

Lipinski	Pelosi	Slaughter
Loeback	Perlmutter	Smith (WA)
Lowenthal	Pingree	Swalwell (CA)
Lowe	Polis	Takano
Lujan, Ben Ray	Price (NC)	Thompson (CA)
Maloney	Quigley	Thompson (MS)
Carolyn B.	Raskin	Titus
Matsui	Rice (NY)	Tonko
McCollum	Roybal-Allard	Tsongas
McEachin	Ryan (OH)	Velázquez
McGovern	Sarbanes	Visclosky
Moore	Schakowsky	Walz
Nadler	Schiff	Wasserman
Napolitano	Schrader	Schultz
Neal	Scott (VA)	Waters, Maxine
Pallone	Serrano	Welch
Payne	Sherman	Yarmuth

NOT VOTING—14

Black	Peters	Sinema
Bridenstine	Pocan	Speier
Brooks (AL)	Scalise	Upton
Johnson, E. B.	Scott, David	Wilson (FL)
Nunes	Simpson	

□ 1711

Messrs. BEN RAY LUJÁN of New Mexico, DANNY K. DAVIS of Illinois, SCOTT of Virginia, and Ms. KAPTUR changed their vote from “yea” to “nay.”

Mr. HIGGINS of New York, Ms. GABBARD, Messrs. DENHAM, and MCNERNEY changed their vote from “nay” to “yea.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. SINEMA. Mr. Speaker, due to a technical glitch, my vote was not recorded. Had I been present, I would have voted “yea” on rollcall No. 604.

Mr. PETERS. Mr. Speaker, my vote was not recorded on rollcall No. 604 on H.R. 849—The Protecting Seniors’ Access to Medicare Act due to my attendance at the Vatican’s Health of People, Health of Planet and Our Responsibility: Climate Change, Air Pollution and Health. I intended to vote “aye”.

Mr. NUNES. Mr. Speaker, on the legislative day of Thursday, November 2, 2017, I was unavoidably detained and was unable to cast a vote on a rollcall vote. Had I been present, I would have voted “yes” on rollcall No. 604.

Stated against:

Ms. WILSON of Florida. Mr. Speaker, had I been present, I would have voted “nay” on rollcall No. 604.

PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2017

Mr. HUDSON. Mr. Speaker, I ask unanimous consent to take from the Speaker’s table the bill (H.R. 304) to amend the Controlled Substances Act with regard to the provision of emergency medical services, with the Senate amendment thereto, and concur in the Senate amendment.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HULTGREN). The Clerk will report the Senate amendment.

The Clerk read as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

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; and

“(II) provided by a medical director or authorizing medical professional in response to a request by the emergency medical services professional with respect to a specific patient—

“(aa) in the case of a mass casualty incident; or

“(bb) 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 the agency—

“(A) 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 under circumstances that provide for security of the controlled substances consistent with the requirements established by regulations of the Attorney General.

“(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, emergency medical services agencies, 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 consistent with this subsection.

“(13) **DEFINITIONS.**—In this section:

“(A) The term ‘authorizing medical professional’ means an emergency or other physician, or another medical professional (including an advanced practice registered nurse or physician assistant)—

“(i) who is registered under this Act;

“(ii) who is acting within the scope of the registration; and

“(iii) whose scope of practice under a State license or certification includes the ability to provide verbal orders.

“(B) The term ‘designated location’ means a location designated by an emergency medical services agency under paragraph (5).

“(C) The term ‘emergency medical services’ means emergency medical response and emergency mobile medical services provided outside of a fixed medical facility.

“(D) 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.

“(E) 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.

“(F) 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.

“(G) The term ‘hospital-based’ means, with respect to an agency, owned or operated by a hospital.

“(H) The term ‘medical director’ means a physician who is registered under subsection (f) and provides medical oversight for an emergency medical services agency.

“(I) The term ‘medical oversight’ means supervision of the provision of medical care by an emergency medical services agency.

“(J) 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).

“(K) The term ‘registered location’ means a location that appears on the certificate of reg-

istration issued to an emergency medical services agency under this subsection or subsection (f), which shall be where the agency receives controlled substances from distributors.

“(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 medical director or authorizing medical professional.”

Mr. HUDSON (during the reading). Mr. Speaker, I ask unanimous consent that the Senate amendment be considered as read.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from North Carolina?

There was no objection.

The SPEAKER pro tempore. Is there objection to the original request of the gentleman from North Carolina?

There was no objection.

A motion to reconsider was laid on the table.

APPOINTMENT OF MEMBERS TO BOARD OF VISITORS TO UNITED STATES NAVAL ACADEMY

The SPEAKER pro tempore. The Chair announces the Speaker’s appointment, pursuant to 10 U.S.C. 6968(a), clause 10 of rule I, and the order of the House of January 3, 2017, of the following Members on the part of the House to the Board of Visitors to the United States Naval Academy:

Mr. GALLAGHER, Wisconsin, to fill the existing vacancy thereon;

Mr. CUMMINGS, Maryland

Mr. RUPPERSBERGER, Maryland

□ 1715

SUPPORTING THE HEARTBEAT BILL

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

Mr. ROKITA. Mr. Speaker, I rise today to discuss the importance of life.

Thomas Jefferson famously wrote that every man has the right to “life, liberty, and the pursuit of happiness.” I hold this quote near and dear because we must defend these rights. That is certainly true with the right to life for a baby.

Last week, I met with Rachelle Heidelbaugh with Faith2Action. Rachelle told me her story about when

she chose life and how she has continued fighting for life through Faith2Action. Her story was truly moving and pulled at the heartstrings. I couldn’t help but give her a hug because her story is so meaningful and her efforts are truly saving lives.

While Rachelle visited, we talked about the Heartbeat bill. The Heartbeat bill would ensure that every unborn child with a heartbeat is protected. We need to do whatever we can to protect life, and this bill will allow us to keep on protecting unborn boys and girls.

Rachelle gave me the Heartbeat Bill Hero Award like many in this House have gotten. The award is this small token that I am proud to carry because it represents thousands of lives that are being saved.

I will always stand up for a baby’s right to life, and I hope my colleagues will join me in supporting H.R. 490, the Heartbeat bill legislation.

REPUBLICAN TAX PLAN

(Ms. FRANKEL of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. FRANKEL of Florida. Mr. Speaker, I stand against Republican efforts to give massive tax cuts to the wealthiest citizens and big corporations while robbing the pockets of middle class families and ransacking Medicare and Medicaid.

My constituents are worried. Just ask Marion, who uses Medicare to buy her costly diabetes drugs, or Sherry, whose husband has Alzheimer’s and lives in a nursing home paid for by Medicaid.

Americans want a better deal, one that invests in infrastructure, education, and innovative research and lowers the costs of things like child care and prescription drugs.

We want better jobs, better pay, and a better future, not more giveaways to hedge funds and conglomerates.

RECOGNIZING NONPROFIT LEADERS IN BUCKS COUNTY, PENNSYLVANIA

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

Mr. FITZPATRICK. Mr. Speaker, I rise today to recognize the hard work and significant impact of numerous nonprofit organizations in Bucks County, Pennsylvania.

Recently, I had the opportunity to meet with a group of CEOs from nonprofits across Bucks County. These organizations span a range of areas, including health and human services, education, arts and humanities, and services for our community’s seniors.

I want to thank Potential, Inc., NOVA Bucks County, the James A. Michener Art Museum, Pearl S. Buck International, the David Library of the