

THE COMMUNITY PROTECTION ACT SELECTED  
EXCERPTS FROM H. REPT. 105-819  
PURPOSE AND SUMMARY

H.R. 218, the "Community Protection Act of 1998," establishes federal regulations and procedures which may allow active-duty and retired law enforcement officers \* \* \* to travel interstate with a firearm \* \* \*.

For law enforcement officers, H.R. 218 creates strict guidelines which must be met before any law enforcement officer, active-duty or retired, may carry a firearm into another state \* \* \*.

H.R. 218 establishes a mechanism by which law enforcement officers \* \* \* may travel interstate with a firearm. Qualified active-duty law enforcement officers will be permitted to travel interstate with a firearm, subject to certain limitations and provided that the officer is carrying his or her official badge and photographic identification.

Generally, an active-duty officer is a qualified officer under H.R. 218 if the officer is authorized to engage in or supervise any violation of law, is authorized to carry a firearm at all times, is not subject to any disciplinary action by the agency, and meets any agency standards with respect to qualification with a firearm. A qualified active-duty officer may not carry a concealed firearm on any privately owned lands, if the owner prohibits or restricts such possession. A qualified officer may also not carry a firearm on any state or local government property, installation, building, base, or park. However, in their official capacity, law enforcement officers are permitted to carry weapons whenever federal, state, or local law allows. This legislation is not intended to interfere with any law enforcement officer's right to carry a concealed firearm, on private or government property, while on duty or in the course of official business.

A qualified retired officer may carry a concealed firearm, subject to the same restrictions as active-duty officers, with a few additional requirements. A retired officer must have retired in good standing, have a non-forfeitable right to collect benefits under a retirement plan, and have been employed before retirement for an aggregate of five years or more, unless forced to retire due to a service-related injury. In addition, a qualified retired officer must complete a state-approved firearms training or qualification course at his or her own expense \* \* \*.

As you know, I am the sponsor of one of these measures, the Community Protection Act (HR 218). The Community Protection Act permits qualified current and retired sworn law enforcement officers in good standing to carry a concealed weapon into any jurisdiction. In effect, it means three things: More cops on the street, more protection for the public, at zero taxpayer cost.

Too often, State laws prevent highly qualified officers from assisting in crime prevention and protecting themselves while not on duty. An officer who has spent his life fighting crime can be barred from helping a colleague or a citizen in distress because he cannot use his service revolver—a handgun that he is required to train with on a regular basis. That same officer, active or retired, isn't allowed to defend himself from the criminals that he put in jail.

I would like to give you an example of how the Community Protection Act would work, based upon an incident in my own home town of San Diego. Following is a story from the April 29, 1997, San Diego Union-Tribune:

OFFICER FINDS WORK ON HER DAY OFF  
(By Joe Hughes)

HILLCREST.—For San Diego police Officer Sandra Oplinger, it was anything but an off day.

Oplinger ended up capturing a suspected bank robber at gunpoint on her day off yesterday.

She happened to be in the area of Home Savings Of America on Fifth Avenue near Washington Street about 12:30 p.m. when she saw a man running from the bank, a trail of red smoke coming from an exploded red dye packet that had been inserted into a wad of the loot.

With her gun drawn, she tracked down and caught the man. Citizens helped by gathering up loose bank cash.

The incident began when a man entered the bank and asked a teller if he could open an account. The teller gave him a blank form and he left. He returned 10 minutes later, approached the same teller and declared it was a robbery, showing a weapon and a demand note he had written on the same form the teller had given him.

He then grabbed some money and ran out the door. The dye pack exploded outside, leaving a trail of smoke that attracted Oplinger's attention and led to the suspect's arrest.

The names of the man and a possible accomplice in a nearby car were not immediately released. A gun was recovered.

Mr. Chairman, it is a good thing that Officer Oplinger was in San Diego. If she was in many other states or in Washington, D.C., she could have been charged with a crime. That's wrong. We can fix it—with the Community Protection Act.

My bill seeks to change that by empowering qualified law enforcement officers to be equipped to handle any situation that may arise, wherever they are. . . .

In the tradition of less government, this bill offers protection to police officers and to all of our communities without creating new programs or bureaucracies, and without spending more taxpayer dollars. It helps protect officers and their families from criminals, and allows officers to respond immediately to crime situations.

I encourage my colleagues to support this common-sense legislation, which is supported by several of America's leading law enforcement organizations and by cops on the beat.

INTRODUCTION OF VETERANS' ACCESS TO EMERGENCY CARE ACT OF 1999

**HON. LANE EVANS**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 6, 1999*

Mr. EVANS. Mr. Speaker, today I am introducing legislation to assure that all veterans enrolled in VA health care will receive coverage for emergency care services delivered both in and outside of VA facilities.

Currently, most veterans lack access to reimbursement for such care unless the emergency occurs on VA grounds.

Many VA medical centers don't routinely offer emergency services and those that do lack an emergency room that is open twenty-four hours a day. Compounding the problem is the fact that most VA medical centers are further from their patients' places of residence than other community providers.

If a veteran receives emergency room care from a non-VA provider, he or she is denied reimbursement even if a trip to the nearest VA hospital would be life threatening.

Last year the President asked all federal agencies to identify where they were deficient

in complying with the Patient Bill of Rights. The VA determined it needed legislation to reimburse veterans for emergency care it didn't provide. While being encouraged to view VA as their managed care provider, veterans could risk financial ruin if VA failed to comply with the same emergency care reimbursement standards applied to private-sector managed health care providers.

Even before veterans began enrolling last year for VA care, VA's responsibility for reimbursing veterans for the cost of emergency health care services was confusing. VA would provide emergency care to only those veterans who were either already at VA when the emergency occurred or to those veterans who were able to physically present themselves at a VA facility before receiving required emergency care from a non-VA provider.

VA's physical "tag up" requirement creates confusion for the majority of veterans who are not on grounds during an emergency. Too often in crisis situations, veterans lack the time to resolve who will pay for their care before seeking treatment.

This situation is likely to become even more confusing as VA begins to market itself as a managed care provider featuring enrollment, a basic benefits package and a new primary care focus—characteristics commonly associated with Health Maintenance Organizations (HMOs). Most HMOs reimburse enrollees for pre-authorized emergency care. The pending legislation would give VA the authority to reimburse emergency care delivered by any provider if veterans had no other coverage for such care.

Many veterans are literally "banking on" VA either furnishing or reimbursing their care for any condition in an emergency. Too many veterans and their families have been financially devastated because they assume VA will be there for them in a health crisis. I believe veterans should be able to count on VA in an emergency.

I am encouraged by the recent recommendation by a coalition of veterans service organizations, the Independent Budget group, to add funds to the FY 2000 VA Medical Care budget in order to provide emergency care to veterans. I encourage my colleagues to cosponsor and support this important legislation.

HONORING RABBI IRWIN GOLDENBERG FOR HIS SERVICE TO THE COMMUNITY

**HON. WILLIAM F. GOODLING**

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, January 6, 1999*

Mr. GOODLING. Mr. Speaker, I rise today to honor Rabbi Irwin Goldenberg for his generous service to the community. For twenty-five years, Rabbi Goldenberg has served both his congregation at Temple Beth Israel and the community of York, Pennsylvania as a revered leader, teacher, and father.

In times of sorrow and in times of celebration, Rabbi Goldenberg has demonstrated a strong commitment to his congregation. He has always been there to provide loving support and strong leadership to people of his Temple. Rabbi Goldenberg has long served as the official voice for the Jewish community in