

This is not a new, unending bureaucracy. After 3 years, this commission will sunset. In 3 years, it will be gone.

We have made a huge investment of taxpayer dollars in research. It is time for us to leverage that investment and translate that into meaningful prevention and effective treatment options.

So today, on World Diabetes Day, I ask my colleagues to vote for H.R. 1192 and help all those who suffer from diabetes and other complex metabolic and autoimmune disorders.

Ms. SCHAKOWSKY. Mr. Speaker, the truth is, in this country, if we were able to actually get some control of diabetes—which, as the author of this bill said, affects over 100 million Americans—prediabetes or diabetes, we would be able to really get control of all healthcare costs. It is one of the biggest drivers of healthcare costs in our country.

So while this is a commission—and let's hope that the commission does its good work—we have to stay focused, as he said, on the issue of diabetes.

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

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), who is in support of the bill.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 1192, the National Clinical Care Commission Act, which establishes within the Department of Health and Human Services the National Diabetes Clinical Care Commission.

The commission will look into the dissemination of information and resources to clinicians on best practices for delivering high quality care and how best to effectively deploy new and emerging treatment and technologies.

As a pharmacist, I played an important role in diabetes care by screening patients who had a high risk for diabetes and educated patients to empower them to take better care of themselves.

I believe all of my colleagues would agree that making government work to help evaluate and recommend solutions regarding diabetes is important. The American Diabetes Association reports that there are almost 30 million people living with this disease.

With better coordination and leveraging of Federal programs that relate to clinical care for people with prediabetes, diabetes, and the chronic diseases and conditions caused by diabetes, we will begin to stem the tide of this awful disease.

Mr. Speaker, this legislation should be a priority for our country, and I urge my colleagues to support this bill.

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

Mr. BURGESS. Mr. Speaker, this is an important bill that we are acting on today. I would remind the body that it passed on a strong vote through the full committee on a voice vote, and there are many things to recommend this bill. I urge an "aye" vote.

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

Ms. DEGETTE. Mr. Speaker, I rise today to commemorate World Diabetes Day and to urge the passage of the National Diabetes Clinical Care Commission Act (H.R. 1192), which would authorize a committee of experts to improve care for people with diabetes and associated conditions. I'd like to thank the original co-sponsors of the bill, Mr. OLSON and Mr. LOEBACK, as well as Chairman UPTON and Ranking Member PALLONE, for all your hard work in making sure this important legislation gets the attention it deserves.

World Diabetes Day helps raise awareness of the scope of this disease. In that spirit, I'd like to note for all our colleagues that the human and economic impact of diabetes in the United States is mammoth. More than 29 million people in the United States from all walks of life have diabetes. The Centers for Disease Control estimates as many as 86 million Americans have pre-diabetes.

This disease is a life-long reality that patients and their families must grapple with every day. As the mother of a child with type 1 diabetes, I know the toll it can take. But I'm also in awe of the bravery and strength exhibited by people who live with diabetes. For them, we must continue to support innovative and thoughtful solutions that address awareness, prevention and cures.

For health care problems of this magnitude, coordination is essential. Increased communication and planning between the many different federal agencies working to prevent and treat diabetes will make a difference for patients and help us spend taxpayer dollars in a more cost-effective way. The National Clinical Care Commission Act would help jump-start these efforts by facilitating dialogue and coordination between leaders in the federal government and experts from the field. The Commission would be tasked with reviewing the many different ways the government currently spends money on diabetes and coming up with a strategic plan on how to move forward effectively and efficiently.

I have no doubt that the House will pass H.R. 1192 today. I encourage the Senate to vote on this commonsense bill as soon as possible. Thank you.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 1192, as amended.

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

The title of the bill was amended so as to read: "A bill to amend the Public Health Service Act to foster more effective implementation and coordination of clinical care for people with a complex metabolic or autoimmune disease, a disease resulting from insulin deficiency or insulin resistance, or complications caused by such a disease, and for other purposes."

A motion to reconsider was laid on the table.

IMPROVING ACCESS TO MATERNITY CARE ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 1209) to amend the Public Health Service Act to provide for the designation of maternity care health professional shortage areas, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1209

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 "Improving Access to Maternity Care Act".

SEC. 2. MATERNITY CARE HEALTH PROFESSIONAL TARGET AREAS.

Section 332 of the Public Health Service Act (42 U.S.C. 254e) is amended by adding at the end the following new subsection:

"(k)(1) The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall identify, based on the data collected under paragraph (3), maternity care health professional target areas that satisfy the criteria described in paragraph (2) for purposes of, in connection with receipt of assistance under this title, assigning to such identified areas maternity care health professionals who, without application of this subsection, would otherwise be eligible for such assistance. The Secretary shall distribute maternity care health professionals within health professional shortage areas using the maternity care health professional target areas so identified.

"(2) For purposes of paragraph (1), the Secretary shall establish criteria for maternity care health professional target areas that identify geographic areas within health professional shortage areas that have a shortage of maternity care health professionals.

"(3) For purposes of this subsection, the Secretary shall collect and publish in the Federal Register data comparing the availability and need of maternity care health services in health professional shortage areas and in areas within such health professional shortage areas.

"(4) In carrying out paragraph (1), the Secretary shall seek input from relevant provider organizations, including medical societies, organizations representing medical facilities, and other organizations with expertise in maternity care.

"(5) For purposes of this subsection, the term 'full scope maternity care health services' includes during labor care, birthing, prenatal care, and postpartum care.

"(6) Nothing in this subsection shall be construed as—

"(A) requiring the identification of a maternity care health professional target area in an area not otherwise already designated as a health professional shortage area; or

"(B) affecting the types of health professionals, without application of this subsection, otherwise eligible for assistance, including a loan repayment or scholarship, pursuant to the application of this section."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Illinois (Ms. SCHAKOWSKY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. 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 Texas?

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1209, the Improving Access to Maternity Care Act, which I introduced with Representative CAPPS.

H.R. 1209 increases data collection by the Department of Health and Human Services to help better place maternity care providers through the National Health Service Corps Loan Repayment Program. Currently, maternity care providers participate in the National Health Service Corps through the primary care designation, but they are not always placed where they are needed the most. H.R. 1209 will require increased data collection on maternity care providers who will then be placed in geographic areas within existing health professional shortage areas where they are most needed.

This legislation enjoyed broad support on the Energy and Commerce Committee and passed through a full committee markup on a voice vote. H.R. 1209 provides no new spending.

Mr. Speaker, I urge my colleagues to support the legislation.

I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 1209, the Improving Access to Maternity Care Act; and I want to thank Dr. BURGESS and my dear colleague, Lois CAPPS from California, for offering this important piece of legislation.

It would require the Health Resources and Services Administration, HRSA, to better identify areas with increased need for maternity care services. This will help ensure the placement of maternity care providers within the National Health Service Corps to areas with the most need for their services.

While global maternal mortality rates have fallen by more than one-third from 2000 to 2015, the maternal mortality rate in the United States has actually increased. In 2015, 25 women lost their lives during pregnancy or childbirth per 100,000 births in the U.S. compared to 23 women who did so in 2000.

It is clear that we must do more to reverse this troubling trend. Congress must make it a priority to ensure all women have access to the prenatal and maternity care services needed to prevent maternal mortality.

I support H.R. 1209 because it will help expand access to prenatal and maternity care services in the areas where there is the most need. I urge my colleagues to support this important bipartisan legislation.

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

□ 1430

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Tennessee (Mr. ROE), my distinguished colleague.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 1209, the Improving Access to Maternity Care Act, sponsored by my good friend from Texas, and fellow OB/GYN physician, MIKE BURGESS.

As an obstetrician/gynecologist who spent 31 years practicing medicine, I find it unacceptable that there are pockets across the United States where women do not have access to needed OB/GYN care. There are a huge number of OB/GYNs who are nearing retirement age, and more still who are considering early retirement. This is occurring while the female population is expected to increase 36 percent by 2050.

A decrease in available doctors, coupled with an increase in female population, will lead to severe shortages that could threaten many women's ability to receive timely prenatal, labor and delivery care. Every year, 1 million babies are born to mothers who did not receive adequate prenatal care. Without proper care, the babies born to these mothers are three times more likely to be born low birth weight and five times more likely to die than babies whose mothers received care.

I am a proud cosponsor of this legislation that would require the Health Resources and Services Administration to designate maternity healthcare professional shortage areas and target maternity care resources where they are most needed, helping to ensure healthier pregnancies and healthier babies.

It was my job as an OB/GYN physician to make sure mothers and their children were healthy during and after their pregnancy, and I still feel very strongly about that duty now that I am here in Congress. While this bill will not solve the entire shortage crisis, I think it is a meaningful start.

Mr. Speaker, I urge my colleagues to support this legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Mrs. CAPPS), my colleague and friend, who came to Congress the same 106th Congress, I believe, along with me, prior to that being a nurse and is now retiring from that seat, but not before she adds one more thing at least, maybe there will be more, to making our health system better and protecting so many lives.

Mrs. CAPPS. Mr. Speaker, I thank my dear colleague, the gentlewoman from Illinois (Ms. SCHAKOWSKY), for yielding me the time.

Mr. Speaker, I rise in strong support of H.R. 1209, the Improving Access to Maternity Care Act, which I am proud to have coauthored with my colleague, the gentleman from Texas (Mr. BURGESS).

We know that healthy women make healthy moms, and healthy moms make healthy babies. To support these women throughout their lives, they need access to preconception, prenatal, postpartum, and interpartum care—interpartum being that time between

one child and the next, should there be another child. But too many communities lack the skilled maternity care professionals who are able to provide these services, and that is what this bill would address.

H.R. 1209 would harness the power of the National Health Service Corps to better target maternity care to the communities that need this care the most. Maternity care professionals are already included in the program and doing great work in communities across the country. But at present, these providers' placement is based on data related to primary care access shortages, without regard to the specific maternity care which may be needed.

So while they are doing important work, there is more that we can, and should, do to ensure that they reach the areas that would benefit most from high-quality maternity care. Our bill would start this process and ensure that the National Health Service Corps takes the steps to use data to help more accurately place maternity care professionals in the locations that have the greatest need.

H.R. 1209 would set up a process to identify communities in existing health professional shortage areas that most need maternity care. And then it would require action to get maternity care professionals into these targeted areas.

We know that the National Health Service Corps is one of our most effective programs which improves access to care in underserved areas. We just want to make sure that we don't leave any community behind, especially when it comes to the health of mothers and their babies.

I want to again thank my colleague, Dr. BURGESS, for partnering with me on this legislation. I thank Chairman UPTON, Ranking Member PALLONE, and all of the staff for helping us move this bill forward. And I want to thank my deputy chief of staff and health policy advisor, Adriane Casalotti, for her years of work on this legislation.

Mr. Speaker, I urge full support of this legislation.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 1209, the Improving Access to Maternity Care Act, which amends the Public Health Service Act to require the Health Resources and Services Administration to designate maternity care health professional shortage areas and review these designations at least annually.

The National Health Service Corps places providers in health professional shortage areas; however, there is no shortage area designation for maternity care. Across our country, there are major pockets of the U.S. where women have little or no access to needed OB/GYN care. Even in my own district, there are rural communities

where women live more than 30 minutes away from a hospital or a clinic offering prenatal services.

With almost 1 million babies being born to mothers who did not receive adequate prenatal care, we must allow for new opportunities to target OB/GYNs to healthcare shortage areas. The National Health Service Corps offers tax-free loan repayment assistance to support qualified healthcare providers who choose to take their skills where they are most needed. Why would we not try to give every woman the ability to receive timely prenatal and labor/delivery services?

Mr. Speaker, I urge my colleagues to support this bill.

Ms. SCHAKOWSKY. Mr. Speaker, if the gentleman has no more speakers, let me just say how pleased I am to be a supporter of this legislation.

I yield back the balance of my time.

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

I urge my colleagues to support this important bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 1209, as amended.

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

The title of the bill was amended so as to read: "A bill to amend the Public Health Service Act to distribute maternity care health professionals to health professional shortage areas identified as in need of maternity care health services."

A motion to reconsider was laid on the table.

TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT OF 2016

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2713) to amend title VIII of the Public Health Service Act to extend advanced education nursing grants to support clinical nurse specialist programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2713

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 "Title VIII Nursing Workforce Reauthorization Act of 2016".

SEC. 2. SUPPORTING CLINICAL NURSE SPECIALISTS.

(a) *ADVANCED EDUCATION NURSING GRANTS.—Section 811 of the Public Health Service Act (42 U.S.C. 296j) is amended—*

(1) in subsection (b), by inserting "clinical nurse leaders," before "or public health nurses";

(2) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively; and

(3) by inserting after subsection (e) the following new subsection:

"(f) AUTHORIZED CLINICAL NURSE SPECIALIST PROGRAMS.—Clinical nurse specialist programs eligible for support under this section are education programs that—

"(1) provide registered nurses with full-time clinical nurse specialist education; and

"(2) have as their objective the education of clinical nurse specialists who will upon completion of such a program be qualified to effectively provide care to inpatients and outpatients experiencing acute and chronic illness.".

(b) DEFINITION OF NURSE-MANAGED HEALTH CLINIC.—Section 801 of the Public Health Service Act (42 U.S.C. 296) is amended by adding at the end the following:

"(18) NURSE-MANAGED HEALTH CLINIC.—The term 'nurse-managed health clinic' has the meaning given to such term in section 330A-1.".

(c) NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.—Section 851(b)(1)(A)(iv) of the Public Health Service Act (42 U.S.C. 297t(b)(1)(A)(iv)) is amended by striking "and nurse anesthetists" and inserting "nurse anesthetists, and clinical nurse specialists".

SEC. 3. REAUTHORIZATION OF FUNDING FOR NURSING PROGRAMS.

(a) IN GENERAL.—Title VIII of the Public Health Service Act (42 U.S.C. 296 et seq.) is amended—

(1) in subsection (i)(1) of section 846 (42 U.S.C. 297n; loan repayment and scholarship programs), by striking "such sums as may be necessary for each of fiscal years 2003 through 2007" and inserting "\$83,135,000 for each of fiscal years 2017 through 2021";

(2) in subsection (f) of section 846A (42 U.S.C. 297n-1; nurse faculty loan program), by striking "such sums as may be necessary for each of fiscal years 2010 through 2014" and inserting "\$26,500,000 for each of fiscal years 2017 through 2021";

(3) in subsection (e) of section 865 (42 U.S.C. 298; comprehensive geriatric education), by striking "such sums as may be necessary for each of fiscal years 2010 through 2014" and inserting "\$38,737,000 for each of fiscal years 2017 through 2021"; and

(4) in section 871 (42 U.S.C. 298d; funding for carrying out parts B, C, and D), by striking "\$338,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2016" and inserting "\$119,837,000 for each of fiscal years 2017 through 2021".

(b) CONFORMING CHANGES.—

(1) Section 831 of the Public Health Service Act (42 U.S.C. 296p) is amended—

(A) in subsection (g), by striking ".,," and inserting ".,,"; and

(B) by striking subsection (h).

(2) Section 831A of the Public Health Service Act (42 U.S.C. 296p-1) is amended by striking subsection (g).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from Illinois (Ms. SCHAKOWSKY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. 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 into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 2713, the Title VIII Nursing

Workforce Reauthorization Act of 2016, introduced by my colleague, Representative LOIS CAPPS, and supported by over 70 Members of the House.

H.R. 2713 reauthorizes the Title VIII program, which has been funded since 1964. This reauthorization will help many nurses, including advanced practice nurses, better serve acute and chronic patients through 2020. Title VIII also includes a National Advisory Council on Nurse Education and Practice. Nurses are on the front lines of our healthcare system and interact with almost every patient who depends on them to provide quality care.

This legislation is CutGo compliant and enjoyed broad support in the Energy and Commerce Committee.

Mr. Speaker, I urge my colleagues to support this legislation.

I reserve the balance of my time.

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

I rise in support of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act. This important public health bill would reauthorize nursing workforce programs that support education, training, recruitment, and retention efforts.

Title VIII nursing workforce programs are the primary source of Federal support for nursing education and training. These programs are needed to address the growing shortage of registered nurses which threaten to harm the quality of care that patients receive in the United States healthcare delivery system. These vital programs have endured widespread bipartisan support that I hope will continue today.

I want to thank Congresswoman CAPPS for her work on this bill and for her longstanding leadership in promoting Federal efforts that advance the nursing profession.

I urge my colleagues to support this important bill in order to help ensure that we have the nursing workforce needed to meet our Nation's growing demand for nursing services.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. JOYCE).

Mr. JOYCE. Mr. Speaker, I rise before you today in support of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act.

First, I want to thank my good friend and co-chair, LOIS CAPPS, for her hard work on this legislation.

As a husband of a nurse, I know how important nurses are to their patients and all aspects of care. Their leadership, compassionate care, and team approach to healthcare delivery is why nurses are the most trusted profession in America.

This legislation specifically helps sustain a nursing workforce with sufficient numbers to keep America's healthcare system running smoothly. It strengthens nursing education at all levels, from entry-level preparation