were healthy during and after pregnancy, and I feel very strongly about that duty now that I am here in Congress. While this bill will not solve the entire shortage crisis, I think this bill is a meaningful start. I urge my colleagues to support this legislation.

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

Mr. BURGESS. Mr. Speaker, it is my pleasure to yield 3 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 315, the Improving Access to Maternity Care Act.

Our Nation is facing a critical shortage of maternity healthcare services and professionals. Many Americans in rural or medically underserved areas have little to no access to maternity care services, either due to geographical constraints or a shortage of healthcare providers. This bill would encourage physicians and other healthcare professionals to serve in rural and underserved communities by creating a maternity care designation in the National Health Service Corps.

The National Health Service Corps provides up to $50,000 in student loan repayments for healthcare professionals who commit to providing care in health profession shortage areas for a minimum of 2 years. The program has already made great progress in increasing access and reducing provider shortages in dental care, mental health, and primary care.

Maternity health professionals can and do already serve in the National Health Service Corps, but they are placed in the same manner as primary care providers. This bill would create a separate designation for maternity care providers, ensuring that maternity health needs are more efficiently addressed in underserved communities that need them the most.

I urge my colleagues to support this bill.

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

Mr. BURGESS. Mr. Speaker, H.R. 315, once again, is a bill that passed with overwhelming support in the last Congress. I hope that by taking it up early in this Congress, we will allow time for the other body to attend to this needed legislation. I urge my colleagues to support H.R. 315.

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. 315.

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. BURGESS. 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.

SPORTS MEDICINE LICENSURE CLARITY ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 302) to provide protections for certain sports medicine professionals who provide certain medical services in a secondary State.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 302

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 ''Sports Medicine Licensure Clarity Act of 2017''.

SEC. 2. PROTECTIONS FOR COVERED SPORTS MEDICINE PROFESSIONALS.

(a) IN GENERAL.—In the case of a covered sports medicine professional who has in effect medical professional liability insurance coverage and provides in a secondary State covered medical services that are within the scope of practice of such professional in the primary State to an athlete or an athletic team (or a staff member of such an athlete or athletic team) pursuant to an agreement described in subsection (b)(4) with respect to such athlete or athletic team—

(1) such medical professional liability insurance coverage shall cover (subject to any related premium adjustments) such professional with respect to such covered medical services provided by the professional in the secondary State to such an individual or team as if such services were provided by such professional in the primary State to such an individual or team; and

(2) to the extent such professional is licensed under the requirements of the primary State to provide such services to such an individual or team, the professional shall be treated as satisfying any licensure requirements of the secondary State to provide such services to such an individual or team.

(b) DEFINITIONS.—In this Act, the following definitions apply:

(1) ATHLETE.—The term ''athlete'' means—

(A) an individual participating in a sporting event or activity for which the individual may be paid;

(B) an individual participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) an individual for whom a high school or institution of higher education provides a covered sports medicine professional.

(2) ATHLETIC TEAM.—The term ''athletic team'' means a sports team—

(A) composed of individuals who are paid to participate on the team;

(B) composed of individuals who are participating in a sporting event or activity sponsored or sanctioned by a national governing body; or

(C) for which a high school or an institution of higher education provides a covered sports medicine professional.

(3) COVERED MEDICAL SERVICES.—The term ''covered medical services'' means general medical care, emergency medical care, athletic training, or physical therapy services. Such term does not include care provided by a covered sports medicine professional—

(A) at a health care facility; or

(B) while a health care provider licensed to practice in the secondary State is transporting the injured individual to a health care facility.

(4) COVERED SPORTS MEDICINE PROFESSIONAL.—The term ''covered sports medicine professional'' means a physician, athletic trainer, or other health care professional who—

(A) is licensed to practice in the primary State;

(B) provides covered medical services, pursuant to a written agreement with an athlete, an athletic team, a national governing body, a high school, or an institution of higher education; and

(C) prior to providing the covered medical services described in subparagraph (B), has disclosed the nature and extent of such services to the entity that provides the professional with liability insurance in the primary State.

(5) HEALTH CARE FACILITY.—The term ''health care facility'' means a facility in which medical care, diagnosis, or treatment is provided on an inpatient or outpatient basis. Such term does not include facilities at an arena, stadium, or practice facility, or temporary facilities existing for events where athletes or athletic teams may compete.

(6) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(7) NATIONAL GOVERNING BODY.—The term ''national governing body'' has the meaning given such term in section 220501 of title 36, United States Code.

(8) PRIMARY STATE.—The term ''primary State'' means, with respect to a covered sports medicine professional, the State in which—

(A) the covered sports medicine professional is licensed to practice; and

(B) the majority of the covered sports medicine professional's practice is underwritten for medical professional liability insurance coverage.

(9) SECONDARY STATE.—The term ''secondary State'' means, with respect to a covered sports medicine professional, any State that is not the primary State.

(10) STATE.—The term ''State'' means each of the several States, the District of Columbia, and each commonwealth, territory, or possession of the United States.

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

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material 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 yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act of 2017, introduced by my colleague on the Health Subcommittee, BRETT GUTHRIE. The bill is identical to H.R. 921 from the last Congress, which passed by a voice vote in the House in September.

Team physicians and other licensed sports medicine professionals often travel with their athletes to away

games and other sanctioned sporting events outside of their home State. When providing care to an injured player during the game or in the locker room afterwards, they are often doing so at great personal and professional risk. If they are sued, their home State license could be in jeopardy and their malpractice insurance may not cover them.

This commonsense bill would provide needed clarity.

First, by stating that their liability insurance shall cover them outside of their home State for limited services within the scope of their practice, subject to any related premium adjustments.

Second, to the extent that the healthcare professional is licensed under the requirements of their home State to provide certain services to an athlete or to a team, they shall be treated as satisfying corresponding licensing requirements of the secondary State in these narrowly defined instances.

H.R. 302 is supported by a wide range of professional medical associations as well as amateur and professional sports organizations. I urge my colleagues to join me in supporting this bill.

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 today in support of H.R. 302, the Sports Medicine Licensure Clarity Act. This bill solves a problem unique to sports medicine professionals who are required to travel to different States with their teams. Medical licensure is regulated on a State-by-State basis and does not work across State lines. Thus, often when a sports medicine provider travels with a team to another State, they are technically practicing without a license, and their medical liability insurance is rendered null. This is not something that is not important.

This weekend, the Houston Texans are proud to be in the playoffs. They are going to New England, and we would like to have our Texas doctors making sure our players are safe.

This bill would ensure that sports medicine professionals who contract with a team are covered by their medical liability insurance while traveling with their team. It also provides that any incidents of medical malpractice occurring under the care of a traveling team sports medicine professional must be treated as if it occurred in the professional's primary State of practice, regardless of where the game took place. Providers still would not be allowed to practice beyond the scope of their licenses, and they may only treat athletes on the field.

By working with the Energy and Commerce Committee and stakeholders last Congress, the sponsors of this bill have created a sensible solution to this distinct problem. I encourage my colleagues to vote ''yes'' on the bill.

I thank Mr. GUTHRIE from Kentucky and Mr. RICHMOND from Louisiana for their excellent work.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I thank the gentleman for yielding.

Tonight, millions of Americans, including myself, will tune in to the College Football Playoff National Championship between the University of Alabama and Clemson University. As with any college or professional competition, both teams will have healthcare practitioners traveling with them to the game.

Unfortunately, many States do not provide legal protection for sports medicine practitioners who travel with these athletes since they are not licensed to practice medicine in the secondary State. The Sports Medicine Licensure Clarity Act, which I introduced with Mr. RICHMOND of Louisiana, would ensure that sports medicine professionals can provide high-quality and timely health care to athletes without having to worry about potential liability when traveling across State lines with their teams.

The nature of sports medicine professionals' jobs require them to frequently travel between States so that athletes can receive proper care the moment they are injured. However, providers are at great personal and professional risk because medical liability insurance does not cover costs for lawsuits related to care provided in States in which they are not licensed. It is not a reasonable solution to require practitioners to become licensed in every State where their teams will play during a given season.

This came to my attention, and I talked to a friend of mine who is an emergency room physician in Auburn, Alabama. He travels with Auburn University. At the time, a few years ago, they were playing in what was then the BCS game. So here is a friend of mine, a physician, traveling with Auburn to the Rose Bowl in California. Fortunately, it didn't happen, but what if he had to take care of Cam Newton, who was the quarterback at the time? First of all, the players want physicians that know them taking care of them, but think of the liability because he was in California when he is licensed to practice in Alabama and if something had gone wrong to as valuable an athlete as Cam Newton.

It is important that we do this. It is just pure common sense. It is very bipartisan. My friend Mr. RICHMOND and I have worked on this together.

I ask my colleagues to join me in supporting this commonsense, bipartisan bill to provide clarity for sports professionals performing their duties when caring for athletes. We passed this bill quickly last session. We are going to do it quickly again this Congress and give time for the other body to address this.

I would personally like to thank my longtime legislative director, who just took another job. She worked tirelessly on this. As simple and as commonsense as this bill is, there are a lot of details when you are trying to define details about going across jurisdictions and State lines. I wish Megan Jackson well in her new endeavor.

I urge my colleagues to support this measure.

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

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

Mr. CARTER of Georgia. Mr. Speaker, I rise today in support of H.R. 302, the Sports Medicine Licensure Clarity Act, and what it means for sports medicine professionals looking to provide comprehensive services to those in need.

Congressman GUTHRIE's legislation, which I have cosponsored, would overhaul the current system that leaves sports medicine professionals and athletic trainers vulnerable to liability issues. Athletic trainers and other sports medicine professionals can travel with a team to another State, and by providing care, they are opening themselves up to repercussions. These professionals provide preventive care as well as medical care and advice to athletes in the event of an injury. Currently, insurance companies don't fully cover those professionals who travel with their team or organization to a secondary State.

This legislation extends liability insurance coverage to those medical professionals to allow them to safely and fully carry out their responsibilities. They shouldn't have to decide if they can or can't provide care to the same people simply because they happen to be in a different location for a short period of time as part of their job. Within this bill, we can ensure that these professionals with the knowledge and experience to administer care will have the protections needed to safely and properly fulfill their duties.

I applaud the gentleman from Kentucky (Mr. GUTHRIE) for his work on this issue and the work of the Energy and Commerce Committee to address these reforms to the sports medicine field, and I urge passage of this important legislation.

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

□ 1700

Mr. BURGESS. Mr. Speaker, I urge passage of H.R. 302 by this body, 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. 302.

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.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 304

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 2017''.

SEC. 2. EMERGENCY MEDICAL SERVICES.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) 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 one 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 be 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