

legislation, and I thank my colleagues on both sides of the aisle. I urge my colleagues on both sides of the aisle to vote in favor of this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise in support of H.R. 1818, the Veteran Emergency Medical Technician Support Act.

As the ranking member of our committee just said, our military medics receive some of the best technical training in emergency medicine on the battlefield, and it is proven in extreme circumstances. However, when these medics return home and attempt to apply their skills to work in the civilian EMT sector, they are often forced to start back at square one. Repeating coursework isn't just a waste of time, it is also incredibly expensive. Similarly, civilian EMTs who are also in the military or in the reserves often must let their civilian certifications lapse when they are deployed.

In either circumstance, this is an unfair burden on our military men and women who have bravely defended our country. It is also so shortsighted for our communities, which could benefit from their expertise. We need these valuable medical personnel to be working in our communities, especially as we now deal with this opioid crisis.

That is why I am so pleased to have again joined with my Republican colleague, Representative KINZINGER, to introduce the Veteran EMT Support Act. The bill is a small but straightforward effort to help States streamline their EMT certification processes to take military medic training into account for civilian licensure. It is the least we can do to help ensure that our military medics' transition home is a little bit easier, and it is the least we can do to ensure that our communities have the best civilian first responder personnel working for them.

I thank Chairmen UPTON and PITTS and Ranking Members PALLONE and GREEN and their staffs for their support in getting this bill to the floor. I urge my colleagues to support it.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in support of H.R. 1818, the Veteran Emergency Medical Technician Support Act. I thank Congressman KINZINGER for his leadership on this bill. I also recognize the chief operations officer for the Western Berks EMS, in my district, Ed Moreland, who came to my office and shared with me what this bill was all about.

It is a very easy bill to support. Not only is it an easy bill to support, but it is a very important, valuable bill for me and other Members to support because in my State of Pennsylvania where I used to be a county commissioner and, before that, a township su-

pervisor, we would see firsthand the very valuable role that EMTs and paramedics provide to local communities. We also know that there is a demand for more EMTs and paramedics. In fact, over the next 8 years, it is estimated that there will be another 40,000 EMTs and paramedics that we will need in this country.

I have the honor to serve on the House Committee on Veterans' Affairs. One of the things on which we focus on that committee is to work to find innovative solutions to help our veterans find successful careers when they return home and to utilize the skills that many servicemen and servicewomen obtain and possess during their service. Indeed, many of the best training and experience that military men and women get overseas is in the area of emergency medicine.

When one looks at what it takes to be an EMT—the education, training, skill level, and what is required in the Commonwealth of Pennsylvania and in many other States—you realize that there is an equivalency that many veterans already have, which they obtained while serving in the military.

This bill seeks to streamline the process so that if a veteran already has the training, the education, the skill level, the experience, we can basically not require that veteran to spend more time and more money going through the process of obtaining a certification. Instead, we can get him into the practice of actually serving his community and working in a professional environment. It gets qualified veterans to work quicker. It also fills the communities' safety needs quicker.

It is commonsense, bipartisan legislation to address the demand for qualified professionals in our communities, and it provides veterans with good job opportunities. It is why I encourage my colleagues to support it. It is why I commend Congressman KINZINGER and why I thank Ed Moreland of the Western Berks EMS for bringing this to my attention.

□ 1745

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge all my colleagues to vote for H.R. 1818.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 1818, the "Veteran Emergency Medical Technician Support Act of 2015," which emphasizes the necessity to add requirements and procedures that assist veterans with military EMT training to meet state EMT certification, licensure, and other requirements.

I support this legislation, because it benefits states with a shortage of emergency medical technicians.

H.R. 1818 allows veterans to reenter society and assist the helpless within the emergency medical community.

The bill enables the Public Health Service Act to direct the Department of Health and Human Services in an efficient approach for veteran assistance.

Specifically, H.R. 1818 requires the secretary to establish a program consisting of awarding demonstration grants to states to streamline state requirements and procedures.

H.R. 1818 determines the extent to which the requirements for education, training, and skill level of emergency medical technicians are equivalent to the requirements for military emergency medical technicians.

The bill identifies methods to facilitate the attainment of state requirements for military emergency medical technicians.

For proper usage of the grant provided by the bill, a state shall demonstrate its shortage of emergency medical technicians.

This bill introduces a feasible alternative for veterans within the community.

With consistent experience in high pressure situations and emergency environments, veterans are the appropriate choice for this profession.

This is a comprehensive bill that will simultaneously provide opportunity for veterans while alleviating the shortage of staff in a medical specialty involving care for undifferentiated and unscheduled patients with illnesses or injuries requiring immediate medical attention.

I urge all Members to join me in support of H.R. 1818.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 1818, 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.

Mr. GUTHRIE. 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.

JOHN THOMAS DECKER ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4969) to amend the Public Health Service Act to direct the Centers for Disease Control and Prevention to provide for informational materials to educate and prevent addiction in teenagers and adolescents who are injured playing youth sports and subsequently prescribed an opioid, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4969

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 "John Thomas Decker Act of 2016".

SEC. 2. INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES.

(a) *TECHNICAL CLARIFICATION.*—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106-310), section 3405(a) of such Act (114 Stat. 1221) is amended by striking "Part E of title III" and inserting "Part E of title III of the Public Health Service Act".

(b) AMENDMENT.—Title III of the Public Health Service Act is amended by inserting after part D of such title (42 U.S.C. 254b et seq.) the following new part E:

“PART E—OPIOID USE DISORDER

“SEC. 341. INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES.

“(a) REPORT.—The Secretary shall—

“(1) not later than 24 months after the date of the enactment of this section, make publicly available a report determining the extent to which informational materials and resources described in subsection (b) are available to teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups; and

“(2) for purposes of educating and preventing addiction in teenagers and adolescents who are injured playing youth sports and are subsequently prescribed an opioid, not later than 12 months after such report is made publicly available and taking into consideration the findings of such report, develop and, in coordination with youth sports groups, disseminate informational materials and resources described in subsection (b) for teenagers and adolescents who play youth sports, families of such teenagers and adolescents, nurses, youth sports groups, and relevant health care provider groups.

“(b) MATERIALS AND RESOURCES DESCRIBED.—For purposes of this section, the informational materials and resources described in this subsection are informational materials and resources with respect to youth sports injuries for which opioids are potentially prescribed and subsequently potentially lead to addiction, including materials and resources focused on the dangers of opioid use and misuse, treatment options for such injuries that do not involve the use of opioids, and how to seek treatment for addiction.

“(c) NO ADDITIONAL FUNDS.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include any extraneous material in the RECORD on the bill.

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

There was no objection.

Mr. GUTHRIE. Mr. Speaker, I rise today in support of H.R. 4969, the John Thomas Decker Act of 2016, introduced by my colleagues, Mr. MEEHAN of Pennsylvania, Mr. KIND of Wisconsin, Mr. ROONEY of Florida, and Mr. VEASEY of Texas.

Young athletes have been disproportionately impacted by the opioid epidemic currently plaguing our country. One study found that adolescent males who played sports were twice as likely to be prescribed opioids than their peers and four times more likely to abuse them than nonathletes. Writing a prescription for opioids in a popu-

lation that may not fully grasp the risk associated with the drugs can be dangerous and lead to unintended negative outcomes.

H.R. 4969 amends the Public Health Service Act to direct the Secretary of Health and Human Services to study what information and resources are available to youth athletes and their families regarding the dangers of opioid use and abuse, nonopioid treatment options, and how to seek additional addiction treatment.

The Secretary would then be required to report the findings and work with stakeholders to disseminate resources to students, parents, and those involved in treating a sports-related injury.

Mr. Speaker, I urge my colleagues to support this legislation.

I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 4969, the John Thomas Decker Act.

A crisis of this magnitude requires a multiprong, robust response across the full continuum of those exposed to and affected by addiction. People suffering from addiction are originally prescribed or exposed to opioids in a wide variety of circumstances, one of which is through youth sports injuries.

H.R. 4969, the John Thomas Decker Act, will bring needed education on the danger of opioids and the benefits of alternative approaches to pain treatment to youth sports.

The John Thomas Decker Act will direct the Centers for Disease Control and Prevention and the National Center for Injury Prevention to examine and report on what informational materials and resources are currently available to teenagers and adolescents participating in sports on the dangers of opioid use and misuse, alternative treatment options, and how to seek treatment for addiction.

Based on the findings of this report, the legislation directs the CDC and the National Center for Injury Prevention to develop and disseminate such informational materials as necessary.

Young people playing sports who incur an injury for which painkillers are frequently prescribed can be uniquely vulnerable to addiction if they or their parents, guardians, and coaches are not well informed of the potential for misuse, abuse, and addiction.

H.R. 4969 will play a role in helping curb the epidemic opioid abuse and heroin use by ensuring adequate and appropriately tailored resources for our Nation's youth.

I thank the bill sponsor, Representative MEEHAN, for introducing this legislation. I encourage my colleagues to support the John Thomas Decker Act.

I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. MEEHAN).

Mr. MEEHAN. Mr. Speaker, I thank my colleagues from both sides of the

aisle for their strong support of this very, very important bill, which will use the resources of the Centers for Disease Control in very important outreach to young people, particularly student athletes.

Now, we have heard heart-wrenching stories all day long about the tremendous growth of the use of opioids. In fact, 207 million prescriptions were written in 2013 for opioids. Unfortunately, that has led to about 2.1 million Americans who are hooked on opioids.

And when the opioid is not available, we have begun to see them switch to a cheaper alternative, which is heroin. 450 million Americans are currently hooked on heroin.

I know in my own State of Pennsylvania we lose seven people a day to heroin addiction. We are seeing it in the important nature of the comprehensive bills that have been put forward today. We are seeing it in veterans. Many are coming back with traumatic injury and are finding release in the opioids. We are seeing it in pregnant mothers and the impact that it has in children. One of the single biggest increase is in women, mothers who are over 30.

One of the niches that is often underappreciated, but remarkably dangerous, is young student athletes. The reason being is that young student athletes are more inclined than just about anybody else to suffer sports-related injuries. Some of those injuries can be serious, and what we are seeing is a high rate of prescription of opioids for some of these athletes.

Now, in the NCAA, you have a little bit more oversight. Even there, we see abuse. Almost 26 percent of college-level athletes will use opioids at some point in time, many without prescriptions.

Where the real danger comes down is at the high school level. I have the good privilege of chairing one of the youth sports caucuses with my good friend, Mr. KIND of Wisconsin. We deal with a broad variety of issues promoting healthy activity and youth sports, but we are seeing a piece of this challenge right now in which we are watching the opioid addiction and problems with young athletes.

Eleven percent of high school athletes will use painkillers without a prescription. That is something that I talked to one of the trainers in my high school, a student trainer, about how kids who want to play in the game will hide their injuries and self-medicate. What a danger that is.

This brings me to the young man who inspired this bill, the John Thomas Decker Act. This is John Thomas Decker. I had the privilege of knowing John personally and knowing his wonderful family.

John was an incredible athlete. I watched him play football. He set a receiving record that was held for nearly a decade in our region of Pennsylvania.

He went on to play lacrosse at Cornell University in a program that won

a national championship. So John was the consummate blue-chip athlete and a wonderful kid to boot. He was a great student and a great leader.

But John, like so many other kids, fought through the pain because he wanted to play. So what he did was he self-medicated and began to deal with the issue of opioid addiction.

Now, John worked his way through it as an athlete, but later in life returned again to using opioids and, ultimately, heroin. Ultimately, it led to his death.

His story inspired me to say we have to do something about it because many high school kids just like John who are playing through the pain believe that, because they are using the opioids and because they are prescription medicines, somehow there is no danger of any kind of addiction or otherwise, that somehow it is nowhere near as dangerous as heroin. Yet, it is unfortunately too easy.

In fact, one of the other misconceptions is: I don't have to worry about a dependency. But the medical authorities have confirmed that daily use for even a short period of time, just a few weeks or even days, can create the kind of psychological dependency in which there is the beginning of the misuse of the opioids.

One of the things we begin to see as well is, as the opioid begins to lose its protective effect, they will take more and higher doses in order to have the same pain-killing capacity. So they start to move further on down the chain.

Oftentimes they are able to kick it for a period of time. But when they come back, they will go back to using the opioid at the higher level than they once did before. Imagine the implication of that.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GUTHRIE. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Pennsylvania.

Mr. MEEHAN. Mr. Speaker, the CDC is in a position now to be able to utilize the resources it has to do a better study of making sure that we are aware of the information and resources that are being made available to those who are in the privy of relationship with these students—these can be coaches; these can be school nurses; these can be the students themselves—and then come up with a plan for us to be able to distribute this in an effective manner, all the way down through the network.

There can be appropriate use under medical care with the kind of attention to concerns about addiction so that, where there is legitimate pain—we don't want to suggest that there is never a use, but this will now create the kinds of guidelines in which there is genuine oversight if opioids are introduced.

This will also give the kinds of guidelines to local trainers and others, even local physicians, about taking more time to assess the backgrounds of indi-

viduals that they are giving the opioids to, not appreciating perhaps that a young man may be dealing with depression or other kinds of things, a binge drinker in association with that opioid that could lead to death.

All of these things are things that could be part of the CDC's approach to doing much better education so that we can prevent the next young star athlete like John from coming into opioid addiction and ultimately leading to his demise.

Let us let John's voice be heard. Let us use this as the opportunity to ensure that future student athletes are not addicted to opioids.

Mr. GENE GREEN of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman from Kentucky for his work on this bill.

I rise today in support of H.R. 4969 because opioid addiction does not discriminate based on age.

H.R. 4969 requires the CDC to report on information regarding prescription opioid abuse after youth sports injuries. According to a study by the National Council on Alcoholism and Drug Dependence, 12 percent of male athletes and 8 percent of female athletes have used prescription opioids in the last 12 months.

According to the U.S. Substance Abuse and Mental Health Services Administration, 80 percent of these teenagers and adolescents made the switch to heroin after abusing opioid painkillers, according to the U.S. Substance Abuse and Mental Health Services Administration. This is completely unacceptable and 100 percent preventable.

Every effort should be made to ensure that our youth are protected from the trap of drug abuse. That is why I am supporting H.R. 4969. We need all the information available so we can take the right steps to ensure our youth are protected.

I encourage my colleagues to support this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to vote for H.R. 4969.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4969, the "John Thomas Decker Act of 2016."

Our nation values the importance of transparency and availability of public information regarding prescription drugs.

This bill amends the Public Health Service Act to require the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention to report on the availability of information regarding prescription of opioids after youth sports injury.

This report includes the information on opioid use and misuse, injury treatments that do not involve opioids, and treatment for opioid addiction.

The report must determine the extent this information is available to teenagers and adolescents who play youth sports, their families, youth sports groups, and health care providers.

Opioids are drugs with effects similar to opium, such as heroin and certain pain medications.

In addition to stimulants and central nervous system (CNS) depressants, prescription opioids are one of the three main broad categories of medications that present abuse liability.

Due to prescription opioids' similarity to heroin and morphine, they present an intrinsic abuse and addiction liability for non-medical purposes.

Opioid, heroin, and morphine act on the same brain systems.

In an effort to increase their euphoric effects, the "high", people tend to take them in their most dangerous and addictive methods.

Understanding the dangers of these addictive drugs highlight the importance of John Thomas Decker Act, which increases awareness and educating the youth people of the adverse effects of opioids.

H.R. 4969 also allows for public transparency in making available public reports, informational materials, and resources are available to teenagers, their families, and health professionals.

Our country has acknowledged the importance of preventive healthcare and education within our nation.

Providing education to those directly or indirectly associated with opioid usage enables them to have control over their thoughts and actions, offsetting the potential for drug abuse.

I support this legislation because it will help protect the integrity of consumers through implementation of effective preventative strategies.

H.R. 4969 provides the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention with specific responsibilities for dissemination.

H.R. 4969 is a positive step in the right direction and I urge my colleagues to join me in supporting its passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 4969, 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.

□ 1800

LALI'S LAW

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4586) to amend the Public Health Service Act to authorize grants to States for developing standing orders and educating health care professionals regarding the dispensing of opioid overdose reversal medication without person-specific prescriptions, and for other purposes, as amended.

The Clerk read the title of the bill.