

the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

□ 1445

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 material 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, as the author of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness Act of 2018, I rise in strong support of this bill. H.R. 3728 moved with strong bipartisan support through regular order in the full Energy and Commerce Committee and the subcommittee, which I chair. This legislation reauthorizes the title VII health professions workforce program for fiscal years 2019 through 2023.

Title VII programs have expired but have continued to receive appropriations. In fact, in fiscal year 2018, the appropriations levels for the program actually increased. Reauthorizing these physician workforce programs will provide much-needed stability for those who depend upon this funding.

Title VII of the Public Health Service Act includes various programs that are vital to building and maintaining a well-educated, well-trained physician workforce.

The EMPOWER Act reauthorizes funding for the Area Health Education Centers at more than \$38 million a year. These centers are critical in providing both medical education and healthcare services to medically underserved areas.

The bill also reauthorizes programs that incentivize diversity in the physician workforce, including the Centers of Excellence Program, which this bill authorizes at a level of \$23 million per year. This particular program provides grants to medical schools that have a disproportionate number of minority students for the purpose of expanding the schools' capacity or to improve curriculum.

Primary care is an important aspect of our Nation's healthcare system and how many Americans receive the majority of their healthcare services. H.R. 3728 reauthorizes funding for our Primary Care Training and Enhancement Program at more than \$48 million per year. This program provides grants to hospitals and health professional schools to develop and operate supplemental primary care training programs.

Lastly, this bill aims to strengthen our workforce that cares for the geriatric population. The bill makes strides toward modernizing the Geri-

atrics Workforce Enhancement Program and the Geriatric Academic Career Award. With an aging population, our workforce needs to be adequately trained in handling the unique needs of our seniors. These two programs enable physicians and other providers to achieve that training.

Lastly, I want to thank Representatives SCHAKOWSKY and BUCSHON and their staffs and the majority and minority staffs on the Energy and Commerce Committee for their work on this legislation.

Reauthorizing title VII programs is long overdue, especially in a time where our existing physician workforce is struggling to keep up with the demands for healthcare services. I urge strong support of the legislation, and 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 H.R. 3728, the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness Act, the EMPOWER Act.

I thank the main sponsors of the bill—Representative and Chair MICHAEL BURGESS, Representative JAN SCHAKOWSKY, and Representative LARRY BUCSHON—for their work on this important bill.

This legislation will reauthorize title VII health professional workforce programs under the Public Health Service Act that support loan repayment and provider training experiences in primary care, dentistry, rural, and underserved areas.

These programs include the Centers of Excellence, the Health Professions Training for Diversity Program, Primary Care Training and Enhancement grants, and Training in General, Pediatric, and Public Health Dentistry grants.

Investing in these programs helps ensure the availability of providers who are increasingly in demand across the country. These grants help support the health professional workforce by improving the diversity and distribution and supply of health professionals with an emphasis on primary care and interdisciplinary education and training.

This legislation will also boost training for geriatric providers who are needed to respond to our aging workforce.

I ask my colleagues to join me in voting for this important piece of legislation that will continue support for our Nation's health professions workforce programs.

I yield back the balance of my time.

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

Mr. Speaker, I would just point out that reauthorizing these title VII programs is long overdue. The House of Representatives in the last Congress, the 114th Congress, did provide the reauthorization. It never made it through the other body, unfortunately. It is time to do that work now, and

that is what this bill, today, purports to do.

Mr. Speaker, this is an important bill. It is long overdue. I urge all Members to support the bill, and 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. 3728, as amended.

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

A motion to reconsider was laid on the table.

DR. BENJY FRANCES BROOKS CHILDREN'S HOSPITAL GME SUPPORT REAUTHORIZATION ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5385) to amend the Public Health Service Act to reauthorize the program of payments to children's hospitals that operate graduate medical education 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. 5385

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 "Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018".

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

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

(1) in subsection (a), by striking "and each of fiscal years 2014 through 2018," and inserting "each of fiscal years 2014 through 2018, and each of fiscal years 2019 through 2023,";

(2) in subsection (b)(3)(D), by inserting "and the end of fiscal year 2022," after "fiscal year 2018,"; and

(3) in subsection (f)—

(A) in paragraph (1)(A)—

(i) in clause (iv), by striking "and" and inserting a semicolon;

(ii) in clause (v), by striking the period at the end and inserting "and"; and

(iii) by adding at the end the following:

"(vi) for each of fiscal years 2019 through 2023, \$105,000,000.";

(B) in paragraph (2)—

(i) in subparagraph (D), by striking "and" and inserting a semicolon;

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

(iii) by adding at the end the following:

"(F) for each of fiscal years 2019 through 2023, \$220,000,000.".

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

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

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 material 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, today we are considering H.R. 5385, the Dr. Benjy Frances Brooks Children's Hospital Graduate Medical Education Support Reauthorization Act of 2018. This bill, which was submitted by Representative GENE GREEN and myself, reauthorizes the Children's Hospital Graduate Medical Education programs at \$325 million per year for the fiscal years 2019 through 2023. This is an increase of \$10 million above the enacted fiscal year 2018 level. This bill recently moved through regular order in the Energy and Commerce Committee and its Subcommittee on Health.

Congress created the Children's Hospital Graduate Medical Education program in 1999 as part of the Healthcare Research and Quality Act, which authorized funding to directly support medical residency training at children's hospitals for 2 years.

Prior to the establishment of Children's Hospital Graduate Medical Education, children's hospitals received minimal graduate medical education funding because Medicare is the primary funding source of graduate medical education programs, and children's hospitals have few Medicare patients.

Since the establishment of this program, Children's Hospital Graduate Medical Education funding has provided critical support to our pediatric workforce, which still is struggling to keep up with the demands for their services. The Children's Hospital Graduate Medical Education program is especially crucial in training pediatric subspecialists.

Children's hospitals have a unique patient population with medical conditions from which pediatric medical residents can learn and develop critical skills. The experience gained from such a residency helps to prepare and train physicians for the complex reality of pediatric medicine that they will face in the future of their medical careers.

I can say as an OB/GYN who did his residency at Parkland Hospital in Dallas, residency programs play a vital role in shaping our Nation's physician workforce. Our pediatric workforce is no exception.

According to the Children's Hospital Association, almost half of children's hospitals reported vacancies for child and adolescent psychiatry, in addition to developmental pediatrics. The Children's Hospital Association also reports that pediatric specialists in emergency medicine, physical medicine, rehabilitation, endocrinology, rheumatology, hospitalists, pain management/palliative care, and adolescent medicine are frequently reported as ex-

periencing vacancies longer than 12 months.

The workforce shortage is something that I am concerned about, and that is why passing this legislation is an integral part of maintaining and sustaining our workforce.

In 2016, Children's Hospital Graduate Medical Education funding helped to support over 7,000 residents at 58 hospitals across the country.

Mr. GREEN and I agreed to name this bill after Dr. Benjy Frances Brooks, who was born and raised in my district in north Texas, in Lewisville, Texas. Dr. Brooks went on to become the first female pediatric surgeon in the State and to establish pediatric surgery as a separate division at the University of Texas Medical School at Houston. It is an honor to move this bill in Dr. Brooks' name.

Our children deserve the best care available to them, and ensuring that we have an adequately prepared workforce is the first step in providing quality healthcare to children. Passing H.R. 5385 is vital to the maintenance and growth of this workforce and to the health of our Nation's children.

I urge support of this legislation, and 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 today in support of H.R. 5385, the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018.

I am proud to introduce this legislation that will reauthorize the Children's Hospital Graduate Medical Education program with our subcommittee chairman, Congressman MICHAEL BURGESS. The CHGME program was created by Congress in 1999 to provide payments to children's hospitals to support medical residency training programs.

The Children's Hospital GME program is necessary due to how hospitals typically receive support for GME through Medicare, and these payments are based on hospitals' Medicare patient volume. Because the Medicare program is used primarily by people who are over the age of 65 and children's hospitals treat, primarily, people below the age of 18, children's hospitals have low Medicare patient volume and receive few Medicare GME payments.

Children's Hospital GME funds go toward training our Nation's pediatric workforce, including pediatricians and pediatric subspecialists, as well as other physician types in nonpediatrics, focused specialists that may rotate through children's hospitals for a period of time during their residency.

Since its creation, the Children's Hospital GME program has made it possible for thousands of pediatricians to receive training, including at Texas Children's Hospital in Houston, home of one of the largest academic pediatric departments in the United States, which has a number of clinics in our Houston area district.

Physicians receiving training in one of the 58 freestanding children's hospitals in 29 States go on to serve in the rural and other underserved areas, helping to alleviate the pediatric workforce shortage impacting communities throughout America.

The CHGME program is needed now more than ever to help train the pediatric workforce that will be required to meet the needs of our children and our grandchildren. Our legislation will reauthorize the CHGME program for 5 years at \$325 million, and a \$25 million increase over current levels. The current authorization will expire at the end of September, so it is imperative that we reauthorize this important program.

Our bipartisan legislation has 57 cosponsors, nearly equally divided between Democrats and Republicans. In addition, this legislation has strong support from outside stakeholders, the American Hospital Association, and the Children's Hospital Association.

I thank Dr. BURGESS and all our colleagues on the Energy and Commerce Committee for their hard work and support for this important legislation, and I ask for all Members to join us in support of the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018.

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

Mr. BURGESS. Mr. Speaker, I yield as much time as he may consume to the gentleman from Oregon (Mr. WALDEN), chairman of the full committee.

Mr. WALDEN. Mr. Speaker, I want to thank my colleagues Mr. GENE GREEN and, certainly, Dr. BURGESS for their great leadership on this issue.

I rise in support of H.R. 5385, the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018, and I want to thank them for their good work on this.

As you have heard, this reauthorizes payments to children's hospitals that operate graduate medical education programs, and it does so for the next 5 years, giving these programs great certainty going forward. This legislation will continue to enable the Nation's freestanding children's hospitals to provide education to graduates of medical schools, enhance pediatric research capabilities, and care for these vulnerable and underserved children.

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Representative GREEN and Chairman BURGESS partnered to lead this bipartisan bill in our committee, and they brought about unanimous votes in both the Health Subcommittee and in our full committee. I appreciate their work on this and thank them and their staffs for the great work they all have done as we work together to reauthorize these very, very important programs.

Mr. Speaker, I urge my colleagues to support us in this legislation from the Energy and Commerce Committee.

Mr. GENE GREEN of Texas. Mr. Speaker, we have no further speakers,

and I yield back the balance of my time.

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

I only want to point out that 2018 is the 100-year anniversary of the birth of Dr. Benjy Brooks, so it seemed an appropriate time to recognize her contributions to the fields of pediatric surgery and medicine in general.

Again, she was born in the town in which I practiced medicine for a number of years. I first encountered her at the University of Texas Medical School at Houston when I was a medical student back there in the 1970s. Surely, hers is a legacy of which all Texans can be proud.

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 Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 5385, as amended.

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

A motion to reconsider was laid on the table.

PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1676) to amend the Public Health Service Act to increase the number of permanent faculty in palliative care at accredited allopathic and osteopathic medical schools, nursing schools, social work schools, and other programs, including physician assistant education programs, to promote education and research in palliative care and hospice, and to support the development of faculty careers in academic palliative medicine, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1676

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 “Palliative Care and Hospice Education and Training Act”.

SEC. 2. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

(a) IN GENERAL.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by inserting after section 759 the following:

“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

“(a) PALLIATIVE CARE AND HOSPICE EDUCATION CENTERS.—

“(1) IN GENERAL.—The Secretary shall award grants or contracts under this section to entities described in paragraph (1), (3), or (4) of section 799B, and section 801(2), for the establishment or operation of Palliative Care and Hospice Education Centers that meet the requirements of paragraph (2).

“(2) REQUIREMENTS.—A Palliative Care and Hospice Education Center meets the requirements of this paragraph if such Center—

“(A) improves the interprofessional team-based training of health professionals in palliative care, including residencies, traineeships, or fellowships;

“(B) develops and disseminates interprofessional team-based curricula relating to the palliative treatment of the complex health problems of individuals with serious or life-threatening illnesses;

“(C) supports the training and retraining of faculty to provide instruction in interprofessional team-based palliative care;

“(D) supports interprofessional team-based continuing education of health professionals who provide palliative care to patients with serious or life-threatening illness;

“(E) provides students (including residents, trainees, and fellows) with clinical training in interprofessional team-based palliative care in appropriate health settings, including hospitals, hospices, home care, long-term care facilities, and ambulatory care centers;

“(F) establishes traineeships for individuals who are preparing for advanced education nursing degrees, social work degrees, or advanced degrees in physician assistant studies, with a focus in interprofessional team-based palliative care in appropriate health settings, including hospitals, hospices, home care, long-term care facilities, and ambulatory care centers;

“(G) supports collaboration between multiple specialty training programs (such as medicine, nursing, social work, physician assistant, chaplaincy, and pharmacy) and clinical training sites to provide training in interprofessional team-based palliative care; and

“(H) does not duplicate the activities of existing education centers funded under this section or under section 753 or 865.

“(3) EXPANSION OF EXISTING CENTERS.—Nothing in this section shall be construed to—

“(A) prevent the Secretary from providing grants to expand existing education centers, including geriatric education centers established under section 753 or 865, to provide for education and training focused specifically on palliative care, including for non-geriatric populations; or

“(B) limit the number of education centers that may be funded in a community.

“(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

“(1) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs for the purpose of providing support for projects that fund the training of physicians (including residents, trainees, and fellows) who plan to teach palliative medicine.

“(2) REQUIREMENTS.—Each project for which a grant or contract is made under this subsection shall—

“(A) be staffed by full-time teaching physicians who have experience or training in interprofessional team-based palliative medicine;

“(B) be based in a hospice and palliative medicine fellowship program accredited by the Accreditation Council for Graduate Medical Education;

“(C) provide training in interprofessional team-based palliative medicine through a variety of service rotations, such as consultation services, acute care services, extended care facilities, ambulatory care and comprehensive evaluation units, hospices, home care, and community care programs;

“(D) develop specific performance-based measures to evaluate the competency of trainees; and

“(E) provide training in interprofessional team-based palliative medicine through one

or both of the training options described in paragraph (3).

“(3) TRAINING OPTIONS.—The training options referred to in subparagraph (E) of paragraph (2) are as follows:

“(A) 1-year retraining programs in hospice and palliative medicine for physicians who are faculty at schools of medicine and osteopathic medicine, or others determined appropriate by the Secretary.

“(B) 1- or 2-year training programs that are designed to provide training in interprofessional team-based hospice and palliative medicine for physicians who have completed graduate medical education programs in any medical specialty leading to board eligibility in hospice and palliative medicine pursuant to the American Board of Medical Specialties.

“(4) DEFINITIONS.—For purposes of this subsection, the term ‘graduate medical education’ means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

“(A) offers postgraduate medical training in the specialties and subspecialties of medicine; and

“(B) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

“(c) PALLIATIVE MEDICINE AND HOSPICE ACADEMIC CAREER AWARDS.—

“(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to provide awards, to be known as the ‘Palliative Medicine and Hospice Academic Career Awards’, to eligible individuals to promote the career development of such individuals as academic hospice and palliative care physicians.

“(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an award under paragraph (1), an individual shall—

“(A) be board certified or board eligible in hospice and palliative medicine; and

“(B) have a junior (non-tenured) faculty appointment at an accredited (as determined by the Secretary) school of medicine or osteopathic medicine.

“(3) LIMITATIONS.—No award under paragraph (1) may be made to an eligible individual unless the individual—

“(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application;

“(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

“(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend a majority of the total funded time of such individual on teaching and developing skills in education in interprofessional team-based palliative care.

“(4) MAINTENANCE OF EFFORT.—An eligible individual who receives an award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual.

“(5) AMOUNT AND TERM.—

“(A) AMOUNT.—The amount of an award under this subsection shall be equal to the award amount provided for under section 753(c)(5)(A) for the fiscal year involved.