

well as other restrictions applicable to the Capitol Grounds, with respect to the event.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BARLETTA) and the gentleman from Indiana (Mr. CARSON) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

#### GENERAL LEAVE

Mr. BARLETTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H. Con. Res. 88.

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

There was no objection.

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

H. Con. Res. 88 authorizes the use of the Capitol Grounds for the annual Greater Washington Soap Box Derby in June.

I want to thank the gentleman from Maryland (Mr. HOYER) for introducing this resolution. He has been a longtime supporter of this event and of the children involved each year.

This event occurs annually on the Capitol Grounds. The Soap Box Derby encourages children to show off their dedication, work, and creativity as they compete for trophies. The winners of each division are qualified to compete in the National All-American Soap Box Derby held in Ohio.

I support the passage of this resolution, and I reserve the balance of my time.

Mr. CARSON of Indiana. Mr. Speaker, I yield myself such time as I may consume.

I would like to commend my very close and dear friend, Congressman HOYER, for his dedication to the Greater Washington Soap Box Derby and for introducing this resolution on behalf of the Washington regional delegation.

I support today's resolution, which authorizes the Greater Washington Soap Box Derby to use the Capitol Grounds. This event provides a terrific opportunity for children to learn the values of craftsmanship and competition as they build and race their vehicles.

The very first soap box derby race in Washington, D.C., was run in 1938, and for the last 20 years, the official race site has been on Capitol Hill. With race cars approaching speeds of 25 miles per hour on Constitution Avenue, this event provides a real thrill for kids and adults alike from across the region. Winners of this event go on to compete in the national competition in Akron, Ohio, where they compete against kids from all over the world.

On race day, every Greater Washington Soap Box Derby participant starts the race with the chance to become a world champion. I support this terrific opportunity for the children of Washington, D.C., and I urge my colleagues to support the passage of this great resolution.

I reserve the balance of my time.

Mr. BARLETTA. Mr. Speaker, I continue to reserve the balance of my time.

Mr. CARSON of Indiana. Mr. Speaker, I yield 5 minutes to the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I want to thank Mr. CARSON and Mr. BARLETTA for bringing this bill to the floor.

Mr. Speaker, for the 23rd straight year, I am proud to sponsor this resolution that allows the Greater Washington Soap Box Derby Association to hold its 73rd annual race on the grounds of the United States Capitol on June 14, which, by the way, Mr. Speaker, happens to be my birthday. As Mr. CARSON pointed out, and as Mr. BARLETTA has said, this is a longstanding tradition that brings young people from around the area to the Capitol for a fun and educational achievement.

In 1938, Mr. Speaker, Norman Rocca beat 223 other racers to win the inaugural Greater Washington Soap Box Derby, which was held on New Hampshire Avenue. Over the years, thousands of the region's young people have participated in this great race. Dozens of boys and girls, ranging in age from 8 to 17, are divided into three divisions: stock, super stock, and masters. The local winner of each division will qualify to compete with racers from around the world in the All-American Soap Box Derby in Akron, Ohio.

America's soap box derbies have been called the "greatest amateur racing event in the world." Every year, they bring young people together with their parents and teach sportsmanship, hard work, and pride of accomplishment, not to mention engineering and the awareness of how you make something that makes a difference. The spirit of competition that fuels these racers is the same spirit that has long energized our Nation's businesses and innovators, which all of these young people are and, hopefully, will continue to be. The young participants in these derbies are often sponsored by community groups, police departments, fire departments, and others who recognize in them great promise for the future.

I continue to be incredibly proud of those from Maryland's Fifth District who participate. We have celebrated a number of soap box derby champions from the Fifth District, including the winners from 2007, 2008, 2009, 2012, and 2013. You can see that the soap box derby is very important and popular in my district. The winners in 2007 and 2008 went on to prevail in the national championship. All of last year's winners were from Maryland's Fifth District: Aspen Tomasello, who won the stock division; Brittany Sorli, who won the super stock division; and Jay Warnick, who won the masters division and who went on to become the third St. Mary's County resident—the county in which I live, the most southern county in our State—to win the All-American Soap Box Derby in 6 years. We are very proud of them all.

I want to thank those Members who have cosponsored this resolution: Representatives GERRY CONNOLLY, JOHN DELANEY, DONNA EDWARDS, JIM MORAN, ELEANOR HOLMES NORTON, CHRIS VAN HOLLEN, and my dear friend FRANK WOLF.

I urge my colleagues to support this resolution and to come and see the soap box derby in action.

Mr. BARLETTA. The gentleman from Maryland may be interested to know that, in our markup of this resolution, two of our committee members mentioned that they were proud soap box derby champions—Mr. NOLAN of Minnesota and Mr. WILLIAMS of Texas. They also joked that, today, they now stand on a soap box here in Congress.

I reserve the balance of my time.

Mr. CARSON of Indiana. Mr. Speaker, may I ask my colleague, the honorable chairman, Mr. BARLETTA, if he has any other speakers.

Mr. BARLETTA. I have no other speakers.

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

Mr. BARLETTA. Mr. Speaker, in closing, this has been a proud tradition across the Nation, including in Pennsylvania. In fact, in 1975, 11-year-old Karren Stead of Lower Bucks County, Pennsylvania, became the first girl to win the All-American Soap Box Derby.

Again, I would like to thank the minority whip for giving us an opportunity each year to highlight this event and its importance.

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 Pennsylvania (Mr. BARLETTA) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 88.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2013

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1557) to amend the Public Health Service Act to reauthorize support for graduate medical education programs in children's hospitals.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1557

*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 2013".

#### 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 striking “through 2005 and each of fiscal years 2007 through 2011” and inserting “through 2005, each of fiscal years 2007 through 2011, and each of fiscal years 2014 through 2018”; and

(2) in subsection (f)—

(A) in paragraph (1)(A)—

(i) in clause (iii), by striking “and”; and

(ii) in clause (iv), by striking the period and inserting “; and”; and

(iii) by adding at the end the following:

“(v) for each of fiscal years 2014 through 2018, \$100,000,000.”; and

(B) in paragraph (2)—

(i) in subparagraph (C), by striking “and”; and

(ii) in subparagraph (D), by striking the period and inserting “; and”; and

(iii) by adding at the end the following:

“(E) for each of fiscal years 2014 through 2018, \$200,000,000.”.

(b) REPORT TO CONGRESS.—Section 340E(b)(3)(D) of the Public Health Service Act (42 U.S.C. 256e(b)(3)(D)) is amended by striking “Not later than the end of fiscal year 2011” and inserting “Not later than the end of fiscal year 2018”.

### SEC. 3. SUPPORT OF GRADUATE MEDICAL EDUCATION PROGRAMS IN CERTAIN HOSPITALS.

Section 340E of the Public Health Service Act (42 U.S.C. 256e) is amended by adding at the end the following:

“(h) ADDITIONAL PROVISIONS.—

“(1) IN GENERAL.—The Secretary is authorized to make available up to 25 percent of the total amounts in excess of \$245,000,000 appropriated under paragraphs (1) and (2) of subsection (f), but not to exceed \$7,000,000, for payments to hospitals qualified as described in paragraph (2), for the direct and indirect expenses associated with operating approved graduate medical residency training programs, as described in subsection (a).

“(2) QUALIFIED HOSPITALS.—

“(A) IN GENERAL.—To qualify to receive payments under paragraph (1), a hospital shall be a free-standing hospital—

“(i) with a Medicare payment agreement and that is excluded from the Medicare inpatient hospital prospective payment system pursuant to section 1886(d)(1)(B) of the Social Security Act and its accompanying regulations;

“(ii) whose inpatients are predominantly individuals under 18 years of age;

“(iii) that has an approved medical residency training program as defined in section 1886(h)(5)(A) of the Social Security Act; and

“(iv) that is not otherwise qualified to receive payments under this section or section 1886(h) of the Social Security Act.

“(B) ESTABLISHMENT OF RESIDENCY CAP.—In the case of a freestanding children’s hospital that, on the date of enactment of this subsection, meets the requirements of subparagraph (A) but for which the Secretary has not determined an average number of full-time equivalent residents under section 1886(h)(4) of the Social Security Act, the Secretary may establish such number of full-time equivalent residents for the purposes of calculating payments under this subsection.

“(3) PAYMENTS.—Payments to hospitals made under this subsection shall be made in the same manner as payments are made to children’s hospitals, as described in subsections (b) through (e).

“(4) PAYMENT AMOUNTS.—The direct and indirect payment amounts under this subsection shall be determined using per resident amounts that are no greater than the per resident amounts used for determining direct and indirect payment amounts under subsection (a).

“(5) REPORTING.—A hospital receiving payments under this subsection shall be subject to the reporting requirements under subsection (b)(3).

“(6) REMAINING FUNDS.—

“(A) IN GENERAL.—If the payments to qualified hospitals under paragraph (1) for a fiscal year are less than the total amount made available under such paragraph for that fiscal year, any remaining amounts for such fiscal year may be made available to all hospitals participating in the program under this subsection or subsection (a).

“(B) QUALITY BONUS SYSTEM.—For purposes of distributing the remaining amounts described in subparagraph (A), the Secretary may establish a quality bonus system, whereby the Secretary distributes bonus payments to hospitals participating in the program under this subsection or subsection (a) that meet standards specified by the Secretary, which may include a focus on quality measurement and improvement, interpersonal and communications skills, delivering patient-centered care, and practicing in integrated health systems, including training in community-based settings. In developing such standards, the Secretary shall collaborate with relevant stakeholders, including program accrediting bodies, certifying boards, training programs, health care organizations, health care purchasers, and patient and consumer groups.”.

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

The Chair recognizes the gentleman from Pennsylvania.

#### GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

I am glad that, today, we will pass a bill that will help keep American children healthy. Today, the House considers S. 1557, the Children’s Hospital GME Support Reauthorization Act of 2013. This is companion legislation to my own bill, H.R. 297, which passed the House at the beginning of this Congress. I am pleased that we have worked out the slight differences between the bills and that we can now reauthorize an important program that makes sure our Nation has enough doctors trained to treat children.

The Children’s Hospital Graduate Medical Education Program helps encourage more young doctors to pursue this important specialty. Without it, we would certainly see fewer medical professionals enter pediatrics and pediatric subspecialties.

□ 1800

Children need doctors trained just to treat them. Nationwide, this program supports the training of more than 5,000 doctors. Locally, in my area of Pennsylvania, the Children’s Hospital of Philadelphia participates in the program.

I have had the privilege of visiting the hospital a number of times and

meeting with the young patients and the doctors learning how to treat them.

I am proud to have worked on this legislation with Energy and Commerce Health Subcommittee Ranking Member FRANK PALLONE. We originally introduced this bill in the 112th Congress. It has been a long road. I am glad we can finally send this bill to the President for his signature.

This is yet another bipartisan bill that we have successfully moved through the Health Subcommittee. It is proof that, despite our differences, we can find common ground and work together on legislation in a bipartisan way to help Americans stay healthy.

I would like to especially thank Monica Volante on my staff, as well as the staff of the Health Subcommittee, especially Brenda Destro and Katie Novaria, who worked tirelessly on this legislation.

I urge all of my colleagues to support this bill, and I reserve the balance of my time.

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

I rise today in support of the Children’s Hospitals GME Support Reauthorization Act, which reauthorizes the Children’s Hospital Graduate Medical Education Program through 2018.

The Children’s Hospital Graduate Medical Education Program provides vital funding to support the training of pediatricians and pediatric specialists in our children’s hospitals.

Continued strong support for CHGME is essential to maintain this investment in our children’s health care. Reauthorizing the Children’s Hospital Graduate Medical Education Program represents a commitment to ensuring that children throughout the country have access to the quality care they need.

Since its creation in 1999, this program has increased the number of pediatric health care providers, addressed critical shortages in pediatric specialty care, and improved access to necessary care.

The CHGME recipient hospitals represent less than 1 percent of all hospitals, yet train half of all the Nation’s pediatricians and pediatric specialists.

As a cosponsor of the House bill that passed in 2013 and a long advocate for the Children’s Hospital Graduate Medical Education Program, I applaud this bipartisan, bicameral effort to preserve and strengthen this important program.

I want to recognize and applaud the leadership of Ranking Member FRANK PALLONE and Chairman PITTS on this legislation in the House.

I also want to acknowledge the sponsors of the measure we are considering today, Senators CASEY and ISAKSON. I also commend Chairman UPTON, Chairman HARKIN, and Ranking Member ALEXANDER for making it possible for the House to consider this bipartisan legislation today.

I urge my colleagues to join me in supporting S. 1557 and sending this legislation to the President for his signature.

I yield back the balance of my time.

Mr. Speaker, I rise today in support of the Children's Hospitals GME Support Reauthorization Act, which reauthorizes the Children's Hospitals Graduate Medical Education (CHGME) program through 2018.

The CHGME program provides vital funding to support the training of pediatricians and pediatric specialists in children's hospitals.

Continued strong support for CHGME is essential to maintain this investment in children's health care. Reauthorizing CHGME represents a commitment to ensuring that children throughout the country have access to the quality care they need.

Since its creation in 1999, CHGME has increased the number of pediatric health care providers, addressed critical shortages in pediatric specialty care and improved access to necessary care.

The CHGME recipient hospitals represent less than one percent of all hospitals, yet train half of all the nation's pediatricians and pediatric specialists.

As a co-sponsor of the House bill that passed in February 2013 and a longtime advocate for the CHGME program, I applaud this bipartisan, bicameral effort to preserve and strengthen this important program.

Mr. PITTS. Mr. Speaker, I am very pleased to ask all Members to support S. 1557, very important legislation with bipartisan support, and I yield back the balance of my time.

Mr. WAXMAN. Mr. Speaker, I rise to support S. 1557, the Children's Hospital GME Support Reauthorization Act of 2013.

S. 1557 reauthorizes the children's hospital graduate medical education—or CHGME—program through fiscal year 2018 at an authorization level of \$300 million per year. The legislation also makes two important changes to the program. It provides for a limited expansion of the CHGME program to include children's psychiatric hospitals and other children's hospitals that have been unable—to date—to participate in the program for technical reasons. It also would allow the Secretary of Health and Human Services to redistribute any remaining funding set aside for the newly-eligible hospitals that goes unused based upon quality measures.

This program provides ongoing and consistent financial support to hospitals such as Children's Hospital of Los Angeles for the training of doctors who want to specialize in pediatrics. Over the years, the CHGME program has been enormously successful in reversing the significant decline in the number of pediatrician trainees across the country. Indeed, today, children's hospitals nationwide that are supported by the program train 49% of all pediatricians and 51% of all pediatric specialists.

Not surprisingly, the CHGME program has a decade-long history of bipartisan support. The program was first established in 1999 and has subsequently been reauthorized on two occasions. During the 112th Congress and earlier this Congress, the House passed stand alone legislation that would have reauthorized the CHGME program for another five years.

I am sure that Members on both sides of the aisle agree we want to make certain this

important program remains in place, and we want to send a strong message about the importance of fully funding it.

I want to recognize and applaud the leadership of Ranking Member PALLONE and Chairman PITTS on CHGME legislation in the House. I also want to acknowledge the sponsors of the measure we are considering today—Senators CASEY and ISAKSON. And, of course, I commend Chairman UPTON, Chairman HARKIN, and Ranking Member ALEXANDER for making it possible for the House to consider this bipartisan legislation today.

I urge my colleagues to join me in supporting S. 1557 and sending this legislation to the President for his signature.

Mr. GINGREY of Georgia. Mr. Speaker, I rise in support of S. 1557, the Children's Hospital GME Support Reauthorization Act of 2013. This bill extends and reauthorizes funding for those children's hospitals with approved graduate medical residency training program. We must act now to promote and strengthen our country's pediatric workforce.

It is no secret that our country faces a growing shortage of physicians. It is important for Congress to recognize that investments in our future doctors will be essential to ensuring patient access and quality health outcomes. If we do not have the physicians to care for our sick and needy, no amount of technological advancement will be enough to provide health care services for everyone. The vote today recognizes this fact, and will confirm our desire to provide adequate future access to pediatric care.

As a physician of over 30 years, and one who has delivered over 5,200 babies, I understand the tremendous impact that pediatricians have on the health of our children. The bipartisan support and engagement of this legislation points to its truly important need and I urge my colleagues today to vote to ensure that an adequate funding stream is available to train tomorrow's pediatricians.

For these important reasons, I support S. 1557.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of S. 1557, the Children's Hospital Graduate Medical Education Support Reauthorization Act. Passed in the Senate in November, this legislation is vital to our children's health care system because it provides freestanding children's hospitals with federal funding for graduate medical education.

In my district, Children's Medical Center of Dallas trains 230 medical residents each year and is integral in addressing the current physician shortage in Texas. CHGME is vital to the continuation of the training program at Children's and at pediatric hospitals nationwide. CHGME recipient hospitals make up only one percent of all hospitals and train nearly half of all pediatricians.

Hospitals like Children's provide coordinated care for our nation's sickest kids regardless of their family's ability to pay. The CHGME program ensures that pediatricians and pediatric specialists are properly trained to care for these children, covering basic physician visits to complex, life-threatening cancers.

Since 1999, CHGME has helped to address the gap in federal support for pediatric training and specialty pediatric care. The CHGME program is a critical investment in strengthening our healthcare workforce and is essential to maintaining the gains in pediatric care. I urge

my colleagues to support the CHGME program and vote in favor of S. 1557, the Children's Hospital Graduate Medical Education Support Reauthorization Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. PITTS) that the House suspend the rules and pass the bill, S. 1557.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 6 o'clock and 3 minutes p.m.), the House stood in recess.

□ 1830

## AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. BYRNE) at 6 o'clock and 30 minutes p.m.

## ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Suspending the rules with regard to the Senate amendment to H.R. 4152, S. 2183, and agreeing to the Speaker's approval of the Journal.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

## PROVISION OF COSTS OF LOAN GUARANTEES FOR UKRAINE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and concur in the Senate amendment to the bill (H.R. 4152) to provide for the costs of loan guarantees for Ukraine, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and concur in the Senate amendment.

The vote was taken by electronic device, and there were—yeas 378, nays 34, not voting 19, as follows:

[Roll No. 149]

YEAS—378

Aderholt	Bachus	Barr
Amodei	Barber	Barrow (GA)
Bachmann	Barletta	Barton