Robinson, Woods, a marketing and communications firm in Arkansas.

He began as an intern at the firm and rose to become the firm's CEO—helping build it into the largest advertising agency in Arkansas and receiving numerous awards and recognitions along the way.

Mr. Speaker, Mr. Robinson passed away in 2018, leaving a legacy of service and accomplishment. I encourage my colleagues to support this bill, and I reserve the balance of my time.

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, I reserve the balance of my time.

Mr. HICE of Georgia. Mr. Speaker, I yield 5 minutes to the gentleman from Arkansas (Mr. HILL), the author of this bill.

Mr. HILL. Mr. Speaker, I thank my friend, Mr. HICE, and the chairwoman for this time.

Mr. Speaker, I do indeed rise today in support of H.R. 6080, the bill to designate the U.S. Post Office at 5420 Kavanaugh Boulevard in Little Rock, Arkansas, as the Ronald A. Robinson Post Office.

Ron, as he was known, was truly larger than life. Ron was born on April 3, 1943, and he passed away August 14, 2018, at 75 years old. Ron lived an extraordinary life that included serving with distinction as an Air Force captain, communications professional, and an avid stamp collector.

Ron attended the University of Arkansas at Fayetteville, where he earned his degree in journalism. While studying journalism, he was a sportswriter covering the Arkansas Razorbacks for the Arkansas Gazette. He was also editor of the University of Arkansas newspaper, The Arkansas Traveler.

In 1966, Ron attended the Boston University Graduate School of Public Communications to study public relations.

Ron joined the Air Force, and he served as an officer for nearly 5 years. During his time in the Air Force, he rose to the rank of captain. His assignments included being the head of internal information for the nationwide Air Force ROTC program. He was also chief of combat news and the director of information for the Defense Intelligence Agency's Aeronautical Chart and Information Center.

Ron earned a Bronze Star for his service in Vietnam. He also earned the Air Force Commendation Medal for his support of 1969 Apollo 11 mission to the Moon. After his career as a sportswriter and Air Force captain, Ron became a PR expert at Cranford, Johnson.

Out of his public relations career, Ron was an avid collector of Arkansas political and historical memorabilia, U.S. postage stamps, and vintage movie posters. His house was literally a museum.

Ron began collecting stamps as a boy. He loved history and pop culture. Stamps were able to connect both of these interests for Ron Robinson.

In 1993, Ron was appointed to the U.S. Postal Service's Citizens' Stamp Advisory Committee by the U.S. Postmaster General. The U.S. Postal Service's Citizens' Stamp Advisory Committee recommends new postage stamps to the Postmaster General.

Serving on that committee was the role of a lifetime for Ron Robinson. It was an incredible honor for him, and he treasured every moment of his 15 years. He served as chair of the committee from 2005 to 2008, when, as noted, over that period of time he was involved in the creation and development of 1,750 postage stamps.

Some of Ron's favorites are here with us: 1996 Fulbright Scholarship stamp; the 2001 Hattie Caraway, the first woman elected to the United States Senate; and the 2005 Little Rock Central High School civil rights stamp.

Ron was able to use his influence to ensure that Arkansas was the subject of many newly issued postage stamps.

Ron's work and love for stamps made him an influential figure in the city of Little Rock and our State of Arkansas. He was a father, mentor, and good friend to many, including me.

Ron was well-known for being a prolific writer, and he would write hundreds of handwritten thank you notes and cards to his friends for encouragement throughout his life. He enjoyed writing those notes and placing the postage stamp on the envelope himself.

Ron's love for postage stamps and his work on the Postal Service's Citizens' Stamp Advisory Committee makes him the ideal citizen—as my friend, Mr. HICE, noted—to lend his name to his neighborhood post office after recognition of his lifetime of service to Arkansas and the United States.

Mr. Speaker, I urge all my colleagues to support this bill, and I thank my friends on both sides of the aisle.

Mr. HICE of Georgia. Mr. Speaker, I have no further speakers, and I am prepared to close.

Mr. Speaker, this is a good bill. I urge my colleagues to support it, and I yield back the balance of my time.

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, I urge passage of H.R. 6080, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New York (Mrs. CAROLYN B. MALONEY) that the House suspend the rules and pass the bill, H.R. 6080.

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.

IMPROVING TRAUMA SYSTEMS AND EMERGENCY CARE ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 8163) to amend the Public Health Service Act with respect to trauma care, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8163

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 ''Improving Trauma Systems and Emergency Care Act''.

SEC. 2. TRAUMA CARE REAUTHORIZATION.

(a) IN GENERAL.—Section 1201 of the Public Health Service Act (42 U.S.C. 300d) is amended—

(1) in subsection (a)—

(A) in paragraph (3)—

(i) by inserting ''analyze,'' after ''compile,''; and

(ii) by inserting ''and medically underserved areas'' before the semicolon;

(B) in paragraph (4), by adding ''and'' after the semicolon;

(C) by striking paragraph (5); and

(D) by redesignating paragraph (6) as paragraph (5);

(2) by redesignating subsection (b) as subsection (c); and

(3) by inserting after subsection (a) the following:

''(b) TRAUMA CARE READINESS AND COORDINATION.—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall support the efforts of States and consortia of States to coordinate and improve emergency medical services and trauma care during a public health emergency declared by the Secretary pursuant to section 319 or a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act. Such support may include—

''(1) developing, issuing, and updating guidance, as appropriate, to support the coordinated medical triage and evacuation to appropriate medical institutions based on patient medical need, taking into account regionalized systems of care;

''(2) disseminating, as appropriate, information on evidence-based or evidence-informed trauma care practices, taking into consideration emergency medical services and trauma care systems, including such practices identified through activities conducted under subsection (a) and which may include the identification and dissemination of performance metrics, as applicable and appropriate; and

''(3) other activities, as appropriate, to optimize a coordinated and flexible approach to the emergency response and medical surge capacity of hospitals, other health care facilities, critical care, and emergency medical systems.''.

(b) GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS.—Section 1202 of the Public Health Service Act (42 U.S.C. 300d–3) is amended—

*(1) by amending the section heading to read as follows: ''**GRANTS TO IMPROVE TRAUMA CARE IN RURAL AREAS**'';*

(2) by amending subsections (a) and (b) to read as follows:

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities for the purpose of carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas through the development of innovative uses of technology, training and education, transportation of seriously injured patients for the purposes of receiving such emergency medical services, access to prehospital care, evaluation of protocols for the purposes of improvement of outcomes and dissemination of any related best practices, activities to facilitate clinical research, as applicable and appropriate, and increasing communication and coordination with applicable State or Tribal trauma systems.

''(b) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall be a

public or private entity that provides trauma care in a rural area.

''(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that will provide services under the grant in any rural area identified by a State under section 1214(d)(1).''; and

(3) by adding at the end the following:

''(d) REPORTS.—An entity that receives a grant under this section shall submit to the Secretary such reports as the Secretary may require to inform administration of the program under this section.''.

(c) PILOT GRANTS FOR TRAUMA CENTERS.—Section 1204 of the Public Health Service Act (42 U.S.C. 300d–6) is amended—

*(1) by amending the section heading to read as follows: ''**PILOT GRANTS FOR TRAUMA CENTERS**'';*

(2) in subsection (a)—

(A) by striking ''not fewer than 4'' and inserting ''10'';

(B) by striking ''that design, implement, and evaluate'' and inserting ''to design, implement, and evaluate new or existing'';

(C) by striking ''emergency care'' and inserting ''emergency medical''; and

(D) by inserting '', and improve access to trauma care within such systems'' before the period;

(3) in subsection (b)(1), by striking subparagraphs (A) and (B) and inserting the following:

''(A) a State or consortia of States;

''(B) an Indian Tribe or Tribal organization (as defined in section 4 of the Indian Self-Determination and Education Assistance Act);

''(C) a consortium of level I, II, or III trauma centers designated by applicable State or local agencies within an applicable State or region, and, as applicable, other emergency services providers; or

''(D) a consortium or partnership of nonprofit Indian Health Service, Indian Tribal, and urban Indian trauma centers.'';

(4) in subsection (c)—

(A) in the matter preceding paragraph (1)—

(i) by striking ''that proposes a pilot project''; and

(ii) by striking ''an emergency medical and trauma system that—'' and inserting ''a new or existing emergency medical and trauma system. Such eligible entity shall use amounts awarded under this subsection to carry out 2 or more of the following activities:'';

(B) in paragraph (1)—

(i) by striking ''coordinates'' and inserting ''Strengthening coordination and communication''; and

(ii) by striking ''an approach to emergency medical and trauma system access throughout the region, including 9–1–1 Public Safety Answering Points and emergency medical dispatch;'' and inserting ''approaches to improve situational awareness and emergency medical and trauma system access.'';

(C) in paragraph (2)—

(i) by striking ''includes'' and inserting ''Providing'';

(ii) by inserting ''support patient movement to'' after ''region to''; and

(iii) by striking the semicolon and inserting a period;

(D) in paragraph (3)—

(i) by striking ''allows for'' and inserting ''Improving''; and

(ii) by striking ''; and'' and inserting a period;

(E) in paragraph (4), by striking ''includes a consistent'' and inserting ''Supporting a consistent''; and

(F) by adding at the end the following:

''(5) Establishing, implementing, and disseminating, or utilizing existing, as applicable, evidence-based or evidence-informed practices across facilities within such emergency medical and trauma system to improve health outcomes, including such practices related to management of injuries, and the ability of such facilities to surge.

''(6) Conducting activities to facilitate clinical research, as applicable and appropriate.'';

(5) in subsection (d)(2)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by striking ''the proposed'' and inserting ''the applicable emergency medical and trauma system'';

(ii) in clause (i), by inserting ''or Tribal entity'' after ''equivalent State office''; and

(iii) in clause (vi), by striking ''; and'' and inserting a semicolon;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following:

''(B) for eligible entities described in subparagraph (C) or (D) of subsection (b)(1), a description of, and evidence of, coordination with the applicable State Office of Emergency Medical Services (or equivalent State Office) or applicable such office for a Tribe or Tribal organization; and'';

(6) in subsection (f), by striking ''population in a medically underserved area'' and inserting ''medically underserved population'';

(7) in subsection (g)—

(A) in the matter preceding paragraph (1), by striking ''described in'';

(B) in paragraph (2), by striking ''the system characteristics that contribute to'' and inserting ''opportunities for improvement, including recommendations for how to improve'';

(C) by striking paragraph (4);

(D) by redesignating paragraphs (5) and (6) as paragraphs (4) and (5), respectively;

(E) in paragraph (4), as so redesignated, by striking ''; and'' and inserting a semicolon;

(F) in paragraph (5), as so redesignated, by striking the period and inserting ''; and''; and

(G) by adding at the end the following:

''(6) any evidence-based or evidence-informed strategies developed or utilized pursuant to subsection (c)(5).''; and

(8) by amending subsection (h) to read as follows:

''(h) DISSEMINATION OF FINDINGS.—Not later than 1 year after the completion of the final project under subsection (a), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report describing the information contained in each report submitted pursuant to subsection (g) and any additional actions planned by the Secretary related to regionalized emergency care and trauma systems.''.

(d) PROGRAM FUNDING.—Section 1232(a) of the Public Health Service Act (42 U.S.C. 300d–32(a)) is amended by striking ''2010 through 2014'' and inserting ''2023 through 2027''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) 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. 8163.

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, I rise today in support of H.R. 8163, the Improving Trauma Systems and Emergency Care Act, sponsored by Representative O'HALLERAN of Arizona. This bill will improve access to trauma services throughout the country and better coordinate emergency care when patients need it the very most.

Traumatic injury is a major public health issue claiming more than 270,000 lives every year, and accounting for billions of dollars in healthcare spending throughout the Nation.

Trauma affects every one of our communities, but about 46 million Americans, most of whom live in rural areas, do not live within one hour of a Level I or Level II trauma center. This is often referred to as the ''golden hour'' following traumatic injury. Prompt medical treatment during this hour produces the highest likelihood of preventing a patient's death.

H.R. 8163 reauthorizes grants that will enhance access to trauma care, improve coordination among trauma systems, and provide resources for rural access to trauma services. The grants included in the bill are intended to help trauma systems develop best practices, not only for their own patients, but also to facilitate the dissemination of those best practices to similar trauma systems throughout the Nation to improve overall care.

Mr. Speaker, I thank my colleagues on the Energy and Commerce Committee for their tremendous work to reach bipartisan agreement on this bill. I also commend Representative O'HALLERAN for his tireless advocacy on this issue for all rural communities.

Mr. Speaker, H.R. 8163 is a strong bill that will help people in every community. I urge my colleagues to support it, and I reserve the balance of my time.

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

Mr. Speaker, I rise today to express my support for H.R. 8163, the Improving Trauma Systems and Emergency Care Act of 2022, which is sponsored by my Energy and Commerce Committee colleague, Representative TOM O'HALLERAN.

This legislation renews a program in the Public Health Service Act that authorizes the Secretary of Health and Human Services to award grants to improve local trauma care readiness and emergency medical services.

According to the Centers for Disease Control and Prevention, the CDC, trauma is a leading cause of death for children and adults under the age of 44. Ensuring access to trauma care requires many crucial components, and the window of opportunity for a chance at survival is narrow for a severely injured patient; a prompt response is truly a matter of life and death.

However, in many rural parts of the United States, accident victims and others suffering life-threatening injuries may not be able to receive needed trauma care within an hour, or even many hours, following an incident.

H.R. 8163 will help ensure seriously injured patients have the best possible chance for survival by supporting States to coordinate and improve regional emergency medical services and

trauma care, and by supporting trauma centers to improve their emergency system situational awareness and access.

The bill also authorizes grants for carrying out research and demonstration projects to support the improvement of emergency medical services and trauma care in rural areas.

Mr. Speaker, I thank Chair PALLONE and Chair ESHOO for working with us to make sure the State match is maintained.

Mr. Speaker, I urge adoption of this bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge the passage of 8163, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge support. This is bipartisan. This is really important to rural areas, in particular.

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

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. 8163, as amended.

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. TIFFANY. 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.

□ 1600

MAXIMIZING OUTCOMES THROUGH BETTER INVESTMENTS IN LIFESAVING EQUIPMENT FOR (MOBILE) HEALTH CARE ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 958) to amend the Public Health Service Act to expand the allowable use criteria for new access points grants for community health centers.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 958

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 ''Maximizing Outcomes through Better Investments in Lifesaving Equipment for (MOBILE) Health Care Act''.

SEC. 2. NEW ACCESS POINTS GRANTS.

(a) IN GENERAL.—Section 330(e)(6)(A) of the Public Health Service Act (42 U.S.C. 254b(e)(6)(A)) is amended by adding at the end the following:

''(v) MOBILE UNITS.—An existing health center may be awarded funds under clause (i) to establish a new delivery site that is a mobile unit, regardless of whether the applicant additionally proposes to establish a permanent, full-time site. In the case of a health center that is not currently receiving funds under this section, such health center may be awarded funds under clause (i) to establish a new delivery site that is a mobile unit only if such health center uses a portion of such funds to also establish a permanent, full-time site.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on January 1, 2024.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) 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 S. 958.

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, I rise today in support of S. 958, the Maximizing Outcomes through Better Investments in Lifesaving Equipment for Health Care Act, or the MOBILE Health Care Act. This Senate bill is the companion to H.R. 5141, which passed out of the Energy and Commerce Committee last week. The bipartisan bill will help expand access to community health centers and the important care they provide to individuals who live in hard-to-reach areas of the country.

Community health centers are a critical source of care for nearly 30 million Americans. Unfortunately, many people who live in rural and geographically isolated areas can struggle to reach a community health center. Many others may lack access to reliable transportation that can make it difficult to get the care they need.

Now, one way to mitigate these barriers to access is to allow community health centers to establish mobile health clinics. These clinics can meet people where they live to provide the care they need. There is already funding to establish new community health centers through the New Access Points grants but, unfortunately, existing rules for these grants make it difficult to receive Federal funding to set up these mobile sites.

So this legislation will make it easier for community health centers to use New Access Points grants to establish mobile clinics and help eliminate one of the barriers to care for rural areas.

I thank Representatives SUSIE LEE, HUDSON, RUIZ, and HERRERA BEUTLER for their leadership on this issue and their hard work to advance this important bill.

The House companion to this commonsense, bipartisan legislation was voted out of the Energy and Commerce Committee by a unanimous vote of 52-to-0 last week, so I am proud to support this bill, and I look forward to sending it to the President's desk.

I urge my colleagues to join me in supporting S. 958, and I reserve the balance of my time.

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

Mr. Speaker, I rise today in support of S. 958, the Maximizing Outcomes through Better Investments in Lifesaving Equipment, or the MOBILE Health Care Act.

Federally Qualified Health Centers, or FQHCs, are an integral part of the healthcare system. They provide much-needed healthcare services to some of our most vulnerable populations, the uninsured, pregnant women, children, those suffering from homelessness, and veterans, as well as Medicare and Medicaid beneficiaries.

It can be difficult for patients to access care at FQHCs in rural and underserved areas due to transportation constraints. One way to help improve healthcare delivery is for FQHCs to meet patients where they are by deploying mobile units.

The MOBILE Health Care Act will allow existing FQHCs to use their New Access Point grants to establish mobile health units without also creating new brick-and-mortar sites and without authorizing any new grant programs or funding.

Further, it allows new applicants to use these grants to purchase mobile health units if they also use a portion of the grant to establish a permanent, full-time site.

This bill will help increase access to affordable primary care services across the country, especially in rural areas, like my district.

I thank the bill's sponsors, Representatives HUDSON, HERRERA BEUTLER, LEE, and RUIZ for introducing this important legislation.

I urge my colleagues to support the underlying bill, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Nevada (Mrs. LEE), the sponsor of this legislation.

Mrs. LEE of Nevada. Mr. Speaker, I thank the chairman for his leadership, as well as my cosponsors: Representatives HUDSON, HERRERA BEUTLER, and RUIZ for their hard work in supporting this piece of legislation.

I rise today in strong support of my bipartisan legislation, the MOBILE Health Care Act, which will help more Americans access the quality healthcare they need and deserve.

In my State of Nevada, more than two-thirds of residents live in a primary care health professional shortage area. In our rural communities, that number goes to 82 percent.

Needless to say, the situation is dire, and that is why expanding access to quality healthcare has been a priority of mine since I have been a Member of Congress.

Expanding the capabilities of Federally Qualified Health Centers, commonly known as FQHCs, has been a top