescription drugs. Only 36 percent of the adults polled believe that the agency was doing a good job on ensuring the safety and efficacy on new prescription drugs. Eighty-two percent of the people polled believed that the FDA's decisions are influenced by politics over medical science to a great extent or at least to some extent.

According to its own Web site, the FDA is our country's oldest consumer protection agency. It should be given the authority to do its job independently, and the administration should sufficiently use that authority to protect the American people. It is a two-step process.

Yesterday, the American Association of Retired Persons reported that prices for brand-name pharmaceuticals jumped nearly 4 percent during the first 3 months of this year alone. The men and women paying for these drugs should be able to trust in the safety and the efficacy of the products for which they are paying so dearly.

The Food and Drug Administration's 100th anniversary should be a time of celebration, and if we are going to make it such, we have to bring forward legislation to the floor of this House, legislation which makes the Food and Drug Administration free and independent, legislation which reestablishes the arm's-length relationship between the regulator and the regulated. That arm's-length relationship has completely disappeared because the FDA has become financially dependent upon the agency, the entities, the corporations, the drug companies that it is supposed to regulate, and that regulation has fallen apart.

Let us bring forward legislation to the floor of this House which improves the FDA and protects the American people.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to our colleague from Chicago (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I want to join with my colleagues in thanking Congressmen BARTON and DINGELL for introducing H. Con. Res. 426, which recognizes the 100th anniversary of the passage of the Food and Drug Act. I also want to thank the gentleman from Texas for yielding.

I rise in support of this resolution. First of all, Chicago had a great deal to do with the development of the Food and Drug Act because of the book that Upton Sinclair wrote, "The Jungle," and the vast stockyards and meat packing plants that were in Chicago, running amok and running afoul at that time.

But I most directly want to associate my comments with those of the gentleman from New York (Mr. HINCHEY), who just spoke, because I too believe that we must, in fact, have enough distance between the Food and Drug Administration and any kinds of political considerations.

I have had the opportunity in the last few weeks to meet and hear and be in the presence of Dr. Andrew C. von Eschenbach, the new acting director, and I must tell you that I have been tremendously impressed with his vision, with the articulation of a mission for the Food and Drug Administration, and with the assurances that he continues to give that science-based evidence will be his approach.

So I am optimistic about what the Food and Drug Administration is going to continue to do in the future, and we are going to find ourselves pleasantly pleased, I believe, under the leadership of Dr. von Eschenbach.

So I thank the gentleman again from Texas for yielding.

Mr. GENE GREEN of Texas. Mr. Speaker, again, I know I do not have the right to close, but I just encourage passage of this bill and recognize the 100 years, not that it is perfect, but we are still working on it, particularly in our committee, and encourage passage of the resolution.

Mr. Speaker, I yield back my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, we are not here today to say that the Food and Drug Administration is infallible. They certainly have made mistakes, as I am sure every Member of this body has made mistakes.

We are here, though, to say that over the past 100 years, there have been tens of thousands of FDA employees who have dedicated their lives to ensuring that our food and our medical products are safe. Time and again, Congress has entrusted fundamental safety responsibilities to the FDA.

We do not have a perfect system, but because of the dedicated public servants at the FDA, the United States stands alone as having the safest and most effective medical products supply in the world.

In 2002, we entrusted the FDA with new authorities to protect our food supply from terrorist threats. Every day, the employees at the FDA go to work to protect the best interests of the American people.

Although we may have disagreements over particular issues, we are better off as a country by having the dedicated individuals at the FDA working for the American people. We should

not politicize a resolution that seeks to recognize their hard work. Mr. Speaker, I urge the adoption of this concurrent resolution.

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 Georgia (Mr. DEAL) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 426, as amended.

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

A motion to reconsider was laid on the table.

#### HEALTH CENTERS RENEWAL ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5573) to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act.

The Clerk read as follows:

H.R. 5573

*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 "Health Centers Renewal Act of 2006".

#### SEC. 2. FINDINGS.

The Congress finds as follows:

(1) Community, migrant, public housing, and homeless health centers are vital to thousands of communities across the United States.

(2) There are more than 1,000 such health centers serving over 15,000,000 people at over 3,700 health delivery sites, located in all 50 States of the United States, the District of Columbia, and Puerto Rico, Guam, the Virgin Islands, and other territories of the United States.

(3) Health centers provide cost-effective, quality health care to poor and medically underserved people in the States, the District of Columbia, and the territories, including the working poor, the uninsured, and many high-risk and vulnerable populations, and have done so for over 40 years.

(4) Health centers provide care to 1 of every 8 uninsured Americans, 1 of every 4 Americans in poverty, and 1 of every 9 rural Americans.

(5) Health centers provide primary and preventive care services to more than 700,000 homeless persons and more than 725,000 farm workers in the United States.

(6) Health centers are community-oriented and patient-focused and tailor their services to fit the special needs and priorities of local communities, working together with schools, businesses, churches, community organizations, foundations, and State and local governments.

(7) Health centers are built through community initiative.

(8) Health centers encourage citizen participation and provide jobs for 50,000 community residents.

(9) Congress established the program as a unique public-private partnership, and has continued to provide direct funding to community organizations for the development and operation of health centers systems that

address pressing local health needs and meet national performance standards.

(10) Federal grants assist participating communities in finding partners and recruiting doctors and other health professionals.

(11) Federal grants constitute, on average, 24 percent of the annual budget of such health centers, with the remainder provided by State and local governments, Medicare, Medicaid, private contributions, private insurance, and patient fees.

(12) Health centers make health care responsive and cost-effective through aggressive outreach, patient education, translation, and other enabling support services.

(13) Health centers help reduce health disparities, meet escalating health care needs, and provide a vital safety net in the health care delivery system of the United States.

(14) Health centers increase the use of preventive health services, including immunizations, pap smears, mammograms, and HbA1c tests for diabetes screenings.

(15) Expert studies have demonstrated the impact that these community-owned and patient-controlled primary care delivery systems have achieved both in the reduction of traditional access barriers and the elimination of health disparities among their patients.

**SEC. 3. ADDITIONAL AUTHORIZATION OF APPROPRIATIONS FOR HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.**

Paragraph (1) of section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended to read as follows:

“(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated \$1,963,000,000 for fiscal year 2007, \$1,999,000,000 for fiscal year 2008, \$2,015,000,000 for fiscal year 2009, \$2,041,000,000 for fiscal year 2010, and \$2,041,000,000 for fiscal year 2011.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. DEAL) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

□ 1215

**GENERAL LEAVE**

Mr. DEAL of Georgia. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation and to insert extraneous material on the bill.

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

There was no objection.

Mr. DEAL of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5573, the Health Centers Renewal Act of 2006, which is legislation to reauthorize the Community Health Center program for another 5 years. As we learned from the hearings we held last month in the Subcommittee on Health, the Community Health Center program has been an unprecedented success, and community health centers are an integral part of this country's health care delivery system, providing quality health care services to people and communities that would otherwise not have access to such care.

We are sticking with the old maxim of not fixing something that isn't broken, and this legislation represents simply a straight reauthorization of that program and seeks to build upon the success of the program by significantly increasing the levels of authorized funding.

I am proud to sponsor this legislation, along with my friend, Mr. GREEN of Texas and Mr. MICHAEL BILIRAKIS of Florida, and I would like to thank the 24 members of the Energy and Commerce Committee who have joined us as cosponsors of this bill.

Again, I encourage all of my colleagues to support this legislation.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the bill before us today, which will reauthorize the community health center program through 2011. Over the years, the health center program has gained tremendous support from Democrats and Republicans, the Congress, and the President, a claim that can be made by very few Federal programs.

This support is due to the overwhelming impact that health centers have made on the health and well-being of our country's most vulnerable populations. In 2005, health centers provided care to 6 million uninsured individuals who represented 40 percent of the patient population at health centers. Ninety-one percent of health center patients are low income, and 36 percent are Medicaid.

Without a doubt, health centers are meeting their mission for providing much-needed health care to the medically underserved in this country. Much of this success can be attributed to the core elements of section 330 of the statute we seek to reauthorize today. To be eligible for Federal funding, health centers must be located in medically underserved communities; they must have independent boards, a majority of which must be governed by members of the community who utilize the center for health care; and they must also provide compulsory, primary, and preventive health care with services available to all community residents regardless of the patient's ability to pay.

This focus on primary and preventive care has yielded tremendous savings for our health care system, as health centers provide the uninsured and underinsured with access to care that they would otherwise seek in our hospital emergency rooms.

A study in Harris County, Houston, Texas, where my district lies, found that 57 percent of the emergency room visits could be handled at a primary care clinic. This is a perfect example of the type of health care problem that health centers help solve.

Access to affordable primary care at health centers has also reduced the need for inpatient and specialty care.

Because of medical problems in health centers, patients are treated earlier before they require in-hospital treatment. In fact, a study suggests that health centers saved Medicaid approximately 30 percent in annual spending on beneficiaries receiving care at our Nation's health centers.

This successful result is that health centers have become the medical home for more than 15 million Americans. Health centers also represent the Nation's largest primary care system, with one in nine Medicaid beneficiaries and one in five low-income individuals receiving care at health centers.

I have a personal interest in this issue because we have been working for years in the Houston area to establish additional community health centers to serve our growing uninsured and underinsured population. My State of Texas, unfortunately, ranks number one in the number of uninsured and with 25 percent of Texans living without insurance.

The statistics for the Houston area are just as troubling. More than 30 percent of Harris County residents are living without health insurance. Despite the obvious need for additional health centers in the Houston area, we have been playing catch-up for quite a while. Last year our area was awarded five additional FQHCs, federally qualified health centers, bringing our total to nine sites, including look-alike centers.

With more than 1 million uninsured, however, the Houston area will still have fewer than 10 FQHCs, while other large cities, like Chicago, have more than 70 sites. In the Houston area we know our work is not done. As a Nation we have a long way to go before we meet the President's goal of locating health centers in every low-income county in this country.

In fact, studies suggest there are still more than 900 poor counties in the U.S. in need of a health center. To ensure that these goals are met, it is crucial that we pass this bill to reauthorize the health center program, whose current authorization expires this year.

Mr. DEAL, Mr. BILIRAKIS and I have put together a compromise bill that will reauthorize the program to 2011, keeping intact the core elements of the program that have been critical to its success, and I want to thank all my colleagues on the Energy and Commerce Committee who supported this bill.

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

Mr. DEAL of Georgia. Mr. Speaker, I am pleased to yield 6 minutes to the gentleman from Florida (Mr. BILIRAKIS), who has been one of the cosponsors of this legislation and a leading supporter of community health centers.

Mr. BILIRAKIS. Mr. Speaker, I thank Chairman DEAL, and I do rise in support of this bill which I have cosponsored with Chairman DEAL and with our colleague from Texas (Mr. GENE GREEN).

I have long championed community health centers, Mr. Speaker, because they have been a model for delivering primary and preventive care efficiently and effectively for more than four decades. They serve more than 16 million Americans, many of whom are underinsured or uninsured, in areas where people need most services. They make their services available to all residents of the communities in which they are located without regard to their ability to pay.

One of the reasons community health centers have successfully provided care to so many through the years is that the individual centers are governed by a community board, a majority of whose members are patients of the health center itself. I think this feature makes health centers more responsive to the needs of the communities they serve than they otherwise might be.

Health centers have proven that health care need not be complicated or expensive to work well. The health centers program started more than 40 years ago with the idea that patients should run the show, a remarkably simple formula for success. This patient democracy, if you will, shapes the delivery of health care to the community and determines the range of affordable services the health center will provide.

And those services are certainly needed. Despite our best efforts, there are still far too many Americans who lack health insurance and for whom community health centers are their only source of care. These vulnerable individuals need the Community Health Centers program to remain strong and vibrant as they work toward greater health security for themselves and their families.

The authorization for this valuable program expires this year; however, I have introduced legislation with our colleague from Texas (Mr. GENE GREEN) to reauthorize the Federal health center program through 2011. Our bill would authorize \$1.93 billion in funding in fiscal year 2007, thereby increasing funding next year to the level the President has requested, or approximately \$181 million more than last year.

Although we introduced the bill only a few weeks ago, I am pleased that it already has 233 bipartisan cosponsors, more than half the House, including almost every member of the Energy and Commerce Committee. I believe these numbers are a testament to the broad and bipartisan support for reauthorizing the Federal health center program this year while preserving the key elements of its authorizing statute.

The bill we are considering today is identical to the Bilirakis-Green bill, except it includes specific authorization levels for fiscal years 2008 through 2011, which would bring health center funding to \$2.04 billion by fiscal year 2011 and allow for the continued expan-

sion of health centers in needed areas around the country.

I certainly want to thank our full committee chairman, Mr. BARTON, and our subcommittee chairman, Mr. DEAL, for acting expeditiously on reauthorizing this important program.

Although I am pleased the bill before us today maintains the fundamental structure of the Federal health center program, I do support making what I believe are commonsense legislative changes to enhance the ability of community health centers to provide care to those who need it, and, hopefully in the coming weeks, to examining the merits of several of the proposals which my committee colleagues have put forth that I believe would do just that.

I am especially supportive of H.R. 1313, legislation our colleague from Pennsylvania (Mr. MURPHY) has introduced, which would extend liability protection to volunteer physicians at community health centers. I believe that this change, which the National Association of Community Health Centers fully supports, will encourage doctors and other medical professionals to volunteer their time and talent at health centers in underserved areas which are facing workforce shortages.

I believe that it is imperative we move forward on Mr. MURPHY's legislation as soon as possible. There currently, as we know, is a serious shortage of health care providers in areas where community health centers are located. In addition, there will be an increasing demand for physicians to serve the millions of new patients that will be seeking care as centers come on line as part of President Bush's initiative to put new community health centers in medically underserved areas around the country.

As many of us know, the high cost of medical liability insurance can be prohibitive, especially for physicians who are going above and beyond, so to speak, by volunteering at community health centers. The bill that Mr. MURPHY has introduced, which I have cosponsored, would do that by extending the medical liability protections under the Federal Tort Claims Act to volunteer physicians at community health centers.

I believe this commonsense proposal would encourage more qualified health care providers to volunteer their much-needed services at health centers that desperately need their expertise. Although I would have preferred, Mr. Speaker, to also be considering this legislation here today, I am nonetheless, of course, fully supportive of the bill and urge its passage.

Mr. Speaker, community health centers have deservedly earned bipartisan support in Congress because of their long and well-documented record of success. This bill will help them continue their mission well into the future, especially in the most needed areas around the country. I urge all our colleagues to both support and invest

in proven health care solutions by voting for H.R. 5573. The health and well-being of our constituents depends on it.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to our colleague on the Committee on Energy and Commerce, Congressman ENGEL of New York.

Mr. ENGEL. I thank the gentleman from Texas for yielding to me, and I rise in strong support of the Health Centers Renewal Act of 2006.

Community health centers ensure that over 15 million low-income Americans, including 1 million New Yorkers, get access to affordable primary care and preventive services regardless of insurance status or ability to pay. In my own district, I am very proud of the good work that the Mount Vernon Neighborhood Health Center, Refuah Health Center, the Community Medical and Dental Care Center in Monsey, and the Bronx Community Health Network do. I am proud of them.

Patients who use community health centers are some of our Nation's most vulnerable, with unique and complex health care needs. It has been estimated that nearly 70 percent of community health center patients have family incomes at or below the Federal poverty level. These patients, therefore, benefit from the special services that community health centers provide, such as transportation and translation assistance, which truly opens access to health care.

Community health centers improve health outcomes through their cost-effective, high-quality care. It is estimated that the health centers save the Federal Medicaid 30 percent in annual spending through innovative care. Both the Institute of Medicine and General Accountability Office have praised health centers for their effective management of chronic illnesses and have said they are a model in screening and diagnosing conditions like asthma, cardiovascular disease, depression, cancer, and HIV/AIDS. In addition, community health centers are estimated to be responsible for cutting infant mortality rates in the communities they serve by as much as 10 percent.

Considering these facts, we should support the community health centers with additional funding. Less than 25 percent of applications for new health center sites were funded last year, despite being qualified. It is also worth noting that when we do consider health information technology on the floor, we must ensure appropriate Federal investment in grants and loans to ensure community health centers get access to the technology.

While the unanimously passed Senate bill included Federal funding for low-income providers, the Energy and Commerce bill, unfortunately, did not. Health IT has the potential to even further improve the quality of care at the community health centers, but the centers simply cannot afford the technology without extra help.

I should note that New York City appropriated \$27 million to help provide

1,000 New York City doctors treating underserved patients with electronic health record systems by 2008. The city's contribution is being matched by an additional \$13 million contributed by the community health centers participating in the program. The end result is that 30 community health centers, which include 150 sites, will be linked throughout New York City. This worthy initiative would certainly benefit from Federal assistance as well.

Mr. Chairman, thank you again for calling for the reauthorization of the health centers program. Millions of people will be better for it.

□ 1230

Mr. DEAL of Georgia. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Speaker, I rise to support the Community Health Center Reauthorization.

Mr. Speaker, we are approaching 1,000 community health centers with 3,600 sites serving over 13 million Americans. There are over 80 of these sites in northeast Georgia alone, in my district and in Chairman DEAL's district. They operate in rural communities where health services are either scarce, or, in some cases, nonexistent. They help keep our poor out of expensive emergency rooms.

With 25 percent of our population living in rural areas, only 10 percent of our physicians practice there. Rural Americans, like many folks in my district, are more likely to live below the poverty level and therefore be uninsured.

Health centers are Medicaid and Medicare providers, guaranteeing access for much of our elderly. While health care costs have risen, health centers have been kept theirs well under those of other providers.

Patients of health centers are generally healthier, use emergency rooms less and save money. In Georgia, they save the State \$13.4 million each year in Medicaid costs alone. Community health centers are a good deal for poor Americans and taxpayers.

I have been an enthusiastic supporter of this program, and I am glad the President has supported the expansion of health centers in 200 new communities.

Mr. Speaker, the least expensive way possible to provide health care is to provide the best possible treatment up front. Community health centers are doing just that, and all of us need to support them.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS), an active member of the committee.

Mrs. CAPPS. Mr. Speaker, I thank the gentleman from Texas for yielding me this time.

Mr. Speaker, I rise in support as well of the Health Centers Renewal Act, and commend all of our colleagues on the Energy and Commerce Committee, but

especially the subcommittee chairman, Mr. DEAL, and the ranking member, Mr. BROWN, for working together in this bipartisan fashion to pass this legislation.

Community health centers are vital to our Nation's delivery of primary care services to those who otherwise would lack access to health care. In my own district, we are fortunate to have several excellent health centers, including Clinicas del Camino Real in Ventura County, the Santa Barbara and Isla Vista Neighborhood Clinics in Santa Barbara County, and Health Care for the Homeless in San Luis Obispo County.

At a time when this body often seems too willing to divest from primary and preventive care, health centers are a model of success. They ensure that individuals in low income and medically underserved communities can receive checkups, screenings and early interventions, especially in a culturally sensitive environment. This is essential.

It means that conditions can be diagnosed and treated before they unnecessarily progress, at which point they often require very expensive treatment and sometimes hospitalization.

Mr. Speaker, it is no surprise that care at our health centers is the most cost effective care there is. We would do well to look at the lessons learned at our community health centers' focus on primary and preventive care and expand this to all areas of health care delivery in this country.

We know we need to be doing much more to expand access to care to encourage Americans to take advantage of primary care services available to them. Oftentimes, the community health center is the only care available to our constituents, so I support the reauthorization of health centers, and I hope we can use this as a stepping stone to further improve access to primary care for our entire Nation.

Mr. DEAL of Georgia. Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. MURPHY), a member of the committee who has been very supportive of community health centers and has some very good ideas for additional improvements.

Mr. MURPHY. Mr. Speaker, I thank the distinguished gentleman and chairman, Mr. DEAL. I am pleased to be a cosponsor of this legislation and to have worked closely with him on this vitally important bill that saves money and lives, and I am pleased to represent Cornerstone Community Center, one of the centers in my district.

Mr. Speaker, H.R. 5573 is a great step toward meeting our Nation's health care needs. Community health centers are a critically important solution to providing affordable and accessible quality care to millions of Americans who are uninsured or underinsured.

Medical care at community health centers is approximately \$250 less than the average annual expenditure for office-based doctor visits. And keep in mind that over 30 percent of patients

seeking care at a health center are uninsured. That is some 15 million people a year that seek care.

Moreover, health center services save money and lives by treating diseases before they become chronic conditions, require hospital care or require a trip to the emergency room.

I have with me here a list of the typical procedures that are offered at community health centers: Prenatal care, dental care, mental health care, substance abuse counseling, hearing and vision screening. They also offer discount prescription drugs. They provide vital case management for those with chronic illness, and keep in mind that 80 percent of health care costs go to those with chronic illness. Oftentimes, those complex cases require that sort of case management to help them meet the needs of their cases. They provide smoking cessation classes, blood pressure monitoring, weight reduction programs, and a host of other programs so vital to saving money in health care.

It also provides a health care home for many folks, many clinics giving patients a card so they recognize this is a place where they know their doctor and their doctor knows them.

By expanding community health centers, Americans could save as much as 30 percent for Medicaid patients, or \$17 billion annually, due to reduced specialty care referrals and fewer hospital admissions.

However, our Nation's community health centers are experiencing a staffing crisis. A March 2006 publication in the Journal of the American Medical Association reported that community health centers have a 13 percent vacancy rate for family physicians, a 9 percent vacancy rate for interns, 20 percent vacancy for OB-GYNs, and an 8 percent vacancy rate for podiatrists, 22 percent for psychiatrists, and 18 percent for dentists. In other words, although we are trying to meet the needs of the 15 million who use the community health centers, the problem is growing in that not enough doctors are available to provide that care.

Vacancies of needed medical personnel at community health centers jeopardizes access to care to the Nation's uninsured and underinsured. Plus, the President has called for more centers around the Nation to fill our needs, and 11,000 more doctors are needed to fill those needs.

I have a letter from the National Association of Community Health Centers that says there is a dire shortage of health care providers in underserved communities where health centers are located. Congress and the President have worked to double the capacity of the Federal health centers programs, but in order to ensure that millions of additional patients can be served through this initiative, health centers must also double their workforce by adding 12,000 clinicians and 48,000 administrative staff soon.

Many skilled health care providers are willing to volunteer their time and

expertise. Volunteer doctors acting as Good Samaritans have proved invaluable to clinics across the Nation. However, many skilled medical volunteers are turned away because community health centers cannot afford to cover their additional medical liability insurance.

Over the past year, I have been pleased to work with Chairman DEAL, Mr. BILIRAKIS, and also Chairman BARTON to make volunteering at community health centers more practical to doctors in order to meet the needs of families. Community health centers play a key role in any reform-minded approach to improving our health care delivery system.

Mr. Speaker, there is a desperate need for doctors and medical personnel of all sorts at community health centers, and I pledge I will continue to work with Chairman BARTON and Chairman DEAL and other members of the Energy and Commerce Committee and every Member of this body to explore every solution possible to meet our Nation's community health center staffing crisis.

We owe this to the patients, to the taxpayers of America who recognize this is a cost-saving, viable measure where we can provide care to millions of Americans who otherwise do not have it. This is the way we should be doing this, through community health centers, centers where the doctors know the patients and the patients know the doctors.

Please let us continue to work together to make this care affordable and accessible for patients all around the Nation so they do not have to see dire consequences that come when their conditions get worse because they couldn't receive the care they needed.

I thank the chairman for yielding me this time and for our collaboration together.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. SOLIS), our colleague on the Energy and Commerce Committee.

Ms. SOLIS. Mr. Speaker, I rise in strong support of H.R. 5573, the Health Centers Renewal Act of 2006.

H.R. 5573 reauthorizes the Community Health Center program, guaranteeing a funding source for critical providers in communities like mine.

Community health centers leverage what little they have to ensure working families, the uninsured, and our Nation's children have access to critical medical care.

More than 40 million people in our country lack health care coverage today, including one in three in the San Gabriel Valley and in East Los Angeles. Eighty-three percent of the uninsured are from working families, and 14 million of those families are Latinos.

Community health centers are a fundamental component to our safety net, often providing vital care in a culturally competent and linguistically appropriate manner for all families, and often being the only source of care.

In my own district, community health centers bear the brunt of responsibility for treating the uninsured. After 70 years of serving much of my congressional district in the city of Azusa, our health center there was forced to be closed. There was not sufficient funding to keep it open. I knew one in three people in my district without health insurance would suffer without access to this care.

Through the support of the city of Azusa, Los Angeles County and many other community organizations, the clinic in Azusa was opened. Now it is there because we were able to secure section 330 designation. Now they can open their doors and serve the thousand or so patients that come through their doors every month. It is exciting to tour that clinic and see the kind of assistance that mothers are receiving in terms of prenatal care, to see that the elderly are having someone help them manage their diabetes, and to see that young children are getting their immunizations. Those things are vitally important to our community.

There is another community clinic that has been in my district for over 30 years, and what is wonderful about this particular clinic is that it also serves surrounding congressional districts. Mr. DREIER's constituents receive services from the East Valley Clinic, as do Mrs. NAPOLITANO's constituents. We worked there to help leverage support and fund services to serve all of our residents and constituents.

I am proud to say this is a wonderful bill to be able to express our strong support, and I urge all of my colleagues to support this bill.

Mr. DEAL of Georgia. Mr. Speaker, I yield 3 minutes to the gentleman from New Hampshire (Mr. BRADLEY).

Mr. BRADLEY of New Hampshire. Mr. Speaker, I want to begin by thanking the chairman for his fine work on bringing forward this bill, as well as the ranking member, and for the bipartisan nature of this bill.

As so many other speakers have testified this morning, community health centers are an integral part of our health care network throughout our country, and are an increasingly important aspect of trying to deal with the uninsured and underinsured.

The reason they are so important is that community health centers focus on preventive care and primary care. They offer low-cost alternatives to emergency room visits, which is not only the most expensive care that people can get, but also why should we be letting illnesses progress to that stage when community health centers can help people with preventive and primary care.

Community health centers focus on the uninsured and the underinsured, a critical element of our health care delivery system. And the cost savings to our system are significant, as other people have testified this morning.

In my State of New Hampshire, in 2004 there were 219,000 patient visits to

community health centers. Not only do they provide basic preventive care, but also education, outreach, screenings, nutrition counseling, substance abuse counseling, prenatal care, and dental care, so the community health centers are full service medical care for so many different people in our community.

I have eight community health centers in my district. I have visited three of them, and I would like to cite them all for their good work: The Avis Goodwin Community Health Center in Dover that is run by Janet Atkins; the Manchester Community Health Center in Manchester, the director is Ed George; and the Lamprey River Community Health Center in New Market run by Ann Peters recently won a Federal project designation and was able to significantly expand their ability to treat patients in their area of New Hampshire. Their efforts are noteworthy. That is why this legislation is so important to be able to not only encourage the existing health care centers we have, but to expand them and expand their mission.

So I urge my colleagues to support the bill. I thank the chairman and thank the ranking member for the bipartisan nature of this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. DAVIS).

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Mr. DAVIS of Illinois. Mr. Speaker, I rise in strong support of the reauthorization of the community health centers for a number of reasons.

First of all, more than probably anything else, community health centers are the reason that I am a Member of Congress. My public work began at a community health center, the Martin Luther King Center in Chicago, then the Miles Square Center in Chicago. I became a member of the association when we organized it, ultimately became chairman of the legislative committee. The current president of the association, Tom Van Coverden, was my staff person when I was chairman of the legislative committee. I became its speaker of the house and eventually became president of the National Association of Community Health Centers. And so I used to be one of those people who would run around here knocking on Members' doors asking them to appropriate money and to support community health center programs.

Community health centers are the best thing that has happened to ambulatory health care since Medicare and Medicaid for large numbers of poor people throughout the country. I commend them. I have been in centers all over the country, and they do outstanding jobs.

They are also the main economic engine in many communities, the biggest employer. People get a chance to work who have never had a job before. I know individuals who are nurses and physicians who came to work in community health centers as aides, as orderlies, who are now professionals. It is

really the best thing that I have ever encountered in health care.

My district, this is the one time that I envy the members of Commerce and Energy because I also have 26 hospitals in my congressional district, probably more than any other district in the country, five medical schools, and so health is a big part of what goes on where I live on a daily basis.

I commend the committee for an outstanding piece of legislation, the great work that it does. And, yes, they are going to have their convention in Chicago in August of this year, and we look forward to hosting them at that time.

Mr. DEAL of Georgia. Mr. Speaker, first of all, I would like to thank Mr. DAVIS for a very inspiring testimonial of the importance of community health centers, and to learn of his longtime dedication to them, and I thank him for that.

I yield 2 minutes to my colleague, Mr. SHAYS.

Mr. SHAYS. Mr. Speaker, I join my colleague as well in thanking Mr. DAVIS for his comments.

I am a huge fan of what I call community-based health centers. These clinics, these health centers do awesome work. So, Mr. Speaker, I strongly support H.R. 5573, the Health Centers Renewal Act, which will reauthorize the Community Health Center program for 5 more years and increase the program's funding. This continues the strong commitment Congress has shown to these centers over the past 5 years.

During the last reauthorization, this administration sought to double the amount of people receiving care through community health centers from 10 million to 20 million. Already nearly 16 million individuals are now receiving quality care, and half of these individuals are uninsured. So of the 46 million uninsured, approximately 8 million are receiving excellent care from these centers.

By preventing costly hospitalizations and reducing the use of emergency care for routine services, it is estimated community clinics save the health care system over \$6 billion annually.

So, in conclusion, I strongly support passage of this legislation so community health centers can continue providing high-quality, cost-effective care. And I thank Mr. DEAL and others, including Mr. GREEN, for bringing this bill out. It is an important bill, and I urge its passage.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to another member of the Energy and Commerce Committee, a good member, Congresswoman SCHAKOWSKY.

Ms. SCHAKOWSKY. Mr. Speaker, I am so pleased to join in support of this important bipartisan Health Centers Renewal Act, H.R. 5573.

Each and every day health centers provide high-quality primary and preventive care to our constituents. In Illinois, community, migrant, homeless

and public housing health centers operate 268 primary care sites and serve close to 1 million patients every year.

Community health centers do a great deal with limited resources. They provide critical medical care services to many who would otherwise have no other place to go or would end up in an emergency room. They provide early care and chronic disease treatment, keeping people healthy and productive. They are models of accountability and patient involvement.

As the reauthorization bill points out, health centers are community-owned and patient-controlled, an important factor in their ability to reduce barriers to health care access and disparities in health care delivery.

They are also extremely cost-effective. According to the Kaiser Commission on Medicaid and the Uninsured, Illinois health centers save over \$34 million in State Medicaid expenditures alone. The cost of serving a patient in a health center is about one-third less than in other settings.

As grateful as we are for all the work the community health centers do, it is also important that we recognize that they cannot solve the health care crisis facing our Nation by themselves. We need a vibrant Medicaid program and strategies to expand affordable access to health care for all, especially for the specialty care services that community health centers do not provide.

Finally, I want to take a moment to recognize the outstanding work of the Illinois Primary Health Care Association, which represents the State's community health centers. The association provides important support, not just in advocacy, but in helping health centers learn about and enter the new world of health information technology, IT, assisting in the expansion and construction of new health centers, encouraging culturally appropriate care. We thank them for meeting the new challenges of a growing medically indigent population that is diverse in every conceivable way.

I particularly want to thank the health centers that serve my district so well, centers operated by Access Community Health Network, Heartland Health Outreach, Heartland International Center, Howard Brown Health Center, the Chicago Department of Public Health, and the American Indian Health Service of Chicago. This reauthorization bill is important in making sure that they and other health centers around the country can continue to provide timely, high-quality care to those who would otherwise lack a source of care.

I strongly urge support of H.R. 5573, and encourage my colleagues to do so as well.

Mr. DEAL of Georgia. Mr. Speaker, I have no additional speakers, and I would reserve my time pending the right to close.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 1 minute to my colleague and our ranking member on the

health subcommittee, Congressman BROWN.

Mr. BROWN of Ohio. Mr. Speaker, I thank my friend from Texas, Mr. GREEN, who is doing yeoman's work in bringing community health centers to Houston and to his whole State. I thank him for that and thank Chairman DEAL for his good work on this issue.

Every year, a quarter million Ohioans, more than that, 280,000 Ohioans, from Lisbon to Piketon, from Fremont to Chillicothe, from Hough to Lincoln Heights, visit facilities associated with the 27 community health care centers in my State. Many of them are uninsured. Many of them, most of them, have incomes below the Federal poverty level. These centers give these thousands of Ohioans access to a medical home where they can receive a comprehensive range of health care services. Without these centers, many of these Ohioans might opt to delay care. Some of them are likely to end up in the emergency room. Many of them will suffer permanent illness as a result. All of that strains the system, creates unnecessary cost for our health care system, and causes undue bad health and undue human suffering. Investing in community health centers in Mansfield and Youngstown and Barnesville, Ohio, is a far better alternative.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself the balance of the time.

Mr. Speaker, I would like to close by thanking both our chairman and ranking member of the Energy and Commerce Committee, Mr. BARTON and Mr. DINGELL, as well as the chair and ranking member of our health subcommittee, Chairman DEAL and Ranking Member Mr. BROWN, who we just heard from, the committee staff and their hard work on the bill.

There are many of us on the committee with strongly held views about health centers. Some want higher authorization levels, while others sought certain changes in the statute. In the end we came together in a bipartisan fashion to ensure that our differences didn't overshadow our shared support for this important program. And that it has made a tremendous difference in many lives of our constituents.

The bill before us today is truly an example of compromise within our committee, and I would like to thank my colleagues for putting together the good of the health center program above all else when it comes to this bill.

Mr. DINGELL. Mr. Speaker, I support H.R. 5573, the "Health Centers Renewal Act of 2006". Community Health Centers are local, non-profit, community-owned health care providers that serve low-income and medically underserved communities. They provide healthcare services to more than 15 million people annually, 6 million of whom have no health insurance coverage. They are located in more than 3,400 communities in every single State, including my home State of Michigan where we have approximately 30 health centers.



Community health centers are vital to the health and well-being of our country's most vulnerable citizens. There are over 41 million uninsured Americans and untold numbers of under-insured persons. This number is increasing at a rapid pace, forcing risky delays for important primary and preventive healthcare services.

For almost 40 years, America's health centers have helped communities meet escalating health needs and address costly and devastating health problems, from infant health development to chronic illness, to mental health, substance addiction, homelessness, domestic violence, and HIV/AIDS. Community Health Centers span urban and rural communities across the Nation and their remarkable success has earned them broad bipartisan support among Federal, State, and local policy-makers. We should continue to do everything within our power to support these health centers and provide them with the resources they need so that they can continue to do their jobs as successfully and effectively as they have for the past four decades.

Ms. BORDALLO. Mr. Speaker, I rise today in strong support of H.R. 5573, the Health Centers Renewal Act of 2006. Community Health Centers are important resources for our country's healthcare system and vital sources of healthcare for many Americans. Their work, the services and care they provide, and the impacts on the lives of the over fifteen million Americans they serve are commendable. Community Health Centers are important to providing quality healthcare and services to our country's underinsured, uninsured, and underserved communities.

The Northern and Southern Community Health Centers on Guam are two of the more than one thousand such health centers that serve Americans across the country. The Northern and Southern Community Health Centers on Guam are valued and trusted healthcare delivery sites for residents of Guam.

That these community health centers are flexible in their response to the particular needs of the communities they serve is of particular value. This flexibility and ability to adapt to local needs helps ensure that local communities continue to benefit from the high-quality, focused care provided by Community Health Centers such as the Northern and Southern Community Health Centers on Guam. Key among these flexible and locally tailored services is the aggressive outreach, education, and preventative medicine programs these Community Health Centers offer.

But flexible care and services tailored to local needs alone will not ensure that Community Health Centers continue to offer and provide local communities with high-quality, cost-effective healthcare. Community Health Centers, like the Northern and Southern Community Health Centers on Guam, are small and lack significant organic capabilities to earn capital. Continued access to capital to grow these centers and improve their services is vital to their continued success. I strongly support programs that provide Community Health Centers across America access to additional capital resources.

It is only as a result of the efforts of the many professionals within the greater Community Health Center community that its innovative healthcare programs and services can be provided and adequate financial resources can

be best utilized for the benefit of the Center and the community it serves. The Northern and Southern Community Health Centers on Guam are staffed by dedicated professional healthcare providers and support personnel who are committed to delivering the best care possible to their patients. Their efforts to provide high-quality care to residents on Guam are representative of their commitment to our island's unique community. The compassion and level of service they display in carrying out their duties is representative of the highest qualities of professionalism demanded by the medical profession. Lastly, the level of respect they have earned among the medical community on Guam and from the patients they serve on-island is notable.

I support H.R. 5573 and the additional authorization of appropriations for the health centers program established under the Public Health Service Act.

Mr. CASE. Mr. Speaker, I rise in strong support of the Health Centers Renewal Act of 2006 (H.R. 5573), which would authorize appropriations for Fiscal Years 2007–2011 for health centers to meet the health care needs of our medically underserved populations.

Health care centers (aka Federally Qualified Healthcare Centers (FQHC)) provide essential services to our communities. More than a thousand FQHCs serve over 15 million people in 3,700 communities across the United States. FQHCs not only provide primary and preventive care, but also meet emergency care needs in their communities. My State of Hawaii has 13 FQHCs across the state, and 10 of which are in my district alone.

We are all well aware of the important role of FQHCs in providing cost-effective, quality health care to our poor and medically underserved communities. FQHCs exist in areas where economic, geographic, or cultural barriers limit access to primary health care for the working poor, the uninsured, and many high-risk and vulnerable populations. More important, these health care centers tailor their services to specific community characteristics and needs.

When Congress established the FQHC system nearly 40 years ago, we intended a unique public-private partnership by providing direct funding to community organizations for the development and operation of these healthcare centers. Federal grants, on average, constitute 24 percent of the annual budget of FQHCs by assisting communities to find partners and recruit doctors and other health professionals. Today's passage of H.R. 5573 will continue that time-proven commitment and mission by helping to reduce health disparities, meeting health care needs, and providing a vital safety net in the health care system across our country and especially in my home.

Mr. Speaker, I fully support the Health Centers Renewal Act and urge its expedited passage in the Senate.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield back my time.

Mr. DEAL of Georgia. Mr. Speaker, I yield back the balance of my time and would urge the adoption of this resolution.

The SPEAKER pro tempore (Mr. KIRK). The question is on the motion offered by the gentleman from Georgia (Mr. DEAL) that the House suspend the rules and pass the bill, H.R. 5573.

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. DEAL of Georgia. 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.

## CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2006

Mr. DEAL of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5574) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals, as amended.

The Clerk read as follows:

H.R. 5574

*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 "Children's Hospital GME Support Reauthorization Act of 2006".

### SEC. 2. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

(a) IN GENERAL.—Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in subsection (a), by inserting "and each of fiscal years 2007 through 2011" after "for each of fiscal years 2000 through 2005";

(2) in subsection (f)(1)(A)—

(A) in clause (ii), by striking "and" at the end;

(B) in clause (iii), by striking the period at the end and inserting "and"; and

(C) by adding at the end the following:

"(iv) for each of fiscal years 2007 through 2011, \$100,000,000."; and

(3) in subsection (f)(2)—

(A) in the matter before subparagraph (A), by striking "subsection (b)(1)(A)" and inserting "subsection (b)(1)(B)";

(B) in subparagraph (B), by striking "and" at the end;

(C) in subparagraph (C), by striking the period at the end and inserting "and"; and

(D) by adding at the end the following:

"(D) for each of fiscal years 2007 through 2011, \$200,000,000.".

(b) REDUCTION IN PAYMENTS FOR FAILURE TO FILE ANNUAL REPORT.—Subsection (b) of section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended—

(1) in paragraph (1), in the matter before subparagraph (A), by striking "paragraph (2)" and inserting "paragraphs (2) and (3)"; and

(2) by adding at the end the following:

"(3) ANNUAL REPORTING REQUIRED.—

"(A) REDUCTION IN PAYMENT FOR FAILURE TO REPORT.—

"(i) IN GENERAL.—The amount payable under this section to a children's hospital for a fiscal year (beginning with fiscal year 2008 and after taking into account paragraph (2)) shall be reduced by 25 percent if the Secretary determines that—

"(I) the hospital has failed to provide the Secretary, as an addendum to the hospital's application under this section for such fiscal year, the report required under subparagraph (B) for the previous fiscal year; or