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

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 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 have 5 legislative days in which to revise and extend their remarks and 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 yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 304, the Protecting Patient Access to Emergency Medications Act, introduced by the gentlemen from North Carolina, Mr. HUDSON and Mr. BUTTERFIELD.

H.R. 304 would update the Drug Enforcement Administration registration process for emergency medical services agencies with multiple locations, clarifying recordkeeping requirements related to the transportation and storage of controlled substances in the process.

Further, the bill would ensure that paramedics and other EMS professionals are able to continue to administer pain and antiseizure medications in emergency situations pursuant to standing or verbal orders when certain conditions are met.

This commonsense measure is supported by over a dozen EMS and trauma care organizations.

Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 304, and 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. 304, the Protecting Patient Access to Emergency Medications Act of 2017.

Ensuring that we have access to the right medicine at the right time is critically important in emergency situations. While controlled substances have abuse and diversion potential, they also have lifesaving potential. In fact, they are very often used by emergency medical services—EMS—providers in situations where every minute counts.

Currently, these providers must often administer controlled substances during emergencies using a standing order. However, it is unclear whether or not this is permissible under current law.

To help clarify the current law, H.R. 304 would amend the Controlled Substances Act to make clear that EMS personnel can, in fact, administer controlled substances in emergency situations under a standing order from an EMS medical director.

This bill helps guarantee that patients will have timely access to drugs they need during an emergency. It will also streamline the DEA's emergency medical services registration process by allowing a single registration for a State EMS agency as opposed to a separate registration for each EMS agency location.

To help safeguard against diversion, the bill will hold registered EMS agencies responsible for receiving, storing, and tracking all controlled substances.

This bill passed the Energy and Commerce Committee and the House floor last Congress, and it incorporates important feedback from a wide range of stakeholders. I believe our efforts in this important bill will ensure that EMS professionals have the flexibility that they need to respond during emergencies, while preserving the DEA's ability to enforce controlled substances laws and regulations.

I urge my colleagues to join me in supporting the passage of H.R. 304.

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

Mr. BURGESS. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the full Committee on Energy and Commerce.

Mr. WALDEN. Mr. Speaker, I thank my colleagues on the Energy and Commerce Committee for this important piece of legislation, H.R. 304, the Protecting Patient Access to Emergency Medications Act.

This is a bipartisan bill. It was introduced by two of our colleagues from North Carolina, Representatives HUDSON and BUTTERFIELD. It previously passed the House by voice vote, no objection, back in November; but, unfortunately, it was not taken up by the Senate before the last Congress adjourned, meaning we have to be here today to restart this process.

This, along with three other Energy and Commerce bills that we are considering today, shows that the Energy and Commerce Committee is picking right up where we left off, in a bipartisan way, to produce quality legislation that will improve the public health.

Now, H.R. 304 is really an important bill because it enables our Nation's emergency medical services professionals to continue to provide quality emergency care by recognizing the unique nature of their practice.

Specifically, as you may have heard, the bill clarifies that paramedics and other EMS professionals can administer certain pain and antiseizure medications in emergency situations pursuant to standing or verbal orders. In other words, the doctor has said to the EMS person, you can do these things in emergencies.

Now, think about this. You are in a car wreck. The EMT shows up in the ambulance. They can't communicate with anybody because they are down in a valley or somewhere where they don't have communication. Without this legislation, it is uncertain now, because of this ruling out of the administration, whether or not they can give you antiseizure medication or pain relief medication until they can get in contact. This is not what any of us wants, so this legislation fixes that.

During this process, when this decision was made a while back, I heard from Dr. Paul Rostykus, an emergency physician in Jackson County, Oregon. He said that this is really critical to saving lives and reducing suffering, particularly in our remote and rural areas where these emergency technicians, EMTs, may struggle to call in emergencies and it can take much longer for patients to reach the nearest doctor.

I just implore you to talk to anybody that is running around the ambulances, and they will tell you this is really, really important for patients.

I had an ambulance driver tell me—an EMT tell me it is important for them because sometimes in an accident, somebody is injured and they are kind of out of control and have a seizure. Now, I am not a doctor. We actually have one here who can tell us

more. But they then are able to administer certain medications that will calm the patient, prevent them from hurting themselves or hurting the EMT.

So I urge my colleagues to support H.R. 304 as well as the other bipartisan Energy and Commerce bills that are on the floor today.

Mr. Speaker, I call on my colleagues to pass these important bills.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume. I thank Congressman HUDSON and Congressman BUTTERFIELD, both great members of our committee on this very bipartisan bill.

I yield back the balance of my time.

Mr. BURGESS. Mr. Speaker, I urge my colleagues to vote ''yes'' on H.R. 304, 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. 304.

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.

## WEATHER RESEARCH AND FORECASTING INNOVATION ACT OF 2017

Mr. LUCAS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 353) to improve the National Oceanic and Atmospheric Administration's weather research through a focused program of investment on affordable and attainable advances in observational, computing, and modeling capabilities to support substantial improvement in weather forecasting and prediction of high impact weather events, to expand commercial opportunities for the provision of weather data, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 353

*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 ''Weather Research and Forecasting Innovation Act of 2017''.

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



**SEC. 2. DEFINITIONS.**

In this Act:

(1) SEASONAL.—The term ''seasonal'' means the time range between 3 months and 2 years.

(2) STATE.—The term ''State'' means a State, a territory, or possession of the United States, including a Commonwealth, or the District of Columbia.

(3) SUBSEASONAL.—The term ''subseasonal'' means the time range between 2 weeks and 3 months.

(4) UNDER SECRETARY.—The term ''Under Secretary'' means the Under Secretary of Commerce for Oceans and Atmosphere.

(5) WEATHER INDUSTRY AND WEATHER ENTERPRISE.—The terms ''weather industry'' and ''weather enterprise'' are interchangeable in this Act, and include individuals and organizations from public, private, and academic sectors that contribute to the research, development, and production of weather forecast products, and primary consumers of these weather forecast products.

**TITLE I—UNITED STATES WEATHER RESEARCH AND FORECASTING IMPROVEMENT**

**SEC. 101. PUBLIC SAFETY PRIORITY.**

In conducting research, the Under Secretary shall prioritize improving weather data, modeling, computing, forecasting, and warnings for the protection of life and property and for the enhancement of the national economy.

**SEC. 102. WEATHER RESEARCH AND FORECASTING INNOVATION.**

(a) PROGRAM.—The Assistant Administrator for the Office of Oceanic and Atmospheric Research shall conduct a program to develop improved understanding of and forecast capabilities for atmospheric events and their impacts, placing priority on developing more accurate, timely, and effective warnings and forecasts of high impact weather events that endanger life and property.

(b) PROGRAM ELEMENTS.—The program described in subsection (a) shall focus on the following activities:

(1) Improving the fundamental understanding of weather consistent with section 101, including the boundary layer and other processes affecting high impact weather events.

(2) Improving the understanding of how the public receives, interprets, and responds to warnings and forecasts of high impact weather events that endanger life and property.

(3) Research and development, and transfer of knowledge, technologies, and applications to the National Weather Service and other appropriate agencies and entities, including the United States weather industry and academic partners, related to—

(A) advanced radar, radar networking technologies, and other ground-based technologies, including those emphasizing rapid, fine-scale sensing of the boundary layer and lower troposphere, and the use of innovative, dual-polarization, phased-array technologies;

(B) aerial weather observing systems;

(C) high performance computing and information technology and wireless communication networks;

(D) advanced numerical weather prediction systems and forecasting tools and techniques that improve the forecasting of timing, track, intensity, and severity of high impact weather, including through—

(i) the development of more effective mesoscale models;

(ii) more effective use of existing, and the development of new, regional and national cloud-resolving models;

(iii) enhanced global weather models; and

(iv) integrated assessment models;

(E) quantitative assessment tools for measuring the impact and value of data and observing systems, including Observing System Simulation Experiments (as described in section 107), Observing System Experiments, and Analyses of Alternatives;

(F) atmospheric chemistry and interactions essential to accurately characterizing atmospheric composition and predicting meteorological processes, including cloud microphysical, precipitation, and atmospheric electrification processes, to more effectively understand their role in severe weather; and

(G) additional sources of weather data and information, including commercial observing systems.

(4) A technology transfer initiative, carried out jointly and in coordination with the Director of the National Weather Service, and in cooperation with the United States weather industry and academic partners, to ensure continuous development and transition of the latest scientific and technological advances into operations of the National Weather Service and to establish a process to sunset outdated and expensive operational methods and tools to enable cost-effective transfer of new methods and tools into operations.

(c) EXTRAMURAL RESEARCH.—