know why your side rejected that in the debates over the Patient Protection and Affordable Care Act. The fact of the matter is, they didn't. We are where are. Let's defeat this amendment and support the underlying bill.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was rejected.

Mr. BURGESS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. BURGESS) having assumed the chair, Mr. LATOURETTE, Chair of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, had come to no resolution thereon.

REPEALING MANDATORY FUNDING FOR SCHOOL HEALTH CENTER CONSTRUCTION

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1214.

□ 1555

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, with Mr. LATOURETTE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

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

The Patient Protection and Affordable Care Act included $105 billion of directly appropriated mandatory funding of numerous programs and provisions included in the law. For example, section 4101(a) of the Patient Protection and Affordable Care Act provides $50 million in mandatory spending for construction and expansion of school-based health centers every year, from the inception through 2013, for a total of $150 million. In our current financial situation, it is not only necessary but it is our responsibility that we examine all of our spending and make all necessary adjustments.

H.R. 1214 is a simple bill aimed at a simple goal—to get some of the spending that the Patient Protection and Affordable Care Act advanced inappropriately. Section 4101(a) of the Patient Protection and Affordable Care Act funds only the construction of school-based health centers. The $50 million in grants are for construction only and there is an express prohibition on these funds being used to provide health services. No such provision was in the bill passed by the House. You will recall H.R. 3200 was the Health Care Reform Act that the House of Representatives worked through its committees of jurisdiction, on which we held hearings, on which we had debate on the floor of the House, and which passed the House in November of last year. It had no such provision in the House Democrats'-passed bill. Since no such provision was included in the health bill, and if the Senate Democrats considered the school-based health centers important enough to receive mandatory funding, why was the mandatory funding strictly limited to the construction of the buildings? Not one cent is guaranteed to see a child, but automatic checks out of the Treasury to build these centers.

I will point out that section 4101(b) of the Patient Protection and Affordable Care Act created a new discretionary grant program for school-based health centers. But this grant program requires them to use the funding to provide health care services. However, the President's budget did not fund section 4101(b), failing to provide school-based health centers money expressly for the purpose of actually providing the service.

Fundamentally, we might even have some agreement on school-based health centers. I am on record of having supported them in the past, and I believe opening health care points of access is important. I want to do more in this realm. But providing mandatory spending, forced spending to construct facilities without adequate safeguards if they will provide care is irresponsible and it certainly abdicates the pursestring nature of the House of Representatives. We are the people's House. It is our obligation to oversee the money that is spent on behalf of the people of the United States.

Not one guarantee of a doctor, not one cent of payment for an immunization, not once ounce of common sense is included in the policy. I will note that this bill does not touch the discretionary program to provide care. I urge my colleagues to support restoring a little fiscal restraint and a little responsible policy to a small part of the law which will destroy the practice of medicine as we know it in the Nation and put the taxpayer on the hook for trillions of dollars in spending.

I reserve the balance of my time.

□ 1600

Mr. PALLONE. I yield myself 3 minutes.

Mr. Chairman, once again I'm listening to my colleague Dr. BURGESS, whom I respect, and he's talking about the common sense being lacking on the Democratic side. After listening to him, I think the rationale and the common sense is lacking on the Republican side.

My colleague from Texas has said over and over again he supports school-based clinics. He even supports Federal funding for school-based clinics. Then what is the possible rationale for posting this bill?

Many of my colleagues on the other side have said today they're opposed to the entire Affordable Care Act. They're opposed to funding the entire Affordable Care Act. Yet somehow today they're taking little pieces of the Affordable Care Act that they even agree with, from my understanding in listening to my colleague from Texas, and still saying we're going to defund them. I defy my colleague to really understand why.

School-based health clinics are a tremendous success story. These programs provide primary care, mental health, dental health services to vulnerable children across the country in every State. Multiple studies have found that these programs are cost-effective investments. They result in lower emergency room usage, hospitalizations, and Medicaid costs. In fact, patients seen at school-based health centers cost Medicaid on average $30.40 less than comparable non-school-based health center patients.

This is saving the Federal Government money. That's the bottom line. And what we're trying to do here is to basically provide for construction, renovation, and equipment for these centers. Now, in order to get the grant for that, you have to show that you have the funds to operate the center. So when Dr. BURGESS says, why are you paying for construction, why are you paying for renovation, but you're not paying or you're not providing for operations? Every one of these has to show that they have the money to do the operations before they get the money for construction. What does construction and renovation mean? It means jobs.

I repeat again, when I was home for the last 2 weeks, all I heard from my constituents is, When are you going to improve the economy more? When are you going to create more jobs? This is a program that creates jobs, helps kids, provides for their well-being and their health, and it's all preventative. These projects have to be shovel ready in order to be funded. So we're talking about money that's going to be immediately spent to put these centers together and to renovate them.

I keep hearing my colleagues say repeal and replace. That's the mantra with the health care bill: We want to repeal it and replace it. But I never hear anything about replace. All I hear about is repeal, and in this case repealing a program that is a proven success.

It makes absolutely no sense to pass this bill. I hear my colleagues on the other side say over and over again

they're for these clinics, they're for these centers. Then why in the world do you bring this bill to the floor?

I urge my colleagues to oppose this legislation.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

This mandatory spending was not in H.R. 3200, the House-passed health care reform bill. Make no mistake, I voted against 3200 just as I voted against 3590. But, nevertheless, the bill that subcommittee Chairman Pallone last Congress brought through did not have mandatory spending for school-based health centers in his bill.

Some of us get up today and act as if mandatory spending for this program is imperative, that it's the only way to go, that we can't provide care if we don't have mandatory spending for building the exam room. But, again, I remind my colleagues on the other side that simply an exam room with an exam table, a thermometer and a sphygmomanometer does not provide 1 ounce of care to a child. It does not save any money in an emergency room visit. It is simply an exam room sitting unutilized because the President of the United States said, I'm going to zero out the discretionary funding for staffing these clinics. That's why this makes no sense.

I urge, again, support for the underlying bill. It is important to bring this back into the authorization process so our appropriate committees can have the oversight over the expenditure of these funds.

I reserve the balance of my time.

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

Mr. Chairman, again, Dr. BURGESS talks about how we're spending money on construction, renovation, but we don't provide mandatory spending for operations. As I said, in order to get the grant under the Affordable Care Act for construction of a school-based health center, you have to show that you have the money to operate.

So what does that mean? That means that we are using some Federal dollars to attract either State or in many cases private dollars to set up these centers. What is wrong with that? They are guaranteed that once the money is spent on construction and creating the jobs that come from the construction or renovation that the money is available to operate the centers. There's nothing wrong with that. It's actually a good thing. It promotes a Federal-State cooperation, and it brings in some private dollars as well.

The other thing I would point out is my colleague from Texas keeps talking about mandatory appropriations. The fact of the matter is that health care initiatives over the years, Democrat and Republican, have provided some mandatory, some discretionary. The same thing we're doing here. The fact of the matter is that Medicare, Medicaid, and a lot of other Federal health programs pay for health care services with mandatory expenditures. And a lot of that is for acute care, acute illness, injury, or chronic diseases. Now, there's no similar approach when it comes to promoting wellness, preventing disease, and protecting against health emergencies. So here for the first time now we're going to have a combination of some mandatory and some discretionary spending for a preventative program, a clinic, a center for kids in their schools that actually helps and prevents them from going to a hospital, to an emergency room, to be institutionalized. So I just think this is false, this notion of mandatory versus discretionary.

The bottom line is if you care about school-based centers and you want to have them, then I think you should oppose this bill because the legislation that this bill is seeking to kill, the Affordable Care Act, for the first time provides funding to put up a lot of these school-based centers. And this is what we need as a preventative measure to prevent these kids from having more serious problems, going to the emergency room. Let's give them primary care up front so they can stay well.

I reserve the balance of my time.

Mr. BURGESS. I yield myself 1 minute.

Mr. Chairman, this language was put in the Senate's health care bill when the Senate was giving out favors, and there really was no rhyme or reason to put this program in as a program under mandatory funding.

Congress has traditionally provided funds to health centers, including school-based health centers, to provide for care, not for construction. To do it the other way around would lead to situations where a center is built but no care is delivered. Both policy choices require local funds to be spent, but only the policy for paying for services, not construction, guarantees that money won't be wasted or, worse yet, never used to deliver 1 ounce of care.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Chairman, I rise again in opposition to this bill.

I do so with somewhat of a personal angle on this. My wife, Audrey, is a pediatric nurse practitioner. At one time she worked in a school-based health center. She doesn't today, presently. But I certainly, through her, have gotten a chance to be exposed to the benefit of school-based health centers.

There is no more efficient delivery system. It makes sure that kids get good, high-quality care at school, gets them back on their feet, back in class where they belong, rather than going to emergency rooms and spending hours waiting for care or being sent home many times in an unsupervised situation out of class. Again, the beauty of a school-based health clinic is that it obviously is in a setting where children are located. Again, the turnaround in terms of making sure that they're back doing what's good for them and good for their future is just smart investment.

I would also just give a small example in my district. I represent southeastern Connecticut. We're the proud location of the Groton sub base, the oldest sub base in America, 8,000 sailors, a lot of families with kids who are located at the base. And at Fitch High School in Groton, there's a school-based health center, which is the primary caregiver for many military families' children. Again, these are kids who move around the country. Oftentimes their care is disrupted from one place to the other. Having a school-based center ensures that these kids are going to have access to health care, that they're going to have their check-ups to make sure that they can enter school, that they can enter school athletic programs. Again, in many instances for these military families, it is the primary health caregiver.

□ 1610

Two hundred twenty-seven families—I checked this morning with the center in Groton—get their care through the center. This program is going to be used to ensure that Fitch High School's footprint in terms of the school building will be expanded. It will be an investment in information technology.

The Acting CHAIR (Mr. YODER). The time of the gentleman has expired.

Mr. PALLONE. I yield the gentleman an additional 30 seconds.

Mr. COURTNEY. They will invest in information technology to, again, make sure that this terrific, efficient, cost-effective, high-quality program is, in fact, going to be there for, again, families who were serving in Libya, in the Mediterranean. Their parents were part of the USS *Providence*, the *Florida*, the *Scranton*, which were part of the initial attack in Libya.

Again, this is a program which works not only for those kids, for the community, but also for our Nation; and I would, again, respectfully rise in opposition to this measure which, again, I think really heads us in the wrong direction in terms of high-quality care for America's kids.

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

And nothing in the bill under consideration, H.R. 1214, would change anything about what was just relayed to us about the school-based clinics in the gentleman's district.

Can I just point out, again, that the discussion that we're having today revolves around the use of advance appropriations in the Patient Protection and Affordable Care Act, thereby making that spending mandatory.

Now, just a brief civics lesson. Medicare is mandatory spending. We have no discretion on that. We must fund Medicare to the extent of the number of dollars that are going to be drawn on the Federal Treasury. Same for Medicaid. We have other health care programs that are, in fact, discretionary.

Our veterans, who I'm sure the gentleman would argue are no less worthy, are funded under a discretionary program.

The difference between a mandatory and a discretionary program is that the authorizing committee, in this case the Committee on Energy and Commerce of which I am a member, of which the gentleman from New Jersey is a member, the authorizing committee sits down and decides whether or not the spending is useful. If it is, we authorize the expenditure. We send it over to the appropriations committee who, if they agree, writes a check for the amount of money that we have authorized and not one bit more.

But the key here is it goes through a regular order process; and one of the things, I don't know about the gentleman from New Jersey, but what I heard when I went home is the Federal spending is out of control; you've got to get a handle on Federal spending. Well, here's a point where we can get a handle on some Federal spending. It should never have been an advance appropriation in the Patient Protection and Affordable Care Act.

I don't know whether that was carelessness or Machiavellian, but it doesn't matter. It's got to be fixed. The American people want us to fix that. That was one of the reasons they voted en masse against the Patient Protection and Affordable Care Act November 2, 2010. That is one of the reasons that the gentleman is sitting in the Speaker's chair today is the public revulsion to how last Congress conducted its business.

We have a chance now to reclaim a little of our honor, a little of our integrity. Let's bring that funding back into the authorization realm in which it belonged and not simply pass it off to the administration. It's mandatory funding. It has to be done. Whether or not the administration is going to fund a doctor or nurse to work in that clinic, you've got an exam bed, you've got a thermometer, you've got a sphygmomanometer, but you don't have one ounce of care delivered to the people who actually need it. Therefore, you are not saving money. You are only spending money. The American people have asked us to be wiser stewards with their cash.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS) who is probably the most knowledgeable person in this House on this subject of school-based care.

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Chairman, I rise in very strong opposition to H.R. 1214. As a school nurse who worked in our schools for very many years, it's been 100 days now of Republican rule, and we have not seen a jobs bill yet. Unlike previous efforts that just ignore job creation all together, today's debate is on a bill that will flat out hurt our economy and will keep people out of the workforce.

You know, there are children in each of our States who will, if this bill passes, be deprived of having access to quality health care when they need it most. School-based health centers provide comprehensive and easily accessible preventive and primary health care services for millions of our students nationwide. Services that keep students healthy, in school, and learning almost always these are children who have no other source of care.

And the need is clear: 350 centers from 46 States including many in my Republican colleagues' districts have already applied for these funds. They've taken the time and the resources to compile their applications. They are excited. They are expecting to hear in just a few weeks if their projects can move forward. To pull the rug out from under them now is simply a disgrace.

The centers have long garnered bipartisan support, worked with many of my Republican colleagues on their behalf; and, yes, the majority is now using this as a political football in their obsession to repeal the Affordable Care Act. This is a true disservice to our children and also to our communities.

No matter what my colleagues on the other side of the aisle say, today's vote isn't about types of funding or process. We don't need a civics class about it. H.R. 1214 is just another attempt by them to dismantle the Affordable Care Act.

I encourage my colleagues to stop taking health care away from children to fulfill their political promises.

Vote ''no'' on this misguided bill.

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

Mr. Chairman, here is the simple truth. What takes health care away from children is sending checks to localities for land acquisition when you've got no intention of staffing the clinic that is going to be built.

Let me just remind people what the argument is about, and I will stipulate that we are not talking about a vast sum of money here like we were in the previous bill. But every instance of advance appropriation in the Patient Protection and Affordable Care Act represents an opportunity for this Congress to reclaim some of its function as the people's House in being in control of Federal spending.

But here's what the argument is about. Section 4101(a) of the Patient Protection and Affordable Care Act under subtitle B, increasing access to clinical preventive services, paragraph 5 of 4101(a), appropriations: out of any funds in the Treasury, not otherwise appropriated, there is appropriated for each of the fiscal years 2010 through 2013 $50 million for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended. No funds provided under a grant awarded in this section shall be used for expenditures for personnel or to provide health services.

It could not be clearer. Now, nothing in the bill that we have under consideration today actually does anything to the provision of services because, after all, those are under an authorization. Section 4101(b), authorization of appropriations: for purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.

But the operative words here—''there are authorized to be appropriated''—not that there are appropriated from the Treasury. It's okay for us to authorize that appropriation. Our committee is an authorizing committee. We are not an appropriating committee.

Mr. Chairman, I understand the difference between an authorizing committee and an appropriating committee. I take an annual field trip to the National Institutes of Health. At the National Institutes of Health you see all these beautiful buildings. They are all built, and they're named after very famous men who served in the United States Congress. Every one of those men is an appropriator. There is no building named after an authorizer.

Still, the work we do is important—I submit it is vital—to the American people that we do our work to evaluate whether or not the expenditures are indeed in the best interest of the American people; and, further, if we're really doing our job, we'll come back and do oversight over those authorizations to make sure those funds are expended in the manner in which they were intended. That's the way you guarantee that that care gets to the child that will ultimately save money to keep the child out of the emergency room, not just by sending checks to localities to purchase land.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, can I inquire of the time on both sides?

The Acting CHAIR. The gentleman from New Jersey has 20 minutes remaining. The gentleman from Texas has 18½ minutes remaining.

Mr. PALLONE. I yield 2 minutes to our distinguished ranking member emeritus, the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. I thank my friend.

I rise today in vigorous opposition to H.R. 1214. This bill is not only going to cut access to health care for American children, but it's going to kill jobs in the construction industry and construction projects around the country. More than 1,900 school-based health centers across the country provide access for health care services to over 2 million people right now. For the first time, the Affordable Care Act authorized these centers and also offered a dedicated source of funding for construction, renovation, and equipment.

□ 1620

Three hundred fifty applicants, many of whom are currently running centers

at this time, in 46 States and the District of Columbia have applied for the first round of competitive grants, including the Young Adults Health Center located in my 15th District of Michigan. These grants will be used to enhance the capabilities of these centers and will jump-start shovel-ready projects that will create immediate construction jobs and allow for the purchase of necessary supplies and equipment, boosting local businesses, but providing health care for our kids. Until more operating funds are available—and I would hope my colleagues on the other side will support such funding—we need to ensure that at least the facilities that are ready to apply for this kind of grant will be able to do so in order to better serve our children and the communities.

I think that this would be an extremely unwise bill. It's a part of an announced plan by my Republican colleagues to first of all attack the whole of the health care reform bill over the last Congress and then to attack it piece by piece. What they seek to do here today is just a part of another step towards the gutting of the health care bill which will make things better for our people and which is paid for, which is not going to add to the deficit but which, in fact, is going to save better than $140 billion this 10 years and in the next 10 years $1.4 trillion.

This is penny wise and pound foolish. Reject the bill.

Mr. BURGESS. Mr. Chairman, let me respond to something that was just said by the chairman emeritus of the Democratic side of the Committee on Energy and Commerce. Of course I have all respect for the chairman emeritus and certainly treasure every day that I served under his direction as chairman in two Congresses.

But the statement that I cannot let stand is that the Patient Protection and Affordable Care Act saves anyone in any universe, in any dimension, any money at all. This was refuted by the chief actuary for the Centers for Medicare & Medicaid Services less than a month after the President signed the Patient Protection and Affordable Care Act. I do not know why we have to continue to hear this fairy tale about $142 billion being saved under PPACA.

At this point, I would like to yield 2 minutes to the gentleman from Louisiana, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman.

I appreciate Dr. BURGESS allowing me to speak on this specific bill, but let's just talk about the elephant that's in the room here this afternoon, and that is the so-called Affordability Act, the so-called Patients Affordability Act, PPACA. We call it ObamaCare affectionately.

Folks, we've got a bill here which is now law that is, at best, questionably constitutional. We have a bill that is going to add another trillion dollars, ultimately, to our deficit. It's full of smoke and mirrors. We have got $500 billion that's going to be taken out of Medicare and then put on both Medicare extension and then on subsidy of the private health plans. Even if we ever saved that $500 billion, this whole law has questionable financing. And then today we're talking about construction money that may or may not exist.

So, Mr. Chair, I just have to say, as a physician with 30 years of practice, I was here during the health care debate of 2009 where this body has come up with and the President has signed into law something that is really a disgrace. The American people are not behind it. PPACA is, in some surveys, opposed by the American public two to one. It is a complete government takeover of our health care system.

Just the other day, I got questioned from my constituents, physicians, who asked me: What about this IPAB? What is that? What is this board? And I had to explain to them that now when you are not sure how much you are going to be reimbursed for the health care that you provide, you can at least go to Congress and petition Congress.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. FLEMING. But under ObamaCare, we now have IPAB, which is a special board of unelected, unaccountable, unnamed bureaucrats that serve at the pleasure of the President who will then decide these things, creating a nonmarket responsive health care body out there that will then—we'll see much worse shortages than what we have today.

I stand in support of Congressman BURGESS and his bill and certainly, ultimately, the repeal of ObamaCare.

Mr. PALLONE. I yield 2 minutes to the gentleman from California (Mr. WAXMAN), the distinguished ranking member of the full committee.

Mr. WAXMAN. Thank you very much for yielding to me.

I rise in strong opposition to H.R. 1214, and I urge my colleagues to join me in voting against this very shortsighted and misguided piece of legislation. This bill, of course, is part of a broader Republican strategy to tear down the new health reform law piece by piece. I will also note that they want to tear down the existing health care laws of Medicare and Medicaid in their budget.

Well, I think that's all very disturbing. But what's especially troublesome is that our colleagues on the other side of the aisle are now going after programs where we all agree, Democrats and Republicans agree, that actually work, that actually do a good job and make a difference.

Numerous studies have shown that school-based health centers are enormously successful in helping to improve students' access to care, promote healthy behaviors among children and adolescents, improve students' academic performance, decrease school absenteeism, and reduce health care expenditures. With a report card like that, why wouldn't we want to build or renovate more of these centers?

We should not end the school-based center construction and renovation program before it even has a chance to make its mark. I urge a ''no'' vote on H.R. 1214.

Mr. BURGESS. Mr. Chairman, I would just point out to the gentleman how shortsighted and misguided that is, that this language was put in by the Senate when they were giving out favors. Sending checks to localities without guaranteeing the actual coverage, without guaranteeing the actual doctor or nurse be there, does not do anything as far as furthering care.

I would now yield 2 minutes to the gentlelady from North Carolina (Ms. FOXX).

Ms. FOXX. I thank my colleague from Texas for yielding time.

Mr. Chair, the American people know that we are borrowing 43 cents for every dollar we spend these days. We do not need to be giving grants of dollars that we have collected from hardworking taxpayers to local entities to build or renovate school-based health centers. This is not a core function of the Federal Government. It is not a core function of our taxpayers. We do not need to be spending this money like the minority wanted to spend it when they were in the majority.

It is also very duplicative, Mr. Chair. Between the stimulus bill and what we affectionately call ObamaCare, $3 billion in funds have been made available to Health Resources and Services Administration at the Department of HHS for facility improvements at community health centers. Providing an additional $50 million a year for construction is duplicative and unwarranted.

This bill deserves the support of every Member here. We are soon going to have to have a vote to raise our debt limit. People say over and over again on both sides of the aisle, We have to cut spending. We have to cut spending. What better place to start than in these funds that are going out for a function that is not appropriate for the Federal Government to be involved in so that we don't have to continue to borrow 43 cents for every dollar that we spend. So I think we should cut out duplicative programs.

This bill definitely needs to pass, and I give it my full support.

□ 1630

Mr. PALLONE. I yield 2 minutes to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Chairman, here we go again, this time attacking a provision in the Affordable Care Act that would help to reach children and especially teens who otherwise might not have access to important health care services.

And so, Mr. Chairman, today I join my Democratic colleagues to speak on

behalf of our children and against H.R. 1214. Our future depends on the development of healthy, well-educated children. Unfortunately, often our children miss school, or sit in class too distracted to pay attention because of preventable and treatable health conditions that, if caught early and treated as these school-based health centers would do, would enable them to better learn and to reach higher levels of achievement.

I've heard a lot of talk about protecting our children from future debt, something all of us are working to prevent. But if we really care about our children, why are we now considering this legislation that will harm them, not in the future, but today?

Eliminating funding for school-based health centers would not just prevent a building from being built, but would eliminate the creation of the only medical home that many underserved students know and which creates access to needed mental, physical and dental care, centers that provide services that many students cannot or would not access anywhere else. And these services provide a support to the teachers so that they can focus on teaching these students.

Taking away this funding for school-based health centers, as H.R. 1214 would do, would be a step in the wrong direction, not just for the health and well-being of our children, but for our country's ability to win the future.

Before I close, I want to just say that we did not pass any bill that is unaffectionately known as ObamaCare. The Affordable Care Act is about your, the American people's, care; and this provision is about our children's care.

I urge my colleagues to vote for our children and vote ''no'' on H.R. 1214.

Mr. BURGESS. Mr. Chairman, I yield 3 minutes to the chairman emeritus of the full Committee of Energy and Commerce, the gentleman from Texas (Mr. BARTON).

(Mr. BARTON of Texas asked and was given permission to revise and extend his remarks.)

Mr. BARTON of Texas. Mr. Chairman, I want to read the section of the law that we're trying to repeal today. It says, subparagraph 5: Appropriations. Out of any funds in the Treasury not otherwise appropriated, there is to be appropriated for each fiscal year 2010 through 2013, $50 million for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended.

And then in this subsection: Definitions. ''School-based health center'' and ''sponsoring facility'' have the meanings given those terms under such and such and such and such.

We're trying to repeal $50 million a year for 4 fiscal years, 2010, '11, '12 and '13, for these school-based health clinics. I support school-based health clinics. Dr. BURGESS supports school-based health clinics. We both represent parts of Tarrant County. The public hospital in Tarrant County, Texas, is John Peter Smith. There are a number—I don't know the exact number, but I believe in the neighborhood of a dozen school-based health clinics in his district, in my district, Congresswoman GRANGER's district, Congressman MARCHANT's district. We support those health clinics. But we believe that the State and county should provide the facility, and the Federal Government should provide the funds to staff it. We don't believe, when we have a $1.5 trillion budget deficit each year, that we need to be spending another $50 million or $200 million over 4 years to actually provide the facility, to provide construction. So it's not an opposition to the health clinic itself, school-based. I've gone to openings; I support them. I think they do excellent work.

But until we get our budget balanced, Mr. Chairman, I think it's prudent to not require the Federal Government to not only fund the operation and the staffing, but also fund the construction and the facility itself. So this is a case where we're specifically repealing a specific appropriation, in this case $50 million a year for the years 2010 through 2013, the fiscal years. And I think that is something that, with a $1.5 trillion budget deficit, is a prudent thing to do.

So I rise in strong support of the bill and, at the appropriate time, would urge a ''yes'' vote.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from Virginia (Mr. MORAN).

Mr. MORAN. Mr. Chairman, as my friends from Texas well know, the potential recipients of this money have already shown that they have the operations and maintenance money available, but they can't establish a school-based health clinic without this funding.

The other thing that I'm sure they are well aware of, is that the need is many times more than the money that is being made available.

25 years ago, when I set up a school-based health clinic across the river in Alexandria, Virginia, people said that it's not needed and we can't afford it. But we now have 25 years' experience throughout the country, and we've found just the opposite. It's absolutely needed, and we can't afford not to have school-based health clinics.

Adolescents have to have accessible, affordable health care. Otherwise, they don't go to hospitals or doctors until it's too late. In fact, we have more than 1,000 students who use our Alexandria school-based clinic. And we're told by the nurses, 80 to 90 percent of them would have to be going to the emergency room if that clinic were not available, at far greater cost.

This saves money, but it also saves lives. Like the young woman who convinced her friend whose leg kept bothering her to have the leg checked, since the clinic was so close. Turned out she had bone cancer. It would have gotten through her whole body. She wouldn't have gone to a doctor. She would have put it aside. That's what adolescents do. That's what we did when were adolescents.

They go in for the flu. While they're in for the flu, they get checked for sexually transmitted infections. They oftentimes get their physicals. There are hundreds of students, well, actually around the country there are hundreds of thousands who don't have the opportunity to play athletics because they have to have a physical fitness exam, and it's 75 bucks normally to go to a doctor to have a physical exam. They don't get it. But they can afford to go to a school-based health clinic where they get the exam free and then they can fully participate.

A lot of children tell the doctors and nurses in these school clinics things that they couldn't tell their parents. We're saving lives with this. We're saving money. We're preventing diseases from spreading. We're doing the right thing by the American people, particularly adolescents. They need accessible and affordable health care. This provides it. Let's defeat this amendment.

Mr. BURGESS. Mr. Chairman, I yield 1 minute to the gentleman from Georgia (Mr. GRAVES).

Mr. GRAVES of Georgia. Mr. Chairman, I guess I'd start off by saying only in Washington can spending money lead to saving money. That's what we just heard. But that's not the case.

I think about what the impact that ObamaCare is having on the State of Georgia. This year alone hundreds of millions of dollars it's cost the taxpayers of Georgia, projected to be over $1 billion here in subsequent years.

While I support full repeal of the program, I've already demonstrated that through my votes, this is specifically getting rid of a slush fund that's in place eliminating funding for the construction of facilities in local communities.

I'm sure this is a laudable program in many areas, and there's probably a lot of laudable programs that folks want to fund. But the fact is we just can't do it. We don't have the resources to do it anymore.

Number one, we need to find out what is the true role and function of this Federal Government. I do not believe this is it. We should allow the States and empower the States who are best equipped to handle the needs of the local community.

So I certainly support this measure and urge my colleagues to vote ''yes'' on H.R. 1214, and let's move on to repealing the full measure of ObamaCare.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend for yielding to me.

You know, give me a break. I hear speaker after speaker on the Republican side saying we don't have the resources to do these things. It seems that we always have the resources to

give tax breaks for the rich. We don't worry so much about the budget deficit when it comes to protecting our rich friends.

The Republicans, 2 weeks ago, spent time passing bills putting Medicare and Medicaid in jeopardy, and now they would deny these community health centers.

□ 1640

The majority doesn't bring bills to help create jobs in this country. So, once again, here we are—God knows how many times—with a bill that's trying to kill the Affordable Health Care Act. Again, it's political theater. It's not going to pass the Senate. The President would veto it. Let's put our heads together and do something constructive instead of saying ''no'' to health care.

The value of school-based health centers is well-known. There are 1,900 in the country. They provide access to high-quality, comprehensive medical care to nearly 2 million children and adolescents. Services are provided regardless of a student's ability to pay, and are provided right where they are at school. In my district, these are very important. Even the high school from which I graduated has a wonderful center. It's the kind of program that we should be promoting and replicating; but instead, we are considering a bill that would repeal the funding for the construction of these centers.

The agency monitoring it is concerned about the sustainability of the health center. The Health Resources and Services Administration, or HRSA, is thinking of the sustained success of these programs, and it will only support those school-based health centers that are going to have long-term success.

So, Mr. Chairman, let's be honest. Today's debate is not on the sustainability of these centers or on mandatory spending. Today's theatrics are simply one more attempt by the Republicans to undermine the Affordable Health Care Act. We are wasting time in doing this again and again, and we should stop. The Affordable Health Care Act makes health care affordable for the middle class, and it helps prevent the steady rise in health costs that has led to much of our budgetary woes over the years.

I am for quality health care. We should vote ''no'' on H.R. 1214.

Mr. BURGESS. I would agree that it is going to be an uphill battle in the Senate, but I believe we can be successful. I would just point out to the gentleman that the President has not issued a veto threat against this legislation.

At this point, I yield 2 minutes to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I thank the gentleman, and wanted to speak in support of H.R. 1214 for three reasons.

Number one, we have got to remember that we are now in our third year of a $1.6 trillion deficit. That's right. The Obama administration has now put us in our third year of a deficit of $1.6 trillion. For every dollar we spend, 40 cents is borrowed.

At what point will that mean anything to our Democrat colleagues? I don't understand it. At what point will it mean anything to the administration? Do you really believe you can defy gravity over and over again and expect that it's not going to come back to haunt you? I don't understand it. I'm baffled by this.

So, number one, we've got to impact the deficit as we've got to consider future generations.

Number two is duplication. The stimulus bill and ObamaCare had $3 billion that went to the Health Resources and Services Administration at the Department of Health and Human Services for improvements in community health centers that many of the school-based health care clinics are eligible for. This is strictly a duplication of $50 million on top of $3 billion.

Number three, as an appropriator, I believe we have to be very careful about advanced appropriations. This goes to the year 2014. If it is so good, as we have heard—and certainly there is a level at which you can argue the effectiveness of this—why not let them get in line as soldiers have to? as educators have to? as hospitals have to? as researchers have to? As everybody else who gets Federal Government money, let them get in line each and every year, and let them justify their budgets. Then Congress, in weighing it out, will say, Okay. Let's fund it again this year.

But what the Democrats are asking us to do is to obligate future Congresses on money to the year 2014 and to put it on automatic pilot. That's not fair. That's not right. In these budgetary times—again, when we are borrowing 40 cents for every dollar we spend—we do not need to be advance appropriating anything or any entity.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BURGESS. I yield the gentleman an additional 30 seconds.

Mr. KINGSTON. The point is, if it's a good program, then certainly they can justify their budgets each and every year just like the soldiers have to and just like everybody else has to. For those three reasons, I strongly support H.R. 1214.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

I have listened to my colleague from Georgia (Mr. KINGSTON), and I can't believe he is blaming the deficit on President Obama. We had 8 years and two wars under Bush, all of the giveaways to millionaires and the special interests, and now, all of a sudden, it's Obama who is responsible for the deficit. We are talking about $50 million a year for probably some of the best schools you could ever imagine with these school-based clinics, and the gentleman is talking about the deficit.

I yield 2 minutes to the gentleman from California (Mr. MILLER).

Mr. GEORGE MILLER of California. Mr. Chairman, I rise in opposition to H.R. 1214 and its impact on our Nation's schoolchildren.

School-based health centers have enjoyed wide bipartisan support because they ensure students are healthy. Healthy students are ready to learn, and in these centers, children can get health services when they need them. Children can't learn when they're chronically sick, when they have a toothache, when they suffer from other dental diseases or when they suffer from chronic health problems. For too many children, a school-based health center may be the only opportunity to receive needed care. This is particularly the case with oral health. Tooth decay is the most common disease among schoolchildren, and 80 percent of the time this disease occurs in children who have problems accessing care. That's why school-based health programs are so important, and that's why the American Dental Association is a strong supporter of this program.

States also believe that these centers are critically needed. Indiana's Republican Superintendent of Public Instruction recently testified before the Education and the Workforce Committee that districts are prioritizing school-based health centers because ''they have made a difference in the lives of those children.'' Schools in Indiana are not alone in realizing the need and value of school-based health centers.

In my district, West Contra Costa Unified has two operational school-based health centers and four in development. The legislation before us today could essentially halt the development of these health centers by repealing the critical construction and renovation funding made available by the Affordable Health Care Act. This funding is critically important to these schools so that they can provide these centers. The Federal Government shouldn't randomly yank the support for school-based health centers. It should be letting the school districts make the decisions based upon their identified needs.

This bill is nothing more than a continuation of the attack against the beneficiaries of the Affordable Health Care Act. Whether the beneficiaries are senior citizens or whether they're young children, we ought not to support this legislation.

Mr. BURGESS. Mr. Chairman, may I inquire as to the amount of time that is left?

The Acting CHAIR. The gentleman from Texas has 6½ minutes remaining. The gentleman from New Jersey has 8 minutes remaining.

Mr. BURGESS. I yield 30 seconds to the gentleman from Georgia (Mr. KINGSTON).

Mr. KINGSTON. I thank the gentleman for yielding.

I want to respond to my friend from New Jersey. This is very important. If we added up the Bush deficits in those

years, certainly the Bush administration overspent. There is absolutely no question about it that the Republican Party overspent. Yet not to be outdone, in 1 year, the Obama administration ran up the deficit numbers higher than the Bush folks did in 8 years. It's outrageous. The year that the Democrats won the majority, the Bush deficit was $160 billion. I agree that it was way too high. But what did they do? $1.6 trillion. That's a lot of money, and that's all the more reason that we need to eliminate duplicative spending, which is what this is.

Support H.R. 1214.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Chairman, this bill will not create one job or help one American family cope with high gas or grocery prices, but I'll tell you what it will do. It will make it more difficult for over 1 million children to see a doctor or a nurse.

In December, Central Elementary School in San Diego opened a school-based clinic to give access to 860 children; 25 percent of those children are uninsured. Now Central students will get care when they need it, and they won't have to miss school for an appointment.

''This clinic is a dream come true,'' said Central's principal, Cindy Marten.

Any principal knows that unaddressed health or mental health problems are enormous obstacles to student learning and student attendance. Many children have ongoing health problems, such as diabetes, causing chronic absenteeism, and they are health problems that you can treat right at a school clinic; and every child will need care for colds, the flu, strep throat, ear infections, and other illnesses that can spread through an entire classroom. My colleagues clearly didn't consult too many school principals while writing this misguided bill.

Please vote against taking health clinics away from kids.

□ 1650

Mr. BURGESS. Mr. Chairman, I yield myself 1 minute.

The Federal deficit is now the biggest concern of business economists and, indeed, the American people at large. Job creators are sitting on the sidelines while Washington continues to spend more money that it doesn't have.

Despite the sobering facts, my colleagues on the other side of the dais in the Energy and Commerce Committee have not proposed a single cut, not one single spending cut under our committee's jurisdiction.

Now, sure I can be criticized today for only trying to save, what, $200 million? I don't know about New Jersey, but in my district back in Texas, $200 million is still real money.

When challenged at last week's subcommittee markup, all Mr. WAXMAN could come up with were tax increases and cuts to the farm program. We can and should do more to get our spending under control. Our committee, the Committee on Energy and Commerce, has an obligation to be front and center in that fight.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself 30 seconds.

From the very beginning today, Dr. BURGESS, I have said, and many of us have said, the Affordable Care Act saves money and that school-based centers save money. The CBO estimates over $1 trillion in savings from the Affordable Care Act; $30.40 less than Medicaid costs for a kid that goes to a school-based clinic. By repealing this funding for school-based clinics, you are going to cost the Federal Government more money.

So don't talk to us about the deficit. We save money with our legislation, and you are spending more money by proposing this bill.

I yield 2 minutes now to my colleague from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. I thank my friend for yielding.

There are nearly 15 million unemployed people in America, and I think most of them and those who are employed would tell us that what they want the Congress to be doing is finding ways to work together so that businesses and entrepreneurs can create jobs for the American people.

Here we are again arguing about the health care bill or another piece of it. And this legislation has behind it the novel idea that if children get immunizations and well visits and get to see a nurse or a doctor when they are not feeling well, that somehow is not a wise use of the public's money.

Now, let's put aside for the moment the idea of whether it is right or wrong to deny health care coverage for children in school—I think it is very wrong—and let's look at the balance sheet. Which is more expensive: a child who is hospitalized with pneumonia or 25 or 30 children who get a checkup? Which is more expensive: the outbreak of a flu that affects the entire school or the entire town or the early diagnosis and treatment with antibiotics of a kid with the flu?

Common sense says that primary care for children saves money for everyone. Common sense says that children without insurance can most easily be reached in the school where, hopefully, they already are. Voluntary participation by children in a school with their parents' consent makes perfect sense.

This legislation makes no sense to consider it now; it makes even less sense to pass it. I would urge a ''no'' vote on this legislation and urge the House to get back to the business of working together to help entrepreneurs create jobs for the American people.

Mr. BURGESS. I yield myself 30 seconds.

Again, let me remind people what we are talking about today. We are talking about taking away advance appropriations in the Patient Protection and Affordable Care Act for construction purposes—not for running the darned clinic but for construction purposes.

An eligible entity shall use funds provided under a grant ordered under this subsection only for expenditures for facilities. No funds provided under a grant ordered in this section shall be used for expenditures for personnel or to provide for health services.

I yield 1 minute to the gentleman from Indiana, Dr. BUCSHON.

Mr. BUCSHON. Mr. Chairman, I rise today in support of H.R. 1214.

This is just another section of the ObamaCare bill, which, of course, I proposed and promoted the repeal of the entire bill.

This is another slush fund of mandatory spending in the bill, $200 million, with no congressional oversight over the next 4 years; where the Secretary of Health and Human Services can grant construction and renovation for school-based health centers, again, at their own discretion.

Again, as was just stated, none of this money can go to actually providing health care.

It is deceptive to say that this section of the ObamaCare bill is to promote health for our students and others at schools. This is another indication of uncontrolled Federal Government spending with no congressional oversight, and I speak today on behalf of the bill to rescind that.

The Acting CHAIR. The gentleman from New Jersey has 4 minutes remaining. The gentleman from Texas has 3½ minutes remaining.

Mr. PALLONE. Mr. Chairman, I have no further requests for time, and I reserve the balance of my time.

Mr. BURGESS. I yield myself 30 seconds.

Mr. Chairman, we just heard a moment ago from the gentleman from New Jersey perpetuation of the fantasy that the Patient Protection and Affordable Care Act is going to save anyone in this universe or a parallel universe or a parallel dimension any money.

Make no mistake: This law costs vast sums of money. When the subsidies and the exchanges hit, the tap on the Federal Treasury is going to be unlike anything this country has ever seen.

Congressional Budget Office talk about saving money was pure fantasy. The chief actuary for the Centers for Medicare & Medicaid Services exposed that fantasy for what it was less than 1 month after Congress voted on this bill. We voted on this law without actually having correct information because I believe the Secretary withheld the information from us.

I reserve the balance of my time.

Mr. PALLONE. I will yield myself 2 of the 4 minutes and go back and forth with Dr. BURGESS here.

The fact of the matter is that the Congress uses the CBO as the official statement, if you will, of our budget and the cost of legislation. That is what we have all agreed on a bipartisan basis we are going to use. I don't always agree with CBO. You have heard me many times say that they don't score prevention enough. The fact of the matter is that is what we are going to use. We have all agreed. And the CBO says that the Affordable Care Act saves over $1 trillion over the life of the bill.

Everyone knows, and I know that Dr. BURGESS, even himself, believes in preventative care. That is what these school-based health clinics are all about. They work. They get kids into the clinic or the center, they get primary care. They prevent having to go to an emergency room, to a hospital, or any other kind of institutionalization.

This is what we are trying to do with the Affordable Care Act. We are trying to save money by guaranteeing people get to see a doctor when they need one so they don't get sick. It is all about wellness. That is what it is about. And wellness saves money. The Federal Government doesn't have to spend the money when the person goes to the emergency room and doesn't have any insurance coverage. It is that simple.

I have had this argument many times with Dr. BURGESS. I think that, for the most part, he agrees with me, and he has even said today that he thinks the school-based centers are a good thing.

So I really don't understand the basis of this legislation that is being proposed this evening, and I certainly would urge my colleagues to vote against it.

I reserve the balance of my time.

Mr. BURGESS. Mr. Chairman, I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, how much time is left?

The Acting CHAIR. The gentleman from New Jersey has 2½ minutes. The gentleman from Texas has 3 minutes.

Mr. PALLONE. I yield myself the remainder of my time.

Mr. Chairman, I have said over and over again, I don't understand what the Republicans are up to today. They keep saying that they want to repeal the Affordable Care Act, the health care reform. They keep bringing bills to the floor on a regular basis that would either in a piecemeal or in a large fashion repeal the Affordable Care Act. But the arguments make less and less sense every day as they start to take the pieces of the legislation that they even agree with themselves.

Today, we have been here for many hours. My colleague from Texas and others said that they support school-based clinics. They even went so far to say they wouldn't even have a problem with the Federal Government paying for it.

□ 1700

Support the Federal dollar. Support the concept. Agree that it is a preventative measure.

Then they went on to say that maybe we shouldn't pay for construction; we should only pay for operations. Well, the fact of the matter is that when you submit an application for construction or renovation of the clinic, under this law you have to show that you have the money to operate, and it is pretty clear that if you don't have the building, you are not going to be able to operate.

So, again, I don't understand what they are trying to accomplish here. We all know that these centers make sense. They bring kids who would otherwise not see a doctor to have that opportunity.

I thought my colleague from Virginia (Mr. MORAN) really brought home the point when he said that a lot of kids don't even participate in athletics unless they have a school-based clinic because they have to be certified that they are healthy in order to participate in athletics in the school. Well, doesn't that make sense, because then they don't sit around and become obese. They actually exercise. They participate in team sports. They get to the whole collegiality of being involved in a team sport and the exercise and the health benefits of that.

This is a win-win situation. I wish you had picked something else today to bring to this floor to repeal, because this is the worst thing you could have brought to the floor. No one, including yourself, argues that these school-based centers are not valuable, so stop trying to cut them. Stop trying to come up with some fantasy about how you are going to fund some part of it and not fund the other part of it. It is a good thing. It is probably one of the best things we have in this legislation, the Affordable Care Act. I think it is not rational and makes no common sense to pick this out as something to spend two or three hours on to say that this is something we shouldn't do. We should do it. Oppose this legislation.

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

Mr. Chairman, I'll tell you what's not rational. It's not rational to spend this money and say you're prohibited from providing care. Let's be honest. The money for construction is duplicative. It was offered up in the stimulus bill previously. So we're duplicating a previous Federal expenditure in forward funding, advance funding the Patient Protection and Affordable Care Act. That's what doesn't make sense.

A previous speaker on the Democratic side called me mindless. That is mindless. It was mindless to pass this bill over the objections of the American people, to never listen to the voices of the people that were literally ringed around this Capitol a year ago who said kill this bill. Well, now we have a chance to bring back a little bit of that spending, to bring it back into the arena in which it belongs, which is the United States House of Representatives, the people's House.

The mandatory spending was not in the bill that passed this House in November of 2009. This language was put in by the United States Senate. And why was it put in by the United States Senate? Because they were playing ''Let's Make a Deal.'' They had to get to 60 votes. They didn't know how to get there. They got there by buying votes, and this small provision, someone must have sold out pretty cheaply, this small provision was one of the provisions that allowed them to do that.

Again, I would remind my colleagues that you cannot use the money that is provided in 4101(a), you cannot use that money to have a doctor or a nurse in the clinic. In fact, you are expressly prohibited from that. I suspect that is why the President has not issued a veto threat on this particular piece of legislation, because he himself included no money on the discretionary side that is actually going to provide the services of a doctor or a nurse.

Look, we've got one small chance to reclaim some small part of our sanity in the United States House of Representatives, in the people's House. The forward funding, the advance funding, the direct appropriations that were contained within the Patient Protection and Affordable Care Act were an anathema to everything that people in this country understand about what is the role of their Federal Government. After all, they willingly give up a little bit of their rights in order to have their lives run more orderly. But they don't ask us to run roughshod over Federal spending and then claim a greater and greater share of their lives.

Yes, it is unfortunate that we have had to spend all day here debating this bill. I don't dispute that fact. We should never have been here in the first place. The advance funding should never have been included in the Patient Protection and Affordable Care Act. And why was it? Because the Democrats knew last year they never intended to do a single appropriations bill, so the only way to get this dog up and running after its passage last year was to push the appropriations out the door in the language of the bill. That's what we've got to correct right now. That's what these arguments are all about.

Yes, it's going to be tough sledding in the Senate. Yes, we don't have an ally down at the White House. But the American people expect us to do this work and they want to see us do that work. I urge an ''aye'' vote on the underlying bill.

Mr. STARK. Mr. Chair, I rise in strong opposition to H.R. 1214, yet another time-wasting attempt to defund part of health care reform. This bill would deny funding enacted as part of health reform for the construction of school-based health centers. It would effectively deny our most vulnerable kids their best option for getting critical health, mental health, and dental services. While claiming to save money, its effect would be the opposite. Eliminating preventive services and options for primary care only means that when kids do get sick, they will need Medicaid benefits to pay for far more expensive services that could have been

avoided through early intervention at a school-based health clinic.

School-based health centers (SBHCs) are considered one of the most effective strategies for delivering high quality, comprehensive, and culturally-competent primary and preventive health care to adolescents—a population that can be difficult to reach. They remove the barriers that most commonly keep young people away from health services. They are located where students spend most of their waking hours—at school—making them much more accessible than doctor's offices or a clinic. They provide services regardless of a child's ability to pay, eliminating discrimination caused by wealth or the lack thereof. SBHCs reduce absenteeism, tardiness, dropouts, and discipline referrals by helping youth remain in school and engaged in learning.

SBHCs are also vital mental health providers for children and adolescents. Today, May 3rd, is National Children's Mental Health Awareness Day. I cannot think of a more destructive way to mark this day than by passing a bill that eliminates access to mental health services that children desperately need. Bullying, violence, depression and stress are rampant in our school classrooms and playgrounds. SBHC staff are on the scene with the time and resources to address these challenges. More importantly, evidence shows that young people are willing to go to a SBHC for counseling, while the stigma of mental health issues is often enough to keep them from seeking help from other providers. Research shows that students who report depression and past suicide attempts demonstrate greater willingness to seek counseling in a SBHC. Students with perceived weight problems report more willingness to use a school clinic for nutrition information. Sexually active students are more willing to seek information on pregnancy prevention and to have general disease screenings at a SBHC.

More than 350 applications to build school-based health centers have already been received by the Department of Health and Human Services, from 46 states and the District of Columbia, in response to this new funding opportunity enacted as part of health reform. All of these projects are ready to go—which means immediate jobs for construction workers and others involved in building the centers. Defunding this provision is another example of the Republican disconnect from the real issues people care about—creating jobs and protecting children.

Healthy students are better students. Why the Republicans want to eliminate a program that helps kids stay in school and provides opportunities for future success—and creates jobs in the present—is simply beyond my imagination. I urge my colleagues to vote against this bill and give our young people the chance they deserve to succeed.

Mr. LEVIN. Mr. Chair, I rise in strong opposition to this legislation.

This bill is a retreat from a core value: to care for our children. Instead of cutting construction for these school-based health centers, we should be building more clinics to help those in need.

These centers work. They keep our children healthy. I see it at the two school-based clinics in my district in the Hazel Park and the Fitzgerald Public School systems.

For instance, Melissa, the nurse practitioner at the Fitzgerald Clinic, helps those who can't get care in any other place because their families can't afford insurance or can't afford doctor's fees.

Just this past Friday, she saw a 16-year-old boy who didn't have any insurance because his parents' employer doesn't offer a plan, they can't afford private premiums but earn too much for CHIP or Medicaid. He was desperately ill, with a high fever and nausea. Melissa was able to diagnose and treat his strep throat on the spot. He asked her, ''How much do I owe you?'' Melissa responded ''Nothing.'' The young man burst into tears because he had been so worried that his family wouldn't be able to pay her.

Another boy couldn't afford to go to an emergency room, but Melissa was able to treat a foot infection that could have resulted in an amputation.

I could give you example after example because the team at the Fitzgerald school does it all. She makes sure that students have the vaccinations they need to stay healthy—300 visits this year—and provides the physicals 200 children will need to play sports. They provide counseling for teens coping with their parents' unemployment and groups for those dealing with alcoholism and family violence.

The bottom line is that these clinics work and we need more of them.

I urge Members to vote no on these irresponsible cuts.

Mr. VAN HOLLEN. Mr. Chair, I rise in opposition to this legislation that would eliminate funding for school-based health centers.

School-based health centers provide much-needed health care services to vulnerable children and adolescents, including primary care, mental health, dental, vision, and nutrition services. They not only help improve children's health, but also help improve the academic performance of students. School-based health centers are a win-win for the student, but also for parents and the community.

By repealing funding for school-based health centers, we will be taking away a health care option—and perhaps the only health care option—for low income children and their families. Without these centers, we will not be building a foundation to promote and advance preventive and wellness-based care that will help save health care costs over time.

Mr. Chair, I urge my colleagues to oppose this misguided bill.

Mr. GENE GREEN of Texas. Mr. Chair, I rise in opposition to H.R. 1214, which repeals a provision in the Affordable Care Act that provides funding for the construction of school health centers. It also rescinds any unobligated funds that have already been appropriated to this program.

The Majority has said their top priority is job creation and getting our economy back on track. This legislation is yet another example of the Republicans' misplaced priorities.

If the Republicans cared about job creation, they would support school based health centers.

School-based health centers started in the 1970s with the first centers opening in Dallas, Texas, and St. Paul, Minnesota. Today, there are approximately 1,700 centers across the country located in 45 states plus the District of Columbia.

In Texas, there are approximately 85 school-based health centers. Most of these centers are located in a permanent facility on a school campus. The centers provide primary care, mental health care, and dental care.

The reason these school-based health centers are so important to working families is because they support families. They allow parents to stay at work while attending to their child's routine health care needs and they save money for our economy as a whole by keeping children out of hospitals and emergency rooms.

Once again, the Republicans are claiming they support helping our working families and yet again we are cutting another service that helps keep parents at work and children healthy.

I strongly oppose this legislation.

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

The Acting CHAIR. All time for general debate has expired.

Mr. BURGESS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. CHAFFETZ) having assumed the chair, Mr. YODER, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 1214) to repeal mandatory funding for school-based health center construction, had come to no resolution thereon.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on H.R. 1214 and to insert extraneous material into the RECORD.

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

There was no objection.

REPEALING MANDATORY FUNDING FOR STATE HEALTH INSURANCE EXCHANGES

The SPEAKER pro tempore. Pursuant to House Resolution 236 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 1213.

□ 1706

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 1213) to repeal mandatory funding provided to States in the Patient Protection and Affordable Care Act to establish American Health Benefit Exchanges, with Mr. YODER (Acting Chair) in the chair.

The Clerk read the title of the bill.

The Acting CHAIR. When the Committee of the Whole rose earlier today, amendment No. 5 printed in House Report 112–70 offered by the gentleman from Vermont (Mr. WELCH) had been disposed of.

Pursuant to clause 6 of rule XVIII, proceedings will now resume on those