

I am a proud cosponsor of this legislation. In fact, this bill has 285 cosponsors, two-thirds of the entire House of Representatives.

I ask my colleagues to join me in supporting this important legislation that will expand our Nation's research and infrastructure on palliative care and pain management.

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

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. REED), who has been a real leader on this issue and several others related to healthcare, and especially on diabetes.

Mr. REED. Mr. Speaker, I thank the chairman for recognizing me and for the opportunity to speak, and my colleagues on the other side of the aisle for the efforts that they have put into the Palliative Care and Hospice Education and Training Act.

Mr. Speaker, I rise in strong support of this bill, because hospice and palliative care is an underutilized piece of medical treatment in America. This bill is designed to promote not only the care that is provided under palliative and hospice care, but also to empower the workforce of today and tomorrow to provide these critical healthcare delivery systems to our aging population, to our family members, and to our dear fellow citizens.

Mr. Speaker, I am strongly in support of this legislation, because this is something that is personal, as I lost my mom 9 months to the day she was diagnosed with lymphoma and passed in my arms. The woman who taught me how to live, and my 11 older brothers and sisters, also taught me how to die.

We in America need to have a conversation across this entire Nation about how important it is to recognize that we are all mortal and that, at the end of our life, we need to face that critical question of what type of healthcare we want to receive to make sure that our quality of life is preserved and the quantity of life is extended as much as possible in order to enjoy that life.

Under this act, Mr. Speaker, one of the key components of it is to provide the professionalism that is necessary to have that conversation with families, with children like myself in that situation. I hope that we will have this conversation with our loved ones much sooner rather than at that end of times.

By engaging in this legislation, Mr. Speaker, we will promote palliative and hospice care, and make sure that all Americans know that this care is available to them. Not only will it allow them to enjoy peace in their final days, but it will provide a quality of life that no other care that I know of does. That is palliative and hospice care to make you comfortable and enjoy your loved ones as we end our time on this Earth.

Mr. Speaker, I urge my colleagues to support this legislation and join us in this effort.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. ENGEL), a member of our Energy and Commerce Committee and cosponsor of this bill.

Mr. ENGEL. Mr. Speaker, I thank the gentleman for yielding to me. Mr. Speaker, I want to thank my colleagues on both sides of the aisle. This is clearly a bipartisan collaboration.

I am proud to be the main sponsor of H.R. 1676, the Palliative Care and Hospice Education and Training Act, and I urge my colleagues to support this important bill.

The goal of palliative care is to alleviate suffering for patients and their loved ones, accompanying efforts to treat or cure illness. So while the illness is being treated, there is support being given to the person who is sick and for their loved ones as well.

It entails support from a team of doctors, nurses, social workers, physician assistants, clergy persons, and other specialists who provide an extra layer of assistance, including help with medical decisionmaking and coordination of care across multiple settings. It is appropriate at any age and at any stage in a serious illness.

Palliative and hospice care have been associated with enhanced quality of life for patients, but too many people simply don't know about these benefits. On top of that, there is a shortage of educated providers who can offer quality palliative and hospice care.

That is where this bill comes in.

The Palliative Care and Hospice Education and Training Act addresses these issues by expanding opportunities for training in palliative and hospice care.

This bill also aims to better educate patients, families, and health professionals about palliative care's benefits, and encourages NIH to expand research around this topic.

Ultimately, this bill will help us ensure that there is a well-trained palliative care workforce available to care for patients, a goal that I believe will also be critical to turning the tide of the ongoing opioid epidemic.

One of the goals of palliative care is to provide relief from the pain of a serious illness. By creating the infrastructure needed to better educate health professionals on palliative care, this legislation will also help ensure health professionals are able to properly manage patients' pain and practice appropriate evidence-based prescribing, a space where, as the opioid crisis has shown, we need to do much better.

Mr. Speaker, I want to thank Chairman WALDEN, Ranking Member PAL-LONE, Chairman BURGESS, and Ranking Member GREEN for helping to move this bill forward. I also want to thank Congressman TOM REED and Congress-

man BUDDY CARTER, who coauthored the bill, and all of its 285 bipartisan cosponsors. This is about as bipartisan as you can get.

We are dealing with issues that people sometimes don't like to talk about, end of life issues, issues of that nature, but it is something that must be talked about, because families need help. This will give the families the help that they need.

I think every one of us has felt the pain and stress of a serious illness either personally or standing alongside a loved one. By passing this bill, we will take an important step to bring much, much needed relief to both patients and their loved ones.

Mr. Speaker, I want to thank my colleagues on the committee and all the people who worked to make this bill bipartisan. We can all be proud of this when it becomes law.

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

Mr. GENE GREEN of Texas. Mr. Speaker, we have no further speakers, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I will close by again thanking my colleagues on both sides of the aisle. Thanks to the gentleman from New York, the gentleman from Texas, my colleagues on this side of the aisle. I know Dr. PHIL ROE, who chairs our Veterans' Affairs Committee, a very strong advocate and supporter of this, could not be here to speak on it because of a conflict.

Mr. Speaker, let me just say this is really important. It will change lives. It will improve lives. With that, I hope our colleagues will join us in supporting this very important measure.

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 Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 1676, 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.

□ 1515

TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 959) 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. 959

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Title VIII Nursing Workforce Reauthorization Act of 2018”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. General provisions.
- Sec. 3. Nurse practitioners, nurse midwives, nurse anesthetists, and other advanced education nurses.
- Sec. 4. Increasing nursing workforce diversity.
- Sec. 5. Strengthening capacity for basic nurse education and practice.
- Sec. 6. Student loans.
- Sec. 7. National Advisory Council on Nurse Education and Practice.
- Sec. 8. Other provisions.

SEC. 2. GENERAL PROVISIONS.

(a) **APPLICATION.**—Section 802(c) of the Public Health Service Act (42 U.S.C. 296a(c)) is amended by striking “shall address relevant national nursing needs that the project will meet” and inserting “shall address relevant national nursing needs that the project will address and how the project aligns with the national nursing service goals referred to in section 806(a)”.

(b) **USE OF FUNDS.**—Section 803 of the Public Health Service Act (42 U.S.C. 296b) is amended by adding at the end the following:

“(c) **SUPPLEMENT NOT SUPPLANT.**—Funds awarded as a grant under this title for a project or activity shall be used to supplement, not supplant, the non-Federal funds that would otherwise be made available for such project or activity.”.

(c) **GENERALLY APPLICABLE PROVISIONS.**—Section 806 of the Public Health Service Act (42 U.S.C. 296e) is amended—

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

“(2) **EVALUATIONS.**—The Secretary shall establish procedures to ensure the annual evaluation of programs and projects operated by recipients of grants under this title. Such procedures shall ensure that continued funding for such programs and projects will be conditioned upon the submission of—

“(A) data demonstrating that satisfactory progress has been made by the program or project in meeting the performance outcome standards (as described in section 802) of such program or project; and

“(B) a detailed description of activities conducted by such program or project to meet such performance outcome standards.”;

(2) in subsection (e)(2), by inserting “, and have relevant expertise and experience” after “who are not officers or employees of the Federal Government”; and

(3) by adding at the end the following:

“(i) **ANNUAL REPORT ON NURSING WORKFORCE PROGRAMS.**—Annually, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report containing an assessment of the programs and activities of the Department of Health and Human Services related to enhancing the nursing workforce, including the extent to which programs and activities under this title meet identified goals and performance measures developed for the respective programs and activities.”.

SEC. 3. NURSE PRACTITIONERS, NURSE MIDWIVES, NURSE ANESTHETISTS, AND OTHER ADVANCED EDUCATION NURSES.

Section 811 of the Public Health Service Act (42 U.S.C. 296j) is amended—

(1) in subsection (b)—

(A) by striking “R.N./Master’s” and inserting “R.N./graduate”; and

(B) by inserting “clinical nurse leaders,” before “or public health nurses”;

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

(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 through the wellness and illness continuum to inpatients and outpatients experiencing acute and chronic illness.”; and

(4) by adding at the end the following:

“(i) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$74,581,000 for each of fiscal years 2019 through 2023.”.

SEC. 4. INCREASING NURSING WORKFORCE DIVERSITY.

Section 821 of the Public Health Service Act (42 U.S.C. 296m) is amended by adding at the end the following:

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section \$17,343,000 for each of fiscal years 2019 through 2023.”.

SEC. 5. STRENGTHENING CAPACITY FOR BASIC NURSE EDUCATION AND PRACTICE.

(a) **NURSE EDUCATION, PRACTICE, QUALITY, AND RETENTION GRANTS.**—Section 831 of the Public Health Service Act (42 U.S.C. 296p) is amended—

(1) in the section heading, by striking “**AND QUALITY**” and inserting “**QUALITY, AND RETENTION**”;

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

“(2) providing care for underserved populations and high-risk groups, which may include the elderly, individuals with HIV/AIDS, individuals with mental health or substance use disorders, individuals who are homeless, and victims and survivors of domestic violence;”;

(3) in subsection (c), by amending paragraph (1) to read as follows:

“(1) **GRANTS FOR CAREER LADDER PROGRAMS.**—The Secretary may award grants to and enter into contracts with eligible entities for programs—

“(A) to promote career advancement for—

“(i) nursing personnel in a variety of training settings, cross training or specialty training among diverse population groups, and the advancement of individuals, including to become professional registered nurses, advanced practice registered nurses, and nurses with graduate nursing education; and

“(ii) individuals, including licensed practical nurses, licensed vocational nurses, certified nurse assistants, and diploma degree or associate degree nurses, to become baccalaureate-prepared registered nurses or nurses with graduate nursing education;

“(B) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession, such as by providing career counseling and mentoring; and

“(C) to develop and implement internships, accredited fellowships, and accredited residency programs in collaboration with one or more accredited schools of nursing to encourage mentoring and development of specialists.”;

(4) by striking subsection (e) (relating to preference);

(5) by redesignating subsections (f) through (h) as subsections (e) and (g), respectively;

(6) in subsection (e), as so redesignated, by striking “The Secretary shall submit to the Congress before the end of each fiscal year

a” and inserting “As part of the report on nursing workforce programs described in section 806(i), the Secretary shall”;

(7) by amending subsection (f), as redesignated by paragraph (5), to read as follows:

“(f) **DEFINITIONS.**—For purposes of this section:

“(1) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ includes an accredited school of nursing, a health care facility, a partnership of such a school and facility, a federally qualified health center, or a nurse-managed health clinic.

“(2) **NURSE-MANAGED HEALTH CLINIC.**—The term ‘nurse-managed health clinic’ means a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.”; and

(8) in subsection (g), as redesignated by paragraph (5), by striking “such sums as may be necessary for each of fiscal years 2010 through 2014” and inserting “\$41,913,000 for each of fiscal years 2019 through 2023”.

(b) **NURSE RETENTION GRANTS.**—Section 831A of the Public Health Service Act (42 U.S.C. 296p–1) is repealed.

SEC. 6. STUDENT LOANS.

(a) **LOAN REPAYMENT AND SCHOLARSHIP PROGRAMS.**—Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended—

(1) in subsection (b)(1), by striking “he began such practice” and inserting “the individual began such practice”;

(2) in subsection (d)(1), by striking “(for fiscal years 2003 and 2004) and may (for fiscal years thereafter)”;

(3) in subsection (h), in the matter preceding paragraph (1), by striking “Not later than” through “regarding” and inserting “The annual report on nursing workforce programs, as required by section 806(i), shall include information regarding the programs carried out under this section, including”; and

(4) in subsection (i)(1), by striking “such sums as may be necessary for each of fiscal years 2003 through 2007” and inserting “\$87,135,000 for each of fiscal years 2019 through 2023”.

(b) **NURSE FACULTY LOAN PROGRAM.**—Section 846A of the Public Health Service Act (42 U.S.C. 297n–1) is amended by striking “such sums as may be necessary for each of fiscal years 2010 through 2014” and inserting “\$28,500,000 for each of fiscal years 2019 through 2023”.

SEC. 7. NATIONAL ADVISORY COUNCIL ON NURSE EDUCATION AND PRACTICE.

Section 851 of the Public Health Service Act (42 U.S.C. 297t) is amended—

(1) in subsection (b)(1)(A)(iv), by striking “and nurse anesthetists” and inserting “nurse anesthetists, and clinical nurse specialists”;

(2) in subsection (d), by amending paragraph (3) to read as follows:

“(3) not later than 2 years after the date of enactment of the Title VIII Nursing Workforce Reauthorization Act of 2018, and every 2 years thereafter, prepare and submit to the Secretary, the Committee on Health, Education, Labor, and Pensions of the Senate, and the Committee on Energy and Commerce of the House of Representatives, a report describing the activities of the Council, including findings and recommendations made by the Council concerning the activities under this title.”; and

(3) in subsection (g), by striking “under this title” and inserting “for carrying out parts B, C, and D of this title”.

SEC. 8. OTHER PROVISIONS.

(a) PUBLIC SERVICE ANNOUNCEMENTS.—Part G of title VIII of the Public Health Service Act (42 U.S.C. 297w et seq.) is repealed.

(b) FUNDING.—Part I of title VIII of the Public Health Service Act (42 U.S.C. 298d) is repealed.

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 have 5 legislative days 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, I rise in support of H.R. 959, the Title VIII Nursing Workforce Reauthorization Act of 2018, which was introduced by the gentleman from Ohio (Mr. JOYCE).

The bill reauthorizes the title VIII Nursing Workforce Development Programs for fiscal years 2019 through 2023. Title VIII programs, in addition to the title VII physician workforce programs, expired several years ago, but have continued to receive appropriations. This bill reauthorizes title VIII programs at the fiscal year 2018 level.

While our appropriations process has continued to fund these programs without a reauthorization, there remains uncertainty regarding how much money the programs will receive each year.

These programs range from providing our advanced practice nurses with additional educational opportunities to increasing the nursing workforce diversity.

The bill includes grants for nurses at different levels of education to obtain further education so that they can advance within the nursing profession. Additionally, this legislation reauthorizes loan repayment scholarships and grants for education, practice, quality, and retention. These provisions are essential in educating and retaining a qualified nurse workforce.

Mr. Speaker, I urge Members to support H.R. 959, 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. 959, the Title VIII Nursing Workforce Reauthorization Act.

I thank the main sponsor of the legislation, Representative DAVID JOYCE, and original cosponsors including: Representative DORIS MATSUI, Representative KATHY CASTOR, and Representative TULSI GABBARD for their hard work on this important legislation.

An estimated 10,000 people are turning 65 years old in America every day. That trend will continue through the end of the decade. In addition to an aging population, the United States faces rising healthcare costs, prevalent chronic diseases, and the rise in substance abuse disorders. In order to meet this increased need for care, we need to grow the largest group of healthcare providers in our Nation: nurses.

The title VIII programs bolster nursing education at all levels, from entry-level preparation through graduate study, and provides support for institutions that educate nurses for practice in rural and medically underserved communities. This program is designed to address specific needs within the nursing workforce and America's patient population.

This legislation will reauthorize title VIII of the Public Health Service Act that provides Federal resources toward nursing workforce development programs, including the recruitment, retention, and advanced education of skilled nursing professionals.

This bill extends advanced education nursing grants to support clinical nurse specialists, clinical nurse leaders, defines nurse-managed health clinics, adds clinical nurse specialists to the National Advisory Council on Nurse Education and Practice, and reauthorizes loan repayments, scholarships, and grants for education, practice, quality, and retention.

This bipartisan legislation passed the Energy and Commerce Committee on voice vote earlier this month. I ask my colleagues to join me in supporting this important legislation to expand and strengthen our American nursing workforce, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. JOYCE), the author of the bill.

Mr. JOYCE of Ohio. Mr. Speaker, I rise today in support of my legislation, H.R. 959, the Title VIII Nursing Workforce Reauthorization Act of 2018.

First, I want to thank Chairman WALDEN and Ranking Member PALLONE for moving this legislation through the Energy and Commerce Committee. It is easy to see why nursing consistently ranks as the most trusted profession in America. As the husband of a nurse, and co-chair of the Congressional Nursing Caucus, I know the amount of dedication and support nurses put into their daily task of caring for every patient.

An estimated 10,000 baby boomers are turning 65 years old every day. In order to meet this increased demand for care, we need to grow the largest group of healthcare providers: nurses.

Despite the importance of nurses to the wellbeing of patients, we face a projected nursing shortage that will leave too many patients without the care that they need. The shortage will affect the entire healthcare system, so

we need to do all we can to make sure that those individuals are interested in this valued career path and have access to high-quality education opportunities.

My bill authorizes funds for loan payback programs and grants for advanced education, workforce diversity, and nursing recruitment programs. This bill will expand our Nation's trained nursing workforce so they can provide the highest quality care American patients need.

Mr. Speaker, I am thankful for the incredible bipartisan support this bill has received on behalf of the Nation's nurses, and I urge my colleagues to support this important legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Hawaii (Ms. GABBARD), who is a cosponsor of this bill.

Ms. GABBARD. Mr. Speaker, I would like to thank my colleague, Congressman JOYCE, who has been a great leader on these issues relating to our nursing workforce. I appreciate working with him as co-chair of the House Congressional Nursing Caucus, where we are able to bring a lot of these issues and challenges to life.

We all know that nurses and caregivers are the heartbeat of our healthcare providers. Day in and day out, they provide lifesaving care with empathy, compassion, and care in the most trying and stressful situations. But across the country, we continue to see nursing workforce shortages, especially in our rural and underserved communities, like many in my home State of Hawaii where people on different islands are literally separated by a body of water sometimes from getting access to the care that they need.

In the next 2 years alone, the United States is on track to face a shortage of nearly 200,000 nursing professionals. These shortages not only drive up the cost of healthcare for those most in need, but they actually endanger the wellbeing and care of our patients.

As our healthcare system faces heightened and complex challenges, like an aging population, increase in chronic diseases, an ever-worsening opioid epidemic, and so much more, our healthcare workers must have the training they need to address the needs of our communities.

Reauthorizing Federal funding for vital programs that provide nurses with training, education, and support, will help grow our nursing workforce, both in my home State of Hawaii and across the country, and expand access to the quality care for our children, our veterans, our seniors, and all of our communities.

Mr. Speaker, I urge my colleagues to support this bipartisan legislation, and empower our nurses and healthcare professionals to continue serving and caring for the people in our communities.

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, and only to point out that this bill did pass in the previous Congress, in the 114th Congress, both in subcommittee and full committee, but was never enacted into law.

The author of that bill in the last Congress was our colleague, Lois Capps, on the Energy and Commerce Committee, and I know she will be grateful to see that her work has finally cleared the floor of the House and on to the Senate, and we will be successful.

Mr. Speaker, I yield back the balance of my time, and I urge an “aye” vote.

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 959, the Title VIII Nursing Workforce Reauthorization Act of 2018. I'd like to thank Representative DAVID JOYCE for his work on this important bill. It is one of four bipartisan public health bills the House will vote on today, each of which passed through the Energy and Commerce Committee unanimously at both the Health Subcommittee and our full committee.

H.R. 959 would reauthorize nursing workforce development programs, which support the recruitment, retention, and advanced education of skilled nursing professionals. The bill extends advanced education nursing grants to support clinical nurse specialists and clinical nurse leaders, defines nurse-managed health clinics, adds clinical nurse specialists to the National Advisory Council on Nurse Education, and reauthorizes loan repayments, scholarships, and grants for education, practice, quality, and retention.

In rural areas of the country, like my district in Oregon, nurses play an especially critical role in our health care delivery system, and they've told me about the importance of this legislation. That's why it's critical we reauthorize these programs.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 959, the Nursing Workforce Reauthorization Act of 2018.

It is undeniable that nurses play a critical role in our society's function, as they are trusted healthcare professionals who are the heart and soul of the healthcare system.

H.R. 959 amends the Public Health Service Act by extending support for nursing workforce programs and grants through the fiscal year 2022.

This bill will reauthorize the Title VIII nursing workforce development programs.

Further, eligibility for advanced nursing education grants will be expanded to include education programs for clinical nurse leaders and all combined registered nurse and graduate degree programs.

The Nursing Workforce Reauthorization Act bolsters nursing education at all levels, strengthens nursing education and funds institutions educating nurses to practice in rural and medically underserved communities.

For nearly six decades, the nursing workforce development programs have helped fortify the workforce by increasing the number of students, faculty, and practicing nurses.

Unfortunately, health inequities, inflated costs, and poor health care outcomes are intensifying because of today's shortfall of appropriately prepared licensed vocational/prac-

tical nurses (LVNs/LPNs), registered nurses (RNs), advanced practice registered nurses (APRNs), and nurse faculty.

This trend must be ameliorated, as the importance of nurses cannot be understated.

Nurses are extremely vital components to quality healthcare and patient education.

Nurses are the primary professionals delivering quality health care in the nation, as there are over 4.2 million Registered Nurses in practice today.

Moreover, the nurse workforce is expected to continue to grow, due to the current technological advancements for treatments, preventive care needs, and the rising demand from new health reform enrollments.

It is imperative that the nursing shortage in society be eliminated, as the need for qualified, experienced nurses is rising and will continue to do so.

Insufficient federal investments in nursing education, training, and the overall workforce will only be a detriment to our nation's quality of healthcare.

H.R. 959 ensures that nursing workforce development programs will continue to address the specific needs of the nursing and nurse faculty workforce as well as patients in our communities.

By modernizing the current nursing workforce development programs, through technical training and further financial funding, nurses will be able to fulfill the needs of their patients at the highest level.

Further funding and training for nurses at all levels ensures that all types and levels of nurses have concrete training and are able to deliver high quality healthcare.

I urge my colleagues to join me in supporting H.R. 959, which will strengthen the future of nursing and the health of the nation.

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. 959, 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.

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ADVANCING CRITICAL
CONNECTIVITY EXPANDS SERV-
ICE, SMALL BUSINESS RE-
SOURCE, OPPORTUNITIES, AC-
CESS, AND DATA BASED ON AS-
SESSED NEED AND DEMAND ACT

Mr. LANCE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3994) to establish the Office of Internet Connectivity and Growth, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3994

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 “Advancing Critical Connectivity Expands Service, Small Business Resources, Opportunities, Access, and Data Based on Assessed Need and Demand Act” or the “ACCESS BROADBAND Act”.

SEC. 2. ESTABLISHMENT OF THE OFFICE OF INTERNET CONNECTIVITY AND GROWTH.

Not later than 180 days after the date of the enactment of this Act, the Assistant Secretary shall establish the Office of Internet Connectivity and Growth within the National Telecommunications and Information Administration.

SEC. 3. DUTIES.

(a) OUTREACH.—The Office shall—

(1) connect with communities that need access to high-speed internet and improved digital inclusion efforts through various forms of outreach and communication techniques;

(2) hold regional workshops across the country to share best practices and effective strategies for promoting broadband access and adoption;

(3) develop targeted broadband training and presentations for various demographic communities through various media; and

(4) develop and distribute publications (including toolkits, primers, manuals, and white papers) providing guidance, strategies, and insights to communities as the communities develop strategies to expand broadband access and adoption.

(b) TRACKING OF FEDERAL DOLLARS.—

(1) BROADBAND INFRASTRUCTURE.—The Office shall track the construction and use of and access to any broadband infrastructure built using any Federal support in a central database.

(2) ACCOUNTING MECHANISM.—The Office shall develop a streamlined accounting mechanism by which any agency offering a Federal broadband support program and the Commission through the Universal Service Fund shall provide the information described in paragraph (1) in a standardized and efficient fashion.

(3) REPORT.—Not later than 1 year after the date of the enactment of this Act, and every year thereafter, the Office shall make public on the website of the Office and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate a report on the following:

(A) A description of the work of the Office for the previous year and the number of residents of the United States that received broadband as result of Federal broadband support programs and the Universal Service Fund program.

(B) A description of how many residents of the United States were provided broadband by which universal service mechanism or which Federal broadband support program.

(C) An estimate of the economic impact of such broadband deployment efforts on the local economy, including any effect on small businesses or jobs.

SEC. 4. STREAMLINED APPLICATIONS FOR SUPPORT.

(a) AGENCY CONSULTATION.—The Office shall consult with any agency offering a Federal broadband support program to streamline and standardize the applications process for financial assistance or grants for such program.

(b) AGENCY STREAMLINING.—Any agency offering a Federal broadband support program shall amend their applications for broadband support, to the extent practicable and as necessary, to streamline and standardize applications for Federal broadband support programs across the Government.

(c) SINGLE APPLICATION.—To the greatest extent practicable, the Office shall seek to create one application that may be submitted to apply for all, or substantially all, Federal broadband support programs.

(d) WEBSITE REQUIRED.—Not later than 180 days after the date of the enactment of this