an illness. We have seen overdoses that cause the loss of life. Let us be part of stemming the tide, but, more importantly, let us help those who are trying to hang onto life and to start a new life. This legislation does that, and I ask my colleagues to support it.

Again, I thank the gentleman from Texas for his leadership, and I thank him for yielding to me.

Mr. Speaker, I rise in support of H.R. 3691, the ''Improving Treatment for Pregnant & Postpartum Women Act of 2015,'' that was approved by the Energy and Commerce Committee.

In the past decade and a half, the growth in the number of physicians prescribing opioids to help patients deal with pain from surgeries, dental work and chronic conditions has resulted in an increasing number of patients becoming dependent on the powerful and highly addictive painkillers—with patients not only abusing the use of those painkillers but often turning to heroin once their opioid prescription ended.

The Centers for Disease Control and Prevention reports that nearly 259 million opioid prescriptions were written in 2012, more than enough for every adult in the United States.

It is estimated that in 2013 nearly 4.5 million people in the United States without a valid medical need were using prescription painkillers.

The Health and Human Services Department estimates that the number of unintentional overdose deaths from prescription painkillers almost quadrupled between 1999 and 2013.

Abuse of prescription opioids now kills nearly 30,000 Americans each year.

Both states and the federal government have begun responding to this growing public health crisis, with many states moving to make anti-overdose drugs more available and shield first-responders from liability in administering those drugs.

President Obama, meanwhile, has updated prescribing guidelines to encourage doctors to be more cautious when prescribing opioid painkillers and to emphasize non-opioid therapies for certain conditions.

Additionally, the Obama administration has awarded $94 million to community health centers to improve and expand the delivery of substance abuse services.

In the president's FY 2017 budget the administration proposed $1.1 billion to combat drug addiction, considering modifying certain rules to improve treatment.

As misuse of opioids has increased over the past decade, so has the incidence of neonatal abstinence syndrome, referring to the medical effects on newborn infants suffering from drug withdrawal because their mothers were drug addicts.

A 2015 Government Accountability Office (GAO) report found that a lack of available treatment programs for pregnant women and newborns with neonatal abstinence syndrome, including the availability of comprehensive care and enabling services such as transportation and child care, has hampered federal efforts to address the issue.

This bill reauthorizes residential treatment grant programs for pregnant and postpartum women who have substance abuse problems that are administered by the Health and Human Services (HHS) Department's Center for Substance Abuse Treatment, increasing the authorized funding level by 6%.

Seeking to right the same wrongs as H.R. 4843, the ''Improving Safe Care for the Prevention of Infant Abuse and Neglect Act,'' I introduced the, ''Stop Infant Mortality and Recidivism Reduction Act of 2016,'' or the ''SIMARRA Act,'' which will help the Federal Bureau of Prisons to improve the effectiveness and efficiency of the Federal prison system for pregnant offenders, by establishing a pilot program of critical-stage, developmental nurseries in Federal prisons for children born to inmates.

It is time that our nation recognizes a long-persistent need to break the cycle of generational, institutional incarceration amongst mothers serving time for non-violent crimes and the children they birth behind prison bars.

H.R. 5130, the, ''SIMARRA Act of 2016,'' gives those infants born to incarcerated mothers a chance to succeed in life.

''SIMARRA'' is not merely yet another second chance program, demanding leniency from the criminal justice system.

Instead, H.R. 5130 asks our national criminal justice system what it can do for those young Americans born and relegated to a life of nearly impossible odds of survival.

''SIMARRA'' provides that first chance—a first chance for American infants—that many of their mothers, born themselves to mothers behind bars, never received.

The ''Improving Treatment for Pregnant & Postpartum Women Act of 2015,'' also establishes a pilot program to provide grants to state substance abuse agencies to promote innovative service delivery models for pregnant women who have a substance use disorder, such as opioid addiction, including for family-based services in nonresidential settings.

Of the amounts appropriated for the HHS residential treatment program, up to 25% would be available to carry out the pilot program.

No funds would be made available to carry out the pilot program for a fiscal year, however, unless the amount made available to carry out the residential treatment program for the fiscal year is more than the comparable amount made available for FY 2016.

The Senate on March 10, 2016, passed by a 94–1 vote, S 524, an antiopioid abuse bill that would authorize grants for opioid treatment services and first-responder training in using anti-overdose drugs, as well as create a task force to review and update best practices for prescribing pain medication.

The measure offsets the increased authorization through a $5 million reduction in the existing FY 2017 authorization for Centers for Disease Control (CDC) public health capability enhancement activities.

Under current law, $138.3 million is authorized for those activities each year through FY 2018.

The Congressional Budget Office (CBO) has not yet released a cost estimate for the bill.

H.R. 3691 would also mandate investigations into heroin distribution and unlawful distribution of prescription opioids, and require the creation of a national drug awareness campaign that takes into account the association between prescription opioid abuse and heroin use.

This week we are scheduled to consider a series of more than a dozen bills that address the opioid abuse problem facing America.

This measure reauthorizes grants from HHS's Center for Substance Abuse Treatment to public and nonprofit private entities that provide residential substance abuse treatment for pregnant and postpartum women, authorizing $16.9 million each year through FY 2021—$1 million (6%) more than the current $15.9 million authorization.

Under the pilot grant program, proposed services for eligible pregnant and postpartum women would not have to be provided solely to women who reside in facilities.

However, the center must specify a minimum set of services, including substance abuse counseling, and it must solicit stakeholder input.

The bill directs HHS's Center for Behavioral Health Statistics and Quality to fund an evaluation of the pilot program at the conclusion of the first grant cycle.

Under the program, grant recipients are required to provide an individualized plan of services for each participating woman that includes substance abuse counseling and certain supplemental services, such as pediatric health care for the woman's children.

The measure directs the Center for Substance Abuse Treatment to carry out a five-year pilot grant program to help state substance abuse agencies address identified gaps in the services that are furnished to pregnant and postpartum women with substance abuse issues, and encourage new approaches and models of service delivery.

H.R. 3691, the ''Improving Treatment for Pregnant & Postpartum Women Act of 2015,'' is a valuable piece of legislation that I encourage my colleagues to support.

Additionally, I urge my colleagues to join me in sponsoring and supporting all legislation targeting the improvement of care for the prevention of infant abuse and neglect, such as H.R. 5130, the, ''Stop Infant Mortality and Recidivism Reduction Act of 2016'' or the ''SIMARRA Act.''

Mr. GENE GREEN of Texas. Mr. Speaker, I have no further requests for time.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I encourage all of my colleagues to vote for H.R. 3691.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. JODY B. HICE of Georgia). The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 3691, 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.

VETERAN EMERGENCY MEDICAL TECHNICIAN SUPPORT ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1818) to amend the Public Health Service Act to provide grants to States to streamline State requirements and procedures for veterans with military emergency medical training to become civilian emergency medical technicians, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1818

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 ''Veteran Emergency Medical Technician Support Act of 2016''.

SEC. 2. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

Part B of title III of the Public Health Service Act (42 U.S.C. 243 et seq.) is amended by inserting after section 314 the following:

''SEC. 315. ASSISTING VETERANS WITH MILITARY EMERGENCY MEDICAL TRAINING TO MEET REQUIREMENTS FOR BECOMING CIVILIAN EMERGENCY MEDICAL TECHNICIANS.

''(a) PROGRAM.—The Secretary shall establish a program consisting of awarding demonstration grants to States to streamline State requirements and procedures in order to assist veterans who completed military emergency medical technician training while serving in the Armed Forces of the United States to meet certification, licensure, and other requirements applicable to becoming an emergency medical technician in the State.

''(b) USE OF FUNDS.—Amounts received as a demonstration grant under this section shall be used to prepare and implement a plan to streamline State requirements and procedures as described in subsection (a), including by—

''(1) determining the extent to which the requirements for the education, training, and skill level of emergency medical technicians in the State are equivalent to requirements for the education, training, and skill level of military emergency medical technicians; and

''(2) identifying methods, such as waivers, for military emergency medical technicians to forgo or meet any such equivalent State requirements.

''(c) ELIGIBILITY.—To be eligible for a grant under this section, a State shall demonstrate that the State has a shortage of emergency medical technicians.

''(d) REPORT.—The Secretary shall submit to the Congress an annual report on the program under this section.

''(e) FUNDING.—No additional funds are authorized to be appropriated for the purpose of carrying out this section. This section shall be carried out using amounts otherwise available for such purpose.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous materials into the RECORD.

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

There was no objection.

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

I rise in support of H.R. 1818, the Veteran Emergency Medical Technician Support Act of 2016, introduced by my colleagues on the Committee on Energy and Commerce—Mr. KINZINGER from Illinois and Mrs. CAPPS from California.

Members of the U.S. military who trained as combat medics face State licensing challenges when they try to find similar work after discharge. Many States do not recognize their qualifications as being applicable to the licensing requirements of the civilian healthcare system for emergency medical services, such as EMTs or paramedics. State licensing laws vary, and while some States make exceptions for former military medics to allow for reciprocity and a chance to sit for the licensing exam without repeating their training, many States do not.

This legislation would provide grants to States with emergency medical technician shortages so as to help streamline State requirements for veterans to enter the EMT workforce without there being an unnecessary duplication of their training. This will help them more easily transition to their becoming civilian EMTs.

I urge my colleagues to support this legislation.

Mr. Speaker, 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. 1818, the Veteran Emergency Medical Technician Support Act.

Our Nation's servicemen and -women receive some of the best medical training and experience in emergency medicine while serving our country. Their commitment to duty, training, real-world experience, and ability to work effectively in challenging environments make them exceptionally well suited for working as emergency medical technicians, EMTs, upon their return to civilian life.

However, experienced military medics who want to work in civilian EMT jobs are often required to repeat their medical training at the most basic level to receive certification in order to be hired. Depending on the State, a returning veteran may have to obtain or renew their EMS license. The requirements can vary significantly by State. This is an unnecessary impediment for both our service personnel and our communities that are in need of qualified emergency medical service personnel. We should not be keeping veterans out of the workforce and withholding valuable medical personnel from supporting our communities.

According to the Bureau of Labor Statistics' Occupational Outlook Handbook, approximately 55,000 new civilian EMT and paramedic jobs have already been or will be created between 2012 and 2022. Highly skilled and properly trained veterans are well positioned to fill these essential provisions.

H.R. 1818 will authorize a demonstration grant program for States to streamline certification and licensure requirements for returning veterans with military EMT training so they can work as civilian EMTs as quickly as possible. Streamlining the licensing process will make it easier for the civilian EMS community to hire experienced combat medics. This is not only beneficial to our veterans, but also to our communities, and it will enhance the level of care that is provided to our citizens.

I thank the bill's sponsors—Representative LOIS CAPPS, who is a member of the Committee on Energy and Commerce and of our Subcommittee on Health, and Congressman ADAM KINZINGER—for introducing and championing this legislation.

I urge my colleagues to support the Veteran Emergency Medical Technician Support Act.

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

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. KINZINGER), my colleague and good friend on the Committee on Energy and Commerce, who is a veteran Air Force pilot himself.

Mr. KINZINGER of Illinois. I appreciate the gentleman for yielding.

Mr. Speaker, the Veteran Emergency Medical Technician Support Act will help our veterans and our communities by assisting States in reducing burdens for military medics who want to become civilian EMTs.

Emergency medical technicians are an important part of the medical workforce and, as first responders, are critical to our goal of combating the thousands of opioid overdoses each year. EMTs respond to hundreds of thousands of overdoses. In 2014 alone, EMTs responded to 240,000 calls at which naloxone was administered.

According to the Department of Labor, the demand for EMTs and paramedics is expected to increase by 33 percent by the year 2020. This expected shortage is on top of some communities that are already reporting a shortage of EMTs.

My legislation, H.R. 1818, the Veteran EMT Support Act, works to address this by helping States to streamline requirements and procedures in order to assist veterans who completed military EMT training in the Armed Forces to meet the certification, the licensure, and other requirements to become civilian EMTs.

Although some service branches train military medics to EMT national certification standards, States generally have required additional training for State licensure. This creates a barrier for servicemembers who have received some of the best EMT training and have practiced their profession on the battlefield.

The Veteran EMT Support Act is a commonsense way to help veterans transition into the civilian workforce, improve public health, and ensure communities have highly qualified, professional men and women to answer challenging emergency calls like opioid overdoses.

I thank Congresswoman CAPPS for her strong support and advocacy of this

legislation, and I thank my colleagues on both sides of the aisle. I urge my colleagues on both sides of the aisle to vote in favor of this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I rise in support of H.R. 1818, the Veteran Emergency Medical Technician Support Act.

As the ranking member of our committee just said, our military medics receive some of the best technical training in emergency medicine on the battlefield, and it is proven in extreme circumstances. However, when these medics return home and attempt to apply their skills to work in the civilian EMT sector, they are often forced to start back at square one. Repeating coursework isn't just a waste of time, it is also incredibly expensive. Similarly, civilian EMTs who are also in the military or in the reserves often must let their civilian certifications lapse when they are deployed.

In either circumstance, this is an unfair burden on our military men and women who have bravely defended our country. It is also so shortsighted for our communities, which could benefit from their expertise. We need these valuable medical personnel to be working in our communities, especially as we now deal with this opioid crisis.

That is why I am so pleased to have again joined with my Republican colleague, Representative KINZINGER, to introduce the Veteran EMT Support Act. The bill is a small but straightforward effort to help States streamline their EMT certification processes to take military medic training into account for civilian licensure. It is the least we can do to help ensure that our military medics' transition home is a little bit easier, and it is the least we can do to ensure that our communities have the best civilian first responder personnel working for them.

I thank Chairmen UPTON and PITTS and Ranking Members PALLONE and GREEN and their staffs for their support in getting this bill to the floor. I urge my colleagues to support it.

Mr. GUTHRIE. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in support of H.R. 1818, the Veteran Emergency Medical Technician Support Act. I thank Congressman KINZINGER for his leadership on this bill. I also recognize the chief operations officer for the Western Berks EMS, in my district, Ed Moreland, who came to my office and shared with me what this bill was all about.

It is a very easy bill to support. Not only is it an easy bill to support, but it is a very important, valuable bill for me and other Members to support because in my State of Pennsylvania where I used to be a county commissioner and, before that, a township supervisor, we would see firsthand the very valuable role that EMTs and paramedics provide to local communities. We also know that there is a demand for more EMTs and paramedics. In fact, over the next 8 years, it is estimated that there will be another 40,000 EMTs and paramedics that we will need in this country.

I have the honor to serve on the House Committee on Veterans' Affairs. One of the things on which we focus on that committee is to work to find innovative solutions to help our veterans find successful careers when they return home and to utilize the skills that many servicemen and servicewomen obtain and possess during their service. Indeed, many of the best training and experience that military men and women get overseas is in the area of emergency medicine.

When one looks at what it takes to be an EMT—the education, training, skill level, and what is required in the Commonwealth of Pennsylvania and in many other States—you realize that there is an equivalency that many veterans already have, which they obtained while serving in the military.

This bill seeks to streamline the process so that if a veteran already has the training, the education, the skill level, the experience, we can basically not require that veteran to spend more time and more money going through the process of obtaining a certification. Instead, we can get him into the practice of actually serving his community and working in a professional environment. It gets qualified veterans to work quicker. It also fills the communities' safety needs quicker.

It is commonsense, bipartisan legislation to address the demand for qualified professionals in our communities, and it provides veterans with good job opportunities. It is why I encourage my colleagues to support it. It is why I commend Congressman KINZINGER and why I thank Ed Moreland of the Western Berks EMS for bringing this to my attention.

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Mr. GENE GREEN of Texas. Mr. Speaker, I have no further speakers.

I yield back the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I urge all my colleagues to vote for H.R. 1818.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 1818, the "Veteran Emergency Medical Technician Support Act of 2015," which emphasizes the necessity to add requirements and procedures that assist veterans with military EMT training to meet state EMT certification, licensure, and other requirements.

I support this legislation, because it benefits states with a shortage of emergency medical technicians.

H.R. 1818 allows veterans to reenter society and assist the helpless within the emergency medical community.

The bill enables the Public Health Service Act to direct the Department of Health and Human Services in an efficient approach for veteran assistance.

Specifically, H.R. 1818 requires the secretary to establish a program consisting of awarding demonstration grants to states to streamline state requirements and procedures.

H.R. 1818 determines the extent to which the requirements for education, training, and skill level of emergency medical technicians are equivalent to the requirements for military emergency medical technicians.

The bill identifies methods to facilitate the attainment of state requirements for military emergency medical technicians.

For proper usage of the grant provided by the bill, a state shall demonstrate its shortage of emergency medical technicians.

This bill introduces a feasible alternative for veterans within the community.

With consistent experience in high pressure situations and emergency environments, veterans are the appropriate choice for this profession.

This is a comprehensive bill that will simultaneously provide opportunity for veterans while alleviating the shortage of staff in a medical specialty involving care for undifferentiated and unscheduled patients with illnesses or injuries requiring immediate medical attention.

I urge all Members to join me in support of H.R. 1818.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 1818, 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. GUTHRIE. 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.

JOHN THOMAS DECKER ACT OF 2016

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4969) to amend the Public Health Service Act to direct the Centers for Disease Control and Prevention to provide for informational materials to educate and prevent addiction in teenagers and adolescents who are injured playing youth sports and subsequently prescribed an opioid, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4969

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 ''John Thomas Decker Act of 2016''.

SEC. 2. INFORMATION MATERIALS AND RESOURCES TO PREVENT ADDICTION RELATED TO YOUTH SPORTS INJURIES.

(a) TECHNICAL CLARIFICATION.—Effective as if included in the enactment of the Children's Health Act of 2000 (Public Law 106–310), section 3405(a) of such Act (114 Stat. 1221) is amended by striking ''Part E of title III'' and inserting ''Part E of title III of the Public Health Service Act''.