

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.

MEDICAL PREPAREDNESS ALLOWABLE USE ACT

Mrs. BROOKS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1791) to amend the Homeland Security Act of 2002 to codify authority under existing grant guidance authorizing use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1791

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 “Medical Preparedness Allowable Use Act”.

SEC. 2. USE OF CERTAIN HOMELAND SECURITY GRANT FUNDS FOR ENHANCING MEDICAL PREPAREDNESS, MEDICAL SURGE CAPACITY, AND MASS PROPHYLAXIS CAPABILITIES.

Section 2008 of the Homeland Security Act of 2002 (6 U.S.C. 609) is amended—

(1) in subsection (a), by redesignating paragraphs (10) through (13) as paragraphs (11) through (14), respectively, and by inserting after paragraph (9) the following:

“(10) enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities, including the development and maintenance of an initial pharmaceutical stockpile, including medical kits, and diagnostics sufficient to protect first responders, their families, immediate victims, and vulnerable populations from a chemical or biological event;”; and

(2) in subsection (b)(3)(B), by striking “(a)(10)” and inserting “(a)(11)”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from New Jersey (Mr. PAYNE) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. BROOKS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include any extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

Mrs. BROOKS. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise today in support of H.R. 1791, the Medical Preparedness Allowable Use Act, introduced by my colleague and the former chairman of the Subcommittee on Emergency Preparedness, Response, and Communications, the honorable Congressman BILIRAKIS from Florida.

This bill amends the Homeland Security Act of 2002 to make it clear that

grant funds under the State Homeland Security Grant Program and Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures.

The Emergency Preparedness, Response, and Communications Subcommittee held a series of hearings in the 112th Congress on medical preparedness. The subcommittee heard about the importance of medical countermeasures from representatives of the emergency response community, and this bill is in response to those concerns.

In August, I held a field hearing in my district looking at central Indiana's ability to handle a mass casualty event. Like the witnesses who testified at the hearings held in the 112th Congress, these witnesses at the field hearing stressed the importance of building medical preparedness.

As a result of this bill, grant funds could be used for items such as pre-deployed medical kits for first responders and their families, caches of equipment, training and exercises, and planning activities. The grant guidance for these programs currently allows funds to be used for medical preparedness equipment and activities.

This bill codifies those activities to ensure that they will continue to be allowable, and it will not cost any additional money to do so. We have seen the benefits that grant funds, including those used for medical preparedness activities, have provided when it comes to response capabilities. This was clearly demonstrated in response to the Boston Marathon bombings.

We know that the threat of chemical or biological attack is real. In fact, my subcommittee will be holding a hearing next week to get an update on the bioterrorism threat and preparedness here in this country.

We must ensure that our first responders have the tools and capabilities they need if such an event should occur. This bill has the support of several first responder groups, including the International Association of Emergency Managers, the International Association of Fire Chiefs, and the Emergency Services Coalition for Medical Preparedness. I will insert their letters of support into the RECORD.

H.R. 1791 was approved by the Committee on Homeland Security last year by a bipartisan voice vote. I am pleased that, during the markup, the committee approved an amendment offered by the ranking member of the subcommittee, the gentleman from New Jersey (Mr. PAYNE), to ensure that in addition to protecting first responders funds can also be used to protect vulnerable populations such as children.

I urge fellow Members to support this bill, and I reserve the balance of my time.

EMERGENCY SERVICES COALITION
FOR MEDICAL PREPAREDNESS,
April 26, 2013.

Hon. GUS BILIRAKIS,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BILIRAKIS: The Emergency Services Coalition for Medical Preparedness is pleased to support the Medical Preparedness Allowable Use Act. The events of the last two weeks again demonstrate the need for immediate, at hand protections for our emergency services personnel and their families and households. The Congressionally-chartered WMD Commission has issued warnings for years about the continuing threat from biological weapons.

Emergency services professionals are uniquely expected to continue operating in hazardous conditions when others are sheltering. Whether responding to industrial fires, bombs placed in cities, or other situations with unknown secondary risks, the protections described in the Medical Preparedness Allowable Use Act will enable emergency services to more confidently carry out their tasks.

Pre-event medical caches have been provided for federal workers and hundreds of postal employees. Your bill addresses the lack of protection of the millions of local and state protectors who daily provide law enforcement, public works, emergency management, fire, rescue and emergency medical services.

The Coalition looks forward to working with you and your staff in passage of the Bill. Thank you for your leadership and continuing support for “protecting the protectors.”

Sincerely,

TIM STEPHENS,
Advisor.

INTERNATIONAL ASSOCIATION
OF FIRE CHIEFS,
Fairfax, VA, April 26, 2013.

Hon. MICHAEL MCCAUL,
Chairman, House Committee on Homeland Security, Washington, DC.

Hon. BENNIE THOMPSON,
Ranking Member, House Committee on Homeland Security, Washington, DC.

DEAR CHAIRMAN MCCAUL AND RANKING MEMBER THOMPSON: On behalf of the 12,000 chief fire and emergency officers of the International Association of Fire Chiefs (IAFC), I urge you to support the Medical Preparedness Allowable Use Act. This bill addresses an important aspect of America's homeland security and emergency preparedness through improving the resiliency of emergency first responders by helping provide pre-event Medkits to first responders and their families.

Individual physician-based prescription efforts and federal planning have already provided protections for countless employees of the U.S. Postal Service and the federal government—first responders however have not been included in these pre-event protections. The Medical Preparedness Allowable Use Act addresses this gap by allowing jurisdictions to use the Urban Areas Security Initiative and State Homeland Security Grant Program funding to improve their medical preparedness through the procurement of Medkits and other medical countermeasures.

In 2008, the Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism issued their report in which the Commission identified a biological attack as the most likely threat to the United States. In the event of a biological attack, our nation's first responders will

play crucial roles such as treating patients and mitigating the effects of such a biological attack. One of the most effective ways to ensure the resiliency of emergency first responders is the provision of pre-event Medkits for first responders and their families. These Medkits will allow first responders to focus on protecting and serving the public rather than worrying about the safety of themselves or their families. The Medical Preparedness Allowable Use Act will help jurisdictions provide these crucial protections to their first responders.

Thank you for your support for America's first responders. We urge you to continue your support by ensuring first responders and their families are protected while they protect their communities.

Sincerely,

CHIEF HANK CLEMMENSEN,
President and Chairman of the Board.

INTERNATIONAL ASSOCIATION OF
EMERGENCY MANAGERS,
Falls Church, VA, May 1, 2013.

Hon. GUS BILIRAKIS,
*House of Representatives,
Washington, DC.*

DEAR REPRESENTATIVE BILIRAKIS: The U.S. Council of the International Association of Emergency Managers (IAEM USA) is pleased to support the Medical Preparedness Allowable Use Act. We thank you for introducing a bill which addresses the lack of protection for the emergency services protectors by providing funding to enhance medical preparedness, medical surge capacity and mass prophylaxis capabilities. We were pleased to testify before you in support of a similar bill last session.

Helping local and state jurisdictions provide crucial protection to first responders, their families, and immediate victims from a chemical or biological event through Medkits and other medical countermeasures will ensure the resiliency of first responders. These Medkits will allow first responders to focus on protecting and serving the public rather than worrying about the safety of themselves or their families.

Thank you for your continued support to protect America's first responders and their families.

Sincerely,

JEFF WALKER,
CEM, IAEM USA President.

Mr. PAYNE. Mr. Speaker, I rise in support of H.R. 1791 the Medical Preparedness Allowable Use Act, and I yield myself as much time as I may consume.

Mr. Speaker, H.R. 1791 would formally authorize grant recipients under the State Homeland Security Grant or Urban Area Security Initiative programs to use the funding to enhance medical preparedness and medical surge capacity.

Although the Federal Emergency Management Agency already permits grantees to use these funds to enhance medical preparedness, this measure will give some predictability to grant recipients as they struggle to rebuild and maintain a robust medical response capability at the State and local level.

Additionally, I am proud to support this effort to provide resources that will equip our first responders with home medical kits. When disaster strikes, we have an obligation to protect our protectors. We also have an obligation to protect the most vulnerable in our communities.

During the full committee markup of H.R. 1791, the committee unanimously approved an amendment I offered. This amendment would ensure that resources are available to develop plans to distribute countermeasures to schools and child care facilities, the elderly, individuals with special needs, and low-income communities in the event of a biological incident.

I would like to thank the full committee chair, Mr. MCCAUL, and the subcommittee chairwoman, Mrs. BROOKS, for supporting my amendment. I also look forward to continuing to work with both of you in the future on other initiatives such as H.R. 3158, the SAFE in our Schools Act, to ensure that the needs of our schoolchildren and other vulnerable populations are adequately addressed in emergency preparedness and response plans.

On behalf of the ranking member, Mr. THOMPSON, I would also like to thank Chairman MCCAUL for working with us to reauthorize the Metropolitan Medical Response System, the MMRS. This program provided targeted grants to 124 highly populated jurisdictions to support the integration of emergency management, health and medical systems into an organized response to mass casualty events.

The program has not been funded since fiscal year 2011 and its authorization has lapsed. I sincerely hope that the next time we meet here on the House floor to address medical preparedness, it will be to consider bipartisan reauthorization legislation for the MMRS. As State and local governments continue to stretch their budgets to make up the reduced Federal support across many programs, we must make sure that the public health community is prepared and equipped to keep our constituents safe.

I look forward to working with my ranking member and the majority to ensure that MMRS remains a priority for this committee.

In the meantime, I urge my colleagues to support H.R. 1791. With that, Mr. Speaker, I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from Florida (Mr. BILIRAKIS), the sponsor of this legislation.

Mr. BILIRAKIS. I must say, Madam Chair, you are doing an outstanding job chairing this committee. Thank you for your help on this bill. I also want to thank Mr. PAYNE. Your father would be very proud of you today. He was a good friend of mine.

Mr. Speaker, I rise in support of H.R. 1791, the Medical Preparedness Allowable Use Act, which amends the Homeland Security Act of 2002 to make it clear that grant funds under the State Homeland Security Grant Program and the Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures.

I originally introduced the Medical Preparedness Allowable Use Act in 2012

after a series of hearings on medical countermeasures in the Committee on Homeland Security's Subcommittee on Emergency Preparedness, Response, and Communications.

At these hearings, we received testimony from representatives of the emergency response community on the importance of stockpiling medical countermeasures in the event of a WMD attack. This includes pre-deployed medical kits for first responders and their families similar to those provided to postal workers participating in the national U.S. Postal Medical Countermeasures Dispensing Pilot Program.

The grant guidance for the State Homeland Security Grant Program and the Urban Area Security Initiative currently permits this funding to be used to procure medical countermeasures and for other medical preparedness and medical surge capacity equipment and activities. However, this guidance is developed on an annual basis, as our chair said, and there is no guarantee that these uses will be authorized in the future. That is why this bill is so very important.

To be clear, no new funding is authorized in this bill. However, these expenditures authorized and codified by the bill we are considering today can make a big difference in the protection of the public, including emergency responders, in the event of an attack, and there should be no doubt that grant funding may be used to support them now and in the future.

As the former chairman of the Subcommittee on Emergency Preparedness, Response, and Communications, I consistently find myself in awe of our first responders and the sacrifices that they make for the public. In the wake of events such as Hurricane Sandy, I am committed to ensuring Congress does all that it can to support those brave men and women.

I am pleased that this legislation is supported by the Emergency Services Coalition on Medical Preparedness, which works to ensure that we "protect the protectors," and other agencies as well. I also thank the ranking member for adding that great amendment because we must protect our children as well.

I thank and commend, of course, Representative SUSAN BROOKS, our chair, for her assistance with this bill and for her willingness to join me as an original cosponsor.

I urge all Members to support this great, very important bill.

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

Mr. Speaker, in closing, I urge passage of this measure as a small step to address gaping needs at the State and local level when it comes to medical preparedness.

I urge my colleagues to support H.R. 1791, and I yield back the balance of my time.

Mrs. BROOKS of Indiana. Mr. Speaker, as the gentleman from Florida

noted in his statement, this bill passed the House the last Congress by a bipartisan vote of 397–1. I hope Members will once again express their support for the men and women who protect us every day by voting for this bill.

I want to thank my ranking member for his dedication and his commitment to protecting the protectors, as he so eloquently stated, and we certainly request that our fellow Members support this bill.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 1791, the Medical Preparedness Allowable Use Act for two reasons.

First, the bill will save lives. Second, the legislation is necessary to support the vital work of first responders in the event of a biological and chemical terrorists attack or incident.

The legislation provides for the development and maintenance of an initial pharmaceutical stockpile, including medical kits, and diagnostics sufficient to protect first responders, their families, and immediate victims from a chemical or biological event.

The Medical Preparedness Allowable Use Act will amend the Homeland Security Act of 2002 to authorize the use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities.

This legislation ensures that first responders have necessary medicines and treatments to protect themselves, their families and those within their vicinity immediately should a biological and chemical terrorist attack occurs.

In short, first responders will not be able to do the work of saving lives if they fall victim to an attack or are distracted by worry regarding how their family may be fairing during a biological or chemical attack should one occur.

First responders often include law enforcement officers, fire fighters, and emergency medical personnel.

The city of Houston covers over a 1000 square mile region in Southeast Texas. It has an evening population of nearly two million people and over three million during the day when commuters are in the city.

There are 103 fire stations that serve the city of Houston with most offering ambulance or medic support, but there is only one station, Number 22, that specializes in hazardous material.

In the city of Houston one out of every ten citizens use Emergency Management Services (EMS) and within a year there are over 200,000 EMS incidents involving over 225,000 patients or potential patients.

EMS response services have 88 City of Houston EMS vehicles, with just under fifty percent staffed by two paramedics and can provide Advanced Life Support (ALS) to patients.

These consist of 15 ALS Squads, and 22 ALS transport units with eight functioning in a "Dual" capacity as both Advanced Life Support and Basic Life Support (BLS).

The remaining fifty-one transport units are Basic Life Support (BLS), and staffed by two Emergency Medical Technicians.

Law enforcement agencies that serve the city of Houston include the Houston Police Department, Harris County Sheriff's Department, Harris County Constables, Port of Houston Authority Police and Corrections Officers.

Because of the nature of chemical or biological terrorist attacks mass casualties are the objective and the impressive resources of our nation's 4th largest city would likely be overwhelmed immediately should an attack occur it is important to provide them with the resources provided by this legislation.

The prepositioning of resources in the form of medicines that can support pulmonary respiratory function or arrest neurological damage as a result of poisoning lives can be saved that could otherwise be lost. This bill can reduce deaths and give victims the greatest chance for survival and recovery.

Emergency responders because of this bill would have treatments in the communities where they serve and live to help neighbors, coworkers, and people who are immediate need to live saving help.

As a senior member of the House Homeland Security Committee, I am mindful of the need for our first responders to be prepared and well trained to manage a wide range of potential threats both conventional and unconventional.

This bill offers one more resource that will be available to first responders to do the work they have dedicated their lives to doing—saving lives.

I urge my colleagues to join me in supporting H.R. 1791, the Medical Preparedness Allowable Use Act for two reasons.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. BROOKS) that the House suspend the rules and pass the bill, H.R. 1791, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. BROOKS of Indiana. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1715

GI BILL TUITION FAIRNESS ACT OF 2013

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 357) to amend title 38, United States Code, to require courses of education provided by public institutions of higher education that are approved for purposes of the educational assistance programs administered by the Secretary of Veterans Affairs to charge veterans tuition and fees at the in-State tuition rate, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 357

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "GI Bill Tuition Fairness Act of 2013".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

Sec. 3. Scoring of budgetary effects.

Sec. 4. Approval of courses of education provided by public institutions of higher education for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

Sec. 5. Clarification of eligibility for services under the Homeless Veterans Reintegration Program.

Sec. 6. Extension of eligibility period for vocational rehabilitation programs.

Sec. 7. Work-study allowance.

Sec. 8. Responsibilities of the Directors of Veterans' Employment and Training.

Sec. 9. Contents of Transition Assistance Program.

Sec. 10. Rounding down of increase in rates of disability compensation and dependency and indemnity compensation.

Sec. 11. Limitation on performance awards in the senior executive service.

Sec. 12. Semiannual reports to Congress on cost of certain travel.

Sec. 13. Report of infectious disease at medical facilities of Department of Veterans Affairs.

Sec. 14. Prohibition of visual recording without informed consent.

Sec. 15. Two-month extension of Veterans Retraining Assistance Program.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 3. SCORING OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

SEC. 4. APPROVAL OF COURSES OF EDUCATION PROVIDED BY PUBLIC INSTITUTIONS OF HIGHER EDUCATION FOR PURPOSES OF ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE PROGRAM AND POST-9/11 EDUCATIONAL ASSISTANCE CONDITIONAL ON IN-STATE TUITION RATE FOR VETERANS.

(a) IN GENERAL.—Section 3679 is amended by adding at the end the following new subsection:

"(c)(1) Notwithstanding any other provision of this chapter and subject to paragraphs (3) through (6), the Secretary shall disapprove a course of education provided by a public institution of higher education to a covered individual pursuing a course of education with educational assistance under chapter 30 or 33 of this title while living in the State in which the public institution of higher education is located if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual's State of residence.