

science and technology in elementary schools in Miami-Dade County. To carry out this program, STU proposes to evaluate existing instructional technology in science and computer education and formulate a special and systematic development for elementary teachers, in conjunction with the Miami-Dade County Public Schools.

Requesting Member: Congressman LINCOLN DIAZ-BALART

Bill Number: H.R. 3293, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY2010

Account: Department of Health and Human Services, Administration for Children and Families-Social Services

Legal Name of Requesting Entity: Barry University

Address of Requesting Entity: 11300 NE 2nd Avenue, Miami Shores, FL 33161

Description of Request: I am proud to have secured \$300,000 to support the Center for Community Services Initiatives (CCSI) to enhance opportunities for external individuals and groups to participate in on-campus programs. The Center will serve as an educational resource to community organizations, including health providers. Barry service-learning opportunities support local community clinics, helping to improve the quality and accessibility of health care, including behavioral health care.

Requesting Member: Congressman LINCOLN DIAZ-BALART

Bill Number: H.R. 3293, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY2010

Account: Department of Health and Human Services, HRSA—Health Facilities and Services

Legal Name of Requesting Entity: Memorial Healthcare System

Address of Requesting Entity: 1901 SW 172nd Avenue, Miramar, FL 33029

Description of Request: I am proud to have secured \$250,000 to construct six additional operating rooms for Memorial Hospital Miramar. Memorial Healthcare System (also known as South Broward Hospital District) is a public, not-for-profit organization, and serves as the largest provider of care in South Broward. Memorial Hospital Miramar is experiencing double digit growth in admissions, outpatient visits, emergency services, deliveries and surgical procedures. Admissions have increased 23% year-to-date. Annual surgical cases continue to rapidly increase up from 5200 cases last year, to a projected 5700 cases or 9% increase this year. Surgical cases are expected to exceed 5,900 in the next five years.

Requesting Member: Congressman LINCOLN DIAZ-BALART

Bill Number: H.R. 3293, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY2010

Account: Department of Health and Human Services, HRSA—Health Facilities and Services

Legal Name of Requesting Entity: Miami Children's Hospital

Address of Requesting Entity: 3100 SW 62nd Avenue, Miami, FL 33155

Description of Request: I am proud to have secured \$450,000 to construct two new hybrid

pediatric cardiac suites under the Miami Children's Hospital Congenital Heart Institute. These adjoining hybrid suites will feature: full cardiac operating room capabilities including cardiopulmonary bypass, dedicated pediatric cardiac anesthesia, state of the art hybrid cardiac surgical/interventional table, low-dose digital flat panel imaging technology and operating room ventilation and temperature control. The goal of CHI is to achieve 100% survivability for children with congenital heart disease, and to improve their health status throughout their lives. This mission is entirely consistent with the goals of HRSA and HHS, and better medical interventions at the early stages of the disease lead to better quality of life for patients, shorter hospital stays, and fewer hospital admissions over the lifetime.

Requesting Member: Congressman LINCOLN DIAZ-BALART

Bill Number: H.R. 3293, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY2010

Account: Department of Health and Human Services, HRSA—Health Facilities and Services

Legal Name of Requesting Entity: Miami Jewish Home and Hospital

Address of Requesting Entity: 5200 NE 2nd Avenue, Miami, FL 33138

Description of Request: I am proud to have secured \$500,000 to develop a PACE Center in Hialeah, Florida. The Program of All-Inclusive Care for the Elderly (PACE) is an innovative long-term care model that allows frail elders to remain at home. The goal of PACE is to deliver high quality, cost-effective care while managing participants' complex medical, functional, and social needs. PACE integrates financing and delivery of acute and long-term care services. PACE enables older individuals who are eligible for nursing home care to continue living in the community with a full spectrum of medical, social and rehabilitative services. The Program of All-Inclusive Care for the Elderly (PACE) meets three important objectives in providing long-term care services: a) it allows long term care in operate in a managed care environment, b) it integrates Medicare and Medicaid into a seamless and transparent funding source, and c) it allows nursing eligible older adults to remain at home.

Requesting Member: Congressman LINCOLN DIAZ-BALART

Bill Number: H.R. 3293, Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, FY2010

Account: Department of Health and Human Services, SAMHSA—Mental Health

Legal Name of Requesting Entity: Spectrum Programs, Inc.

Address of Requesting Entity: 11031 NE 6th Avenue, Miami, FL 33161

Description of Request: I am proud to have secured \$200,000 to demonstrate the effectuality of a mental health and substance abuse treatment continuum that integrates research, best practices and emergent treatment methodologies across the spectrum of mental health, substance abuse, and co-occurring disorders in a continuous improvement model, making the processes and procedures of behavioral health treatment more effective, the timelines to improved behavioral health shorter, and the gains more sustainable, substantially reducing the catastrophic personal, fam-

ily, and societal consequences of historically disaggregated treatment approaches. The funding will establish the Florida Center for Excellence in Emerging Behavioral Health Strategies.

PHYSICIAN-OWNED HOSPITALS
AND OTHER JACKSON-LEE PRO-
POSALS ON HEALTH CARE

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 23, 2009

Ms. JACKSON-LEE of Texas. Madam Speaker, tonight, I come before you representing Texas' 18th Congressional District in Houston. As some of you know, my hometown of Houston is the 4th largest in the country. Houston is home to some of the nation's largest oil companies: Citgo North America, Conoco Phillips-North America, El Paso Corp., Halliburton, Kinder Morgan Energy, Marathon Oil Company, and Shell U.S. Oil Division. Yet as the economy has declined and the nation has begun to shift towards greener fuels, the petroleum business in my District and throughout Texas has also seen a decline.

Today, my state of Texas is facing an unemployment rate of around 7.5%, the highest it has been since in the past 16 years. Additionally, Texas lost 40,600 jobs last month alone. Thus, the six figure jobs common to Houston that have attracted people to my District from all over the country are being slashed. And as my constituents, many of them well-to-do middle income and upper income Americans, have lost their jobs and their businesses, they have also lost their health care.

Truly, Madam Speaker, this issue of health care is not a poor people's problem it is an American problem. And thus, I rise today with my fellow members of the Congressional Progressive Caucus to urge all of my colleagues to get behind this health care bill and pass it before we leave for the August recess next week. Today, while I stand as a representative of Houston, I believe I represent hard working men and women, young and old who can't wait till after recess for health care. They risk bankruptcy and even the poor house because of the rising costs of health insurance. Some of them have cancer, some of them have diabetes, and some of them have simple tooth decay that requires a root canal. However, root canals are not covered by most basic health insurance plans. As such, some of them are now finding that their teeth have become infected and the infection has entered their blood stream and some of them now face terminal illness—all because they lack the health care that many of us in this body take for granted.

Madam Speaker, my colleagues on the Republicans side have partnered with some insurance companies to misrepresent the facts about health care and are now using scare tactics to prevent the health care bill from being voted out of the Energy and Commerce Committee. These forces have pressured conservatives in the Democratic ranks to stall the process. The other side holds up the process of change while over 47 million Americans remain uninsured, while Americans with health care pay as much as \$207 billion excess in

health related taxes, and while hospitals and clinics around the country continue to shutter their doors.

A brighter future is on the horizon with the health care bill now stalled in committee. Central to this bill is its public insurance option, which as the President said, is designed to keep the large insurance companies honest. And as my friend Michael Moore documented in his acclaimed film "Sicko" we cannot always trust our insurance companies. The Public Option, similar to Medicare, will provide a publicly driven health care system, unique to the U.S. and separate from what is in place in any other country. The program will ensure: (1) Early and periodic screening, diagnosis and treatment; (2) Case management for chronic diseases; (3) Dental and mental health services; (4) and even language access services.

Though this health care plan solves many of our nation's health care woes, there are still more improvements that are needed. And I believe that the Democratic leadership is open to good ideas to improve this legislation, improvements from the Progressive Caucus, from the Blue Dogs, from the New Dems, and even from the Republicans.

One of the ideas that I hope to work with Chairman RANGEL, Health Subcommittee Chair STARK, Chairman WAXMAN and our leaders to address are ways to allow for the spread of good serving physician owned hospitals, many of which are caring for those with little to no insurance who would otherwise go underserved populations. And just what is a physician owned hospital . . . as its name implies, it's a hospital that has been started by, purchased by, or in some cases invested in by physicians. While some fear that such hospitals will allow physicians to skim off high end treatment and ignore routine procedures, I believe these concerns focus on only the few bad apples and not the lot of physicians who believe in their oath not to harm and to place people over profit.

So where do we stand today with physician owned hospitals. Under the current version of the health reform bill, 104 physician owned hospitals under development, 42 of which are scheduled to come on line by the end of 2010, will have to shut down. These 104 hospitals at risk represent more than 20,000 new jobs which will be lost in 21 states, over 40 in my home state of Texas. At least \$5 billion in current investments will be lost. It will also affect hospitals that were built to serve working men and women with little or no insurance. I and other Democrats and Republicans urge the leadership to change the bill by eliminating the retroactive date in the bill and "grandfather" all the existing hospitals with physician ownership, including the 104 hospitals under development.

In addition to threatening physician owned hospitals under development, the current bill also limits growth of existing physician owned hospitals. Of the 223 physician hospitals now in operation in 32 states, only three would qualify to apply to the Secretary of HHS for permission to expand. The remainder of the hospitals would have future growth frozen and would likely close because they could no longer be responsive to the medical needs of patients, the community and physicians.

My solution is to eliminate the conditions for growth in section 1156 and the HHS application process, and allow "grandfathered" physi-

cian owned hospitals, including projects under development that qualify for the grandfather provision, to expand and respond to the expanded needs of the communities they serve.

Finally, the current bill repeals the whole hospital exception in the Stark law, thus prohibiting physicians from investing in new hospitals that were not grandfathered. This provision aims to discourage entrepreneurship and risk taking in health care. However, I believe that there are doctors who can do good and do well at the same time. As such, I urge the leadership to amend the exception to allow physicians to invest in acute general care hospitals, hospitals that serve a significant population of the uninsured, or hospitals on the verge of bankruptcy where physicians are the only interested investors.

Such was the case for St. Josephs Medical Center in my district. St. Joseph Medical Center is the first and only hospital in Downtown Houston—a metropolitan area that has grown to over 4 million. In August 2006, over 80 medical staff members out of the 500 on staff, elected to purchase a stake in the hospital to keep it from closing. Because of this partnership, St. Joseph Medical Center remains today as a viable institution, caring for hundreds of thousands of patients each year through the various services of this general, acute care, inner-city hospital. Nearly 5,000 new Houstonians are born annually at this hospital—the first maternity hospital in Houston.

St. Josephs remains the only hospital in Downtown Houston, and without it hundreds of thousands of individuals each year would not have a convenient place to go for their inpatient and outpatient care. With two medical towers adjacent to the campus, physicians' offices are close by, making this a one-stop shop for many who come downtown for their healthcare. Bus lines, rail lines, and two major freeways run right past the hospital, making it even more convenient for the populations that surround it—many of whom have limited or no transportation options.

This model of physician partnership works and in addition, adds 1,800 full time jobs to the Houston economy, pays millions in taxes and provides 40 million dollars of uncompensated care each year, and continues the traditions of the Sisters of Charity—to provide quality healthcare for all. This model saves hospitals in underserved areas and is part of the solution to the health care system problems, not the cause of them. Only to serve as "buyers of last resort" in communities that have a critical access problem and are otherwise providing good care to patients across the country. Thus, I look forward to working with the leadership to reward, not punish, such physician owned hospitals.

Other good proposals that I'm recommending are:

Grants to high schools and middle schools to increase health care professionals, particularly those in underserved communities;

Providing incentives for the development of Community Health Care Centers that are housed in healthy green buildings;

Tax credits for employers who not only offer good health care benefits but encourage their employees to utilize these benefits;

A pilot program to study and demonstrate the benefits of proven alternative medical techniques and medicines; and

A program to study this ongoing problem of people who seek to address depression or en-

hance athletic performance by abusing prescription drugs.

Madam Speaker, I believe that these are good proposals and if adopted will improve the outstanding work done by our leaders. Furthermore, while I seek changes in the health reform bill, I'm not at all about to stand in the way of change, my goal is to inspire change. Moreover, I'm not going to succumb to scare tactics aimed to put politics over people, people who deserve health reform now, not next week, next month, or next year.

EARMARK DECLARATION

HON. DEAN HELLER

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 24, 2009

Mr. HELLER. Madam Speaker, pursuant to the Republican Leadership standards on earmarks, I am submitting the following information regarding earmarks I received as part of H.R. 3288—Transportation, Housing and Urban Development, and Related Agencies Appropriations Act:

Requesting Member: Congressman DEAN HELLER

Bill Number: HR 3288

Account: Federal Highway Administration—Surface Transportation Priorities

Legal Name of Requesting Entity: Regional Transportation Commission of Washoe County, Nevada

Address of Requesting Entity: 2050 Villanova Dr., Reno, NV 89520.

Description of Request: \$500,000. This funding will be used for the Meadowood Interchange project that will mitigate severe current and future traffic congestion occurring on I-580/US 395 and the adjacent surface arterials in the primary commercial retail district for the Reno/Sparks metropolitan area.

Requesting Member: Congressman DEAN HELLER

Bill Number: HR 3288

Account: Federal Highway Administration—Federal Lands (Public Lands Highways)

Legal Name of Requesting Entity: Nevada Department of Transportation

Address of Requesting Entity: 1263 South Stewart Street, Carson City, NV 89701

Description of Request: \$1,000,000. This funding will be used for the U.S. 50 State Realignment project. This project involves the Realignment of U.S. Highway 50 in the Stateline, Nevada Corridor. The project will look to provide operational improvement and pedestrian and transit improvements in the heavily congested Stateline corridor

Requesting Member: Congressman DEAN HELLER

Bill Number: HR 3288

Account: Federal Aviation Administration—Facilities and Equipment

Legal Name of Requesting Entity: Reno-Tahoe Airport Authority

Address of Requesting Entity: 2001 E. Plumb Ln., Reno, NV 89502

Description of Request: \$263,000. This funding will be used for the acquisition and installation of an Approach Surveillance Radar (ASR-11) at the Reno-Tahoe International Airport. The Reno-Tahoe International Airport and five other airports in the region are all served by an existing Approach Surveillance