

making sure these broadcasts are stopped. This bill will give the FCC even more tools to take down these illegal broadcasts.

This act increases fines tenfold for illegal pirate operations to \$100,000 in an effort to boost the deterrent against these broadcasts.

The bill further holds those who facilitate pirate operations liable, while also streamlining the enforcement process. It also takes a further step in instituting enforcement sweeps by requiring the FCC to conduct biannual enforcement sweeps in the top five radio markets with significant illegal pirate operations, which would include the New Jersey and major New York media market.

I commend Chairman Pai for his leadership on this issue. Since 2017, the FCC has significantly cracked down on this illegal activity, and this bill will ensure future commissions continue this rigorous enforcement, helping to ensure that these illegal operators stay off the air.

The issue of pirate radio operators is a more pressing public issue than it seems. We have to clean up the airwaves to make way for public safety announcements, Federal Aviation Administration conversations, and other important information. Radio frequencies are not toys for unlicensed broadcasters.

Mr. Speaker, I urge all Members to support this important legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise to support H.R. 5709, the Preventing Illegal Radio Abuse Through Enforcement Act, otherwise known as the PIRATE Act.

Unauthorized radio operators, called pirate broadcasters, are a growing threat to the public airwaves. Not only do they cause an annoyance by interfering with news and entertainment programs of legitimate broadcasters, but they pose a serious risk in time of emergencies by preventing the public from hearing critical public safety alerts and messages. And they put their own listeners at risk because they are not equipped to carry these messages.

They may also interfere with the communication channels of important agencies like the Federal Aviation Administration.

The FCC has stepped up its enforcement against pirate broadcasters, but we can do more. The bill before us today increases the fines that can be levied against pirate broadcasters from \$10,000 per day, currently, to \$100,000 per day. It also sets a maximum penalty of \$2 million for pirate broadcasters and those that knowingly and intentionally facilitate pirate broadcasters.

The bill also ensures that the FCC continues its sustained enforcement efforts on pirate broadcasters, while balancing the other important missions of the enforcement bureau and its field staff.

State and local prosecutors can be partners in this effort. The bill ensures that laws prohibiting pirate broadcasters enacted by States and cities are not preempted.

H.R. 5709 is a bipartisan, common-sense bill. And, yes, I agree with my colleague here about what a good bill this is. I thank the authors, Mr. LANCE and Mr. TONKO, for the very hard work they put into this measure, and I urge my colleagues to support it today.

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

Mr. LANCE. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), a member of the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, as members of the Communications and Technology Subcommittee, we have heard of the impact pirate radio operators have had on the authorized radio community.

There have also been instances in which emergency service communications have been hindered because of their illegal operators, including off the Gulf Coast of Florida. In Florida, we have worked closely with local law enforcement to identify and shut down pirate radio operators, as well as confiscate their equipment.

However, I have heard from the Federal Communications Commission countless times that, on a Federal level, there is limited authority to crack down on these operators and prevent their reestablishment. The PIRATE Act will help give teeth to FCC enforcement of illegal radio operators.

By hitting them in their pocketbook, the FCC can better stop these illegal actors for good. The recent success we have had in Florida proves the need for stronger penalties on these bad actors.

The PIRATE Act will help give teeth to the FCC enforcement of illegal radio operators. For this reason, I am proud to cosponsor H.R. 5709, and I support its passage.

Mrs. DINGELL. Mr. Speaker, once again, I urge my colleagues to support H.R. 5709, and I yield back the balance of my time.

Mr. LANCE. 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 New Jersey (Mr. LANCE) that the House suspend the rules and pass the bill, H.R. 5709, 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.

EDUCATING MEDICAL PROFESSIONALS AND OPTIMIZING WORKFORCE EFFICIENCY AND READINESS ACT OF 2018

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

(H.R. 3728) to amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3728

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 “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness Act of 2018” or the “EMPOWER Act of 2018”.

SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS WORKFORCE PROGRAMS.

(a) CENTERS OF EXCELLENCE.—Subsection (i) of section 736 of the Public Health Service Act (42 U.S.C. 293) is amended to read as follows:

“(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$23,711,000 for each of fiscal years 2019 through 2023.”

(b) HEALTH PROFESSIONS TRAINING FOR DIVERSITY.—Section 740 of the Public Health Service Act (42 U.S.C. 293d) is amended—

(1) in subsection (a), by striking “\$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “\$48,970,000 for each of fiscal years 2019 through 2023”;

(2) in subsection (b), by striking “\$5,000,000 for each of the fiscal years 2010 through 2014” and inserting “\$1,190,000 for each of fiscal years 2019 through 2023”; and

(3) in subsection (c), by striking “\$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “\$14,189,000 for each of fiscal years 2019 through 2023”.

(c) PRIMARY CARE TRAINING AND ENHANCEMENT.—Section 747(c)(1) of the Public Health Service Act (42 U.S.C. 293k(c)(1)) is amended by striking “\$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014” and inserting “\$48,924,000 for each of fiscal years 2019 through 2023”.

(d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.—Section 748(f) of the Public Health Service Act (42 U.S.C. 293k-2(f)) is amended by striking “\$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015” and inserting “\$40,673,000 for each of fiscal years 2019 through 2023”.

(e) AREA HEALTH EDUCATION CENTERS.—Section 751(j)(1) of the Public Health Service Act (42 U.S.C. 294a(j)(1)) is amended by striking “\$125,000,000 for each of the fiscal years 2010 through 2014” and inserting “\$38,250,000 for each of fiscal years 2019 through 2023”.

(f) NATIONAL CENTER FOR HEALTHCARE WORKFORCE ANALYSIS.—

(1) IN GENERAL.—Section 761(e)(1)(A) of the Public Health Service Act (42 U.S.C. 294n(e)(1)(A)) is amended by striking “\$7,500,000 for each of fiscal years 2010 through 2014” and inserting “\$5,663,000 for each of fiscal years 2019 through 2023”.

(2) TECHNICAL CORRECTION.—Section 761(e)(2) of the Public Health Service Act (42 U.S.C. 294n(e)(2)) is amended by striking “subsection (a)” and inserting “paragraph (1)”.

(g) PUBLIC HEALTH WORKFORCE.—Section 770(a) of the Public Health Service Act (42 U.S.C. 295e(a)) is amended by striking “\$43,000,000 for fiscal year 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2015” and inserting

“\$17,000,000 for each of fiscal years 2019 through 2023”.

SEC. 3. EDUCATION AND TRAINING RELATING TO GERIATRICS.

Section 753 of the Public Health Service Act (42 U.S.C. 294c) is amended to read as follows:

“SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.

“(a) GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS.—

“(1) IN GENERAL.—The Secretary shall award grants or contracts under this subsection to entities described in paragraph (1), (3), or (4) of section 799B, section 801(2), or section 865(d), or other health professions schools or programs approved by the Secretary, for the establishment or operation of geriatrics workforce enhancement programs that meet the requirements of paragraph (2).

“(2) REQUIREMENTS.—A geriatrics workforce enhancement program meets the requirements of this paragraph if such program supports the development of a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties. Special emphasis should be placed on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Areas of programmatic focus may include the following:

“(A) Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead in such systems.

“(B) Developing providers who can assess and address the needs and preferences of older adults and their families and caregivers at the individual, community, and population levels.

“(C) Creating and delivering community-based programs that will provide older adults and their families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for such adults.

“(D) Providing Alzheimer’s disease and related dementias (ADRD) education to the families and caregivers of older adults, direct care workers, health professions students, faculty, and providers.

“(3) DURATION.—The Secretary shall award grants and contracts under paragraph (1) for a period not to exceed five years.

“(4) APPLICATION.—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(5) EQUITABLE GEOGRAPHIC DISTRIBUTION.—The Secretary may award grants and contracts under paragraph (1) in a manner which will equitably distribute such grants and contracts among the various regions of the United States.

“(6) PRIORITY.—In awarding grants and contracts under paragraph (1), the Secretary may give priority to programs that—

“(A) have the goal of improving and providing comprehensive coordinated care of older adults, including medical, dental, and psychosocial needs;

“(B) support the training and retraining of faculty, preceptors, primary care providers, and providers in other specialties to increase their knowledge of geriatrics and gerontology;

“(C) provide clinical experiences across care settings, including ambulatory care,

hospitals, post-acute care, nursing homes, federally qualified health centers, and home and community-based services;

“(D) emphasize education and engagement of family caregivers on disease self-management, medication management, and stress reduction strategies;

“(E) provide training to the health care workforce on disease self-management, motivational interviewing, medication management, and stress reduction strategies;

“(F) provide training to the health care workforce on social determinants of health in order to better address the geriatric health care needs of diverse populations;

“(G) integrate geriatrics competencies and interprofessional collaborative practice into health care education and training curricula for residents, fellows, and students;

“(H) substantially benefit rural or underserved populations of older adults;

“(I) integrate behavioral health competencies into primary care practice, especially with respect to elder abuse, pain management, and advance care planning; or

“(J) offer short-term intensive courses that—

“(i) focus on geriatrics, gerontology, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools or graduate programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary; and

“(ii) are open to current faculty, and appropriately credentialed volunteer faculty and practitioners, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional and cognitive limitations and to enhance their interdisciplinary teaching skills.

“(b) GERIATRIC ACADEMIC CAREER AWARDS.—

“(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to provide Geriatric Academic Career Awards to eligible entities applying on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals.

“(2) ELIGIBILITY.—

“(A) ELIGIBLE ENTITY.—For purposes of this subsection, the term ‘eligible entity’ means—

“(i) an entity described in paragraph (1), (3), or (4) of section 799B or section 801(2); or

“(ii) an accredited health professions school or graduate program approved by the Secretary.

“(B) ELIGIBLE INDIVIDUAL.—For purposes of this subsection, the term ‘eligible individual’ means an individual who—

“(i) is board certified in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed any required training in a discipline and is employed in an accredited health professions school or graduate program that is approved by the Secretary;

“(ii) has completed an approved fellowship program in geriatrics or gerontology, or has completed specialty training in geriatrics or gerontology as required by the discipline and any additional geriatrics or gerontology training as required by the Secretary; and

“(iii) has a junior (non-tenured) faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or other allied health disciplines in an accredited health professions school or graduate program that is approved by the Secretary.

“(3) LIMITATIONS.—An eligible entity may not receive an award under paragraph (1) on

behalf of an eligible individual unless the eligible entity—

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

“(B) provides, in such form and manner as the Secretary may require, assurances that the eligible individual on whose behalf an application was submitted under subparagraph (A) will meet the service requirement described in paragraph (7); and

“(C) provides, in such form and manner as the Secretary may require, assurances that such individual has a full-time faculty appointment in an accredited health professions school or graduate program and documented commitment from such school or program to spend 75 percent of the total time of such individual on teaching and developing skills in interprofessional education in geriatrics.

“(4) REQUIREMENTS.—In awarding grants under this subsection, the Secretary—

“(A) shall give priority to eligible entities that apply on behalf of eligible individuals who are on the faculty of institutions that integrate geriatrics education, training, and best practices into academic program criteria;

“(B) may give priority to eligible entities that operate a geriatrics workforce enhancement program under subsection (a);

“(C) shall ensure that grants are equitably distributed across the various geographical regions of the United States, including rural and underserved areas;

“(D) shall pay particular attention to geriatrics health care workforce needs among underserved populations and rural areas; and

“(E) may not require an eligible individual, or an eligible entity applying on behalf of an eligible individual, to be a recipient of a grant or contract under this part.

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

“(6) AMOUNT AND TERM.—

“(A) AMOUNT.—The amount of an award under this subsection for eligible individuals who are physicians shall equal \$100,000 for fiscal year 2017, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.

“(B) TERM.—The term of any award made under this subsection shall not exceed 5 years.

“(7) SERVICE REQUIREMENT.—An eligible individual on whose behalf an application was submitted and approved under paragraph (3)(A) shall provide training in clinical geriatrics or gerontology, including the training of interprofessional teams of health care professionals.

“(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$40,737,000 for each of fiscal years 2019 through 2023. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (b) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2017.”.

The SPEAKER pro tempore (Mr. BACON). 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).

□ 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-

atric 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