



Legislative BulletinMay 24, 2011

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S.990 – To provide for an additional temporary extension of programs under the Small Business Act and the Small Business Investment Act of 1958 (Landrieu, D-LA)

Order of Business: S.990 is scheduled to be considered on Tuesday, May 24, 2011 under suspension of the rules requiring two-thirds majority vote for passage.

Summary: The House will vote to amend S.990 to extend programs covered under the Small Business Act and Small Business Investment Act (SBIA) of 1958 through September 30, 2011. Both of these acts were previously extended last September and then again in January 2011 and are now set to expire without reauthorization on May 31, 2011.

Additional Background: The Small Business Act (SBA) was enacted in 1953. It established the Small Business Administration to “encourage” and “develop” small business growth, and to aid minorities and other disadvantaged peoples in securing loans and learning management techniques. In 1958, Congress passed into law the Small Business Investment Act to ensure a “fair proportion” of government contracts and sales of surplus property include privately operated small businesses.

This extension is the same language as [H.R. 366](#), a bill signed into law on January 31, 2011 that extended programs covered—including the Small Business Innovative Research Program (SBIR) and the Small Business Technology Transfer Program (STTR)—under the SBA and SBIA from January 31, 2011 until May 31, 2011. S.990 also includes anti-earmarking language in Section 2, which seeks to preserve the competitive nature of the SBIR and STTR programs.

S.990 passed the Senate with an amendment by unanimous consent on May 19, 2011. The Senate version extends the authorization of most programs covered under the SBA and SBIA for a month (until June 30, 2011) and the SBIR, STRR, and a Commercial Pilot Program until May 31, 2012.

Committee Action: S.990 was introduced by Senator Mary Landrieu (*D-LA*) on May 12, 2011. It passed the Senate with an amendment by unanimous consent on May 19, 2011. The House Small Business Committee has taken no action on the bill.

Administration Position: There is no Statement of Administrative Policy with regard to this bill.

Cost to Taxpayers: A report from CBO was unavailable at press time.

Does the Bill Expand the Size and Scope of the Federal Government?: No.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: No.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: Though the bill contains no earmarks, and there's no accompanying committee report, the earmarks rule (House Rule XXI, Clause 9(a)) does not apply, by definition, to legislation considered under suspension of the rules.

Constitutional Authority: The Constitutional Authority Statement submitted into the Congressional Record upon introduction of H.R. 366 on January 20, 2011 stated: "Congress has the power to enact this legislation pursuant to the following: Art. 1, §8, Clause. 3 To regulate commerce among foreign nations and the several states."

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**H.R. 1216 – To amend the Public Health Service Act to convert funding for Graduate Medical Education in qualified teaching centers from direct appropriations to an authorization of appropriation
(Guthrie, R-KY)**

Order of Business: H.R. 1216 is scheduled to be considered on Tuesday, May 24, 2011 under a modified open rule ([H.Res. 269](#)). The rule provides for one hour of general debate equally divided and controlled by the chair and ranking member of the Committee on Energy and Commerce. It waives all points of order against consideration and provisions of the bill. It only makes in order those amendments that were received in printing in the Congressional Record dated May 23, 2011 and summarized within this legislative bulletin. The rule also provides for one motion to recommit the bill.

Summary: H.R. 1216 rescinds any unobligated funds that were appropriated in Section 5508(c) of the Patient the Protection and Affordable Care Act (P.L. 111-148, aka Obamacare) for teaching health centers to expand or establish programs that provide graduate medical education training to medical residents. The bill would also amend the Public Health Service Act to make funding for future payments to those centers subject to

annual discretionary appropriations, and it would authorize the appropriation of \$46 million a year for fiscal years 2012 through 2015.

Additional Background: H.R. 1216 is the fourth bill in this Congress to receive a House floor vote that deals with defunding the mandatory appropriations included in Obamacare (See the following RSC legislative bulletins [here](#) and [here](#) for a summary on the other three bills—H.R. 1213, H.R. 1214, and H.R. 1217). H.R. 1216 continues in the tradition of these other three Obamacare defunding bills by rescinding unobligated funds that were previously appropriated and reasserting congressional authority to weigh the value of different public health service programs to spend federal funds accordingly through the normal appropriations process.

Obamacare authorizes dozens of public health service programs that must proceed through the normal appropriation process to receive federal funding. One example is Section 5301 of the law which authorizes for appropriation millions of federal dollars for grants or contracts with accredited public or nonprofit private hospitals, schools of medicine, and other entities for “Training in Family Medicine, General Internal Medicine, General Pediatrics, and Physician Assistantships.” On the contrary, providing direct appropriations to teaching health centers (through Section 5508(c) of Obamacare) ties future Congress’ hands from using these federal funds to spend (or not spend) on other medical education training.

Amendments Made in Order:

1. ***Castor (D-FL)*** – This amendment delays the effective date of H.R. 1216 until the Comptroller General of the United States determines there is no primary care physician shortage in the United States.
2. ***Tonko (D-NY)*** – This amendment requires the Comptroller General of the United States to conduct a study to determine the impact of expanding existing and new graduate medical residency training programs on the number of primary care physicians that would be trained should H.R. 1216 not be enacted into law, and the number of whom would not be trained should H.R. 1216 be enacted into law.
3. ***Castor (D-FL)*** – This amendment requires the Comptroller General of the United States to conduct a study to determine the impact that H.R. 1216 would have on the health care costs of families and small businesses in the United States.
4. ***Towns (D-NY)*** – This amendment adds a new paragraph to the bill that prioritizes appropriated federal funds to School-Based Health Centers if the amounts appropriated in H.R. 1216 (authorized \$46 million for each FY2012-2015) are less than what would be available under current law.
5. ***Cardoza (D-CA)*** – This amendment delays the effective date of H.R. 1216 until there are no longer any areas designated as health professional shortage areas under Section 332 of the Public Health Service Act (42 U.S.C. 254e).

6. **Cardoza (D-CA)** –This amendment requires the Comptroller General of the United States to conduct a study to determine the extent to which there is a shortage of physicians in the United States, including case studies of areas with significant shortages of physicians (such as the Central Valley of California); the impact of expanding existing and new graduate medical residency training programs with existing funding on the number of primary care physicians that would be trained should H.R. 1216 not be enacted into law; and the impact that enactment of H.R. 1216 will have on the number of physicians who will be trained under approved graduate medical residency training programs should H.R. 1215 not be enacted into law.
7. **Foxx (R-NC)** – This amendment amends the Public Health Service Act (42 U.S.C. 256h) to prohibit funding authorized in H.R. 1216 to be used to provide any abortion or training in the provisions of abortions with exceptions for abortions in pregnancies resulting from an act of rape, incest, or if the life of the mother is in danger. It also prohibits authorized funds in H.R. 1216 to qualified teaching health centers if a center subjects any institutional or individual health care entity to discrimination on the basis that the health care center does not provide, pay for, provide coverage of, or refer for abortion services. The amendment includes an individual physician or other health care professional, hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan in the definition of a “health care entity.”
8. **Foxx (R-NC)** – Same amendment as Number 7 above.
9. **Cardoza (D-CA)** – This amendment requires the Comptroller General of the United States to conduct a study to determine the impact of expanding existing and new graduate medical residency training programs with existing funding on the number of primary care physicians that would be trained should H.R. 1216 not be enacted into law, and the impact that enactment of H.R. 1216 will have on the number of physicians who will be trained under approved graduate medical residency training programs should H.R. 1216 not be enacted into law.

Committee Action: H.R. 1216 was introduced by Rep. Brett Guthrie (R-KY) on March 29, 2011 and referred to the Committee on Energy and Commerce. Prior to its introduction, the Subcommittee on Health held a hearing on a discussion draft identical to H.R. 1216 on March 9, 2011. The Subcommittee marked up the bill and reported it out favorably on March 31, 2011. The full committee marked up and reported it out favorably on April 5, 2011.

Administration Position: The Administration released a Statement of Administrative Policy opposing H.R. 1216.

Cost to Taxpayers: The Congressional Budget Office (CBO) issued a cost estimate for H.R. 1216 on April 8, 2011. It estimates the bill would reduce direct spending by \$220 million over the 2011-2021 period. Additionally, CBO estimates that implementing this bill would incur discretionary costs of \$184 million over the same 10 year period, assuming direct appropriation of the specified amounts.

Does the Bill Expand the Size and Scope of the Federal Government?: No. The bill reduces direct spending by \$220 million over 10 years.

Does the Bill Contain Any New State-Government, Local-Government, or Private-Sector Mandates?: H.R. 1216 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act and would not affect the budgets of state, local, or tribal governments.

Does the Bill Comply with House Rules Regarding Earmarks/Limited Tax Benefits/Limited Tariff Benefits?: In accordance with clause 9 of rule XXI of the Rules of the House of Representatives, H.R. 1216 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(e), 9(f), or 9(g) of Rule XXI.

Constitutional Authority: The Constitutional Authority Statement published in the Congressional Record upon introduction of the bill states: “Congress has the power to enact this legislation pursuant to the following: Article I, Section 8, Clause 1: The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.”

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