

the most serious cases of child abduction. Such alerts can instantly galvanize an entire community in the search for an abducted and endangered child.

From its inception through January of 2018, the AMBER Alert program has directly led to the rescue of more than 900 children. Presently, the AMBER Alert program is used in all 50 States, here in the District of Columbia, in Puerto Rico, and the U.S. Virgin Islands.

AMBER Alert systems have evolved to utilize all available technology in notifying the public of a child abduction. Native American Tribal communities, however, are unable to take full advantage of this lifesaving program. Currently, Tribal law enforcement must rely on State or regional law enforcement agencies off-reservation to issue the complete AMBER Alert on their behalf. This is unfortunate, and indeed it is notable because the rate of child abduction is reportedly down across the country with the sole exception of Indian Country.

As we all know, time is of the essence when a child is abducted or goes missing. AMBER Alert plans provide a comprehensive, rapid-response system, which is critical to success in such cases. Statistics show that roughly 74 percent of abducted children who are murdered are killed within the first 3 hours of their abduction.

The time spent to coordinate with State or regional law enforcement before issuing an AMBER Alert can be lengthy and can have a dire consequence.

In 2003, the PROTECT Act established a grant program to be administered by the attorney general for the States, with the goals of strengthening AMBER Alert communications plans nationwide and developing a seamless network through the Nation, which dramatically increases the likelihood that abducted children will be recovered swiftly and safely.

S. 772 would reauthorize \$10 million for the program and would make Indian Tribal communities eligible to receive grant funds for the very first time. With this funding, Tribes will be able to develop and implement AMBER Alert communications plans of their own, and also integrate their AMBER Alert systems into and with State and regional communications plans.

Awarded funds may also be used for education, training, and law enforcement tools and equipment related to the AMBER Alert plans.

If enacted, this legislation will help build a truly national and cohesive network of AMBER Alert systems. Tribal law enforcement will have the ability to directly issue AMBER Alerts without having to rely on outside law enforcement, while outside agencies will be available to fill in any gaps when necessary through the improved coordination.

Mr. Speaker, accordingly, I encourage my colleagues to join us in supporting this crucial piece of bipartisan legislation.

S. 772 was introduced in response to a fatal abduction that occurred on the Navajo Nation in New Mexico. Eleven-year-old Ashlynn Mike was kidnapped after school, along with her brother. Her brother escaped, and, alas, she did not.

That case focused attention on gaps in communication and coordination between Tribal and off-reservation law enforcement.

In the past, the Navajo Tribe has relied on New Mexico, Arizona, and Utah to activate AMBER Alerts. Before an alert issued, Tribal officers have been required to meet a list of requirements to establish a case. If the criteria are met, the officers may only then begin the process of requesting States to issue the AMBER Alert.

Based on several accounts of this case, the AMBER Alert was issued 10 or more hours after Ashlynn was abducted.

Her abductor confessed to brutalizing her and leaving her alive to fend for herself in the desert. It was too late for Ashlynn when she was found dead a day later.

Children are precious to us, and they deserve our protection wherever they may live, either on reservations or off reservations.

Mr. Speaker, because we should do everything that we can to ensure that appropriate resources are allocated to efforts to recover missing or abducted children, I urge my colleagues to support this legislation.

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

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

Mr. Speaker, I appreciate my colleague from across the aisle. This bill is truly a bipartisan effort, worked on by Members of both parties. It is because of its importance.

The particular case that both of us have cited today does focus the attention on the massive hole where there are more than 500 Indian Tribes that do not have access to the AMBER Alert system. It is the only part of this Nation and its territories that is not covered by the AMBER Alert system. This will solve that problem.

Mr. Speaker, I urge all of my colleagues to support this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, as a senior member of the Judiciary and Homeland Security Committees and as founder and co-chair of the Congressional Children's Caucus I rise in strong support of S. 772, "AMBER Alert in Indian Country Act of 2017."

This bill ensures that Native American tribes would be eligible for Justice Department grants to establish AMBER Alert systems, authorizing a \$10 million grant program.

The bill would allow grants to cover costs associated with integrating tribal AMBER Alert systems into state and regional plans to ensure broader distribution of alerts involving Indian children.

This legislation provides crucial infrastructure to keep children and adults safe in all of America, whether they live on a reservation or not.

The Justice Department will be able to waive their 50 percent funds matching cap if any Native American Tribe is not able to fully fund their nonfederal share of the project.

Law enforcement agencies use the AMBER Alert system through radio, television, phones, email, and road alerts to alert the public of child abductions.

This system is responsible for the successful return of over 800 missing children.

The lack of coordination between tribal and state authorities, and the resulting delays in broadcasting an AMBER Alert, were blamed for the 2016 death of Ashlynn Mike, an 11-year-old Navajo girl.

More than 7,500 Native American children are listed as missing in the United States. This legislation will reduce that number.

This legislation facilitates coordination between tribal and state authorities, resulting in faster unification of families of abducted children.

Mr. Speaker, this bill will make a difference and deserves the overwhelming support of this body.

The sheer volume of abduction of love ones is enough to support this legislation.

I urge all of my colleagues to join me in protecting our children and those suffering from abuse by supporting S. 772.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. BIGGS) that the House suspend the rules and pass the bill, S. 772, 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.

□ 1700

STOP, OBSERVE, ASK, AND RESPOND TO HEALTH AND WELLNESS ACT OF 2018

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 767) to establish the Stop, Observe, Ask, and Respond to Health and Wellness Training pilot program to address human trafficking in the health care system, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 767

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 "Stop, Observe, Ask, and Respond to Health and Wellness Act of 2018" or the "SOAR to Health and Wellness Act of 2018".

SEC. 2. DEFINITIONS.

In this Act:

(1) HUMAN TRAFFICKING.—The term "human trafficking" has the meaning given the term "severe forms of trafficking in persons" as defined in section 103 of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102).

(2) SECRETARY.—The term "Secretary" means the Secretary of Health and Human Services.

SEC. 3. PROGRAM ESTABLISHMENT.

(a) IN GENERAL.—The Secretary shall establish a program to be known as the Stop,

Observe, Ask, and Respond to Health and Wellness Training Program or the SOAR to Health and Wellness Training Program (in this Act referred to as the “Program”) to provide training to health care providers and other related providers, at all levels, on human trafficking in accordance with the purpose described in subsection (c).

(b) GRANTS.—The Secretary may carry out the Program through the award of grants to health care sites and health care professional organizations that represent diversity in—

- (1) geography;
- (2) the demographics of the population served;
- (3) the predominant types of human trafficking cases; and
- (4) health care provider profiles.

(c) PURPOSE.—The purpose of the Program shall be to train health care providers and other related providers to enable such providers to—

- (1) identify potential human trafficking victims;
- (2) implement proper protocols and procedures for working with law enforcement to report, and facilitate communication with, such victims, in accordance with all applicable Federal, State, local, and tribal requirements, including legal confidentiality requirements for patients and health care providers;
- (3) implement proper protocols and procedures for referring such victims to appropriate health care, social, or victims service agencies or organizations;
- (4) provide such victims care that is—
 - (A) coordinated;
 - (B) victim centered;
 - (C) culturally relevant;
 - (D) comprehensive;
 - (E) evidence-based;
 - (F) gender responsive;
 - (G) age-appropriate, with a focus on care for youth; and
 - (H) trauma-informed; and
- (5) consider the potential for integrating the training described in paragraphs (1) through (4) with training programs, in effect on the date of enactment of this Act, for victims of domestic violence, dating violence, sexual assault, stalking, child abuse, child neglect, child maltreatment, and child sexual exploitation.

(d) FUNCTIONS.—

(1) IN GENERAL.—The functions of the Program shall include the functions of the Stop, Observe, Ask, and Respond to Health and Wellness Training program that was operating on the day before the date of enactment of this Act and the authorized initiatives described in paragraph (2).

(2) AUTHORIZED INITIATIVES.—The authorized initiatives of the Program shall include—

(A) engaging stakeholders, including victims of human trafficking and any Federal, State, local, or tribal partners, to develop a flexible training module—

- (i) for achieving the purpose described in subsection (c); and
- (ii) that adapts to changing needs, settings, health care providers, and other related providers;

(B) providing technical assistance for health education programs and health care professional organizations to implement health care protocols, or develop continuing education training materials, that assist in achieving the purpose described in subsection (c);

(C) facilitating the dissemination of best practices and recommendations as the Secretary determines appropriate; and

(D) developing a reliable methodology for collecting data, and reporting such data, on the number of human trafficking victims

identified and served in health care settings or other related provider settings.

SEC. 4. DATA COLLECTION AND REPORTING REQUIREMENTS.

(a) DATA COLLECTION.—

(1) IN GENERAL.—During each of fiscal years 2018 through 2022, the Secretary shall collect data on each of the following:

(A) The total number of grantees operating under the Program.

(B) The total number of health care providers and other related providers trained through the Program.

(2) INITIAL REPORT.—In addition to the data required to be collected under paragraph (1), for purposes of the initial report to be submitted under subsection (b), the Secretary shall collect data on the total number of facilities and health care professional organizations that were operating under, and the total number of health care providers and other related providers trained through, the Stop, Observe, Ask, and Respond to Health and Wellness Training program that was operating before the establishment under section 3(a) of the Program.

(b) REPORTING.—Not later than 90 days after the first day of each of fiscal years 2019 through 2023, the Secretary shall prepare and submit to Congress a report on the data collected under subsection (a).

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated to carry out this Act \$4,000,000 for each of fiscal years 2018 through 2022.

SEC. 6. CUT-GO COMPLIANCE.

Subsection (f) of section 319D of the Public Health Service Act (42 U.S.C. 247d-4) is amended by striking “through 2018” and inserting “through 2017, and \$118,300,000 for fiscal year 2018”.

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 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, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of H.R. 767, the Stop, Observe, Ask, and Respond to Health and Wellness Act of 2018, introduced by our colleague, Representative STEVE COHEN from Tennessee.

This bill will help in the fight against human trafficking. Worldwide, nearly 21 million people are victims of human trafficking, forced labor, or exploitation. This bipartisan initiative expands and further codifies the Department of Health and Human Services’ Stop, Observe, Ask, and Respond program, which enhances the healthcare system’s response to human trafficking by requiring the program to provide grants to healthcare sites, to work with stakeholders to develop flexible training modules, and to provide technical assistance to health education

programs. This legislation will teach health professionals to identify and to respond to victims of human trafficking.

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.

Mr. Speaker, I rise in support of H.R. 767, the SOAR to Health and Wellness Act of 2018. This bill expands the Stop, Observe, Ask, and Respond—or SOAR—training program, which provides healthcare professionals with training on how to identify and appropriately treat victims of human trafficking.

Nearly 21 million people worldwide are victims of human trafficking, forced labor, or sexual exploitation. At some point, many of these unidentified victims will come into contact with healthcare professionals during their captivity. A doctor’s visit or emergency department trip can offer a critical point of intervention for victims and a brief chance when a victim may be able to detach from traffickers.

This bill will provide the necessary resources for the healthcare professionals to spot victims and provide trauma-informed, culturally appropriate care once identified. Helping healthcare professionals better recognize the signs of trafficking and improve their ability to intervene can truly be the difference between life and death.

I thank the gentleman from Tennessee (Mr. COHEN) for sponsoring this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. COHEN).

Mr. COHEN. Mr. Speaker, I am proud to rise today in support of the Stop, Observe, Ask, and Respond to Health and Wellness Act, which is the acronym SOAR.

In April of 2016, I worked with the Department of Homeland Security to host a Human Trafficking Awareness Training program in Memphis at the University of Tennessee. We gathered State and local law enforcement, first responders, healthcare workers, faith-based groups, and educators to discuss the importance of and strategies to combat human trafficking. This event solidified my stance and activated me to go forward with the legislation to address the human trafficking that is occurring in the United States.

Shortly after, I was proud to introduce this bipartisan bill along with my colleagues: Congressman KINZINGER from Illinois, Congressman CÁRDENAS from California, and Congresswoman WAGNER from Missouri in the House, as well as Senators HEITKAMP and SUSAN COLLINS in the Senate.

Human trafficking is the second fastest-growing crime in Tennessee, and it is amazing that every 2 minutes someone in the United States is entered into human trafficking. Every 2 minutes. In 2016, 8,042 cases were reported to the National Human Trafficking Hotline,

with 110 of those occurring in Tennessee. Those are just the cases that were reported. Human trafficking remains a hidden crime, and victims rarely seek help because of cultural barriers or due to fear of their traffickers, law enforcement, or of being deported, because many are imported into our country to engage in sex crimes.

In April 2016, I joined with the Department of Homeland Security in hosting our conference in Memphis, and from there came our legislation. The SOAR Act directs the Secretary of Health and Human Services to establish a program to provide training to healthcare providers at all levels on human trafficking.

Trafficking victims often end up in healthcare settings, and because traffickers want to maximize profits, victims will not have health insurance and will not often follow up on treatment. And pimps and johns will beat up the women, and they will end up in a public healthcare facility because they don't have insurance.

Mr. Speaker, 57 percent of trafficking victims report physical injuries, and nearly all report having faced either sexual abuse or physical violence. These injuries caused a reported 63 percent of trafficking victims to go to the emergency room when they are being exploited. Many victims also end up with sexually transmitted infections, including HIV, and are at high risk of pregnancy. As a result, nearly 88 percent of trafficked victims are seen by a healthcare provider at some point and, more likely than not, it is in an emergency room. So these are the people we seek out most to train and see the signs of trafficking to be able to report it to law enforcement and help these ladies out of the situation they are in.

Despite this, out of more than 5,600 hospitals in the country, only a handful have a plan for treating patients who are victims of trafficking, and over 95 percent of emergency room personnel are not trained to identify trafficking victims. As a result, it is estimated that only 1 percent of human trafficking victims are identified when they seek emergency care.

We must encourage healthcare professionals to be alert to possible instances of human trafficking when victims appear in clinics or doctors' offices for needed care, and we must provide them the additional training and resources to accomplish this goal.

I am proud to work on the SOAR to Health and Wellness Act and I urge my colleagues to help pass it today. I thank my cosponsors and the Republican leadership for scheduling this bill.

Mr. GENE GREEN of Texas. Mr. Speaker, I know how important trafficking is for the Chair in his history, and I think the Speaker of the House has an interest in this bill, too.

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

Mr. BURGESS. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois

(Mr. KINZINGER), a valuable member of the Committee on Energy and Commerce and, in fact, the vice chairman of the Subcommittee on Oversight and Investigations.

Mr. KINZINGER. Mr. Speaker, I rise in strong support of H.R. 767, the Stop, Observe, Ask, and Respond to Health and Wellness Act. I am a proud colead of this important bill with Mr. COHEN from Tennessee, and I thank him for his work.

Mr. Speaker, when someone says "human trafficking," oftentimes we view it as a problem far away from our shores that affects people who are not us. It is hard to imagine that this modern-day slavery is happening over here, hurting the people within our community every day. In my home State of Illinois, we have the fifth highest number of trafficking cases in this country; and the city of Rockford, in my district, is ranked second behind Chicago in human trafficking cases.

The most important thing we can do to combat this heinous crime is to raise awareness. That is what the SOAR to Health and Wellness Act is designed to do. This important legislation would expand on a pilot program with the Department of Health and Human Services by supporting the training of healthcare workers to identify victims and best care for them through established protocols and procedures.

Many times, when trafficking victims come to emergency rooms, healthcare professionals may not always spot the signs that their patient was a victim of human trafficking. Education is critical in combating human trafficking, and our awareness could, in fact, save a life.

Mr. Speaker, I strongly encourage my colleagues to support H.R. 767. I believe it can have an impact towards identifying cases of human trafficking and helping the most vulnerable and at-risk individuals of this evil crime.

Mr. BURGESS. Mr. Speaker, this is a worthwhile bill. I urge my colleagues to support it.

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 Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 767, 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.

MILITARY INJURY SURGICAL SYSTEMS INTEGRATED OPERATIONALLY NATIONWIDE TO ACHIEVE ZERO PREVENTABLE DEATHS ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 880) to amend the Public Health Service Act to facilitate assignment of

military trauma care providers to civilian trauma centers in order to maintain military trauma readiness and to support such centers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 880

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 "Military Injury Surgical Systems Integrated Operationally Nationwide to Achieve ZERO Preventable Deaths Act" or the "MISSION ZERO Act".

SEC. 2. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended by adding at the end the following new part:

"PART I—MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM

"SEC. 1291. MILITARY AND CIVILIAN PARTNERSHIP FOR TRAUMA READINESS GRANT PROGRAM.

"(a) MILITARY TRAUMA TEAM PLACEMENT PROGRAM.—

"(1) IN GENERAL.—The Secretary shall award grants to not more than 20 eligible high-acuity trauma centers to enable military trauma teams to provide, on a full-time basis, trauma care and related acute care at such trauma centers.

"(2) LIMITATIONS.—In the case of a grant awarded under paragraph (1) to an eligible high-acuity trauma center, such grant—

"(A) shall be for a period of at least 3 years and not more than 5 years (and may be renewed at the end of such period); and

"(B) shall be in an amount that does not exceed \$1,000,000 per year.

"(3) AVAILABILITY OF FUNDS AFTER PERFORMANCE PERIOD.—Notwithstanding section 1552 of title 31, United States Code, or any other provision of law, funds available to the Secretary for obligation for a grant under this subsection shall remain available for expenditure for 100 days after the last day of the performance period of such grant.

"(b) MILITARY TRAUMA CARE PROVIDER PLACEMENT PROGRAM.—

"(1) IN GENERAL.—The Secretary shall award grants to eligible trauma centers to enable military trauma care providers to provide trauma care and related acute care at such trauma centers.

"(2) LIMITATIONS.—In the case of a grant awarded under paragraph (1) to an eligible trauma center, such grant—

"(A) shall be for a period of at least 1 year and not more than 3 years (and may be renewed at the end of such period); and

"(B) shall be in an amount that does not exceed, in a year—

"(i) \$100,000 for each military trauma care provider that is a physician at such eligible trauma center; and

"(ii) \$50,000 for each other military trauma care provider at such eligible trauma center.

"(c) GRANT REQUIREMENTS.—

"(1) DEPLOYMENT.—As a condition of receipt of a grant under this section, a grant recipient shall agree to allow military trauma care providers providing care pursuant to such grant to be deployed by the Secretary of Defense for military operations, for training, or for response to a mass casualty incident.

"(2) USE OF FUNDS.—Grants awarded under this section to an eligible trauma center may be used to train and incorporate military trauma care providers into such trauma