

million Federal TIGER grant award that will be used to help Rhode Island replace the aging Providence Viaduct. It's part of the I-95 corridor that goes right through the center of Providence. This bill eliminates the TIGER grant program.

In April, our State Department of Transportation unveiled plans to improve the Providence Amtrak station. The station serves over 1 million Amtrak and commuter rail passengers each year, benefiting our entire State, as well as neighboring ones with multimodal connections from Providence to the Boston metropolitan area. This bill cuts Amtrak funding by 33 percent, endangering further improvements to important interstate transportation infrastructure.

In June, Rhode Islanders celebrated the 100th anniversary of the Amalgamated Transit Union Local 618. Their 1,000 members take us to school, work, to the doctor, and to the grocery store quickly and safely every day. Public transportation decreases congestion, pollution, and individual fuel costs; it connects us to recreation, family, and community; and it creates jobs in the short term, while supporting careers over the long term. This bill cuts transit funding by 17 percent from last year.

It also delivers a 25 percent cut to the Housing Counseling Assistance Fund, which helped over 2,000 Rhode Island families last year stay in their homes, avoid foreclosure, or refinance their mortgage. This bill would cut the HOME program by \$300 million, a 30 percent reduction from pre-sequestration levels. HOME is a critical resource that's used to develop affordable housing for those who need it most. It has resulted in over 4,200 units in Rhode Island alone being created.

Meanwhile, homeless families, the most vulnerable among us, once again will feel the full brunt of the majority's misplaced priorities. In 2012, over 4,800 Rhode Islanders found themselves homeless, one-quarter of them children. The State homeless assistance programs depend on Federal support to operate shelters to help move people to a permanent housing solution; yet H.R. 2610 does not come close to adequately funding these programs, placing thousands of Rhode Island families in even further jeopardy.

By cutting the administrative fund for section 8, this bill seeks to undermine the very integrity of that program. Those seeking housing assistance vouchers will find agencies understaffed, underfunded, and unable to serve the millions who depend on section 8 to stay in affordable housing. This is outrageous.

Finally, Mr. Chairman, this bill cuts the CDBG program by almost 50 percent, an unacceptable and draconian move that will cripple the neighborhoods that need the most help. These grants are the cornerstone of local investment opportunities. For every dollar spent on CDBG grants, \$3 is lever-

aged from private, nonprofit, and other non-Federal funding sources. The organizations working with CDBG funds use them for employment services, homeless assistance, child care, senior care, mental health outreach, and countless other services. I'm sad to see that the committee has decided that this is not worth the investment.

This bill is misguided, and I hope we will rethink this. I urge my colleagues to oppose it.

I yield back the balance of my time.

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

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mrs. WOODALL, 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. 2610) making appropriations for the Departments of Transportation, and Housing and Urban Development, and related agencies for the fiscal year ending September 30, 2014, and for other purposes, had come to no resolution thereon.

REPORT ON H.R. 2855, STATE, FOREIGN OPERATIONS, AND RELATED PROGRAMS APPROPRIATIONS ACT, 2014

Ms. GRANGER, from the Committee on Appropriations, submitted a privileged report (Rept. No. 113-185) on the bill making appropriations for the Department of State, foreign operations, and related programs for the fiscal year ending September 30, 2014, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 693

Mr. DOYLE. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor of H.R. 693.

The SPEAKER pro tempore (Mr. WOODALL). Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

SCHOOL ACCESS TO EMERGENCY EPINEPHRINE ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2094) to amend the Public Health Service Act to increase the preference given, in awarding certain asthma-related grants, to certain States (those allowing trained school personnel to administer epinephrine and meeting other related requirements).

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2094

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 "School Access to Emergency Epinephrine Act".

SEC. 2. ADDITIONAL PREFERENCE TO CERTAIN STATES THAT ALLOW TRAINED SCHOOL PERSONNEL TO ADMINISTER EPINEPHRINE.

Section 399L(d) of part P of title III of the Public Health Service Act (42 U.S.C. 280g(d)) is amended—

(1) in paragraph (1), by adding at the end the following:

“(F) SCHOOL PERSONNEL ADMINISTRATION OF EPINEPHRINE.—In determining the preference (if any) to be given to a State under this subsection, the Secretary shall give additional preference to a State that provides to the Secretary the certification described in subparagraph (G) and that requires that each public elementary school and secondary school in the State—

“(i) permits trained personnel of the school to administer epinephrine to any student of the school reasonably believed to be having an anaphylactic reaction;

“(ii) maintains a supply of epinephrine in a secure location that is easily accessible to trained personnel of the school for the purpose of administration to any student of the school reasonably believed to be having an anaphylactic reaction; and

“(iii) has in place a plan for having on the premises of the school during all operating hours of the school one or more individuals who are trained personnel of the school.

“(G) CIVIL LIABILITY PROTECTION LAW.—The certification required in subparagraph (F) shall be a certification made by the State attorney general that the State has reviewed any applicable civil liability protection law to determine the application of such law with regard to elementary and secondary school trained personnel who may administer epinephrine to a student reasonably believed to be having an anaphylactic reaction and has concluded that such law provides adequate civil liability protection applicable to such trained personnel. For purposes of the previous sentence, the term ‘civil liability protection law’ means a State law offering legal protection to individuals who give aid on a voluntary basis in an emergency to an individual who is ill, in peril, or otherwise incapacitated.”; and

(2) in paragraph (3), by adding at the end the following:

“(E) The term ‘trained personnel’ means, with respect to an elementary or secondary school, an individual—

“(i) who has been designated by the principal (or other appropriate administrative staff) of the school to administer epinephrine on a voluntary basis outside their scope of employment;

“(ii) who has received training in the administration of epinephrine; and

“(iii) whose training in the administration of epinephrine meets appropriate medical

standards and has been documented by appropriate administrative staff of the school.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from North Carolina (Mr. BUTTERFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

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

There was no objection.

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

I rise in support and urge my colleagues to vote for H.R. 2094, the School Access to Emergency Epinephrine Act.

Mr. Speaker, according to the CDC, one out of every 13 children has a food allergy and that rate is rising. Some of these children can experience a severe allergic reaction known as anaphylaxis that can be deadly unless a medication called “epinephrine” is promptly administered. Studies also show that 16 percent to 18 percent of children with food allergies have had allergic reactions while in school. If those reactions are severe, school personnel should be ready to effectively manage students with known allergies and to be prepared for emergencies.

In 2004, Congress passed legislation to encourage States to allow children with known food allergies to bring their medication to school; however, there are many children who do not know that they have a serious food allergy, and they continue to be at risk.

Currently, less than half of the States have legislation concerning the stocking of epinephrine in schools. Even in these States with legislation, there is a broad range of different provisions about who can administer the epinephrine. Keeping a stock of nonstudent-specific epinephrine in schools is a lifesaving measure and should be implemented nationwide. H.R. 2094, the School Access to Emergency Epinephrine Act, is an important step to protect children who do not know that they are at risk for anaphylaxis. The bill would amend the Public Health Service Act to allow a preference in awarding asthma grants to States that prevent school personnel to administer epinephrine to a student in an emergency.

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

□ 2000

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

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

Mr. BUTTERFIELD. Mr. Speaker, I rise tonight in support of H.R. 2094, the School Access to Emergency Epinephrine Act. I am a cosponsor of this bill and urge its passage in the House.

Mr. Speaker, this bill provides incentives for schools to stock the lifesaving medicine that is critical for students and school staff who experience an anaphylactic emergency. Anaphylaxis is serious and life threatening. It is often caused by bee stings, bug bites, latex, and some medications, and can take just a few minutes to cause serious harm and even death.

Epinephrine is used to treat the symptoms of anaphylaxis and comes in the form of an EpiPen that is injected into the body and provides almost instant relief. Nearly 30 States across the country are working on legislation that would permit schools to keep a stock of EpiPens that aren't designated for particular individuals but, rather, available to students and staff who experience an allergic reaction that can be treated with epinephrine. H.R. 2094 that we are considering tonight would encourage the remaining States to work on enacting similar legislation.

This bill creates a preference in the existing Children's Asthma Treatment Grants Program, administered by the Department of Health and Human Services, for States that meet certain requirements that are enumerated in the bill.

Food allergies affect 5.9 million children. That's one in 13. This legislation is especially important because about 25 percent of individuals who are injected with an EpiPen for the first time don't know they have allergies that warrant the use of epinephrine. No student experiencing a severe allergic reaction at school should lose their life because there was no medicine prescribed to them.

Mr. Speaker, simply put, the passage and enactment of this bill will save the lives of countless students across our country who live with severe allergies. So I want to take a moment to commend the bill's author, the gentleman from Maryland (Mr. HOYER), who has worked on this legislation for at least 3 years, and also Congressman PHIL ROE, for their bipartisan work on behalf of all Americans with allergies.

At this time, I yield such time as he may consume to the Democratic whip, the gentleman from Maryland (Mr. HOYER).

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

Mr. HOYER. Mr. Speaker, I want to thank Dr. BURGESS and Mr. BUTTERFIELD for their leadership on this bill, but I certainly want to thank my friend, Dr. PHIL ROE, who has been a delight to work with. It has taken us a little bit of time, but we stayed after it. We stayed after it because, as Dr. BURGESS and Judge BUTTERFIELD have observed, this will save lives. This will save the lives of children. This will save the lives of children who do not

know that they have an allergy which is life threatening.

I'm the grandfather of an 11-year-old little girl. I've been with her twice in the emergency room when she was but an infant and when she was slightly older than an infant. I want to tell my colleagues a story about my daughter who took Alexa to Disney World.

They were walking down the pathway, one of the walkways at Disney World, and all of a sudden my granddaughter started wheezing heavily and stated having an allergic reaction. She is extraordinarily allergic to peanut butter and peanuts. But she'd had no peanut butter and she'd had no peanuts. As a matter of fact, this little girl is extraordinarily careful about what she eats. She comes to my house, she makes sure that I read the labels and she reads the labels. She brings with her her EpiPen in the little case that is always with her.

But as they were walking down that pathway, she started to wheeze heavily, and they had no idea why. My daughter turned around and retraced a few of their steps, and they saw popcorn being made—popcorn being made with peanut oil. And the mere breathing in of that peanut oil air caused her to start wheezing heavily. Now, she didn't have anaphylactic shock at that point in time, and she did not need to go to an emergency room at that time, but it shows how extraordinarily vulnerable people can be to these food allergies.

So I'm very pleased to stand here in support of this bill. I'm very pleased to stand here as a cosponsor of this legislation with my friend, Dr. ROE from Tennessee, and I want to thank him. I want to thank him for his work. I want to thank him as a doctor and as a Member of Congress and as a parent. He shared my concern and we worked together.

There were some difficulties to overcome, but he and I together, working together with FRED UPTON—and I want to thank FRED UPTON and HENRY WAXMAN, the chair and ranking member of the committee, as well as Dr. BURGESS and Mr. BUTTERFIELD for their help. They have both said, and I'm sure Dr. ROE will say, this will save lives. It is not a mandate, but it is a suggestion. It is an urging to make sure that, given the fact that we have this lifesaving capability, that that capability be deployed and be present so that no child will have to die because of a reaction to one of these allergies.

So I thank them again and thank my friend for yielding.

Mr. BUTTERFIELD. I thank the gentleman for those words, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee, Dr. PHIL ROE.

Mr. ROE of Tennessee. I thank Dr. BURGESS, and, Mr. Speaker, I rise to urge my colleagues to support the School Access to Emergency Epinephrine Act.

This bill will encourage States and schools to take small but meaningful steps to protect schoolchildren from anaphylaxis, a severe and potentially fatal allergic reaction that can be triggered by a food allergy, or even an insect sting. According to Food Allergy Research and Education, one in 13 children has a food allergy—roughly two in every classroom.

The bipartisan bill I introduced with Congressman HOYER—and I want to thank Congressman HOYER profusely today. His staff and my staff worked diligently on this bill to bring it to the floor. This bill provides a preference for asthma-related grants to States that adopt laws to permit properly trained school personnel to administer epinephrine to a student reasonably believed to have an anaphylactic reaction. To obtain preference, schools would have to maintain a supply of epinephrine and ensure trained personnel are present to administer.

This legislation has been scored by the Congressional Budget Office at no cost to the taxpayer. Our bill simply builds on an existing preference system signed into law in 2004 that helped make student self-administration of epinephrine a reality in 49 States.

Anaphylaxis, however, is not always predictable. An individual—adult or child—could have a severe allergic reaction even with no prior history of a food allergy, and I've seen this many times in my practice. Because anaphylaxis can cause deaths in just minutes, it is essential that epinephrine, the best treatment for anaphylaxis, be readily available for treatment. In most States, however, schools are not required to keep epinephrine stocked in case of emergencies. The result is needless tragedies, like that of Amarria Johnson.

Amarria was a 7-year-old girl—the same age of my granddaughter—who lived in Chesterfield County, Virginia. On January 2, 2012, she died from cardiac arrest and anaphylaxis as a result of eating a peanut. I had an opportunity to meet Amarria's mother, Laura Pendleton, at a briefing that Mr. HOYER and I hosted on our bill. Her story is absolutely heartbreaking.

As a father and a grandfather, I can't begin to imagine what she had to go through. In response to her death, the Virginia Legislature passed what has become known as "Amarria's law," which required public schools in the State to keep epinephrine on hand. But while 28 States have laws allowing schools to stock epinephrine, the States requiring the same remain in the minority.

A set of two epinephrine autoinjectors costs about \$150 and are good for a year. With new competition in the marketplace to produce what are commonly known as EpiPens, I'm confident the price will come down even further. The training required to use an EpiPen is minimal. School personnel could be trained by an EMT or a school nurse in a brief session. The

autoinjectors themselves are safe and very easy to use. The needle is covered by a protective sheath and only comes out when the EpiPen is pressed against the leg.

To make sure that teachers and other adults working at the school don't have to worry about a lawsuit for doing the right thing, our bill requires, as a condition of receiving preference for asthma-related grants, that the State attorney general reviews existing civil liability protection laws and certifies that they provide adequate protection to the trained school personnel.

I thank the minority whip, Mr. HOYER, who worked tirelessly on this, for being an outstanding partner in this process. His story with his granddaughter is a compelling one. This has become a bipartisan process every step of the way.

I would also like to thank Chairman UPTON and Mr. WAXMAN and his staff for helping advance this proposal. My hope is that this bill gives the States a little encouragement to ensure that what happened to Amarria doesn't ever happen to another child.

I thank Mr. BUTTERFIELD, and I thank Dr. BURGESS for allowing me to be here this evening, and I encourage my colleagues to support this bill.

Mr. BUTTERFIELD. Mr. Speaker, I don't have any other speakers, and with that I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, as a physician, a parent and grandparent, I share the same fears that we have heard discussed this evening. I am worried that schools may not be prepared to act quickly in an emergency. I am pleased to support this legislation. I urge everyone on the floor to vote in favor of H.R. 2094.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 2094.

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

A motion to reconsider was laid on the table.

COLLECTIBLE COIN PROTECTION ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2754) to amend the Hobby Protection Act to make unlawful the provision of assistance or support in violation of that Act, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2754

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 "Collectible Coin Protection Act".

SEC. 2. PROVISION OF ASSISTANCE OR SUPPORT.

The Hobby Protection Act (15 U.S.C. 2101 et seq.) is amended—

(1) in section 2—

(A) in subsection (b), by inserting “, or the sale in commerce” after “distribution in commerce”;

(B) by redesignating subsection (d) as subsection (e) and inserting after subsection (c) the following:

“(d) PROVISION OF ASSISTANCE OR SUPPORT.—It shall be a violation of subsection (a) or (b) for a person to provide substantial assistance or support to any manufacturer, importer, or seller if that person knows or should have known that the manufacturer, importer, or seller is engaged in any act or practice that violates subsection (a) or (b).”; and

(C) in subsection (e) (as so redesignated), by striking “and (b)” and inserting “(b), and (d)”;:

(2) in section 3—

(A) by striking “If any person” and inserting “(a) IN GENERAL.—If any person”;

(B) by striking “or has an agent” and inserting “, has an agent, transacts business, or wherever venue is proper under section 1391 of title 28, United States Code”; and

(C) by adding at the end the following:

“(b) TRADEMARK VIOLATIONS.—If the violation of section 2 (a) or (b) or a rule under section 2(c) also involves unauthorized use of registered trademarks belonging to a collectibles certification service, the owner of such trademarks shall have, in addition to the remedies provided in subsection (a), all rights provided under sections 34, 35, and 36 of the Trademark Act of 1946 (15 U.S.C. 1116, 1117, and 1118) for violations of such Act.”; and

(3) in section 7, by adding at the end the following:

“(8) The term ‘collectibles certification service’ means a person recognized by collectors for providing independent certification that collectible items are genuine.

“(9) The term ‘Trademark Act of 1946’ means the Act entitled ‘An Act to provide for the registration and protection of trademarks used in commerce, to carry out the provisions of certain international conventions, and for other purposes’, approved July 5, 1946 (15 U.S.C. 1051 et seq.).”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentleman from North Carolina (Mr. BUTTERFIELD) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials on the bill.

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

There was no objection.

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

Mr. Speaker, H.R. 2754, the Collectible Coin Protection Act, is a simple bill with a simple purpose: to equip honest merchants and collectors as well as the Federal Government with the tools needed to fight a new wave of counterfeit coins and currency.

In recent years, the United States Government has taken extraordinary steps to make it difficult to counterfeit