

ourselves up, dusted ourselves off, and begun again the work of remaking America. We've laid a new foundation. A brighter future is ours to write. This Budget will help us begin this new chapter together.

BARACK OBAMA,
THE WHITE HOUSE, February 2, 2015.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 5 p.m. today.

Accordingly (at 2 o'clock and 27 minutes p.m.), the House stood in recess.

□ 1704

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNCAN of Tennessee) at 5 o'clock and 4 minutes 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.

Record votes on postponed questions will be taken later.

MEDICAL PREPAREDNESS ALLOWABLE USE ACT

Mr. CARTER of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 361) to amend the Homeland Security Act of 2002 to codify authority under existing grant guidance authorizing use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 361

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 Preparedness Allowable Use Act".

SEC. 2. USE OF CERTAIN HOMELAND SECURITY GRANT FUNDS FOR ENHANCING MEDICAL PREPAREDNESS, MEDICAL SURGE CAPACITY, AND MASS PROPHYLAXIS CAPABILITIES.

Section 2008 of the Homeland Security Act of 2002 (6 U.S.C. 609) is amended—

(1) in subsection (a), by redesignating paragraphs (10) through (13) as paragraphs (11) through (14), respectively, and by inserting after paragraph (9) the following:

“(10) enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities, including the development and maintenance of an initial pharmaceutical stockpile, including medical kits,

and diagnostics sufficient to protect first responders, their families, immediate victims, and vulnerable populations from a chemical or biological event;” and

(2) in subsection (b)(3)(B), by striking “(a)(10)” and inserting “(a)(11)”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. CARTER) and the gentleman from New Jersey (Mr. PAYNE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. CARTER of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and include any extraneous material on the bill under consideration.

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

There was no objection.

Mr. CARTER of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 361, the Medical Preparedness Allowable Use Act, introduced by my colleague and the former chairman of the Committee on Homeland Security's Subcommittee on Emergency Preparedness, Response, and Communications, Congressman BILIRAKIS.

This bill amends the Homeland Security Act of 2002 to make it clear that grant funds under the State Homeland Security Grant Program and the Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures.

The grant guidance for these programs currently allows funds to be used for medical preparedness equipment and activities. This bill codifies those activities to ensure that they will continue to be allowable, and it will not cost any additional money to do so.

We have seen the benefits that grant funds, including those used for medical preparedness activities, have provided when it comes to response capabilities. This was clearly demonstrated in the response to the Boston Marathon bombings.

We know that the threat of a chemical or biological attack is real. We must ensure that our first responders have the tools and capabilities they need if such an event should occur.

As a result of this bill, grant funds could be used for items such as predeployed medical kits for first responders and their families, caches of equipment, training and exercises, and planning activities.

Identical language to H.R. 361 was approved by the Committee on Homeland Security last year by a bipartisan voice vote and passed the House by a vote of 391–2.

Mr. Speaker, as a pharmacist and someone whose coastal district lives under constant threat of hurricanes, floods, and other natural disasters, I know firsthand the benefits that these

types of equipment and activities can provide for our first responders and the citizens that they protect.

I urge Members to support this bill, and I reserve the balance of my time.

Mr. PAYNE. Mr. Speaker, I rise in strong support of H.R. 361, the Medical Preparedness Allowable Use Act, and I yield myself such time as I may consume.

Mr. Speaker, H.R. 361 would authorize grant recipients under the Homeland Security Grant or Urban Area Security Initiative Program to use funding to enhance medical preparedness and medical surge capacity.

Currently, the Federal Emergency Management Agency already permits grantees to use these funds for such purposes. However, enactment of this measure into law will give some predictability to the grant recipients as they struggle to build and maintain medical response capabilities at the State and local levels.

Over the course of the past year, our doctors, nurses, and emergency service personnel have responded to outbreaks of Ebola, measles, D68, and other contagious diseases.

Although none of these outbreaks were the result of bioterrorism, they nevertheless served as a reminder that medical preparedness is a critical component of our national preparedness.

I commend the gentleman from Florida for working with the Homeland Security Committee to make sure that medical preparedness continues to remain a priority at the Federal, State, and local level.

I would be remiss if I did not take this time and opportunity to express my support for the reauthorization of the Metropolitan Medical Response System, which would provide dedicated funds to medical preparedness activities.

I would also note that Members may be here today to discuss the use of grant funding, but overshadowing this debate is a more immediate obstacle to the effectiveness of DHS' grant programs: the fact that Congress has not passed a full-year funding for the Department of Homeland Security that the President can sign into law.

Mr. Speaker, I will place into the RECORD a Washington Post editorial piece entitled, "GOP holds security hostage to immigration." It underscores the urgent need for gamesmanship over immigration to be put aside for the betterment of national security.

With respect to the measure before us today, I would note that, without funding, neither the Urban Area Security Initiative nor the State Homeland Security Grant Program will be working to build medical preparedness capabilities, or any other capability, at the State and local level.

Ask any first responder, and they will tell you: These grant programs are essential to building, maintaining, and exercising important preparedness capabilities.

Representing the 10th Congressional District, I have seen firsthand how these programs have bolstered capabilities, both in Newark and Jersey City. Delays or cuts to these programs only punish first responders and medical services personnel, and the citizens whom they are charged with protecting.

GOP HOLDS SECURITY HOSTAGE TO IMMIGRATION

[By Editorial Board, February 1, 2015]

How far will Republicans in Congress take their reckless flirtation with undermining government this time?

Will they, as seems increasingly likely, fail to pass a bill that the president can sign ensuring adequate funding for the Department of Homeland Security and its 280,000 employees before the agency's support expires Feb. 27? Are they ready to let funding lapse, secure in the knowledge that Border Patrol officers, Secret Service agents, airport security personnel and other so-called essential employees would still have to report to work—even though they would not be drawing paychecks?

A number of prominent Republican lawmakers clearly believe that denying funding to the nation's premier organ of domestic security is no big deal, as long as the move expresses the GOP's anger about President Obama's executive actions on immigration.

As Rep. Mario Diaz-Balart (R-Fla.) put it to Politico: Letting the department's funding lapse would not be "the end of the world."

Mr. Diaz-Balart's complacency may come as news to Americans concerned about the risk of terrorism in the wake of attacks in Paris, Ottawa, Sydney and elsewhere. It certainly came as news to Homeland Security Secretary Jeh C. Johnson, as well as his three predecessors—Democrat Janet Napolitano and Republicans Michael Chertoff and Tom Ridge—all of whom have warned GOP lawmakers not to conflate essential funding for the department with the political fight over immigration.

House Republicans were deaf to such appeals. Last month, they passed a bill furnishing the department with \$40 billion in funding through September, the end of the current budget year. But they attached provisions to that bill, certain to draw a presidential veto, that would kill the administration's plan to temporarily protect several million undocumented immigrants from deportation and repeal a program, in force since 2012, that offers a similar shield to people brought here illegally as children.

There is room for legitimate debate over the president's most recent unilateral moves on immigration, which we happen to agree represent executive overreach. If congressional Republicans want to attack those actions responsibly, with discrete legislation, they are free to try—though they are unlikely to muster the votes to override a presidential veto.

However, it is another thing to wield their frustration over immigration as a cudgel, holding hostage an entire department of government that is critical to the nation's security. That is as irresponsible as it is politically ill advised.

On Friday, Senate Majority Leader Mitch McConnell (R-Ky.) announced the body would consider the House bill this week, a sign that the GOP is persisting with its game of chicken. The bill is unlikely to attract the necessary 60 votes for passage, which would require a half-dozen Democratic defections. But there is no shortage of Republican lawmakers who would rather try to antagonize the president than carry out the workaday task of funding the government.

In the absence of a bill, the department's funding lapses in less than a month. What happens in the intervening weeks will indicate whether Republicans are more interested in gamesmanship or governance.

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

Mr. CARTER of Georgia. Mr. Speaker, I yield as much time as he may consume to the distinguished gentleman from Florida (Mr. BILIRAKIS), the sponsor of this legislation.

Mr. BILIRAKIS. Mr. Speaker, I want to thank the gentleman from Georgia (Mr. CARTER) as well. I also want to thank the ranking member for doing such a great job and working on this piece of legislation.

I rise in support of my bill, H.R. 361, the Medical Preparedness Allowable Use Act. This legislation would amend the Homeland Security Act of 2002 to clarify that grant funds under the State Homeland Security Grant Program and the Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures.

I originally introduced the Medical Preparedness Allowable Use Act in 2012 after a series of hearings on medical countermeasures when I proudly served as chairman of the Subcommittee on Emergency Preparedness, Response, and Communications.

At these hearings, the need for this legislation was highlighted when we received numerous testimonies from the emergency response community on the importance of stockpiling medical countermeasures in the event of a WMD attack.

This includes predeployed medical kits for first responders, as Mr. CARTER said, their families, and immediate victims of widespread terrorist attacks on our homeland and natural disasters, resources similar to those provided to postal workers participating in the national U.S. Postal Medical Countermeasures Dispensing Pilot Program.

The grant guidance for the State Homeland Security Grant Program and the Urban Area Security Initiative currently permits this funding to be used to procure medical countermeasures. It also allows for other medical preparedness and medical surge capacity equipment and activities.

However, this guidance is developed on an annual basis. There is no guarantee that these uses will be authorized in the future.

To be clear, as Mr. CARTER said, no new funding is authorized in this bill. However, the expenditures authorized and codified by the bill we are considering today can make a big difference in protecting the public.

If we are not safe, Mr. Speaker, nothing else matters.

□ 1715

Codifying this authority will assist emergency responders in the event of an attack, providing certainty that grant funding may be used to support them now and in the future. We must have certainty.

I consistently find myself in awe of our first responders and the sacrifices that they make on the public's behalf. In the wake of recent terrorist attacks, such as the Boston Marathon bombing, I am committed to ensuring Congress fulfills its obligation to support those brave men and women responding to these various threats.

I thank my colleagues, Representative SUSAN BROOKS and Representative PETER KING, for being original cosponsors and for their continued support with this legislation. I would also like to commend the chairman of the full Homeland Security Committee, Chairman MCCAUL, for his leadership in making this initiative a priority and also for being a cosponsor of this good bill.

Finally, I would like to note that the Emergency Services Coalition for Medical Preparedness continues to endorse this bill and its intent.

The Medical Preparedness Allowable Use Act passed the House with overwhelming bipartisan support in the last two Congresses; however, the Senate never acted on this measure. With new leadership in the Senate, Mr. Speaker, I am hopeful that they can take this measure up quickly so that we can get this before the President to be signed into law.

We have a responsibility to ensure our communities are prepared, equipped, and capable of executing countermeasures for future terrorist threats and natural disasters. Passage of H.R. 361 would truly aid our first responders in this endeavor.

Mr. Speaker, I urge all my colleagues to vote in favor of this great bill.

Mr. PAYNE. Mr. Speaker, I have no further requests for time on my side. If my colleague on the other side is ready to close, I am as well.

Mr. CARTER of Georgia. Mr. Speaker, I have no further requests for time and am prepared to close.

Mr. PAYNE. Mr. Speaker, the Medical Preparedness Allowable Use Act is a good bill, and it has my support.

The gentleman from Florida has given us a piece of commonsense legislation, and this is the type of legislation, when it comes to keeping our Nation safe during times of attack or natural disaster, that we need.

I also urge my colleagues on both sides of the aisle to support the passage of a clean DHS funding bill so that the States and urban areas across the country can continue building and maintaining critical preparedness capabilities.

Again, I would like to thank the gentleman from Florida (Mr. BILIRAKIS) for working with us on this issue, and I congratulate him on a wonderful bill that ensures that our Nation continues to be prepared in times of disaster. I urge my colleagues to support H.R. 361, the Medical Preparedness Allowable Use Act.

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

Mr. CARTER of Georgia. Mr. Speaker, as I noted earlier, this bill enjoyed

broad bipartisan support last Congress. I hope Members will once again express their support for the men and women who protect us every day by voting for this bill.

I yield back the balance of my time.

Mr. MCCAUL. Mr. Speaker, I rise today in support of H.R. 361, the Medical Preparedness Allowable Use Act that was introduced by Congressman BILIRAKIS. Over the years, the Committee on Homeland Security has heard about the importance of medical countermeasures.

This bill amends the Homeland Security Act of 2002 to make it clear that grant funds under the State Homeland Security Grant Program and Urban Area Security Initiative may be used to enhance medical preparedness and purchase medical countermeasures. We owe it to our emergency response community, our first responders, to ensure that they have every tool necessary to be prepared for and combat the threats they face every day and may face in the future.

Over the years, we have seen that the investments in medical preparedness activities have provided positive benefits when it comes to response capabilities. This was clearly demonstrated in the response to the Boston Marathon bombings when the medical community was largely praised by all involved in the response. The Committee on Homeland Security heard testimony last year from the head of Boston Emergency Medical Services, Chief Hooley, who spoke about the importance of Homeland Security grant funding in their preparation for events such as the Boston Marathon Bombing.

Sadly, we realize that the threat of a biological or chemical or other attack is real. We therefore must do everything that we can to ensure that our first responders are prepared to combat the threat.

This measure has passed the House both in the 112th and the 113th Congress with overwhelming bipartisan support. I ask my colleagues to support this measure and my colleagues in the Senate to do the same.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 361, the Medical Preparedness Allowable Use Act for two reasons.

First, the bill will save lives. Second, the legislation is necessary to support the vital work of first responders in the event of a biological and chemical terrorists attack or incident.

The legislation provides for the development and maintenance of an initial pharmaceutical stockpile, including medical kits, and diagnostics sufficient to protect first responders, their families, and immediate victims from a chemical or biological event.

The Medical Preparedness Allowable Use Act will amend the Homeland Security Act of 2002 to authorize the use of Urban Area Security Initiative and State Homeland Security Grant Program funding for: enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities.

This legislation ensures that first responders have necessary medicines and treatments to protect themselves, their families and those within their vicinity immediately should a biological and chemical terrorist attack occur.

In short, first responders will not be able to do the work of saving lives if they fall victim to an attack or are distracted by worry regarding how their family may be fairing during a biological or chemical attack should one occur.

First responders often include law enforcement officers, fire fighters, and emergency medical personnel.

The city of Houston covers over a 1000 square mile region in Southeast Texas. It has an evening population of nearly two million people and over three million during the day when commuters are in the city.

There are 103 Fire Stations that serve the city of Houston with most offering ambulance or medic support, but there is only one station Number 22 that Specializes in Hazardous Material.

In the city of Houston one out of every ten citizens use Emergency Management Services (EMS) and within a year there are over 200,000 EMS incidents involving over 225,000 patients or potential patients.

EMS response services have 88 City of Houston EMS vehicles, with just under fifty percent staffed by two paramedics and can provide Advanced Life Support (ALS) to patients.

These consist of 15 ALS Squads, and 22 ALS transport units with eight functioning in a "Dual" capacity as both Advanced Life Support and Basic Life Support (BLS).

The remaining fifty-one transport units are Basic Life Support (BLS), and staffed by two Emergency Medical Technicians.

Law enforcement agencies that serve the city of Houston include the Houston Police Department, Harris County Sheriff's Department, Harris County Constables, Port of Houston Authority Police and Corrections Officers.

Because of the nature of chemical or biological terrorist attacks mass casualties are the objective and the impressive resources of our nation's 4th largest city would likely be overwhelmed immediately should an attack occur it is important to provide them with the resources provided by this legislation.

The repositioning of resources in the form of medicines that can support pulmonary respiratory function or arrest neurological damage as a result of poisoning lives can be saved that could otherwise be lost. This bill can reduce deaths and give victims the greatest chance for survival and recovery.

Emergency responders because of this bill would have treatments in the communities where they serve and live to help neighbors, co-workers, and people who are immediate need to live saving help.

As a senior member of the House Homeland Security Committee, I am mindful of the need for our first responders to be prepared and well trained to manage a wide range of potential threats both conventional and unconventional.

This bill offers one more resource that will be available to first responders to do the work they have dedicated their lives to doing—saving lives.

I urge my colleagues to join me in supporting H.R. 361 the Medical Preparedness Allowable Use Act for two reasons.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 361.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. CARTER of Georgia. 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.

DEPARTMENT OF HOMELAND SECURITY INTEROPERABLE COMMUNICATIONS ACT

Mr. CARTER of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 615) to amend the Homeland Security Act of 2002 to require the Under Secretary for Management of the Department of Homeland Security to take administrative action to achieve and maintain interoperable communications capabilities among the components of the Department of Homeland Security, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 615

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 "Department of Homeland Security Interoperable Communications Act" or the "DHS Interoperable Communications Act".

SEC. 2. INCLUSION OF INTEROPERABLE COMMUNICATIONS CAPABILITIES IN RESPONSIBILITIES OF UNDER SECRETARY FOR MANAGEMENT.

Section 701 of the Homeland Security Act of 2002 (6 U.S.C. 341) is amended—

(1) in paragraph (4) of subsection (a), by inserting before the period at the end the following: "; including policies and directives to achieve and maintain interoperable communications among the components of the Department"; and

(2) by adding at the end the following new subsection:

"(d) INTEROPERABLE COMMUNICATIONS DEFINED.—In this section, the term 'interoperable communications' means the ability of components of the Department to communicate with each other as necessary, utilizing information technology systems and radio communications systems to exchange voice, data, and video in real time, as necessary, for acts of terrorism, daily operations, planned events, and emergencies."

SEC. 3. STRATEGY.

(a) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Under Secretary for Management of the Department of Homeland Security shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a strategy, which shall be updated as necessary, for achieving and maintaining interoperable communications (as such term is defined in subsection (d) of section 701 of the Homeland Security Act of 2002, as added by section 2 of this Act) among the components of the Department of Homeland Security, including for daily operations, planned events, and emergencies, with corresponding milestones, that includes, at a minimum the following:

(1) An assessment of interoperability gaps in radio communications among the components of the Department, as of the date of the enactment of this Act.

(2) Information on efforts and activities, including current and planned policies, directives, and training, of the Department since November 1, 2012, to achieve and maintain interoperable communications among