through graduate study, and provides support for institutions that educate nurses for practice in rural and medically underserved communities.

Reauthorizing Title VIII programs ensure that these key initiatives have an authorization for funding through fiscal year 2021. I believe Title VIII is a long-term investment which will help propel the nursing profession forward to meet the changing healthcare needs.

We must recruit, support, and train a strong nursing workforce, and this bill will ensure that happens. So, please, stand with me today in support of our nurses and this vital legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I want to thank the gentleman from Ohio (Mr. JOYCE) for this legislation.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Mrs. CAPPS), one of the nurses of the House of Representatives.

Mrs. CAPPS. Mr. Speaker, I thank my colleague for yielding.

Mr. Speaker, I rise in strong support of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act, a bill I authored to strengthen our Nation's nursing workforce.

Nurses are there for the most intimate times of a person's life. They touch the lives of patients and their families every day, not only ensuring proper care but supporting them through difficult diagnoses and helping them navigate the many complexities of our healthcare system—and they do it well.

Time and time again, my colleagues here on the Hill will tell me about the excellent nursing care they or a family member received. In many ways, nurses are the backbone of the healthcare delivery system. We need to keep that backbone strong.

That is exactly what Title VIII has done for over 50 years. In fact, Title VIII is the primary program our Nation has to strengthen and grow the nursing workforce. And it does so through targeted investments in the recruitment, retention, and distribution of these highly educated professionals who comprise our Nation's nursing workforce.

□ 1445

It bolsters nursing education at all levels, from entry-level preparation through graduate study. It helps nurses repay student loans in exchange for working in underserved areas. It provides support for institutions that educate nurses for practice in rural and medically underserved communities, with a special focus on ensuring nurses are ready and able to care for our Nation's aging population; and it provides support for nurse educators so that they will be there—ready and willing—to teach the next generation of nursing professionals.

It is also worth noting that title VIII has been incredibly successful. From 2006 to 2013 alone, title VIII supported more than 520,000 nurses and nursing students in getting them trained and into the field. H.R. 2713 would continue this impressive track record. Our bill is a bipartisan effort to ensure that these programs can continue while updating them to recognize advances in the profession. That is why it has the support from so many of my colleagues here in Congress as well as from over 50 nursing organizations.

I thank and acknowledge my Congressional Nursing Caucus co-chair, Representative DAVID JOYCE from Ohio, who joined me to lead this reauthorization effort. He has been a strong advocate for nurses and a great partner in that effort. I again thank Chairman UPTON and Ranking Member PALLONE and their staffs for moving this bill forward, and I thank my long-time health policy adviser, Adriane Casalotti, who has worked tirelessly with me, on behalf of this bill and the nursing profession, over the course of her career on Capitol Hill.

Now I hope the House would indulge me for a moment.

As a nurse myself before my coming to Congress and as cofounder and co-chair of the House Nursing Caucus, I could not be more proud that we are here today. As some of my colleagues may remember, in 2002, one of my earliest priorities in Congress—the Nurse Reinvestment Act—became law. It was an important update to the title VIII program to ensure that it would meet the most pressing needs of our healthcare system. The bill we are considering today is a continuation of that work I began so many years ago. Much has changed during this time in Congress, but our ability to come together to support nurses and the nursing profession in a bipartisan way has not changed.

I thank my colleagues on my behalf and all of our Nation's nurses for this commitment then, now, and in the years to come. Making the Title VIII Nursing Workforce Reauthorization Act law is a critical way to fulfill this commitment, so I urge strong support for this bill.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise in support of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act of 2016, which reauthorizes the title VIII Nursing Workforce Development programs that are overseen by the Health Resources and Service Administration.

As integral members of the healthcare team, nurses serve in a wide variety of delivery settings and collaborate with other professionals to improve the quality of America's healthcare system. Registered nurses comprise the largest group of health professionals, with over 3 million licensed providers, and offer essential care to patients in a variety of settings, including hospitals, long-term care facilities, community centers, schools, workplaces, and patients' homes.

For many students, title VIII support means the difference between their ability to enter into the nursing profession and not. In 2014, title VIII funding brought nearly $5 million to the State of Georgia to bolster nursing education at all levels—from entry level preparation through graduate study—and also to provide support for institutions and nurse faculty.

This legislation demonstrates a commitment to the future generations of practicing nurses, nurse faculty, and researchers across the country. I urge my colleagues to support this legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I am proud to support this bill, and I am grateful to LOIS CAPPS and DAVID JOYCE.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge an ''aye'' vote on this important legislation, and 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. 2713, 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.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2016

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4365) to amend the Controlled Substances Act with regard to the provision of emergency medical services, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4365

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 ''Protecting Patient Access to Emergency Medications Act of 2016''.

SEC. 2. EMERGENCY MEDICAL SERVICES.

Section 303 of the Controlled Substances Act (21 U.S.C. 821 et seq.) is amended—

(1) by redesignating subsection (j) as subsection (k); and

(2) by inserting after subsection (i) the following:

''(j) EMERGENCY MEDICAL SERVICES THAT ADMINISTER CONTROLLED SUBSTANCES.—

''(1) REGISTRATION.—For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General—

''(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices; and

''(B) may deny an application for such registration if the Attorney General determines

that the issuance of such registration would be inconsistent with the requirements of this subsection or the public interest based on the factors listed in subsection (f).

''(2) OPTION FOR SINGLE REGISTRATION.—In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

''(3) HOSPITAL-BASED AGENCY.—If a hospital-based emergency medical services agency is registered under subsection (f), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.

''(4) ADMINISTRATION OUTSIDE PHYSICAL PRESENCE OF MEDICAL DIRECTOR OR AUTHORIZING MEDICAL PROFESSIONAL.—Emergency medical services professionals of a registered emergency medical services agency may administer controlled substances in schedule II, III, IV, or V outside the physical presence of a medical director or authorizing medical professional in the course of providing emergency medical services if the administration is—

''(A) authorized by the law of the State in which it occurs; and

''(B) pursuant to—

''(i) a standing order that is issued and adopted by 1 or more medical directors of the agency, including any such order that may be developed by a specific State authority; or

''(ii) a verbal order that is—

''(I) issued in accordance with a policy of the agency;

''(II) provided by an authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient;

''(III) in the case of a mass casualty incident; or

''(IV) to ensure the proper care and treatment of a specific patient.

''(5) DELIVERY.—A registered emergency medical services agency may deliver controlled substances from a registered location of the agency to an unregistered location of the agency only if—

''(A) the agency designates the unregistered location for such delivery; and

''(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

''(6) STORAGE.—A registered emergency medical services agency may store controlled substances—

''(A) at a registered location of the agency;

''(B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or

''(C) in an emergency medical services vehicle used by the agency that is—

''(i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or

''(ii) otherwise actively in use by the agency.

''(7) NO TREATMENT AS DISTRIBUTION.—The delivery of controlled substances by a registered emergency medical services agency pursuant to this subsection shall not be treated as distribution for purposes of section 308.

''(8) RESTOCKING OF EMERGENCY MEDICAL SERVICES VEHICLES AT A HOSPITAL.—Notwithstanding paragraph (13)(J), a registered emergency medical services agency may receive controlled substances from a hospital for purposes of restocking an emergency medical services vehicle following an emergency response, and without being subject to the requirements of section 308, provided all of the following conditions are satisfied:

''(A) The registered or designated location of the agency where the vehicle is primarily situated maintains a record of such receipt in accordance with paragraph (9).

''(B) The hospital maintains a record of such delivery to the agency in accordance with section 307.

''(C) If the vehicle is primarily situated at a designated location, such location notifies the registered location of the agency within 72 hours of the vehicle receiving the controlled substances.

''(9) MAINTENANCE OF RECORDS.—

''(A) IN GENERAL.—A registered emergency medical services agency shall maintain records in accordance with subsections (a) and (b) of section 307 of all controlled substances that are received, administered, or otherwise disposed of pursuant to the agency's registration, without regard to subsection 307(c)(1)(B).

''(B) REQUIREMENTS.—Such records—

''(i) shall include records of deliveries of controlled substances between all locations of the agency; and

''(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.

''(10) OTHER REQUIREMENTS.—A registered emergency medical services agency, under the supervision of a medical director, shall be responsible for ensuring that—

''(A) all emergency medical services professionals who administer controlled substances using the agency's registration act in accordance with the requirements of this subsection;

''(B) the recordkeeping requirements of paragraph (9) are met with respect to a registered location and each designated location of the agency;

''(C) the applicable physical security requirements established by regulation of the Attorney General are complied with wherever controlled substances are stored by the agency in accordance with paragraph (6); and

''(D) the agency maintains, at a registered location of the agency, a record of the standing orders issued or adopted in accordance with paragraph (9).

''(11) REGULATIONS.—The Attorney General may issue regulations—

''(A) specifying, with regard to delivery of controlled substances under paragraph (5)—

''(i) the types of locations that may designated under such paragraph; and

''(ii) the manner in which a notification under paragraph (5)(B) must be made;

''(B) specifying, with regard to the storage of controlled substances under paragraph (6), the manner in which such substances must be stored at registered and designated locations, including in emergency medical service vehicles; and

''(C) addressing the ability of hospitals, registered locations, and designated locations to deliver controlled substances to each other in the event of—

''(i) shortages of such substances;

''(ii) a public health emergency; or

''(iii) a mass casualty event.

''(12) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed—

''(A) to limit the authority vested in the Attorney General by other provisions of this title to take measures to prevent diversion of controlled substances; or

''(B) to override the authority of any State to regulate the provision of emergency medical services.

''(13) DEFINITIONS.—In this section:

''(A) The term 'designated location' means a location designated by an emergency medical services agency under paragraph (5).

''(B) The term 'emergency medical services' means emergency medical response and emergency mobile medical services provided outside of a fixed medical facility.

''(C) The term 'emergency medical services agency' means an organization providing emergency medical services, including such an organization that—

''(i) is governmental (including fire-based and hospital-based agencies), nongovernmental (including hospital-based agencies), private, or volunteer-based;

''(ii) provides emergency medical services by ground, air, or otherwise; and

''(iii) is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.

''(D) The term 'emergency medical services professional' means a health care professional (including a nurse, paramedic, or emergency medical technician) licensed or certified by the State in which the professional practices and credentialed by a medical director of the respective emergency medical services agency to provide emergency medical services within the scope of the professional's State license or certification.

''(E) The term 'emergency medical services vehicle' means an ambulance, fire apparatus, supervisor truck, or other vehicle used by an emergency medical services agency for the purpose of providing or facilitating emergency medical care and transport or transporting controlled substances to and from the registered and designated locations.

''(F) The term 'hospital-based' means, with respect to an agency, owned or operated by a hospital.

''(G) The term 'medical director' means a physician who is registered under subsection (f) and provides medical oversight for an emergency medical services agency.

''(H) The term 'medical oversight' means supervision of the provision of medical care by an emergency medical services agency.

''(I) The term 'medical professional' means an emergency or other physician, or another medical professional (including an advanced practice registered nurse or physician assistant) whose scope of practice under a State license or certification includes the ability to provide verbal orders.

''(J) The term 'registered location' means a location that appears on the certificate of registration issued to an emergency medical services agency under this subsection or subsection (f), which shall be where the agency receives controlled substances from distributors.

''(K) The term 'registered emergency medical services agency' means—

''(i) an emergency medical services agency that is registered pursuant to this subsection; or

''(ii) a hospital-based emergency medical services agency that is covered by the registration of the hospital under subsection (f).

''(L) The term 'specific State authority' means a governmental agency or other such authority, including a regional oversight and coordinating body, that, pursuant to State law or regulation, develops clinical protocols regarding the delivery of emergency medical services in the geographic jurisdiction of such agency or authority within the State that may be adopted by medical directors.

''(M) The term 'standing order' means a written medical protocol in which a medical director determines in advance the medical

criteria that must be met before administering controlled substances to individuals in need of emergency medical services.

''(N) The term 'verbal order' means an oral directive that is given through any method of communication including by radio or telephone, directly to an emergency medical services professional, to contemporaneously administer a controlled substance to individuals in need of emergency medical services outside the physical presence of the authorizing medical director.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Illinois (Ms. SCHAKOWSKY) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

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

I rise in support of H.R. 4365, the Protecting Patient Access to Emergency Medications Act, introduced by my colleagues from North Carolina, Mr. HUDSON and Mr. BUTTERFIELD.

H.R. 4365 would update the DEA registration process for emergency medical services agencies with multiple locations, clarifying recordkeeping requirements related to the transportation and storage of controlled substances. Further, the bill would ensure that paramedics and other EMS professionals are able to continue to administer pain and antiseizure medications in emergency situations that are pursuant to standing or verbal orders when certain conditions are met.

H.R. 4365 has over 130 cosponsors. It was reported out of the Energy and Commerce Committee on a voice vote, and it is supported by over a dozen EMS and trauma care organizations. Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 4365.

I reserve the balance of my time.

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

I rise in support of H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016.

I thank Mr. HUDSON for his leadership, as well as Mr. BUTTERFIELD's.

This bill is the result of a bipartisan effort, and it reflects input from emergency medical services—EMS—professionals, hospitals, and law enforcement. The bill strikes the right balance of ensuring that EMS professionals have flexibility when responding to emergency situations while preserving the Drug Enforcement Agency's ability to effectively enforce U.S. laws and regulations that govern controlled substances.

H.R. 4365 would amend the Controlled Substances Act to, among other things, clarify that EMS personnel can administer controlled substances under a standing order from an EMS medical director who oversees emergency care. This would codify what is current practice across the U.S. and would help ensure that patients have access to important drugs during emergency situations. H.R. 4365 would also streamline the EMS registration process to allow for a single registration for an EMS agency in a State rather than requiring each EMS medical director or EMS agency location to register. In addition, H.R. 4365 makes EMS agencies responsible for receiving, storing, and tracking controlled substances to ensure that the DEA can better prevent the diversion or misuse of controlled substances.

I thank my colleagues Mr. BUTTERFIELD and Mr. HUDSON for their work on this important legislation, and I urge all of my colleagues to vote ''yes'' on H.R. 4365.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from North Carolina (Mr. HUDSON), the primary author of the bill and a valuable member of the Energy and Commerce Committee.

Mr. HUDSON. Mr. Speaker, I rise to urge my colleagues to support my bill, H.R. 4365, the Protecting Patient Access to Emergency Medications Act.

What if your loved one were in a car accident or had a seizure, but the EMS responder who was trained to help couldn't give him the medicine he needed? Under current law, this could be a reality. This is a huge problem, especially in rural communities where access to a hospital is already a challenge.

That is why I introduced this commonsense bill with my colleague G.K. BUTTERFIELD—to clarify existing law and allow emergency medical responders to continue administering lifesaving medications. Without this bill, patients could suffer simply because Washington hasn't kept up with modern medicine. It is a prime example of government's getting in the way and of the exact type of problem I came here to fix.

While today's bill may not be flashy, it solves a problem and it saves lives. It is an example of how to get things done: finding common ground and advancing bipartisan solutions to the problems that face us. Congressional action is immediately needed, which is why I urge my colleagues to support this commonsense legislation.

I thank my colleague and friend, Representative BUTTERFIELD, for working with me on this in a bipartisan way. I also thank Chairman BURGESS, Chairman UPTON, and the other leaders of the Energy and Commerce Committee who have helped us bring this bill to the floor.

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

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I rise in support of H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016, which amends the Controlled Substances Act and safeguards the dispensing of controlled substances by emergency medical services professionals.

In today's healthcare system, EMS providers often provide the first—and sometimes only—medical treatment that a patient receives in the event of an emergency. Due to their unique nature, there is routinely a clinical need for EMS providers to administer controlled substance medications in the practice of EMS medicine, ranging from pain narcotics to epinephrine. This response is critical to providing timely and lifesaving care, and, oftentimes, patients cannot survive delays in the delivery of this care.

As the Representative of a rural district, many of my constituents continue to face the consequences of the Drug Enforcement Agency regulations that do not take into account the significant differences between EMS practice and that of other healthcare entities that are covered by the same regulations. H.R. 4365 would ensure that EMS personnel can administer these emergency medications in a timely manner and provide the needed care to patients.

I urge my colleagues to support this legislation.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the sponsors and supporters.

I yield back the balance of my time.

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 to insert extraneous materials in 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 thank the sponsors of the bill for bringing this important legislation to the floor.

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. 4365, 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.

CONCRETE MASONRY PRODUCTS RESEARCH, EDUCATION, AND PROMOTION ACT OF 2015

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 985) to enable concrete masonry products manufacturers to establish, finance, and carry out a coordinated program of research, education, and promotion to improve, maintain, and develop markets for concrete masonry products, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 985

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