New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 5265, the Paul Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008, a bill to reauthorize programs at the National Institutes of Health and the Centers for Disease Control and Prevention for research on various forms of muscular dystrophy.

Duchenne-Becker muscular dystrophy, DBMD, is a combined spectrum of a genetic disorder. DBMD is usually diagnosed when the child is 3 to 6 years of age. Early signs include delays in walking and frequent falling. As the child grows older, muscle deterioration continues to progress until, finally, the disease reaches a fatal conclusion in the teen years.

Enacting H.R. 5265 would make a number of improvements to current programs at the NIH and CDC. It would allow the interagency coordinating committee for muscular dystrophy to give special consideration to enhancing the clinical research infrastructure required to test emerging therapies for the various forms of muscular dystrophy, require the director of the CDC to report on muscular dystrophy surveillance, tracking, and research network data collection and provide for respective health outcome data on the health and survival of people with muscular dystrophy and require the director of the Agency for Health Care Research and Quality to evaluate the available scientific evidence to develop and issue an initial set of care considerations for DBMD and provide ongoing review and updates. All of the above coordinated research and tracking efforts will continue to lead us down a path towards one day finding a cure for this tragic condition.

I want to thank my colleague on the Commerce Committee, Congressman ENGEL of New York, for his leadership on this legislation. He has been working on this bill for a long time, and I appreciate his efforts to craft a strong bipartisan product.

I fully support H.R. 5265 and urge my colleagues to join me in its adoption.

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

Mr. BURGESS. Mr. Speaker, I yield myself such time as I may consume, and I rise in support of H.R. 5265, the Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008. I want to commend Congressman ENGEL for bringing this bill, and I was also proud to be the lead minority cosponsor on this bill.

H.R. 5265 reauthorizes the existing Centers for Disease Control efforts towards muscular dystrophy. The muscular dystrophies are a group of more than 30 genetic diseases characterized by progressive weakness and degeneration of the skeletal muscles that control voluntary movement. Muscular dystrophy funding is used for surveillance and family needs and assessment activities.

I am supportive of the bill's efforts to reauthorize and improve the existing muscular dystrophy registry at the Centers for Disease Control, and I urge Members to support the legislation.

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

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Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I urge adoption of this bill, the Paul Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008.

Mr. ENGEL. Mr. Speaker, I am so proud that today we will move to pass H.R. 5265, the Paul D. Wellstone Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2008. Today we have over 120 bipartisan cosponsors, as well as the support of the medical community.

Muscular dystrophy is a genetic disease which results in progressive degeneration of skeletal muscles and other organs, notably the heart. There are nine muscular dystrophies affecting over 300,000 individuals in the United States. The most lethal is Duchenne muscular dystrophy, which affects 1 in every 3,500 boys. There is no cure.

Prior to 2001, there were few resources directed toward research and development of therapies and care models for those afflicted with muscular dystrophy. To address this issue, the Muscular Dystrophy Community Assistance, Research and Education Amendments of 2001 was introduced. Congress overwhelmingly supported the legislation. Unfortunately, the authorization for this work expired in 2006.

The 2001 law specified a number of provisions for expanding and intensifying research on muscular dystrophy. These efforts included the establishment of six scientific centers of excellence, the creation of a Muscular Dystrophy Coordinating Committee (MDCC) to develop plans for supporting research and education on muscular dystrophy, and an expansion by the Centers for Disease Control and Prevention (CDC) into epidemiological activities regarding muscular dystrophy.

The reauthorization of the Paul D. Wellstone MD–CARE Amendments officially names the Centers of Excellence the Paul D. Wellstone Muscular Dystrophy Cooperative Research Centers. In addition, it ensures that data collection at CDC is updated regularly with a requirement for regular reports to Congress. The bill also requires the Agency for Healthcare Research and Quality to work with appropriate medical or patient organizations to finalize an initial set of care considerations and for CDC to disseminate that information to targeted audiences.

Once again, thank you Mr. Speaker for your commitment to muscular dystrophy.

I know this bill will have a profound effect on so many families in America upon enactment.

Mr. PALLONE. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 5265, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

METH FREE FAMILIES AND COMMUNITIES ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6901) to amend the Public Health Service Act to provide for the establishment of a drug-free workplace information clearinghouse, to support residential methamphetamine treatment programs for pregnant and parenting women, to improve the prevention and treatment of methamphetamine addiction, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6901

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 ''Meth Free Families and Communities Act''.

SEC. 2. ENHANCING HEALTH CARE PROVIDER AWARENESS OF METHAMPHETAMINE ADDICTION.

Section 507(b) of the Public Health Service Act (42 U.S.C. 290bb(b)) is amended—

(1) by redesignating paragraphs (13) and (14) as paragraphs (14) and (15), respectively; and

(2) by inserting after paragraph (12) the following:

''(13) collaborate with professionals in the addiction field and primary health care providers to raise awareness about how to—

''(A) recognize the signs of a substance abuse disorder; and

''(B) apply evidence-based practices for screening and treating individuals with or at-risk for developing an addiction, including addiction to methamphetamine or other drugs;''.

SEC. 3. RESIDENTIAL TREATMENT PROGRAMS FOR PREGNANT AND PARENTING WOMEN.

Section 508 of the Public Health Service Act (42 U.S.C. 290bb–1) is amended—

(1) in subsection (a)—

(A) in the matter preceding paragraph (1), by striking ''postpartum women treatment for substance abuse'' and inserting ''parenting women treatment for substance abuse (including treatment for addiction to methamphetamine)'';

(B) in paragraph (1), by striking ''reside in'' and inserting ''reside in or receive outpatient treatment services from''; and

(C) in paragraph (2), by striking ''reside with the women in'' and inserting ''reside with the women in, or receive outpatient treatment services from,'';

(2) in subsection (d), by amending paragraph (2) to read as follows:

''(2) Referrals for necessary hospital and dental services.'';

(3) by amending subsection (h) to read as follows:

''(h) ACCESSIBILITY OF PROGRAM.—A funding agreement for an award under subsection (a) for an applicant is that the program operated pursuant to such subsection will be accessible to—

''(1) pregnant and parenting women in low-income households; and

''(2) pregnant and parenting women in health disparity populations.'';

(4) by amending subsection (m) to read as follows:

''(m) ALLOCATION OF AWARDS.—In making awards under subsection (a), the Director shall give priority to any entity that agrees to use the award for a program serving an area that—

''(1) is a rural area, an area designated under section 332 by the Administrator of the Health Resources and Services Administration as a health professional shortage area with a shortage of mental health professionals, or an area determined by the Director to have a shortage of family-based substance abuse treatment options; and

''(2) is determined by the Director to have high rates of addiction to methamphetamine or other drugs.'';

(5) in subsection (p)—

(A) by striking ''October 1, 1994'' and inserting ''October 1, 2009'';

(B) by inserting ''In submitting reports under this subsection, the Director may use data collected under this section or other provisions of law.'' after ''biennial report under section 501(k).''; and

(C) by striking ''Each report under this subsection shall include'' and all that follows and inserting ''Each report under this subsection shall, with respect to the period for which the report is prepared, include the following:

''(1) A summary of any evaluations conducted under subsection (o).

''(2) Data on the number of pregnant and parenting women in need of, but not receiving, treatment for substance abuse under programs carried out pursuant to this section. Such data shall include, but not be limited to, the number of pregnant and parenting women in need of, but not receiving, treatment for methamphetamine abuse under such programs, disaggregated by State and tribe.

''(3) Data on recovery and relapse rates of women receiving treatment for substance abuse under programs carried out pursuant to this section, including data disaggregated with respect to treatment for methamphetamine abuse.'';

(6) by redesignating subsections (q) and (r) as subsections (r) and (s), respectively;

(7) by inserting after subsection (p) the following:

''(q) METHAMPHETAMINE ADDICTION.—In carrying out this section, the Director shall expand, intensify, and coordinate efforts to provide pregnant and parenting women treatment for addiction to methamphetamine or other drugs.'';

(8) in subsection (r) (as so redesignated)—

(A) by redesignating paragraphs (4) and (5) as paragraphs (5) and (6), respectively; and

(B) by inserting after paragraph (3) the following:

''(4) The term 'health disparity population' means a population in which there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.''; and

(9) in subsection (s) (as so redesignated), by striking ''such sums as may be necessary to fiscal years 2001 through 2003'' and inserting ''$20,000,000 for fiscal year 2009, $21,000,000 for fiscal year 2010, $22,050,000 for fiscal year 2011, $23,152,500 for fiscal year 2012, and $24,310,125 for fiscal year 2013''.

SEC. 4. DRUG-FREE WORKPLACE INFORMATION CLEARINGHOUSE.

Section 515(b) of the Public Health Service Act (42 U.S.C. 290bb–21(b)) is amended—

(1) in paragraph (10), by striking ''and'' at the end;

(2) by redesignating paragraph (11) as paragraph (12); and

(3) by inserting after paragraph (10) the following:

''(11) develop a clearinghouse that provides information and educational materials to employers and employees about drug testing policies and programs; and''.

SEC. 5. STUDENT-DRIVEN METHAMPHETAMINE AWARENESS PROJECT.

Section 519E(c)(1) of the Public Health Service Act (42 U.S.C. 290bb–25e(c)(1)) is amended—

(1) by redesignating subparagraphs (B) through (G) as subparagraphs (C) through (H), respectively; and

(2) by inserting after subparagraph (A) the following:

''(B) to develop, with the guidance of adult mentors and professionals, a student-driven methamphetamine awareness project such as a public service announcement or a television, radio, or print advertisement;''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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 the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise this evening in support of H.R. 6901, the Meth Free Families and Communities Act. Despite recent Federal efforts to curb abuse, meth addiction remains a national epidemic. In 2006, the National Survey on Drug Use and Health estimated that 1.9 million Americans age 12 and older had abused meth at least once in the year prior to being surveyed. Recent trends suggest that meth use is up among women, including pregnant women and women of child-bearing age.

H.R. 6901 would amend the Public Health Service Act to improve prevention and treatment programs for meth addiction. The bill expands grants available for student-driven meth awareness programs, and prioritizes grants that are intended to reach areas lacking in mental health professionals and substance abuse treatment options.

This legislation seeks to improve treatment for meth addiction to pregnant and parenting women, and aims to help professionals recognize vulnerable populations for the purpose of preventing and treating addiction.

H.R. 6901 also provides information and educational materials to employers and employees about drug testing policies and programs.

H.R. 6901 helps our communities battle meth addiction by providing targeted education and treatment programs to the areas and people that need it most. It is the result of the very hard work of Representatives HOOLEY and CUBIN. I urge my colleagues to support the passage of the bill.

I want to particularly thank Representative HOOLEY for her work on this legislation. As many of you know, she will not be with us after this session and I very much regret that because of all she has contributed as a congresswoman over the years. But passage of this bill is important to her legacy and important for the American people.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, in deference to the sponsor of the bill, I will reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield at this time 5 minutes to the sponsor of the bill, the gentlewoman from Oregon (Ms. HOOLEY).

Ms. HOOLEY. I want to thank my colleague and good friend and wonderful chairman of my subcommittee on Energy and Commerce for giving me this opportunity.

I also want to thank, and I am sorry she is not here tonight, Representative CUBIN who has worked so hard on this issue. Battling the meth epidemic has been amongst my top priorities in Congress, and it is also a priority for the gentlewoman from Wyoming (Mrs. CUBIN). It is something that we share.

Those of us in the West have long been familiar with the ways that meth has worked to destroy communities, families and property. For over two decades as a county commissioner and as a Member of Congress representing the mid-Willamette Valley and Oregon's central coast, I've dealt with the fallout of meth production in small communities and rural areas where law enforcement and social services are stretched beyond their limit to handle this scourge.

The Federal Government must step up to the plate and do its part in defending families and communities against this threat. Meth is one of the fastest-growing drug problems in the

country because it is cheap, easy to make, and gives addicts an intense, long-lasting high. The consequences of its use can be severe not just for the addict but for the community.

Meth addicts frequently abuse or neglect their children. Meth labs are toxic to our environment. Meth use and production raise the rate of property crime and identity theft.

When we talk about fighting drug abuse, we frequently talk about this concept of a three-legged stool: prevention, treatment and enforcement. Just like a stool, our efforts to fight drug abuse will collapse if we try to stand on just one or two of those legs.

During the last Congress we in the Meth Caucus worked together to make significant progress on both the enforcement aspect and controlling the meth supply through the Combat Methamphetamine Epidemic Act. But treatment and prevention issues have largely been ignored, which is why I am so pleased that today we will consider the Meth Free Families and Communities Act that Congresswoman BARBARA CUBIN and I have worked together to craft.

Our legislation has four important provisions that will help our communities. One concern I have heard throughout Oregon in meetings with treatment and prevention officials and nationally is that we need to start looking at the meth epidemic as not just a criminal problem, but as a public health problem.

The first section will require the Center for Substance Abuse Treatment to work with primary care providers to apply evidence-based practices for screening and treating people with drug addiction or those at risk of developing one. It will also direct the center to collaborate with both addiction professionals and primary care providers to raise awareness of how do we recognize the signs of drug addiction so doctors can direct the addicted patients into treatment.

The second provision will reauthorize an existing grant program for pregnant and parenting women so they can receive comprehensive, family-based substance abuse treatment. Congresswoman CUBIN has led the way in fighting for the resources needed for this vital initiative. Too many children have gone into the foster system because their mothers are sent to jail for meth addiction. This initiative will provide treatment to pregnant and parenting women which is much more effective for the mother and certainly cost effective and better for the child.

Another issue that has employers seeking our help is ensuring safe and drug free workplaces. Employers are concerned about finding employees who are able to pass a drug test. In some cases, companies are worried about implementing drug free workplace policies out of concern for the employee filing suit against them. Although the Substance Abuse and Mental Health Services Administration already provides guidelines to employers on creating a drug free workplace policy, the chief concern I have heard from businesses is that the guidelines can be difficult to navigate and assistance is not readily accessible.

So this legislation will create a single information clearinghouse in the Office for Substance Abuse Prevention that will serve as a resource for both employers and employees on drug testing policies and programs.

Finally, this legislation will create a national version of an incredibly successful program we have in Oregon, the Methamphetamine Awareness Project. The project goes into the high schools throughout the State with a film production crew and works with the students to produce anti-meth advertisements or sometimes even short documentaries that are entirely student driven. It is a great project that allows students to create the message that they think will best reach their fellow students. And it also gives them an after-school activity that keeps them from being idle and teaches them new skills. This project has been so effective in Oregon, I want to see it expanded on a national level which is why this legislation will allow SAMHSA prevention grant dollars to be used for professionally mentored, student-driven methamphetamine awareness projects around the country.

The SPEAKER pro tempore. The gentlewoman's time has expired.

Mr. PALLONE. I yield the gentlewoman an additional 2 minutes.

Ms. HOOLEY. I thank the gentleman.

Congresswoman CUBIN and I have both met extensively with prevention and treatment experts in our respective States and throughout the country. These provisions reflect what professionals have told us are the greatest needs in their field.

With gratitude, I would like to recognize Alison Craig of my own staff and Landon Stropko of Congresswoman CUBIN's staff who have taken these ideas from sessions and turned them into provisions in this legislation.

I also want to recognize the work of the late Timm O'Cobhthaigh of my staff who helped Alison Craig put together many of these forums in Oregon.

I would like to thank Congresswoman CUBIN for her leadership and her great passion to do a bill against methamphetamine that isn't just limited to enforcement efforts. I urge my colleagues to join us in supporting the Meth Free Families and Communities Act.

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

I rise in support of H.R. 6901, the Meth Free Families and Communities Act. I also want to commend Congresswoman HOOLEY and Congresswoman CUBIN for their tireless work on this bill.

This bill reauthorizes a grant program administered by the Substance Abuse and Mental Health Services Administration. Methamphetamine is a powerful central nervous system stimulant which affects neurochemical mechanisms responsible for regulating heart rate, body temperature, blood pressure, appetite, attention and mood. The grant program at the agency provides comprehensive family-based substance abuse treatment for methamphetamine addiction for pregnant and parenting women.

The bill updates the law by directing the agency to expand, intensify and coordinate efforts to provide for pregnant and parenting women and for the family-based treatment for methamphetamine addiction. In addition, the bill attempts to increase awareness of methamphetamine addiction amongst providers and employers.

By helping people break their addiction, this program helps to put them on a road towards self-sufficiency and ends the vicious cycle of methamphetamine addiction.

I commend Congresswoman HOOLEY and Congresswoman CUBIN for their work on this bill and for all of their years of service to this body and to our Committee on Energy and Commerce. Both Members will be sorely missed, and I wish them well in whatever life has in store for them in the future.

Mrs. CUBIN. Mr. Speaker, I rise today in partnership with Representative DARLENE HOOLEY to address an issue that transcends district boundaries and party lines—methamphetamine addiction.

While we hail from different political parties, Representative HOOLEY and I are natural partners in the fight against meth. We both represent rural, western districts that have struggled with the horrible effects of the meth epidemic. We both feel that we need a comprehensive approach to fighting meth, including increased education, awareness, and treatment for the addicted.

For the benefit of Wyoming, Oregon, and other rural areas across the Nation, we decided to combine our work into one bill, H.R. 6901, the Meth Free Families and Communities Act. This legislation incorporates portions of H.R. 405, the Family-Based Meth Treatment Access Act, which I introduced in both the 109th and 110th Congresses. My meth treatment provisions, combined with the education and awareness provisions authored by Representative HOOLEY, will give our citizens more tools to fight meth in our schools, in places of work, and in the family unit itself.

Too many young men and women in Wyoming are getting hooked on meth. In a survey conducted in my home State of Wyoming, nearly half of Wyoming's young adults believe there are significant benefits to meth use, including weight loss and happiness.

It's this misperception that leads young people into the nightmare of meth. These people have families, and children, that suffer right along with them. We need increased awareness in Wyoming. We also need treatment options for those that succumb to meth addiction.

I crafted the provisions of H.R. 6901 that reauthorize the pregnant and parenting women grant program. These grants support family-based treatment centers, which meet the needs of the entire family—mother, father, and children, rather than just the addict. This

means healthy mothers, healthy fathers, and safe and healthy children. Every success story is one less family torn apart by meth.

H.R. 6901 authorizes over $110 million for family-based treatment over 5 years. We need this funding in rural areas like Wyoming that otherwise lack treatment options. This legislation points us in that direction,

I know that some question the wisdom of spending taxpayer dollars on drug treatment. I don't think we can afford not to invest in treatment. The cost of treatment pales in comparison to what meth has cost the taxpayer through our courtrooms, our prisons, our emergency rooms, and our foster care system. Moreover, the emotional cost to Wyoming's families has been immeasurable. Family treatment is a sound investment, one that this body should make.

I want to thank Representative HOOLEY for her leadership and willingness to tackle the meth problem in a bipartisan fashion. I urge my colleagues on both sides of the aisle to join me in support of H.R. 6901, which will make a real difference for meth-affected families in Wyoming and across the Nation.

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

Mr. PALLONE. Mr. Speaker, I would urge passage of this meth addiction 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 New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6901.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.

PHYSICIAN WORKFORCE ENHANCEMENT ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2583) to amend title VII of the Public Health Service Act to establish a loan program for eligible hospitals to establish residency training programs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2583

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 ''Physician Workforce Enhancement Act of 2008''.

SEC. 2. HOSPITAL RESIDENCY LOAN PROGRAM.

Subpart 2 of part E of title VII of the Public Health Service Act is amended by adding at the end the following new section:

''SEC. 771. HOSPITAL RESIDENCY LOAN PROGRAM.

''(a) ESTABLISHMENT.—Not later than October 1, 2010, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a hospital residency loan program that provides loans to eligible hospitals to establish a residency training program.

''(b) APPLICATION.—No loan may be provided under this section to an eligible hospital except pursuant to an application that is submitted and approved in a time, manner, and form specified by the Administrator of the Health Resources and Services Administration. A loan under this section shall be on such terms and conditions and meet such requirements as the Administrator determines appropriate, in accordance with the provisions of this section.

''(c) ELIGIBILITY; PREFERENCE FOR RURAL AREAS.—

''(1) ELIGIBLE HOSPITAL DEFINED.—For purposes of this section, an 'eligible hospital' means, with respect to a loan under this section, a public or non-profit hospital that, as of the date of the submission of an application under subsection (b), meets, to the satisfaction of the Administrator of the Health Resources and Services Administration, each of the following criteria:

''(A) The hospital does not operate a residency training program and has not previously operated such a program.

''(B) The hospital has secured initial accreditation by the American Council for Graduate Medical Education or the American Osteopathic Association.

''(C) The hospital provides assurances to the satisfaction of the Administrator of the Health Resources and Services Administration that such loan shall be used, consistent with subsection (d), only for the purposes of establishing and conducting an allopathic or osteopathic physician residency training program in at least one of the following, or a combination of the following:

''(i) Family medicine.

''(ii) Internal medicine.

''(iii) Obstetrics or gynecology.

''(iv) Behavioral or Mental health.

''(v) Pediatrics.

''(D) The hospital enters into an agreement with the Administrator that certifies the hospital will provide for the repayment of the loan in accordance with subsection (e).

''(2) PREFERENCE FOR RURAL AREAS.—In making loans under this section, the Administrator of the Health Resources and Services Administration shall create guidelines that give preference to rural areas (as such term is defined in section 1886(d)(2)(D) of the Social Security Act).

''(d) PERMISSIBLE USES OF LOAN FUNDS.—A loan provided under this section shall be used, with respect to a residency training program, only for costs directly attributable to the residency training program, except as otherwise provided by the Administrator of the Health Resources and Services Administration.

''(e) REPAYMENT OF LOANS.—

''(1) REPAYMENT PLANS.—For purposes of subsection (c)(1)(D), a repayment plan for an eligible hospital is in accordance with this subsection if it provides for the repayment of the loan amount in installments, in accordance with a schedule that is agreed to by the Administrator of the Health Resources and Services Administration and the hospital and that is in accordance with paragraphs (2), (3), and (4).

''(2) COMMENCEMENT OF REPAYMENT.—Repayment by an eligible hospital of a loan under this section shall commence not later than the date that is 18 months after the date on which the loan amount is disbursed to such hospital.

''(3) REPAYMENT PERIOD.—A loan made under this section shall be fully repaid not later than the date that is 24 months after the date on which the repayment is required to commence.

''(4) LOAN PAYABLE IN FULL IF RESIDENCY TRAINING PROGRAM CANCELED.—In the case that an eligible hospital borrows a loan under this section, with respect to a residency training program, and terminates such program before the date on which such loan has been fully repaid in accordance with a plan under paragraph (1), such loan shall be payable by the hospital not later than 45 days after the date of such termination.

''(f) NO INTEREST CHARGED.—The Administrator of the Health Resources and Services Administration may not charge or collect interest on any loan made under this section.

''(g) LIMITATION ON TOTAL AMOUNT OF LOAN.—The cumulative annual dollar amount of a loan made to an eligible hospital under this section may not exceed $250,000.

''(h) PENALTIES.—The Administrator of the Health Resources and Services Administration shall establish penalties to which an eligible hospital receiving a loan under this section would be subject if such hospital is in violation of any of the criteria described in subsection (c)(1). Such penalties shall include the charge or collection of interest, at a rate to be determined by the Administrator of the Health Resources and Services Administration. Except as otherwise provided, penalties collected under this subsection shall be paid to the Administrator of the Health Resources and Services Administration and shall, subject to appropriation Acts, be available until expended for the purpose of enforcing the provisions of this section.

''(i) REPORTS.—Not later than January 1, 2012, and annually thereafter (before January 2, 2014), the Administrator of the Health Resources and Services Administration shall submit to Congress a report on the efficacy of the program under this section in increasing the number of residents practicing in each medical specialty described in subsection (c)(1)(C) during such year and the extent to which the program resulted in an increase in the number of available practitioners in each of such medical specialties that serve medically underserved populations.

''(j) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of providing amounts for loans under this section, there are authorized to be appropriated such sums as may be necessary to provide—

''(A) $8,000,000 in loans for fiscal year 2010;

''(B) $8,400,000 in loans for fiscal year 2011;

''(C) $8,820,000 in loans for fiscal year 2012;

''(D) $9,261,000 in loans for fiscal year 2013; and

''(E) $9,724,050 in loans for fiscal year 2014.

''(2) AVAILABILITY.—Amounts appropriated under paragraph (1) shall remain available until expended.

''(k) TERMINATION OF PROGRAM.—No loan may be made under this section after December 31, 2013.''.

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

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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 the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise this evening in support of H.R. 2583, the Physician Workforce Enhancement Act of 2008. This legislation seeks to address shortages in the physician workforce by creating a loan program for rural and