

RESOLUTION—12-19

STATE OF TEXAS, §, COMMISSIONERS COURT.

COUNTY OF HARDIN, §, OF HARDIN COUNTY, TEXAS.

BE IT REMEMBERED at a meeting of Commissioners Court of Hardin County, Texas, held on this 26TH Day of March, 2019, on motion by LW Cooper Jr., Commissioner of Precinct No. 1, and second by . . . Alvin Roberts, Commissioner of Precinct No. 4, the following RESOLUTION was adopted:

A RESOLUTION IN SUPPORT OF H.R. 759

Whereas, the Alabama-Coushatta Tribe of Texas is a Federally recognized Indian Tribe located in Polk County, Texas and is committed to supporting the economic development and creation of jobs within Polk and surrounding counties of Deep East Texas; and

Whereas, the Alabama-Coushatta Tribe of Texas' Naskila electronic bingo facility has created over 560 new jobs in Deep East Texas, and is the third largest employer in the region and is responsible for injecting nearly \$140 million annually in revenue to the region; and

Whereas, the Alabama-Coushatta Tribe of Texas provided over 46 fully paid collegiate scholarships for graduating high school students of the Tribe in 2018; and

Whereas, the Alabama-Coushatta Tribe of Texas being a good community partner contributed \$500,000.00 in donations after Hurricane Harvey to several counties, and purchased 30 mobile home units; and

Whereas, United States Congressman Brian Babin (R-Woodville) has filed H.R. 759 to clarify conflicting federal statutes regarding the right of the Alabama-Coushatta Tribe of Texas to offer Class II Electronic Bingo on their tribal lands pursuant to the Indian Gaming Regulatory Act, a right enjoyed and exercised by the Kickapoo Traditional Tribe of Texas since 1996; and

Whereas, the passage of H.R. 759 is vital to continued economic development and health of both the Alabama-Coushatta Tribe of Texas and all Deep East Texas; Now, therefore, be it

RESOLVED that the Hardin County Commissioners Court hereby joins the Alabama-Coushatta Tribe of Texas in support of its effort for passage of H.R. 759 to clarify that the Tribe can enjoy the opportunity for tribal economic development on terms that are equal and fair, and to protect jobs. **FURTHER**, the Hardin County Commissioners Court urgently requests that United States Senators John Cornyn and Ted Cruz of Texas, as well as the other 35 Texans elected to the United States House of Representatives, join Congressman Babin in securing the enactment of H.R. 759 into law..

SIGNED this 26th, day of MARCH, 2019.

JUDGE WAYNE MCDANIEL,

County Judge

L.W. COOPER JR.,

County Commissioner, Precinct 1.

COMMISSIONER CHRIS KIRKENDALL,

County Commissioner, Precinct 2.

KEN PELT

COMMISSIONER, KEN PELT,

County Commissioner, Precinct 3.

COMMISSIONER, ALVIN ROBERTS,

County Commissioner, Precinct 4.

Mr. BABIN. All I want is for this Tribe in my district to simply have the same rights and the same opportunities as their counterparts at the Kickapoo Tribe of Texas facility in Eagle Pass, Texas, and what they deserve under a fair interpretation of IGRA, the Indian Gaming Regulatory Act.

Why should one Tribe be able to play bingo and another Tribe not be able to in the same State of Texas?

Poverty and joblessness are a scourge in many communities across this country, but the consequences are especially dire on the reservation lands of the Native American peoples across this Nation.

□ 2145

This facility has already helped turn that tide of poverty away from my district, creating over 500 jobs, contributing \$140 million in economic activity each year. But all of those benefits and more aren't just at risk if this bill doesn't pass. They are guaranteed to go away.

So please join us today and stop that from happening, and please support this bill.

Mr. CURTIS. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. HURD).

Mr. HURD of Texas. Mr. Speaker, I rise today in support of H.R. 759, the Ysleta del Sur Pueblo and Alabama-Coushatta Tribes of Texas Equal and Fair Opportunity Settlement Act.

As a Representative with more Tribes in my district than any other Texan, it is my solemn obligation to fight on behalf of Texas' native people.

I am a proud Texan, and there is no greater State in the Union, no prouder people than we Texans, and for all the blessings bestowed upon the Lone Star State, we still fall short in our efforts of providing true economic stability to our Native American Tribes.

The Ysleta del Sur Pueblo are the oldest community in the State of Texas claiming a governing body since 1682.

During the Texas Revolution, it was the Alabama-Coushatta of East Texas who provided refuge, food, and medicine to the great Sam Houston and his army. Their story is sewn into the fabric of Texas' history.

Mr. Speaker, H.R. 759 is not about whether one agrees or disagrees with gambling. This bill isn't about gambling. It is about letting two Tribes in two of Texas' most economically distressed zones engage in what every other Tribe in America engages in. This bill would allow these two Tribes in Texas to do bingo.

That is it. Not blackjack. Not poker. Not craps. Just bingo.

For too long, the Alabama-Coushatta and the Tigua Tribes have been prevented from achieving self-sufficiency. It is time we right this wrong.

We will take today efforts to give the Alabama-Coushatta and Ysleta del Sur Pueblo Tribes a chance to embark on the American Dream. We will vote to lift their families out of poverty. We will vote to educate their youth, and we will vote to grow their economies. I am hoping my 432 colleagues say "yes" with their vote.

I want to thank the distinguished gentleman from the great State of Texas, my friend, Dr. BABIN, and I want to thank my friends on the other side of the aisle, Chairman GRIJALVA and others, because without them, this would not have happened.

Mr. Speaker, we still work in a bipartisan way here in Washington, D.C., and the fact that we are going to help these two Tribes support their community is an example of this today.

Mr. CURTIS. Mr. Speaker, I have no more speakers on this bill, and I yield back the balance of my time.

Mr. SAN NICOLAS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I, too, do not wish for my support of this measure to indicate or to be misconstrued as support for gaming.

My support of this measure has everything to do with what my colleague on the other side of the aisle has stated. This is about parity, and this is about the unique sovereignty that recognized Tribes have with the Federal Government through our own Constitution.

If we are going to be recognizing this unique sovereignty, we should do so equally among all the other Tribes. This equality is so necessary if we are going to maintain the credibility of the process.

Mr. Speaker, I am grateful for my colleagues and all the work that they put into this, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Guam (Mr. SAN NICOLAS) that the House suspend the rules and pass the bill, H.R. 759, 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.

EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM REAUTHORIZATION ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 776) to amend the Public Health Service Act to reauthorize the Emergency Medical Services for Children program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 776

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 "Emergency Medical Services for Children Program Reauthorization Act of 2019".

SEC. 2. REAUTHORIZATION OF THE EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910(d) of the Public Health Service Act (42 U.S.C. 300w-9(d)) is amended—

(1) by striking "2014, and" and inserting "2014,"; and

(2) by inserting before the period the following: ", and \$22,334,000 for each of fiscal years 2020 through 2024".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Georgia (Mr. CARTER) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 776.

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

There was no objection.

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

Mr. Speaker, for 35 years, the Emergency Medical Services for Children, or EMSC, program has been the only Federal grant program specifically focused on addressing the needs of children in emergency medical systems.

If ever a parent or caregiver is required to call 911 to get emergency care for a child, they should know that the child will receive the medical care that they need.

The EMSC program helps provide this peace of mind by enhancing care for all children, no matter where they live, travel, or go to school.

The EMSC program invests in research, care delivery enhancements, data monitoring, innovation in both prehospital EMS settings as well as hospital emergency departments.

The program has led to real results and better care for children. For example, research funded by EMSC has led to a new pediatric head injury algorithm, which has led to a reduction in unnecessary radiation exposure from CT scans in children who have suffered head injuries.

Mental health and substance abuse screenings have been created to better assess children in emergency situations, and a full 50 percent of hospitals have adopted new guidelines to assist them in transferring children to appropriate facilities when specialized care is needed.

Any doctor, nurse, or EMS provider will tell you that we can't simply treat children as small adults. They need specialized treatment and protocols to ensure that the care they receive is appropriate and available to them when and where they need it. Passing this 5-year reauthorization of the EMSC program will continue to provide innovative and appropriate care to children.

Mr. Speaker, I hope all of my colleagues will join me in supporting this bill today, and I reserve the balance of my time.

Mr. CARTER of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to speak in support of H.R. 776, the Emergency Medical Services for Children Program Reauthorization Act of 2019.

I would like to thank Representatives PETER KING and KATHY CASTOR for their work on this important legislation.

The Emergency Medical Services for Children program was enacted in 1984 to provide grant funding to increase

the ability of emergency medical systems to care for pediatric populations. Not only does this program provide funding so that emergency departments and hospitals can equip themselves with the appropriate pediatric medical tools, it enables partnerships and drives research and innovation in emergency care for children.

Whether children require emergency care following a car crash or fall ill in the middle of the night with nowhere else to turn, our emergency medical system needs to have staff trained in how to treat children. A major part of that is providing the resources to equip healthcare professionals with the right size medical tools.

The Emergency Medical Services for Children program provides grants for the State Partnership Program to integrate pediatric care into the EMS system and reduce pediatric morbidity and mortality. States can focus on providing quality prehospital and hospital-based care, in addition to establishing plans to handle disaster and trauma care.

Our Nation's healthcare workforce still has much to learn about the treatment of pediatric populations, which is why continued research through the Pediatric Emergency Care Applied Research Network is crucial. This body is the first federally funded pediatric emergency medicine research network in the country and conducts a wide variety of research about acute illness and injuries in children.

The reauthorization of the Emergency Medical Services for Children program is critical to maintaining and improving pediatric emergency care. Mr. Speaker, I urge strong support of H.R. 776, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would urge support for this bipartisan legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise today in support of H.R. 776, the Emergency Medical Services for Children Program Reauthorization Act, sponsored by Representatives Peter King and Kathy Castor. This legislation reauthorizes grants that focus on addressing the unique needs of children in emergency medical systems, with the ultimate goal of reducing the prevalence of morbidity and mortality in children that may occur as a result of acute illness and severe injury. This is really critical legislation for parents and children in our communities—no one should have to know the pain of losing a child. I urge my fellow House members to support this bill.

Ms. JACKSON LEE. Mr. Speaker, as a senior member of the Committee on the Budget, I rise in strong support of H.R. 776, the Emergency Medical Services for Children Program Reauthorization Act of 2019.

The Emergency Medical Services for Children Program (EMSC) reduces child and youth mortality and morbidity due to severe illness or injury by increasing awareness among health professionals, providers and planners, and the general public of the special needs of children receiving emergency medical care.

Specifically, the EMSC program has provided grants to all states since 1985 for the

State Partnership, Targeted Issues, State Partnership Regionalization of Care, and The Pediatric Emergency Care Applied Research Network.

Additionally, the EMSC program has been used to establish national resource centers and a pediatric emergency care research network.

Mr. Speaker, the majority of children are treated in community and rural emergency departments rather than specialized centers such as large children's hospitals.

As a result, pediatric visits make up less than 20 percent of cases at emergency departments, so they lack the quality of pediatric emergency care needed for established practice guidelines.

I support H.R. 776 because Congress has a responsibility to ensure that every child has access to necessary emergency medical services and that no child in our nation is left untreated.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 776, the "Emergency Medical Services for Children Program Reauthorization Act of 2019."

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 776.

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.

NEWBORN SCREENING SAVES LIVES REAUTHORIZATION ACT OF 2019

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2507) to amend the Public Health Service Act to reauthorize certain programs under part A of title XI of such Act relating to genetic diseases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2507

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 "Newborn Screening Saves Lives Reauthorization Act of 2019".

SEC. 2. IMPROVED NEWBORN AND CHILD SCREENING AND FOLLOW-UP FOR HERITABLE DISORDERS.

(a) PURPOSES.—Section 1109(a) of the Public Health Service Act (42 U.S.C. 300b-8(a)) is amended—

(1) in paragraph (1), by striking "enhance, improve or" and inserting "facilitate, enhance, improve, or";

(2) by amending paragraph (3) to read as follows:

"(3) to develop, and deliver to parents, families, and patient advocacy and support groups, educational programs that—

"(A) address newborn screening counseling, testing (including newborn screening pilot studies), follow-up, treatment, specialty services, and long-term care;

"(B) assess the target audience's current knowledge, incorporate health communications strategies, and measure impact; and