

families affected by ovarian cancer. Ovarian cancer is recognized as one of the nation's deadliest cancers. The five-year survival rate for ovarian cancer patients is 46 percent, while the ten-year survival rate is calculated to be as low as 39 percent. In 2009, it is estimated that more than 21,550 women will be diagnosed with ovarian cancer and 14,600 will die of the disease.

However, there is hope. If ovarian cancer is treated before it has spread outside the ovary, the five-year survival rate is an outstanding 93 percent.

Unfortunately, due to the lack of an effective early detection test, less than 20 percent of cases are found early enough to treat. Survival rates vary greatly depending on the stage of ovarian cancer at diagnosis. Women diagnosed at an early stage have a dramatically higher five-year survival rate than those diagnosed at a late stage. Since there are currently no effective screening tools for ovarian cancer, raising patient and health care provider awareness is crucial and the only way to help women recognize potential warning signs that can extend and improve their lives.

To this end, I urge my colleagues and their staff to join me in recognizing September as National Ovarian Cancer Awareness Month. This is an important time during which the ovarian cancer community will be helping to increase awareness of the disease and its symptoms, as well as support research to improve treatments and the development of a desperately needed screening test. September 4th is recognized as "Teal Day", a day on which everyone is encouraged to wear teal to raise awareness of ovarian cancer and its symptoms, much like pink is worn to do the same for breast cancer. Teal Day is an excellent opportunity to increase public knowledge about this disease.

I commend the Ovarian Cancer National Alliance and other groups like it for their unwavering commitment to make women aware of ovarian cancer symptoms and for their advocacy on behalf of women and families touched by this devastating disease. More must be done to identify ovarian cancer at its earliest and most treatable stage.

DEMOCRATS' GOVERNMENT INTRUSION INTO PRIVATE HEALTH CARE

HON. HOWARD P. "BUCK" McKEON

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Mr. McKEON. Madam Speaker, I rise in opposition to the Democrats' government takeover of our Nation's health care system. This new vision of health care in America is not something the American people can embrace. A bill allowing for government intrusion into the most private matters of our lives can never be justified. Let me share a couple of examples:

Imagine you are 65 years old and you go in for your annual checkup. You are in fine health and you are expecting to hear that everything is fine. Instead, your doctor is required by unelected government bureaucrats

to tell you of the proper way to wind down your life and enter hospice care. You may be in perfect health, but the government entered your conversation with you and your doctor and determined that you should really be preparing for the end of your life. This is just one single intrusion on page 424 of this thousand-page bill.

Another example of government intrusion? How about the millions of seniors who may lose their choice of coverage when the government steps in and paces back the Medicare Advantage program? The \$162 billion in cuts proposed by the Democrat majority will result in the loss of health care choices for rural Californians in my district. That's just another government intrusion on page 331 of this 1,000-plus-page bill.

Madam Speaker, this bill injects government into all of our private health care decisions, and drives the deficit up by trillions of dollars, passing on mountains of debt and a ruined health care system to our children and grandchildren. Let's take the time to read this bill and give the American people the opportunity to learn how much this is going to impact their lives every day.

ENHANCED EDUCATION AND TRAINING FOR PROVIDERS

HON. PATRICK J. KENNEDY

OF RHODE ISLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Mr. KENNEDY. Madam Speaker, the America's Affordable Health Choices Act of 2009 vitally enhances the provision of mental health care in our nation. Perhaps most importantly, the legislation includes mental health and substance-use disorders benefits in the essential benefits package. It is because of the precedent set by the mental health parity law, fortifying the civil rights of those with mental illnesses, which lead to the clear recognition by the bill that optimal health cannot be achieved without the inclusion of mental health and substance-use disorder services. I am pleased to have worked with the Committees to have accomplished this victory.

This bill also bolsters the provision of primary care in our country, and in particular prevention. However, if mental health and substance-use disorders are to be included as an essential benefit, we need to be sure that our Nation's physicians, both primary care doctors and specialists, have the behavioral health training and education necessary for them to meet these new provisions. Current medical education, and in particular continuing medical education, does not include enough behavioral health components for physicians to adequately meet the mental health needs of their patients. Substance-use disorder education in particular is rarely offered as a separate component of education, leading medical school graduates with a lack of confidence in their skills to screen, assess, or provide the needed interventions to their patients, according to the 2005 National Academy of Sciences' Institute of Medicine (IOM) Improving the Quality of Health Care for Mental and Substance-Use Conditions report. This report also found that even in preventative medicine, most sub-

stance-use education focused solely on tobacco.

The recommendations from this report were so essential for the health of our Nation that I developed legislation based on them—the Improving the Quality of Mental and Substance Use Health Care Act. These issues are now more pertinent than ever as we craft a reform of the current system which will greatly increase the access to mental health care for Americans. Sadly, a recent study showed that barely a third of Americans with mental illness get proper treatment, and that most people who do get care obtain it through their care from primary care physicians. Yet about two-thirds of U.S. primary care physicians reported in 2004–05 that they could not get outpatient mental health services for their patients—a rate that was at least twice as high as for other services, according to the Commonwealth Fund. It is more crucial now than ever that physicians receive the proper behavioral health training—we cannot increase access without arming our workforce with the tools needed to meet this challenge. I therefore respectfully ask the Committees' and my colleagues to ensure that this essential education and training is included in the workforce and education enhancements sections of this bill.

EARMARK DECLARATION

HON. THOMAS E. PETRI

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Mr. PETRI. 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. 3326, Department of Defense Appropriations Act, 2010:

Requesting Member: Hon. THOMAS E. PETRI
Bill Number: H.R. 3326

Account: Department of Defense: Operations and Maintenance, Army (OM, A)

Legal Name of Requesting Entity: Department of Defense

Address of Requesting Entity: 1400 Defense Pentagon, Washington, DC 20301–1400

Description of Request: The \$4,500,000 appropriation will be used by the Department of Defense to purchase Light Weight Tactical Utility Vehicles. This vehicle will be manufactured at John Deere Horicon Works in Horicon, Wisconsin. The Light Weight Tactical Utility Vehicle, better known as the M-Gator, is a rugged, air-droppable, highly mobile diesel-powered tactical vehicle to expedite casualty evacuation and resupply activities. They have been heavily utilized during Operation Iraqi Freedom and Operation Enduring Freedom. The M-Gator has proven to be a key asset to our troops around the world in support of the Global War on Terror and provides a unique capability that does not exist in the Army equipment inventory. M-Gators fill critical equipment shortages in Infantry, Aviation, Military Police, Combat and Field Service Hospitals, Special Operations, and other Combat Support and Combat Service Support units. The M-Gator enjoys an enviable reputation because of its ruggedness, load-carrying capability, and reliability.

EARMARK DECLARATION

HON. MARY BONO MACK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 28, 2009

Mrs. BONO MACK. 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. 3293—Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2010

Requesting Member: MARY BONO MACK

Bill Number: H.R. 3293

Account: Health Resources and Services Administration (HRSA)—Health Facilities and Services

Entity Requesting: California State University San Bernardino, 5500 University Parkway, San Bernardino, CA 92407

Description of Earmark: \$100,000 is provided for California State University, San Bernardino, to equip a nursing lab in its Health Sciences building at the Palm Desert campus. The need for nursing and health science education has been voiced throughout the Coachella Valley. The Palm Desert Campus of California State University, San Bernardino has responded by establishing new health sciences programs, including a R.N. to B.S.N. that enrolls registered nurses currently working in local hospitals and enables them to upgrade their skills, preparing them for more responsible roles in local hospitals. I am asking for appropriated funds to help outfit the simulation lab (sim lab) of the Health Sciences Building, which will provide the necessary real-life experience needed by nursing students. The sim lab would help the University deal with the decline in clinical placements sites through the use of human patient simulation. The sim lab provides a computer-model-driven, full-sized human patient simulator that delivers true-to-life experiences.

Spending Plan: With local and state funding, a new Health Science Building is being constructed to house traditional classrooms and computer labs, science labs, as well as specialized labs for nursing, including a hospital-like simulation lab with projected completion by end of FY09. California State University provides both the programming and staff, and it will be responsible for future expansion as needed.

Project Budget Breakout: Human Patient Simulator Base Unit—\$259,835; Pediatric Human Patient Simulator Base Unit—\$262,400; Second Human Patient Simulator Base Unit—\$227,835; Equipment for lab to support mannequins (computers, replacement equipment, etc. Mannequins are run on Apple Mac G4's.)—\$150,930; Clinical Simulation programs scenarios—\$35,000; Eight Stryker Bed Secure 2 Beds (or Hillrohm equivalent) with monitoring equipment @ \$6,000/ea—\$48,000; Eight portable crash carts (Intermetro Industries or equivalent) @ \$2,000/ea—\$16,000; Total: \$1,000,000

Requesting Member: MARY BONO MACK

Bill Number: H.R. 3293

Account: Health Resources and Services Administration (HRSA)—Health Facilities and Services

Entity Requesting: Eisenhower Medical Center, 39000 Bob Hope Drive, Rancho Mirage, CA 92270

Description of Earmark: \$350,000 is provided for Eisenhower Medical Center to meet the needs of a growing medically underserved community in need of health care services in the fast-growing East Coachella Valley. Eisenhower Medical Center is developing a health center in La Quinta, California to address this need. The first phase will house an academically affiliated physician group, an imaging center, a radiation oncology center, a breast and bone screening satellite, Express Clinic, a satellite lab and pharmacy, and prevention and wellness programs. This center will combine conventional medicine and cutting edge technologies with preventative practices. This will ensure that the Health Center in La Quinta will serve as the focal point for integrative health, wellness education and treatment, addressing more than the management of disease, but the pursuits of optimal health in the Coachella Valley. This clinic will also provide much needed job opportunities for the east valley. A study conducted as recently as 2006 showed that the Coachella Valley is 100 primary care physicians short of meeting the current demand. The Health Center is designed to provide an additional 15 primary care physicians and 80 to 100 health care professionals in the first four years and will provide services to a population of 80,000 to 100,000 people. Eisenhower Medical Center, a not-for-profit organization, exists to serve the changing health care needs of our region by providing excellence in patient care with supportive education and research and therefore believes community education and health are of utmost importance.

Spending Plan: EMC is committed to meeting the rapidly growing, critical community needs of the East Valley and to provide the best cancer treatment services to the communities with the new Health Center in LaQuinta.

Construction: \$45,000,000; Equipment/Furnishings/Fixtures: \$6,000,000; Total: \$51,000,000

Requesting Member: MARY BONO MACK

Bill Number: H.R. 3293

Account: Health Resources and Services Administration (HRSA)—Health Facilities and Services

Entity Requesting: Riverside Community College District, 4800 Magnolia Avenue, Riverside, CA 92506-1299

Description of Earmark: \$150,000 is provided for Riverside Community College District to equip their Allied Health Sciences Program. A lack of skilled workers, advances in medical science, and an aging healthcare workforce are producing a national and regional shortage of allied healthcare professionals such as Physician Assistants, Laboratory Technicians, Paramedics, and Physical Therapists. To begin filling the shortage, RCCD seeks to expand existing Allied Health Sciences Program and Funds would be used to purchase equipment for this program, enabling RCCD to graduate 300 percent more medical professionals over five years. RCCD's Allied Health Sciences program has been recognized as the best program in California in terms of graduating allied health services professionals, topping USC and Stanford in a recent competition. RCCD serves a region which is severely medically underserved. The Inland Empire has the state's lowest number of physicians per 100,000, with a projected shortfall of 1,140 physicians by 2015. This ratio also holds for allied health service professionals, making the

Inland Empire one of the most medically underserved areas in the nation. Cutting-edge equipment at the Allied Health Sciences program will increase the effectiveness and efficiency of training efforts through close interaction, exchange and collaboration within and between various disciplines. Further, a program equipped with the latest technology will also attract more high-quality students and new faculty.

Spending Plan: The State of California recently awarded RCCD \$495,000 for equipment purchases. RCCD will undertake a private fundraising effort to raise the delta between \$1.25 million, the State funds, and any federal appropriations. These efforts will be similar to those which netted \$100,000 per year over five years from Tri-Dental to establish and grow RCCD's Dental Hygienist program. While the acute need for such workers will spur private donations from professional organizations, federal funds will allow the program to fill the worker shortage more quickly.

Requesting Member: MARY BONO MACK

Bill Number: H.R. 3293

Account: Health Resources and Services Administration (HRSA)—Health Facilities and Services

Entity Requesting: University of California—Riverside, 900 University Ave., Riverside, CA 92521

Description of Earmark: \$3,400,000 is provided for University of California—Riverside for the UC Riverside School of Medicine. The planned School of Medicine at the University of California, Riverside (UCR) will address the severe physician shortage in Inland Southern California by training a diverse physician workforce. The UCR medical school will also respond to 21st century health care needs by incorporating advances in medical education, science and technology for the benefit of the population of Inland Southern California. The medical school at UCR is being built on the strong foundation already established by the campus' joint medical education program with the University of California Los Angeles School of Medicine. This partnership of more than 30 years has produced more than 700 practicing physicians. UCR is uniquely positioned to launch its own four-year School of Medicine. The campus lies in the heart of Southern California's Inland Empire, one of the most rapidly growing regions in the nation.

The first incoming class of 50 medical students is projected to enroll in the UCR School of Medicine in fall 2012. Concurrently, the medical school will launch residency programs to offer the required training for postgraduate medical students to achieve board certification. Enrollment will ramp up gradually to a total of 400 medical students, 160 residents and 160 graduate students. With the regional physician shortfall forecast to be as high as 53 percent by 2015, the Inland Empire faces a health care challenge of crisis proportions. Since physicians tend to practice near where they complete their residencies, building a medical school in the region is an effective means of mitigating some of the area's physician shortfall. The regional focus of the medical school's research and clinical enterprises will address the poor health outcomes for many residents of Riverside and San Bernardino counties.

Spending Plan: Health Sciences Building construction (financing + campus funds): \$39,689,000; Health Science Building 1st/2nd