Miss GONZÁLEZ-COLÓN of Puerto Rico. Mr. Speaker, I am proud to stand before the House today to recognize Vice Admiral Diego ''Duke'' Hernandez, a decorated war hero and patriot who passed away on Friday, July 7, at 83 years old.

Admiral Hernandez was born and raised in Puerto Rico, the son of two schoolteachers who became a three-star admiral and the highest ranking Hispanic officer in the United States Navy at the time. Throughout his distinguished 35-year career, he served as a commander to various naval forces earning the Silver Star, the Distinguished Flying Cross, and the Purple Heart. He exemplified the valor and commitment that his brothers in arms from Puerto Rico have demonstrated since the Great War.

On July 14, 1998, Admiral Hernandez testified before the Senate and highlighted Puerto Rican participation in our Nation's wars and the reality of their marginalization from the democracy they fought to defend and uphold. He urged Congress to respond to the people of Puerto Rico so they can achieve political self-determination.

In his honor, I echo the same. Today, I ask the House to join me in expressing our profound gratitude to Admiral Hernandez and his contributions to the United States of America.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, July 11, 2017.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on July 11, 2017, at 10:00 a.m.:

Appointments:

Advisory Committee on the Records of Congress.

With best wishes, I am,

Sincerely,

KAREN L. HAAS.

COMMUNICATION FROM THE DEMOCRATIC LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable NANCY PELOSI, Democratic Leader:

JULY 11, 2017.

Hon. PAUL D. RYAN,
Speaker of the House of Representatives, Washington, DC.

DEAR SPEAKER RYAN: Pursuant to section 703(c) of the Public Interest Declassification Act of 2000 (50 U.S.C.) 3161 note), I hereby appoint Mr. John F. Tierney of Massachusetts to the Public Interest Declassification Board.

Thank you for your consideration of this appointment.

Sincerely,

NANCY PELOSI,
Democratic Leader.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4 p.m. today.

Accordingly (at 2 o'clock and 11 minutes p.m.), the House stood in recess.

□ 1600

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. MOOLENAAR) at 4 p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

MEDICAL CONTROLLED SUBSTANCES TRANSPORTATION ACT OF 2017

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1492) to amend the Controlled Substances Act to direct the Attorney General to register practitioners to transport controlled substances to States in which the practitioner is not registered under the Act for the purpose of administering the substances (under applicable State law) at locations other than principal places of business or professional practice.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1492

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 ''Medical Controlled Substances Transportation Act of 2017''.

SEC. 2. REGISTRATION FOR TRANSPORT OF CONTROLLED SUBSTANCES TO STATES IN WHICH THE PRACTITIONER IS NOT REGISTERED UNDER THE CONTROLLED SUBSTANCES ACT FOR THE PURPOSE OF ADMINISTERING THE SUBSTANCES AT LOCATIONS OTHER THAN PRINCIPAL PLACES OF BUSINESS OR PROFESSIONAL PRACTICE.

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

''(k) REGISTRATION FOR TRANSPORT OF CONTROLLED SUBSTANCES TO STATES IN WHICH THE PRACTITIONER IS NOT REGISTERED FOR THE PURPOSE OF ADMINISTERING THE SUBSTANCES AT LOCATIONS OTHER THAN PRINCIPAL PLACES OF BUSINESS OR PROFESSIONAL PRACTICE.—

''(1) IN GENERAL.—Upon application by a practitioner (other than a pharmacy) who is registered under subsection (f), the Attorney General shall issue a separate registration to the practitioner authorizing the practitioner—

''(A) to transport one or more controlled substances in schedule II, III, IV, or V from the practitioner's registered location in a State to one or more States in which the practitioner is not registered under subsection (f) for the purpose of the practitioner administering the substances at locations other than a principal place of business or professional practice; and

''(B) to so administer the substances.

''(2) REQUIREMENTS.—For a practitioner to be authorized to transport and administer controlled substances pursuant to a registration issued under paragraph (1), all of the following conditions must be satisfied:

''(A) The practitioner must be licensed, registered, or otherwise permitted by the State in which the controlled substances are administered to carry out such activity at the location where it occurs.

''(B) The practitioner must—

''(i) limit the time of transport and administering of any controlled substance pursuant to such registration to not more than 72 consecutive hours; and

''(ii) by the conclusion of such 72 hours, return any such controlled substance so transported but not administered to the registered location from which such substance was obtained.

''(C)(i) The practitioner must maintain records of the transporting and administering of any controlled substance pursuant to this subsection.

''(ii) Such records shall be maintained, in accordance with the requirements of section 307(b), at the practitioner's registered location from which the controlled substances were obtained and shall include—

''(I) the location where the controlled substance was administered; and

''(II) such other information as may be required by regulation of the Attorney General with respect to records for dispensers of controlled substances.

''(iii) Notwithstanding clause (ii), the exception in subsection 307(c)(1)(B) shall not apply to records required by this subparagraph.

''(3) GROUNDS FOR DENIAL OR REVOCATION.—The Attorney General may deny an application for registration under this subsection, or a renewal thereof, or revoke such registration, based on the criteria listed in section 304(a), except that the applicant shall not be required, as a condition of initially obtaining such registration, to present proof of State authorization to administer controlled substances.

''(4) AUTOMATIC TERMINATION.—A registration issued under this subsection shall automatically terminate if the practitioner no longer has an active registration under subsection (f) due to revocation, suspension, surrender, or other termination.

''(5) DEFINITION.—In this subsection, the term 'registered location' means, with respect to each registration issued to a practitioner under subsection (f), the address that appears on the certificate of registration.''.

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

The Chair recognizes the gentleman from Texas (Mr. BURGESS).

GENERAL LEAVE

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

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

There was no objection.

Mr. BURGESS. Mr. Speaker, it is my pleasure to yield such time as he may consume to the gentleman from Texas (Mr. SESSIONS), who is the chairman of the Rules Committee.

Mr. SESSIONS. Mr. Speaker, I rise today in support of this legislation.

I want to thank the chairman of the Energy and Commerce Committee, Mr. WALDEN from Hood River, Oregon, as well as the Health Subcommittee chairman, MICHAEL BURGESS from Lewisville, Texas. I appreciate Dr. BURGESS for yielding me time on this bill that is mine, that I presented several years ago, Mr. Speaker, that we are finally getting a chance to support today.

I wish to express my full support for H.R. 1492, the Medical Controlled Substances Transportation Act of 2017. This legislation represents commonsense reforms that will ensure certainty and regulatory clarity, while recognizing the needs of doctors, patients, and law enforcement alike. I hope Members on both sides recognize the need for not only this legislation, but will be in support.

Currently, physicians and other DEA-licensed medical practitioners are barred from transporting controlled substances from one practice setting to another. This is particularly strenuous on physicians who travel for their jobs. For example, team physicians at both the college and professional level have been particularly affected by the lack of clarity in the current law.

Physicians who travel with teams to away games carefully practiced transporting medicines—and they have done so for decades—in a manner that they believed to be in compliance with DEA regulations. Recently, however, there has been uncertainty surrounding this issue, as a number of teams have found themselves being challenged by the Drug Enforcement Administration.

Those physicians who had, for years, been in compliance, or felt like they were in compliance, were unable to provide players with proper medical care after many injuries while they were at an away game.

H.R. 1492 will allow physicians to obtain a separate mobile registration with the DEA for the ability to transport these very specific substances for medically relevant reasons directly related to the care of patients between practice settings. This registration allows for physician transport, up to 72 hours, while maintaining updated records of transport and the administration of these controlled substances. Such allowances would ensure that physicians whose practices are inherently dynamic have the necessary provisions to provide care to their patients regardless of the setting.

I would like to thank the Drug Enforcement Administration for working with me and my office for the last 5 years on this important issue. I would also like to thank Dr. Dan Cooper, who is the lead physician for the Dallas Cowboys. I would like to thank the gentleman who owns the Dallas Cowboys, Mr. Jerry Jones, for standing up on behalf of professional teams and their players to ensure that we work together for a commonsense answer. I want to thank the gentleman, Dr. BURGESS, for yielding me the time.

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

Mr. Speaker, I rise today in support of H.R. 1492, the Medical Controlled Substances Transportation Act of 2017, authored by my good friend from Texas, the chairman of the Rules Committee, Representative PETE SESSIONS.

Whether it is emergency medical service providers traveling to a disaster area to provide care or a team physician at an away game, certain medical practitioners often need to travel with and administer antiseizure or pain medications.

Although many of these are regulated under the Controlled Substances Act, current law does not specifically authorize the transportation or administration of such substances away from their registered location. Currently, the Controlled Substances Act does not specifically authorize the transportation and the administration of controlled substances away from the location registered with the Drug Enforcement Administration.

In order to ensure appropriate oversight of this practice, H.R. 1492 would establish a separate registration process for mobile practitioners who are already registered with the DEA and in good standing.

For a practitioner to transport and administer controlled substances pursuant to this new registration, he or she must be licensed, registered, or otherwise permitted by the State in which the substances are administered to carry out such activity at the location where it occurs.

In addition, the practitioner must limit the time of transport to not more than 72 consecutive hours and return any such substances not administered to their registered location from which they were obtained.

Further, the practitioner must maintain records of the transporting and administering, and DEA would maintain the authority to deny or revoke a registration.

Mr. Speaker, this is a good bill, and I urge my colleagues to support it.

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

U.S. HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, June 24, 2017.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write with respect to H.R. 1492, the ''Medical Controlled Substances Transportation Act.'' As a result of your having consulted with us on provisions within H.R. 1492 that fall within the Rule X jurisdiction of the Committee on the Judiciary, I forego any further consideration of this bill so that it may proceed expeditiously to the House floor for consideration.

The Judiciary Committee takes this action with our mutual understanding that by foregoing consideration of H.R. 1492 at this time, we do not waive any jurisdiction over subject matter contained in this or similar legislation and that our committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that we may address any remaining issues in our jurisdiction. Our committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and asks that you support any such request.

I would appreciate a response to this letter confirming this understanding with respect to H.R. 1492 and would ask that a copy of our exchange of letters on this matter be included in the Congressional Record during floor consideration of H.R. 1492.

Sincerely,

BOB GOODLATTE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 24, 2017.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE: Thank you for your letter concerning H.R. 1492, Medical Controlled Substances Transportation Act of 2017. I appreciate your willingness to forego any further consideration of this bill so that it may proceed expeditiously to the House floor for consideration.

I agree that by foregoing consideration of H.R. 1492 at this time, the Judiciary Committee does not waive any jurisdiction over subject matter contained in this or similar legislation and that your Committee will be appropriately consulted and involved as this bill or similar legislation moves forward so that the Committee may address any remaining issues in its jurisdiction. I understand the Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and will support any such request.

I will include a copy of our exchange of letters on this matter in the Congressional Record during the Floor consideration of H.R. 1492.

Sincerely,

GREG WALDEN,
Chairman.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 1492, the Medical Controlled Substances Transportation Act. This legislation will allow physicians, in agreement with the Drug Enforcement Agency, to transport and administer controlled substances to patients in another setting or disaster area.

Under current law, the Controlled Substances Act prohibits the transport

and storage of controlled substances away from the site that is registered with the DEA. This makes it illegal for athletic team doctors to transport a small amount of critical medications that may be needed to treat athletes while on the road.

Athletics are awfully important in Texas, and I think it is by luck of the draw—specifically, football—that you have three Texans today who want to make sure that our teams can have their doctors treat them. For equal time for my colleague from Dallas, I am sure this law would also provide for the Houston Texans, not just for the Dallas Cowboys.

It also complicates care for patients in emergency disaster areas where a doctor may want to offer their services during a crisis.

This bill would allow a physician to transport controlled substances to another practice setting or to a Presidentially declared disaster area if the physician is registered to dispense controlled substances listed on schedules II, III, IV, or V, and they enter into a specific agreement with the DEA.

The agreement would require a physician to provide advance notification to the DEA of any transport, identify the controlled substances to be transported and the locations to and from, the intended dates of transport, and the anticipated travel time. The physician is also required to maintain records in their primary practice setting on the dispensing of transported substances, and the duration of the agreement is limited to 72 hours.

As the Nation grapples with the ongoing prescription drug abuse crisis, these safeguards are important to ensuring appropriate use, while allowing doctors to treat patients where they are.

I want to thank the sponsor, Representative PETE SESSIONS, and the committee for their work to advance this legislation.

Mr. Speaker, I urge my colleagues to support H.R. 1492, and I yield back the balance of my time.

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

I want to commend Chairman SESSIONS for working on this important legislation with the Energy and Commerce Committee, the House Judiciary Committee, and the Drug Enforcement Administration to ensure that we got it right. This is a good bill with appropriate safeguards.

Mr. Speaker, I urge my colleagues to vote ''yes,'' and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise today in support of H.R. 1492, the ''Medical Controlled Substances Transportation Act of 2017.''

This bill amends the Controlled Substances Act (CSA) to direct the Attorney General to register practitioners to transport controlled substances to States in which the practitioner is not registered under the CSA to administer these substances at locations other than principal places of professional practice.

H.R. 1492 provides necessary guidance to the Drug Enforcement Administration (DEA) to clarify the requirements of physicians whose jobs inherently require transporting controlled substances.

By requiring the registration of practitioners who transport and administer controlled substances across state lines, this bill also increases oversight to ensure physicians are appropriately administering controlled substances to their patients.

Mr. Speaker, H.R. 1492 addresses a crucial element in America's current opioid crisis regarding the mishandling of powerful prescription drugs by licensed physicians which can result in problems with addiction or abuse for patients.

This issue is particularly relevant in the arena of sports medicine, where specialized physicians are often required to swiftly treat athlete injuries while on the road.

In high-pressure environments, physicians and trainers sometimes prioritize athletic performance over physical and mental health, a mentality which has been shown to leave the door open for long-term, potentially devastating consequences for the players.

Earlier this year, a group of more than 1,800 former professional football players filed a federal lawsuit against all 32 teams of the National Football League (NFL) for allowing teams to violate federal laws governing the transportation, distribution, and administration of prescription drugs.

The lawsuit revealed a slew of dangerous, illegal practices within the NFL and individual teams, including the excessive administration and use of powerful painkillers and anti-inflammatory drugs as well as the failure of league and team officials to acknowledge or comply with guidance from the DEA.

In 2012, for instance, the average NFL team prescribed nearly 5,777 doses of anti-inflammatory drugs and 2,213 doses of controlled medications to its players.

The staggering levels of opioid use in the NFL have led to a number of chronic health problems for many former players who continue to suffer from long-term organ and joint damage years or even decades after they have retired.

Even more troubling, a 2011 survey of 644 retired players found that 7 percent were still actively using opioid drugs in retirement—more than four limes the rate of opioid use in the general population.

National sports leagues like the NFL are massive, multi-billion dollar industries that drive many local economies in the United States; last year, the average NFL team was worth $2.3 billion and employed 3,739 people.

However, it is vital that we recognize the human cost of this highly profitable business.

With the immense economic and cultural value of America's sports teams and athletes in mind, the federal government should take all necessary measures to ensure that fans and players are able to enjoy their favorite past-times safely and fairly.

H.R. 1492 is a crucial step in improving the DEA's ability to protect prescription drug recipients who are vulnerable to misusing or abusing painkillers and other powerful medications.

Fixing our national opioid epidemic is a bipartisan cause, and I am confident that this legislation has the potential to effect powerful and positive change for large numbers of Americans.

I urge my colleagues to join me in supporting H.R. 1492.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 1492.

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. BURGESS. 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.

FEDERAL EMPLOYEE ANTIDISCRIMINATION ACT OF 2017

Mr. DESANTIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 702) to amend the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 to strengthen Federal antidiscrimination laws enforced by the Equal Employment Opportunity Commission and expand accountability within the Federal Government, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 702

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 ''Federal Employee Antidiscrimination Act of 2017''.

SEC. 2. SENSE OF CONGRESS.

Section 102 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (5 U.S.C. 2301 note) is amended—

(1) in paragraph (4), to read as follows:

''(4) accountability in the enforcement of Federal employee rights is furthered when Federal agencies take appropriate disciplinary action against Federal employees who have been found to have committed discriminatory or retaliatory acts;''; and

(2) in paragraph (5)(A)—

(A) by striking ''nor is accountability'' and inserting ''but accountability is not''; and

(B) by inserting ''for what by law the agency is responsible'' after ''under this Act''.

SEC. 3. NOTIFICATION OF VIOLATION.

Section 202 of the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (5 U.S.C. 2301 note) is amended by adding at the end the following:

''(d) NOTIFICATION OF FINAL AGENCY ACTION.—

''(1) Not later than 30 days after a Federal agency takes final action or the Equal Employment Opportunity Commission issues an appellate decision involving a finding of discrimination or retaliation prohibited by a provision of law covered by paragraph (1) or (2) of section 201(a), as applicable, the head of the agency subject to the finding shall provide notice for at least 1 year on the agency's Internet Web site in a clear and prominent location linked directly from the agency's Internet home page stating that a finding of discrimination or retaliation has been made.

''(2) The notification shall identify the date the finding was made, the date or dates