

member of my subcommittee is both passionate and committed to improving the lives of our Nation's children. In this case, Mr. YARMUTH is seeking to assist some of our Nation's most vulnerable youth, those who run away from home or who have no home.

It is a travesty that this situation exists in our Nation—that children find themselves in situations where they need to leave their home for any number of reasons—they are thrown out, have been abused, and face other challenges at home. Worse yet, too many of our Nation's foster care youth find themselves released from the system at or around age 18 and are left to fend for themselves without guidance or little to no assistance, and they become part of the over one million runaway or homeless youth in our Nation. These resilient youth seek caring adults, stability, and the ability to see their future as different from their present situation.

This reauthorization improves the basic central programs, street outreach programs, and the transitional living program. As we heard in a hearing in my subcommittee, it is just too easy to look away and dismiss the problem or accept that it is inevitable that there will be homeless youth. We see it, acknowledge it, and do nothing about it. However, if we dismiss or tolerate the problem of runaway and homeless youth, I think that we can easily expect that we will see these youth in other social systems where they may stay for the rest of their lives. Helping these youth in the here and now is both intervention and prevention. We must maintain a long-term vision for our Nation's youth. Investing in all children at an early age is clearly necessary, but we also must attend to our older youth who face challenges that neither you nor I have experienced as teenagers and young people.

Mr. Speaker, Mr. YARMUTH has worked very hard with the community that works with runaway and homeless youth to create a strong reauthorization of these programs. He has included the development and implementation of performance standards to be used in the grant making process, to better allow the Family and Youth Services Bureau of the Department of Health and Human Services to evaluate each program and fund the best of the best. You see, these programs are good, and the competition is strong for any funding that is available.

I urge my colleagues to vote yes on H.R. 5524, the Reconnecting Homeless Youth Act today. It is an investment in our Nation's most vulnerable youth and in all of America's young people. They seek caring adults and opportunities to improve their lives at home and their futures. If we help these youth now, we prevent them from entering into child welfare and juvenile justice systems, each path fraught with challenges. I think that we can all come together to change the lives of children for the better.

Mr. YARMUTH. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. YARMUTH) that the House suspend the rules and pass the bill, H.R. 5524, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

JOSH MILLER HEARTS ACT

Mr. YARMUTH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4926) to amend the Elementary and Secondary Education Act of 1965 to establish a grant program for automated external defibrillators in schools, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4926

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Josh Miller Helping Everyone Access Responsive Treatment in Schools Act of 2008” or the “Josh Miller HEARTS Act”.

SEC. 2. GRANT PROGRAM FOR AUTOMATED EXTERNAL DEFIBRILLATORS.

(a) PROGRAM REQUIRED.—The Secretary of Education shall carry out a program under which the Secretary makes grants to local educational agencies, to be used by the local educational agencies for one or both of the following:

(1) To purchase automated external defibrillators for use in elementary and secondary schools served by the local educational agency.

(2) To provide training to enable elementary and secondary schools served by the local educational agency to meet the requirements of subsection (d)(1), but only if automated external defibrillators are already in use at such schools or are acquired through this program.

(b) ELIGIBILITY.—

(1) LOCAL EDUCATIONAL AGENCIES.—To be eligible to receive a grant under this section, a local educational agency shall submit an application to the Secretary at such time, in such form, and containing such information as the Secretary may require.

(2) ELEMENTARY AND SECONDARY SCHOOLS.—To be eligible to receive an automated external defibrillator through a grant under this section, a school may be any public or private school served by the local educational agency, except that an Internet- or computer-based community school is not eligible.

(c) MATCHING FUNDS REQUIRED.—

(1) IN GENERAL.—To be eligible to receive a grant under this section, the local educational agency must provide matching funds from non-Federal sources equal to not less than 25 percent of the amount of the grant.

(2) WAIVER.—The Secretary shall waive the requirement of paragraph (1) for a local educational agency if the number of children counted under section 1124(c)(1)(A) of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6333(c)(1)(A)) is 20 percent or more of the total number of children aged 5 to 17, inclusive, served by the local educational agency.

(d) TRAINING AND COORDINATION REQUIRED.—A local educational agency that receives a grant under this section shall demonstrate that, for each elementary and secondary school at which the automated external defibrillators are to be used—

(1) there are at least 5 individuals at the school who—

(A) are employees or volunteers at the school;

(B) are at least 18 years of age; and

(C) have successfully completed training, with the expectation that the certification

shall be maintained, in the use of automated external defibrillators and in cardio pulmonary resuscitation, conducted by the American Heart Association, the American Red Cross, the National Safety Council, or another nationally recognized organization offering training programs of similar caliber;

(2) local paramedics and other emergency services personnel are notified where on school grounds the automated external defibrillators are to be located; and

(3) the automated external defibrillator will be integrated into the school's emergency response plan or procedures.

(e) PRIORITY.—In making grants under this section, the Secretary shall give priority to schools—

(1) that do not already have an automated external defibrillator on school grounds;

(2) at which a significant number of students, staff, and visitors are present on school grounds during a typical day;

(3) with respect to which the average time required for emergency medical services (as defined in section 330J of the Public Health Service Act (42 U.S.C. 254c-15(f))) to reach the school is greater than the average time for emergency medical services to reach other public facilities in the community; and

(4) that have not received funds under the Rural Access to Emergency Devices Act (42 U.S.C. 254c note).

(f) ESEA DEFINITIONS.—The terms used in this section shall have the meanings given to such terms in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2008 through 2013.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. YARMUTH) and the gentleman from New York (Mr. KUHLMANN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. YARMUTH. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on H.R. 4926 into the RECORD.

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

There was no objection.

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

I rise today in strong support of H.R. 4926, the Josh Miller HEARTS Act. This is a bill that will save countless lives at a relatively low cost to taxpayers.

According to the American Heart Association, more than 200,000 Americans die of sudden cardiac arrest each year. Even more disturbing is the fact that 50,000 of these deaths could have been prevented with the use of an automated external defibrillator, or AED.

AEDs are portable devices used to restart the heart after sudden cardiac arrest. Studies have shown that these devices, which are required in Federal buildings and on airplanes, can be safely used by anyone, including children. Defibrillators talk the user through the lifesaving process and do not deliver a shock unless the heartbeat analyzed through the machine is in need of it.

Prompt response to a person experiencing cardiac arrest is imperative, and waiting for an EMS to arrive can be fatal. Utilizing CPR techniques and administering an AED can more than double the victim's chance of survival. A defibrillator shock is the most effective treatment for sudden cardiac arrest. Heart experts at Johns Hopkins University believe that over 500 lives can be saved annually with the widespread placement of AEDs.

The legislation put forward today will go a long way towards saving lives in our Nation's schools. This bill establishes a grant program to place lifesaving defibrillators in every elementary and secondary school that chooses to participate in the program. Additionally, the law would require recipients of these grants to train school staff in AED and CPR practices, coordinate with local paramedics, and integrate AEDs into existing medical emergency response plan. These provisions will save the lives of students, teachers, parents, staff and community members in U.S. schools.

On any given day, as much as 20 percent of a community's population passes through its schools, and it is our duty to ensure that these are safe places for kids to learn and community members to interact. Since schools are natural meeting places for the public, this bill can save the lives of countless children, teachers, parents and others.

Similar legislation has already passed and is making an important difference in States such as Ohio and New York. As a response to the tragic death of 15 year-old Josh Miller, Ohioans instituted a program to place AEDs in schools. Since the inception of the program in 2005, 13 lives have been saved by defibrillators. Similarly, the New York program, in honor of 14 year-old Louis Acompora, has saved 38 lives since 2002.

I want to thank families like the Millers and the Acomporas, whose hard work has brought national attention to this issue. They have worked through their grief, and fueled by the tragic loss of a child, have toiled tirelessly to keep other parents from experiencing similar losses. With passage of this bill, Congress has the opportunity to join with these families and prevent future tragedies.

Encouraging results and the many lives saved already demonstrate why we must pass this legislation. By putting in place preventive measures like these offered in this bill, we can save more lives.

Once again, I express my support for H.R. 4926, and I urge my colleagues to pass this bill.

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

Mr. KUHLMAN of New York. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 4926, the Josh Miller Helping Everyone Access Responsive Treatment in Schools Act of 2008. Also, for-

tunately, we refer to it as the Josh Miller HEARTS Act.

This legislation would authorize the United States Secretary of Education to make grants to public and private elementary and secondary public schools to purchase automated external defibrillators, also known as AEDs, for school grounds and to train employees and volunteers on how to use these devices, which have saved thousands of lives all over the country.

An AED is a portable, computerized medical device that can check a person's heart rhythm to determine whether he or she is in cardiac arrest and having a heart attack. It can recognize a rhythm that requires an electronic shock and advise a rescuer when a shock is needed.

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The AED uses voice prompts, lights, and text messages to tell the rescuer the precise steps he or she needs to take to operate the device.

Just as hundreds of students have found out, it is an extremely accurate and easy device to use. As such, the device is widely credited for saving hundreds of lives a year.

I firmly believe that expanding the availability of AEDs in schools will save the lives of thousands of students and teachers, and so I want to thank the gentlewoman from Ohio (Ms. SUTTON) for taking a leadership role on this vital issue and for introducing this important bill.

This effort is a deeply personal one to me, as I have been involved in the effort to install AEDs in public and private elementary and secondary schools since before I came to Congress.

When I was in the New York State Senate, I heard about a young man who Mr. YARMUTH mentioned earlier by the name of Louis Acompora from Northport, Long Island. Louis was playing lacrosse at Northport High School. Like many high school students across the country, he played sports every day. He did exactly what he was trained to do, he blocked a shot on goal with his chest. Unfortunately, it was the wrong time, and after receiving the blunt impact to the chest, Louis went into cardiac arrest and died from that particular blow, a syndrome that affects healthy young athletes as a result of low energy, non-penetrating blows to the chest.

If an AED had been available on the field at the time, perhaps Louis's mother and father would not have watched him die on the field.

In response to this tragic event, I worked with my colleague, then State Assemblyman Harvey Weisenberg, to introduce legislation that required all public schools in New York State to have at least one AED on the school grounds. Fortunately, the State legislature adopted this law, and as a result, I am proud to say that 38 lives in New York schools have been saved since its passage back in 2002.

As I said on the floor last week in support of the first annual CPR and

AED Awareness Week, communities with comprehensive AED programs have achieved survival rates of over 40 percent where the normal survival rate is roughly 5 percent.

With this in mind, I believe schools are the logical place to put defibrillators since as many as 20 percent of the community population passes through its school's doors on a daily basis.

This bill would require that local educational agencies that receive a grant under the program to provide at least 25 percent match from non-Federal sources. It ensures that local paramedics and other emergency services personnel are notified regarding where the actual AED is located on the school grounds in case they ever have to respond to a situation on the school campus.

H.R. 4926 is an important piece of legislation that will help save lives all across the country. I compliment Ms. SUTTON again on her leadership role on this issue, and I strongly urge my colleagues to support the bill.

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

Mr. YARMUTH. Mr. Speaker, it gives me great pleasure to introduce the sponsor of this bill and my good friend and a member of the wonderful majority maker's class of 2006, the gentlewoman from Ohio (Ms. SUTTON) and yield as much time as she may consume.

Ms. SUTTON. I thank the gentleman from Kentucky.

Mr. Speaker, I rise today as the proud sponsor of H.R. 4926, the Josh Miller Helping Everyone Access Responsive Treatment in Schools Act, or the Josh Miller HEARTS Act.

This legislation establishes a grant program to ensure that every elementary and secondary school across the country can obtain automated external defibrillators, or AEDs.

I introduced the Josh Miller HEARTS Act last December in memory of a young man from my hometown of Barborton, Ohio.

Josh was the sort of kid who could light up a room, someone who you knew would go on to achieve great things. He was a sophomore at Barborton High School with a 4.0 grade point average, a linebacker who dreamed of playing football some day for Ohio State. But one day, without warning, those dreams were cut short.

During the final game of the 2000 football season, Josh collapsed after leaving the field. By the time his heart was shocked with the defibrillator, it was too late to save him. Josh suffered a sudden cardiac arrest, which according to the American Heart Association, claims the lives of about 330,000 Americans every year. The vast majority of these individuals, like Josh, will never have displayed any signs of heart trouble beforehand.

Yet there is an easy-to-use, relatively inexpensive piece of medical equipment that can more than double

the odds of survival for someone experiencing a sudden cardiac arrest.

An automated external defibrillator, or AED, is the single most effective treatment for starting the heart after a sudden cardiac arrest. And because the chances of survival decrease up to 10 percent for every minute that passes, every second is critical.

Schools, as you've heard, are central gathering places in our communities that make them the ideal locations for AEDs. Placed in our schools, AEDs can save not only students but also staff and parents and many other visitors who come through our schools every day.

The Josh Miller HEARTS Act establishes a grant program to ensure that AEDs will be available to every elementary and secondary school, public and private across the country.

AED/CPR training is also an important part of raising awareness in using AEDs correctly. H.R. 4926 makes funds for training available to schools that already have AEDs, as well as to schools that will receive AEDs through this program.

Finally, this legislation also requires coordination with local emergency medical services and integration into the school's emergency response plan, to ensure their effective use within each community.

I would like to take a moment to thank Chairman MILLER and Ranking Member MCKEON for making this legislation a priority and for moving it forward. And I want to thank Representative KUHLE and representatives on both sides of the aisle for their support of this very important initiative. I thank Representative YARMUTH for his leadership, and I also would like to recognize Dr. Terry Gordon, a cardiologist who was instrumental in pushing a similar effort successfully in my home State of Ohio and who has put his whole heart into making this life-saving device available across this Nation his vocation.

Finally, I would like to close by thanking the Miller family, especially Josh's parents, Ken and Jerri Miller, for their courage and for transforming their life into this life-saving mission. Losing a young life like Josh's can make us feel helpless, but through these tragedies, many families like the Millers and the Acomporas have found the strength to act. They have found the courage to speak out so that their other children can have the chance that their children never did, and so that other families will not have to feel their pain.

Although H.R. 4926 bears Josh Miller's name, it is truly in memory of all those who might have been saved, and in celebration of those who because of this program will have the opportunity to live their lives to their fullest potential. Let's give these children that chance.

Mr. YARMUTH. We reserve the balance of our time.

Mr. KUHLE of New York. Mr. Speaker, in closing let me say that this bill is a

bill that makes a difference between life and death. It is one that all of our colleagues should be supporting, and I recommend its support.

Mr. Speaker, I yield back the balance of my time.

Mr. YARMUTH. I thank the gentleman from New York, and I thank Congresswoman SUTTON for her wonderful work on this piece of legislation.

I want to also echo my thanks to Dr. Terry Gordon who happens to be a childhood friend of mine and a native of Louisville, Kentucky. He deserves a great deal of credit for beginning the movement that has resulted hopefully in the passage of this bill today.

I urge my colleagues to support this marvelous piece of legislation.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. YARMUTH) that the House suspend the rules and pass the bill, H.R. 4926, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to establish a grant program for automated external defibrillators in elementary and secondary schools."

A motion to reconsider was laid on the table.

FATHER'S DAY RESOLUTION

Mr. YARMUTH. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1243) recognizing the immeasurable contributions of fathers in the healthy development of children, supporting responsible fatherhood, and encouraging greater involvement of fathers in the lives of their children, especially on Father's Day.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1243

Whereas fathers factor significantly in the lives of children;

Whereas fathers play an important role in teaching their children life lessons and preparing them to succeed in school and in life;

Whereas children with involved fathers are more likely to do well in school, have a better sense of well-being, and have fewer behavioral problems;

Whereas supportive fathers promote the positive physical, social, emotional, and mental development of children;

Whereas promoting responsible fatherhood can help increase the chances that children will grow up with two caring parents;

Whereas when fathers are actively involved in the upbringing of children, the children demonstrate greater self-control and a greater ability to take initiative;

Whereas responsible fatherhood can help reduce child poverty;

Whereas responsible fatherhood strengthens families and communities; and

Whereas Father's Day is the third Sunday in June: Now, therefore, be it

Resolved, That the House of Representatives—

(1) commends the millions of fathers who serve as wonderful, caring parents for their children;

(2) calls on fathers across the United States to use Father's Day to reconnect and rededicate themselves to their children's lives, to spend Father's Day with their children, and to express their love and support for their children;

(3) urges men to understand the level of responsibility fathering a child requires, especially in the encouragement of the moral, academic, and spiritual development of children; and

(4) encourages active involvement of fathers in the rearing and development of their children, including the devotion of time, energy, and resources.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. YARMUTH) and the gentleman from New York (Mr. KUHLE) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. YARMUTH. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on H. Res. 1243 into the RECORD.

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

There was no objection.

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

I rise today in support of H. Res. 1243 which recognizes the contributions of millions of fathers in the lives of their children. This coming Sunday, June 15, is Father's Day, so this is an appropriate time to stop and commend the millions of fathers who serve as wonderful, caring parents for their children.

Fathers can play a special role in the rearing and development of their children, and I commend the millions of fathers across our country for devoting their time, energy, and resources to improving the well-being of their children.

But, Mr. Speaker, I would also like to mention that this is not just a day for children to honor their fathers, or for adults to honor their fathers, it is also a day, I believe, for fathers to recognize the blessing that they have been given to mean so much in the lives of their children.

When I was a columnist years ago, I began writing columns about my son and being my son's father. What was interesting about them is each year that I did that, they were always the most popular columns that I wrote because they were human subjects that many people could relate to.

The first one I wrote, which was June of 1994, I wrote this: "When I was growing up, I figured Father's Day was the day when I was supposed to acknowledge my gratitude for everything my dad did for me. Now that I'm a dad, I know it is really something much different. It's a reminder of how wonderful it is to be an important part of someone else's life, to shoulder responsibility, to love without conditions or expectations."