

PLEDGE OF ALLEGIANCE

The Honorable MARK UDALL led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, December 13, 2009.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK UDALL, a Senator from the State of Colorado, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of Colorado thereupon assumed the chair as Acting President pro tempore.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

DEPARTMENTS OF TRANSPORTATION AND HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010—CONFERENCE REPORT

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the conference report to accompany H.R. 3288, which the clerk will report.

The assistant legislative clerk read as follows:

Conference report to accompany H.R. 3288, making appropriations for the Departments of Transportation and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2010, and for other purposes.

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 2 p.m. will be equally divided and controlled between the leaders or their designees.

The Senator from Iowa.

Mr. HARKIN. Parliamentary inquiry: How much time would I be recognized for now?

The ACTING PRESIDENT pro tempore. The Senator from Iowa will be recognized for 13 minutes.

Mr. HARKIN. Mr. President, today and every day an estimated 14,000 Americans will lose their health insurance coverage. The historic legislation before us takes unprecedented steps to expand this coverage to the great majority of Americans, while cracking down on the abusive practices of the

health insurance industry. However, expanding coverage alone is not going to solve our problem. The additional 31 million Americans who will gain coverage thanks to this bill are going to need health care providers, mainly primary health care providers—the doctors, the nurses, the many other health professionals whose skills and hard work provide patients with the high-quality health care they need. We are going to need public health professionals who can provide assistance during times of emergency such as the current H1N1 pandemic. They will need places to go when they become sick, including doctors' offices, community health centers, and nurse-managed health clinics.

Today, many communities are facing shortages of primary care practitioners and other health care providers. This map gives an indication of the lack of primary health care providers in America. The darker area is where we have the lowest number of primary health care practitioners. We can see it is mostly rural America. That is not entirely true, but it is mostly in rural America in which we lack that kind of care.

Currently, 65 million Americans live in areas suffering from a shortage of these health care professionals. The Department of Health and Human Services estimates it would take more than 16,000 additional practitioners to meet our need. Many of my constituents—and I am sure those of the occupant of the chair—don't have the primary care practitioners they need.

I must say, I was up this morning; I was working out; I was watching CNN news. Along came a little blurb: Shortage of primary care health care people in America. That is going to put a crunch on us in terms of meeting our health care needs. People are now beginning to pick up on this all over the country.

What are we doing about it? First, we have to recognize some of the root causes. One of the root causes is debt. It is the amount of money health care students pay to go to school. Here is the debt of graduates of medical school: 44 percent have over \$175,000 of debt; the vast majority have over \$125,000; and some, almost half, have \$175,000 of debt. What happens is that with this huge debt, they can't afford to work in rural areas or areas where they don't get recompensed.

Qualified applicants are not admitted because of a shortage of faculty members. In 2008, an estimated 50,000 applicants were turned away from baccalaureate and graduate schools of nursing. This is unacceptable. Again, not only do we have to have more primary care practitioners, we need the faculty.

It is a growing problem. The Bureau of Labor Statistics estimates that by 2016, we will have a shortage of over 1 million direct care workers, including home health aides, nursing aides, and others who care for our aging population. That is why expanding access to

primary and preventative care has been a key focus throughout our health reform efforts.

With Senator MURRAY's leadership of the workforce group, the HELP Committee has focused on expanding resources to increase the supply of qualified health care providers. In the Finance Committee, Senator BAUCUS also made expanding access to primary care a priority, as well as expanding residency and training initiatives for primary care practitioners. Under Majority Leader REID's guidance, the Patient Protection and Affordable Care Act, the health reform bill before us, combined both HELP Committee and Finance Committee provisions to expand the health care workforce, especially the primary care workforce.

Let's see what this does.

First, the bill will train an additional 24,000 primary care physicians via the National Health Services Corps. It provides loan repayment, scholarships, and higher reimbursement for primary care providers in underserved areas. It also increases the supply of public health workers at the Federal, State, and local level, and tribal health agencies. We provide new resources for more community health centers and nurse-managed health centers. We expand primary care residency and training initiatives and hospitals and community health centers.

Our bill will improve health care providers' ability to serve our increasingly diverse population by providing training in cultural competency, in working with individuals with disabilities, in providing care within the medical home model. Because innovative health care delivery models such as the medical home emphasize team-based care, we invest in a range of health care professionals, from physicians, to nurses, to dentists, to home health aides, to allied health professionals.

In addition, to increase the capacity of health professionals schools and faculty to train new providers, we offer loan repayment programs to doctors, nurses, and dentists who agree to serve as faculty members at medical, nursing, and dental schools.

Finally, our bill creates an independent national health care workforce commission to examine and provide recommendations to Congress on how Federal workforce programs can be improved and how Federal dollars can be most effectively spent.

It is critical that we act on this historic legislation for many reasons. Most of the debate has been about expanding coverage, cracking down on health insurance abuses, and expanding preventative care to keep people healthy in the first place.

But there is also one other aspect of this bill that has not been talked about; that is, what we are doing to increase the number of people whom we are going to have to have for primary care, for our community health centers, for faculty members in the future. This is something we have ignored for