

in upstate New York and creating hundreds of new jobs. But this growth could be hurt if we see the return of the medical device tax.

The current suspension of the device tax expires on December 31. Allowing this tax to return could erode gains in employment in the med-tech sector from the last 4 years, ultimately hurting innovation and patient access to new technology.

Madam Speaker, I hope we can work together this year as Democrats and Republicans to delay this tax and keep supporting American manufacturing.

SUPPORT SERVICE ORGANIZATION CAUCUS

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, service plays an important role in communities across the Nation. From small acts of kindness to grand gestures, we can all do our part to make a difference. It is something I am personally passionate about, having served as a volunteer firefighter for many years and being involved in scouting my entire life.

Nobody embodies this mission better than the countless volunteers and service organizations that can be found nationwide. That is why I am honored to co-chair the Congressional Service Organization Caucus with my colleague, Congressman PANETTA from California.

The Congressional Service Organization Caucus is a group of Members who not only support their local volunteer service organizations but share a mutual admiration for community service and humanitarian assistance.

The spirit of service is something that both Republicans and Democrats can come together to champion. That is why Congressman PANETTA and I are asking for the support of our colleagues in joining this caucus and upholding our support for these organizations and the communities that they serve.

GIVE VETERANS HEALTH COVERAGE FOR AGENT ORANGE CONDITIONS

(Mr. HARDER of California asked and was given permission to address the House for 1 minute.)

Mr. HARDER of California. Madam Speaker, I rise today to speak directly to White House Chief of Staff Mick Mulvaney.

Recent reports suggest you personally intervened to stop Vietnam vets from getting healthcare, all just to save a buck.

It sounds crazy, and it is. Thousands of veterans were affected by exposure to Agent Orange during the Vietnam war and deserve to have healthcare.

The VA Secretary tried to add four medical conditions caused by Agent Orange to the list VA would cover, but Mick Mulvaney intervened to stop it.

This issue is personal for me. My grandfather served in Vietnam, was exposed to Agent Orange, and died from lung cancer. Sadly, his story is not uncommon.

I refuse to stand by and let other veterans die because they didn't get the healthcare they need. That is not who we are.

Our veterans fought to keep us safe, and many sacrificed life and limb. The last thing they should have to do is come home to fight another battle for the healthcare they earned.

There is still time to turn this around, Mick, and I beg you to reconsider.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

PRIORITIZE TREATMENT FOR ALS

(Mr. CURTIS asked and was given permission to address the House for 1 minute.)

Mr. CURTIS. Madam Speaker, I rise today to share my concerns with patient access to groundbreaking and lifesaving ALS treatments. This is a very personal issue to me as some of my close friends and neighbors have been affected by this difficult disease.

I applaud the enactment of the Right to Try Act, allowing some people another option to receive the treatments they need. However, this should not be the end of the conversation.

It is important to acknowledge that the passage of this act has not opened all the doors we expected, and many are still denied access to treatments.

The FDA's lengthy approval process continues to limit patient access, at times forcing my constituents to spend large sums of money traveling overseas for treatment or, more commonly, forfeiting treatment altogether.

The use of stem cells to treat ALS, widely used and deemed safe in other countries, has been studied in the U.S. for over 12 years but has yet to be approved, despite its fast-tracked status.

Delaying approval of this treatment, commonly known as NurOwn, is putting lives at risk. I urge the FDA to prioritize its approval and give access to thousands of ALS patients.

INCREASE FEDERAL USE OF GREEN ENERGY

(Ms. BROWNLEY of California asked and was given permission to address the House for 1 minute.)

Ms. BROWNLEY of California. Madam Speaker, the Federal Government is the Nation's largest purchaser of electricity, yet it buys renewable energy at a rate that is far less than the rest of the country.

With a climate crisis threatening our planet and our way of life, this is not acceptable. We can and must leverage the resources of the Federal Government to accelerate the technological innovation needed to transition to a green and clean economy.

That is why, earlier this week, I introduced the Green Energy for Federal Buildings Act. My legislation would require the Federal Government to increase the share of electricity it gets from renewable sources.

Under current law, the Federal Government is required to utilize only 7.5 percent renewable energy for its electricity needs. My bill would up the ante, raising the requirement to 35 percent by 2030, 75 percent by 2040, and 100 percent by 2050.

This crisis is upon us. We must have the strength and the foresight to act decisively, creatively, and boldly. There is no time to waste.

CELEBRATING NATIONAL BIBLE WEEK

(Mr. BUDD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BUDD. Madam Speaker, I rise today to celebrate the 78th anniversary of National Bible Week.

In this very Bible, the Apostle Paul tells us in 2 Timothy, Chapter 4:

For the time is coming when people will not endure sound teaching, but have itching ears, they will accumulate themselves teachers to suit their own passions and will turn away from listening to the truth and will wander off into myths.

Even as I look behind me at the words "In God We Trust," I wonder if we as a nation are succumbing to what the Apostle Paul warned about 2,000 years ago.

There is a solution to this problem, and it is found in the very same chapter. Paul writes:

Preach the Word, be ready in season and out of season; reprove, rebuke, and exhort, with complete patience and teaching.

He writes in the prior chapter, 2 Timothy, Chapter 3, that all Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, and that a person of God may be complete, equipped for every good work.

So we see the people of His creation are intended for purposeful good works, and we are guided into that purpose by God through the very Scriptures that we celebrate this week.

SUPPORTING NATIONAL RURAL HEALTH DAY

(Ms. KUSTER of New Hampshire asked and was given permission to address the House for 1 minute.)

Ms. KUSTER of New Hampshire. Madam Speaker, I rise today on National Rural Health Day to bring attention to the importance of healthcare in rural communities across this country and in New Hampshire.

Far too often, there are substantial health disparities for those living in rural America. Our rural communities face growing and unique healthcare challenges exacerbated by distance and the time it takes to see a provider.

That is why I am a proud cosponsor of H.R. 4995, the Maternal Health Quality Improvement Act. This legislation would create rural maternal network grant programs and ensure maternal health providers are eligible for telehealth.

This is especially impactful for Granite State families that face long distances and deal with extreme workforce shortages that make it difficult to access much-needed care. For them, having access to telehealth for maternal care is a real life-changer.

We must all continue to support and lift up the innovation, quality, and service of rural healthcare providers and facilities.

RECOGNIZING PULMONARY HYPERTENSION AWARENESS MONTH AND NATIONAL ADOPTION MONTH

(Mr. BRADY asked and was given permission to address the House for 1 minute.)

Mr. BRADY. Madam Speaker, I rise today in recognition of two important events in November: Pulmonary Hypertension Awareness Month and National Adoption Month.

Pulmonary hypertension was first brought to my attention by my dear friend Jack Stibbs, whose daughter, Emily, had PH. Because of her early diagnosis and his terrific leadership, Emily has been able to lead a relatively normal life and recently graduated from college and married. However, not all patients are as fortunate as she.

That is why the work of the Pulmonary Hypertension Association is so important. Their efforts to increase awareness and research across Federal agencies are making a huge difference in lives across the Nation. I am proud to represent the PHA Lone Star Chapter in The Woodlands, Texas.

November is also National Adoption Month. This is a cause I hold close to my heart because it is thanks to the miracle of adoption that I have my incredible family today.

During this month, we recognize and thank the adoptive parents, dedicated professionals, and the faith-based organizations that work tirelessly to provide our Nation's children with love and support.

Madam Speaker, I ask my colleagues to join me in raising awareness and saying thanks to these two great causes.

WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS ACT

GENERAL LEAVE

Mr. COURTNEY. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on H.R. 1309.

The SPEAKER pro tempore (Ms. BROWNLEY of California). Is there ob-

jection to the request of the gentleman from Connecticut?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 713 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 1309.

The Chair appoints the gentlewoman from Texas (Ms. JACKSON LEE) to preside over the Committee of the Whole.

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IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 1309) to direct the Secretary of Labor to issue an occupational safety and health standard that requires covered employers within the health care and social service industries to develop and implement a comprehensive workplace violence prevention plan, and for other purposes, with Ms. JACKSON LEE in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 1 hour equally divided and controlled by the Chair and ranking minority member of the Committee on Education and Labor.

The gentleman from Connecticut (Mr. COURTNEY) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Connecticut.

Mr. COURTNEY. Madam Chair, I yield myself such time as I may consume.

Madam Chair, today's vote on H.R. 1309 is an important milestone in what has been a 7-year process of getting the Occupational Safety and Health Administration to effectively act to protect the healthcare and social service workforce from skyrocketing rates of violence.

Sadly, in America today, nurses, doctors, social workers, EMTs, and nursing assistants are more likely to be the victim of on-the-job violence than any other sector of our Nation's workforce.

This violence comes in the form of assaults, kicking, hitting, choking, and spitting from patients and residents and clients or those who may accompany them. It affects a worker's sense of safety at work. It contributes to burnout, absenteeism, high workers' compensation costs, and stress. Tragically, it can also lead to death.

According to the Bureau of Labor Statistics, healthcare and social service workers are more than five times as likely to suffer a serious injury from workplace violence than workers in other settings. And this chart, which shows the red line of healthcare workers versus other sectors in the U.S. economy vividly, powerfully demonstrates the data that is coming into the Department of Labor on this issue.

In psychiatric hospitals, that number is drastically higher. In a recent survey, nearly 50 percent of emergency room physicians report having been physically assaulted at work, and 60 percent of those who have these occurrences said they happened in the past year.

As this graph shows, these numbers are on the rise. The incidents of violence in the workplace have increased 80 percent over the last decade.

Since OSHA has not effectively addressed this emergency, this bill is necessary to ensure that a standard is issued and enforced in a reasonable period of time.

Using past precedent, the bill calls for an interim final standard within 1 year and a final standard within 42 months. The public comment and rule-making process is preserved in the development of the final standard.

Very simply, the standard required by the bill would require that covered employers, such as hospitals and psychiatric facilities, develop a workplace violence prevention plan that is tailored to the specific conditions and hazards present at each workplace. It is not a one-size-fits-all requirement.

Madam Chair, developing a plan is not rocket science. For over 20 years, OSHA has published voluntary guidelines on violence prevention that include commonsense measures, such as training staff about how to identify high-risk patients, share the information with coworkers, not be alone, and ways to de-escalate threats. We know from the Joint Commission on Hospital Accreditation that these measures work, and the problem is, though, that there is no consistent enforceable standard to ensure their application, and that is precisely what this bill does.

While we will never eliminate all risk or stop every violent attack, research on the measures in this legislation have been shown to substantially cut the incidence of serious injury from workplace violence. The nurses, doctors, social workers, and EMTs who care for us in our times of crisis and need deserve to have these protections soon, not in 7 years and not in 20 years, as is likely if we fail to pass this legislation into law, leaving OSHA rule-making to its own dilatory, almost comatose, devices.

I would like to thank the large coalition of healthcare professionals, their organizations, and union representation who have diligently fought for these protections for years; the subcommittee chair, ALMA ADAMS, of the Workforce Subcommittee on Education and Labor and Chairman BOBBY SCOTT for their leadership; also, Richard Miller and Jordan Barab, our committee staff, who have done amazing work, as well as Maria Costigan from my personal office, who have just worked night and day for years to try and get us to this point.

Madam Chair, I reserve the balance of my time.