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Herrera Beutler
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ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1335

Messrs. BRADY of Pennsylvania and AL GREEN of Texas changed their vote from ''aye'' to ''no.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. WITTMAN. Mr. Speaker, on rollcall No. 183, I was unavoidably detained. Had I been present, I would have voted "yes."

Stated against:

Mrs. CAPPS. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "nay" on rollcall No. 183.

ESTABLISHING PAIN MANAGEMENT BEST PRACTICES INTER-AGENCY TASK FORCE

GENERAL LEAVE

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on the bill, H.R. 4641.

The SPEAKER pro tempore (Mr. RODNEY DAVIS of Illinois). Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 720 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 4641.

The Chair appoints the gentleman from Texas (Mr. POE) to preside over the Committee of the Whole.

□ 1340

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, with Mr. POE of Texas in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

The gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentlewoman from Indiana.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, this week we have and will continue to hear harrowing and personal stories on the House floor about how opioid addiction is devastating local communities and families across the country. Just last night, my colleagues shared some of their stories. The gentleman from Pennsylvania (Mr. MEEHAN) shared a story about a promising collegiate athlete whose star was extinguished when a minor injury led to an addiction and his eventual overdose and death. Ms. KUSTER from New Hampshire told of a constituent named Amber who tragically died of an overdose after a treatment bed was unavailable for her after leaving incarceration.

We are going to hear many more stories today about this epidemic that has touched every community in every State of our country, an epidemic that has exploded in recent years to the point where every 12 minutes someone is dying of a drug overdose in this country. By the end of this debate, there may be over five people who have died of an overdose.

The Energy and Commerce Committee has meticulously investigated this epidemic over the past year with multiple hearings and expert witnesses. The result is a thoughtful package of solutions focused on prevention and treatment that will help those facing addictions and their families deal with this opioid and, subsequently, heroin crisis. The statistics couldn't be more stark.

The United States only represents 5 percent of the world's population, yet we consume 80 percent of the world's pain medication. Yet 80 percent of heroin users started with a prescription to legal pain medication. Nearly 260 million opioid prescriptions were written in the United States in 2012, outpacing the number of American adults by 20 million.

As we debate this crisis, this is not just about statistics, because we are actually talking about husbands, wives, brothers, sisters, parents, and, sadly, our children. A parent who has inspired me is a woman named Justin Phillips from Indianapolis, a Hoosier mom who lost her son, Aaron, to a heroin overdose at the age of 20.

Out of her heartbreak, she found a calling to keep local and national attention on the issue of heroin and opioid abuse, she said, ''until the dying stops.'' She became a leading voice for families facing addiction in Indiana, and she founded Overdose Lifeline, a nonprofit organization devoted to purchasing those lifesaving drugs, those

reversal drugs, for Hoosier first responders. But she didn't stop there.

She helped pass a bill at our statehouse, called Aaron's Law, to provide access to overdose reversal drugs for others beyond first responders. Justin is just like so many other moms and dads. She needs our help to prevent more kids like Aaron from being lost to heroin and opioid abuse.

Her story made me realize that solving this public health crisis, this epidemic, must be a top priority for Congress and for the Federal Government, and inspired me to work with my colleague from across the aisle, Congressman KENNEDY of Massachusetts, to lead these efforts in the House to combat the heroin opioid crisis.

This week we are taking up a series of bills that are going to make a real difference—we hope. They must make a real difference in turning back this scourge.

□ 1345

Now, I have cited the number of opioid prescriptions written in 2012, which outpaces the number of American adults. But the fact is that our prescribers—our doctors, our nurse practitioners, our dentists, and others—are often unaware that, in many cases, their efforts to properly treat their patients' pain can inadvertently create longer term addiction issues.

While there are certainly legitimate medical needs for pain medication opioids, many prescribers are unaware that, in many cases, their efforts to properly treat their patients' pain can inadvertently create these long-term addiction issues.

In an effort to address this, the CDC recently developed guidelines for prescribing opioids for chronic pain. In order to improve the way opioids are prescribed to patients with severe and chronic pain, these guidelines seek to reduce their overuse and their abuse.

H.R. 4641, which I introduced with Representative KENNEDY, would ensure that the CDC's opioid prescribing guidelines are reviewed, modified, and updated where needed by an interagency task force and expert stakeholders from the prescriber community, the patient community, the addiction community, and the recovery community to reflect best practices going forward.

The task force will be comprised of representatives from the Federal relevant agencies as well as those who deal with this problem day in and day out: physicians, dentists, pharmacists, hospitals, overdose reversal specialists, and pain and addiction researchers.

This task force will also include representatives from State medical boards, pain advocacy groups, medical professional associations, mental health and addiction treatment communities.

The scope and breadth of this group will ensure that the practices are thoughtfully reviewed, modified, and updated. They will take into account the different types of opioids, opioids within and between different classes, the availability of deterrent technology as well as nonpharmacological and medical device alternatives to opioids. It is important that the task force consider the broadest scope of pain management options.

It is also important that this isn't just going to be another bureaucratic report that is compiled and sits on a shelf that is reviewed by congressional researchers and congressional staff. They must report out to Congress, lay out best practices, and provide a strategy for disseminating these best practices for pain management and recommendations at medical facilities.

We have to do more in this country. Failure to address a major part of this epidemic from the outset will perpetuate the cycle of addiction in our communities. This is but one important step. There are many, many bills that the House is considering.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

I rise in support of H.R. 4641, a bill to create an interagency task force on pain management. This legislation passed the committee with unanimous support.

In 2014, pharmacies in the United States dispensed approximately 245 million prescriptions for opioids. This is enough to provide a script to every adult in our entire Nation.

At the same time, we know that over 5 million Americans use prescription pain relievers either recreationally or to satisfy an opioid addiction.

This combination has produced tragic results. 2014 produced the highest number of drug overdose deaths than any previous year on record, with opioids and heroin driving the recent surge.

Unfortunately, our Nation's doctors and healthcare providers have not been provided the tools and education necessary to safely prescribe these medications in the midst of an opioid epidemic.

Recently, an article in the New England Journal of Medicine examined this topic and found that ''many physicians admit that they are not confident about how to prescribe opioids safely, how to detect abuse or emerging addiction, or even how to discuss these issues with their patients.''

As a result, we have created a patchwork of prescribing practices with tremendous variation both geographically as well as even within the same field.

This bill would create an interagency task force on pain management to review, modify, and update best practices on management and development of a strategy to disseminate those best practices to prescribers, pharmacists, and other stakeholders.

Those best practices will increase the tools available to providers who prescribe opioids more safely and be able to detect and intervene earlier in instances of substance use disorders.

I urge my colleagues to support this important legislation, which is part of the opioid epidemic package that we are moving on the floor today on suspension.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I yield 3 minutes to the gentleman from Michigan (Mr. UPTON), our chairman.

Mr. UPTON. Mr. Chairman, every 12 minutes someone in the U.S. dies of a drug overdose. Abuse of prescription painkillers and heroin has impacted every single community. It is an epidemic. It doesn't have boundaries and doesn't discriminate.

We have lost a lot of good kids and a lot of good people in my State and every State. As I travel back and forth to Michigan virtually every week, I meet a family member who has lost somebody with this very tragic story.

This last week it was a mother and a wife of a fellow who had committed suicide in Mattawan, Michigan. It breaks your heart.

Yes, we know the numbers. They are staggering. The CDC reports that nearly 260 million opioid prescriptions were written in 2012. That is one for every single U.S. adult, as my friend Mr. PALLONE said, with another 20 million to spare.

A recent study from the Kaiser Family Foundation found that one in five Americans say they have a family member who has been addicted to prescription painkillers.

The epidemic is unique to the U.S., as Americans consume 80 percent of the world's opioid prescriptions. It is not unique. It is a frightening reality, but we have to face the epidemic head-on. That is why today is an important step.

In the Energy and Commerce Committee, we have held a number of hearings over the last year with testimony from so many experts on the front lines. What we learned is eye-opening.

Federal policies toward opioid addiction in the past year have often overemphasized a one-size-fits-all law enforcement approach. It is clear through our listening sessions that it is a public health crisis and that our strategy should reflect the complex dynamic between public health and criminal activity. We know that we cannot simply incarcerate our way out of this epidemic.

The bills that we are considering today touch on a spectrum of issues driving the opioid crisis. While there is no one solution, these bills represent good steps in addressing a problem that has rapidly grown.

I want to thank all of my colleagues on the Energy and Commerce Committee and off for working to adhere in a bipartisan way these important bills that will really make a difference in every one of our communities.

The House leadership deserves recognition on both sides for their swift consideration of these bills. I want to thank, in particular, my good friend,

Mr. PALLONE, for working with us to get these bills across the finish line, through the committee process, and now on the floor.

Our work is going to continue. We owe this effort to the past, present, and, sadly, future victims of this epidemic: our neighbors, friends, and families across every part of the country, every demographic group. We owe it to the families and we owe it to the communities who are suffering from this addiction.

Mr. PALLONE. Mr. Chairman, I yield such time as he may consume to the gentleman from Massachusetts (Mr. KENNEDY), who is the Democratic sponsor of this bill and has worked a lot on the opioid epidemic problem.

Mr. KENNEDY. Mr. Chairman, I want to thank Mr. PALLONE for yielding, for his leadership on this issue throughout his time on Energy and Commerce, particularly over the last several months since I have been on the committee trying to galvanize support from all of our colleagues to recognize the impact that this is having every single day.

Mr. Chairman, I want to thank you for including H.R. 4641 in this package of bipartisan opioid-related bills.

None of our districts has been spared the heartbreaking headlines about lives lost to the opioid crisis. We have heard from each of our constituents who have attended funerals for friends, neighbors, classmates, colleagues, and family members. The bills we are considering this week are a promising step forward as we find ways to respond to this crisis.

To my colleague, Congresswoman BROOKS, thank you for your partnership on this issue and on so many others. We have both seen firsthand how lack of access to treatment can lead those suffering from addiction to our courts. With this bill, we are trying to change the course of their path to stop addiction before it even begins.

Mr. Chairman, last week the Boston Globe wrote a series of articles about the opioid crisis in my home State of Massachusetts. The statistics are devastating. Nationally, heroin overdose rates have tripled in the last 5 years. At home, our State faces a heroin overdose rate that is twice the national average.

Last year alone, nearly 1,400 Massachusetts families lost loved ones to opioid overdoses. Between 2013 and 2014, prescription opioid overdoses nearly doubled. During that same time, the number of people in Massachusetts who overdosed on a combination of heroin and prescription opioids rose by almost 500 percent.

The Globe also noted that there has been a noticeable shift from opioids to heroin with one exception, Bristol County, where many of my constituents live. In trying to explain that exception, the reporter included a haunting line that has stayed with me ever since.

He wrote that, in Bristol County, ''prescription opioids remain a dominant killer, though it's not clear whether that's because this area is somehow less susceptible to heroin or if it's merely a matter of time.''

Mr. Chairman, we cannot accept a reality with a rise in heroin overdoses as ''merely a matter of time.'' We have all said it over 100 times. When it comes to a Federal response, there is no silver bullet.

But H.R. 4641 tries to focus on what I believe offers us one of the very best opportunities for combating this problem: stopping addiction before it ever starts.

The bill will create a new task force dedicated to the job of reviewing, modifying, and updating best practices for the management of pain and the prescription of pain medication.

Voices from HHS, the VA, FDA, DEA, NIH, and other agencies will join prescribers, substance use disorder professionals, patients suffering from chronic pain, and patients who have lived through the heartbreaking reality of becoming addicted to prescription pills.

These advocates and experts are on the front lines of this fight every single day. Under their guidance, this task force will ensure we implement the policies that balance responsible pain management with the urgency that our opioid crisis requires.

Again, I am encouraged by the bipartisan progress we are making on this issue; yet, our work is just beginning.

I urge my colleagues to support this bill and look forward to working with each of them to build on this momentum.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield 3 minutes to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. Mr. Chairman, I think, as you can see, Members on both sides of the aisle know of people in our districts, our States, and across our country that have been tragically affected by opioid abuse and overdose.

I want to thank my colleagues on both sides of the aisle for their work on this legislation, especially my friend from Indiana, Mrs. BROOKS.

I rise in strong support of H.R. 4641. This is a very important bipartisan step forward to combat opioid abuse. This issue hits close to home, all of our homes.

The State of Oregon ranked near the top or at the top for nonmedical use of prescription pain relievers in the Nation. With opioid prescriptions serving as a gateway to heroin, it is no surprise that deaths from drug overdoses have surpassed those of car accidents in my State.

Last week, in Medford, Bend, and Hermiston, I hosted roundtables with community leaders and affected families to talk about what they are seeing on the front lines.

Physicians, first responders, members of law enforcement, and families all were there sharing their stories, talking about how important the work we are doing here today is to them and our communities. All of them are on the ground combating this problem every day. We had excellent discussions.

H.R. 4641, in addition to the 17 other bipartisan bills we are voting on this week, will help combat this epidemic. This bill will help prevent lawful prescription use from spiraling into abuse by developing best practices for the treatment of pain.

In Medford, I heard from a father who had seen the impacts of addiction on his own family. His sister, who was a nurse, died of an overdose after years of suffering from addiction and bouncing between pharmacies, passing off forged prescriptions.

□ 1400

He spoke about how better tracking and treatment could have helped catch his sister's problem earlier and, perhaps, made counseling more effective. As it was, she was only caught because two pharmacies in a small town happened to check with each other. You see, by then, it was too late.

Today, this man is working to help his son with an addiction that started with a prescription for a high school sports injury that drifted into a heroin addiction. He spoke to the importance of counseling, support, and trying to avoid addiction through better prescribing practices.

Echoing those sentiments, a therapist I spoke to in Hermiston experienced 10 years of addiction of opioids after she was prescribed painkillers for a broken foot. Then when she tried to overcome this addiction, she could not find any help. So she traveled more than 5 hours, from Milton-Freewater, Oregon, to Marysville, Washington, because she could not find a physician in her region to prescribe Suboxone, an important medicine to help people break free from opioids.

Addiction is an equal opportunities destroyer. It crosses all segments and regions of our country, and often the disease shows no symptoms.

One emergency room physician relayed a story about a recent patient he had no reason to believe had an addiction problem until he saw in the database that the patient just received 60 pills the week before.

Opioids are highly effective at providing relief and improving the quality of life for those in debilitating pain. But if we don't know how to appropriately prescribe them, it's no wonder we got to this place. We need to increase access to counseling, medication-assisted therapy and treatment for those battling addiction. Echoing what I heard from health practitioners across my district, opioid addiction is a biopsychosocial disease—it's as complicated as diabetes and requires a multi-pronged approach.

That's why it is so important that we pass H.R. 4641 and all of these bills this week to give health providers, first responders, law enforcement, and those battling addiction the tools they need to overcome the epidemic of opioid abuse.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentlewoman from

New Mexico (Ms. MICHELLE LUJAN GRISHAM).

Ms. MICHELLE LUJAN GRISHAM of New Mexico. I thank my colleague for yielding time.

Mr. Chairman, opioid abuse has become, as we have heard today, a critical national issue as 78 Americans are killed by heroin and prescription drug overdoses each day, and drug overdoses are now the leading cause of injury-related deaths in the United States.

The number of unintentional overdose deaths from prescription painkillers almost quadrupled between 1999 and 2013; but as bad as the opioid epidemic is across the country, it is much more severe in my home State of New Mexico, which has had one of the highest rates of overdose deaths in the country for several years. Unfortunately, it is getting worse. From 2013 to 2014, the death rate from drug overdoses in New Mexico increased 21 percent. Rio Arriba County, New Mexico, has the highest overdose death rate in the Nation—one in 500 people dies from overdose—which is about six times the national average.

The over-prescription of opioids for pain management is part of the problem, and an increasing number of patients is becoming dependent on these powerfully addictive medications. In fact, 259 million opioid prescriptions were written in 2012—more than one for every adult in the United States. Once addicted to these prescription opioids, many then turn to heroin and to synthetic opioids due to their increased availability, lower prices, and higher purity.

We must act to respond to this public health crisis, but we need to do it in a balanced way. We need to be mindful of the millions of Americans who suffer from chronic pain. We need to ensure that patients and providers continue to have access to the best, most medically appropriate course of treatment while cutting off access to those who abuse the system.

This is why I strongly support H.R. 4641, which would establish an interagency task force to review and update medical best practices for pain management and prescribing pain medication; but we can't stop here. We have to do more than just study the problem, because only 11 percent of Americans who need treatment for substance abuse are receiving it. Many of those who remain find themselves in our criminal justice system. Our prisons have become de facto treatment centers. More than 65 percent of our prison population has a substance abuse problem.

We have to provide the funds necessary to fully invest in opioid prevention, rehabilitation, and treatment programs. We have to support the placement of substance abuse treatment providers in the communities that are most in need, like Rio Arriba County. We have to improve access to the overdose reversal drug, naloxone, which can help save countless lives every year.

I urge my colleagues to support this legislation, which will address this disease that has destroyed the lives of so many.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Chairman, I rise in support of H.R. 4641.

Prescription drug abuse, particularly with opioids, has become a national epidemic. It affects all of our communities. The bill before us today will authorize an important task force to determine and disseminate best practices for pain management.

The need for best practice guidelines was highlighted last week during a substance abuse panel I hosted in my district with Office of National Drug Control Policy Director Botticelli. One woman shared her story of addiction and struggle to receive help following a surgery she had had as a 15-year-old gymnast. We must give people like her the tools they need for prevention and treatment in order to stop the spread of this epidemic.

I thank the gentlewoman for sponsoring this bill. Please support this great bill.

Mr. PALLONE. Mr. Chairman, I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield 2 minutes to the gentleman from North Dakota (Mr. CRAMER).

Mr. CRAMER. I thank Mrs. BROOKS for her leadership on this—Mr. KENNEDY's as well—and for bringing this important legislation to our committee and to the floor.

Mr. Chairman, I rise to support H.R. 4641.

With heroin addiction now being three times greater than it was a decade ago, we know it doesn't matter where you come from. Whether you are on an Indian reservation, on a farm, in the middle of a city, in a suburb, in a small town, or whether you are in a Fargo high school, at the University of North Dakota in Grand Forks, or at Bismarck State College, it doesn't matter what your lot is in life. It doesn't matter what your income level is. It doesn't matter what your social status is. This opioid abuse crisis affects people from all walks of life, and it is about time we acknowledged it and tried to deal with it at this level.

This bill is pretty basic, but is pretty profound as well because it takes advantage of the collective opportunity of the collective talents, experiences, and backgrounds of the people on the ground who are dealing with it every day. It brings it all together and facilitates it at every level of government in every community and in every State whether it is North Dakota or Indiana or Massachusetts. It is the beginning, I believe, of a profound solution.

Just as much as anything, I applaud the efforts of the leadership who brought this to us, and I grieve with so many parents as we have heard their stories. This year, in the Fargo, North Dakota, area alone, there have been a minimum of 10 fatal overdoses because of this crisis.

I will stand shoulder to shoulder with anybody and everybody in this Chamber, as well as in the Chamber on the other side of the Capitol, to help solve this problem.

Mr. PALLONE. Mr. Chairman, I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Chairman, I rise in support of H.R. 4641 so we can continue to involve the practices of pain management and the prescribing of pain medication to fight the opioid abuse epidemic in this country.

As a lifelong pharmacist, I have provided prescription medications to Americans for over 30 years. In that time, I have personally witnessed the struggles that both medical professionals and patients face with prescription drug abuse.

There are many steps that must be taken to address this epidemic. One priority should be to involve practices related to pain management and the prescribing of pain medication. This bill does just that. This bill creates an interagency task force to continually review, modify, and update best practices for pain management and prescribing pain medication. Through the new task force, experts in fields related to prescription drug abuse and pain management will be able to involve best industry practices that will give clarity to our fight against this epidemic.

I commend Representative BROOKS and the Committee on Energy and Commerce for their work on this bill, and I encourage all of my colleagues to support this measure.

Mr. PALLONE. Mr. Chairman, I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield myself the balance of my time.

I thank all of my colleagues. I thank particularly the leadership of the Committee on Energy and Commerce. There have also been other committees—the Judiciary Committee, the Committee on Education and the Workforce—that have been working on bills. This is not something that any one Member of this body has truly been a leader on. So many different Members have been leading on this because it has affected our communities, our families, our neighborhoods.

I urge my colleagues to vote ''yes'' on this important bill because, as the gentleman from North Dakota said, the Federal Government has not done enough yet. This will be an opportunity for us to bring together all of the Federal agencies that are involved in this problem, which have been part of the problem, and try to change the way our prescribers throughout the country work on the pain management issues the country faces, which, hopefully, will yield a much lower overdose

rate—a rate which now exceeds the motor traffic fatalities in this country and which is the leading cause of calls to our poison centers. More importantly, it has devastated so many parents and friends who have found their friends who have overdosed from either heroin or opioids.

I am so pleased that we are finally beginning to recognize that we cannot arrest our way out of this problem. It is a disease. It is something that so many people cannot stop on their own. They need help. With all of these experts coming together on this task force to provide the best practices for the country, I hope we can turn the tide and save many lives.

I urge the bill's passage by my colleagues.

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

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

I ask all of my colleagues to support this bill. As I said, this interagency task force is an important part of this larger opioid package that we produced in the Committee on Energy and Commerce on a bipartisan basis. I know the rest of those bills are going to come up on suspension—or most of them—this afternoon. I can't emphasize enough the importance of this package, as well as this bill, as being part of it.

I yield back the balance of my time.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

It shall be in order to consider as an original bill for the purpose of amendment under the 5-minute rule the amendment in the nature of a substitute, recommended by the Committee on Energy and Commerce, printed in the bill. The committee amendment in the nature of a substitute shall be considered as read.

The text of the committee amendment in the nature of a substitute is as follows:

H.R. 4641

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. DEVELOPMENT OF BEST PRACTICES FOR THE USE OF PRESCRIPTION OPIOIDS.

(a) DEFINITIONS.—In this section—

(1) the term ''Secretary'' means the Secretary of Health and Human Services; and

(2) the term ''task force'' means the Pain Management Best Practices Inter-Agency Task Force convened under subsection (b).

(b) INTER-AGENCY TASK FORCE.—Not later than December 14, 2018, the Secretary, in cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best Practices Inter-Agency Task Force to review, modify, and update, as appropriate, best practices for pain management (including chronic and acute pain) and prescribing pain medication.

(c) MEMBERSHIP.—The task force shall be comprised of—

(1) representatives of—

(A) the Department of Health and Human Services;

(B) the Department of Veterans Affairs;

(C) the Food and Drug Administration;

(D) the Department of Defense;

(E) the Drug Enforcement Administration;

(F) the Centers for Disease Control and Prevention;

(G) the Health Resources and Services Administration;

(H) the Indian Health Service;

(I) the National Academy of Medicine;

(J) the National Institutes of Health;

(K) the Office of National Drug Control Policy; and

(L) the Substance Abuse and Mental Health Services Administration;

(2) State medical boards;

(3) physicians, dentists, and nonphysician prescribers;

(4) hospitals;

(5) pharmacists and pharmacies;

(6) experts in the fields of pain research and addiction research;

(7) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community;

(C) the addiction treatment and recovery community;

(D) pain advocacy groups; and

(E) groups with expertise on overdose reversal;

(8) a person in recovery from addiction to medication for chronic pain;

(9) a person with chronic pain; and

(10) other stakeholders, as the Secretary determines appropriate.

(d) DUTIES.—The task force shall—

(1) not later than 180 days after the date on which the task force is convened under subsection (b), review, modify, and update, as appropriate, best practices for pain management (including chronic and acute pain) and prescribing pain medication, taking into consideration—

(A) existing pain management research;

(B) recommendations from relevant conferences and existing relevant evidence-based guidelines;

(C) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies, including consideration of differences within and between classes of opioids, the availability of opioids with abuse deterrent technology, and pharmacological, nonpharmacological, and medical device alternatives to opioids to reduce opioid monotherapy in appropriate cases;

(D) the management of high-risk populations, other than populations who suffer pain, who—

(i) may use or be prescribed benzodiazepines, alcohol, and diverted opioids; or

(ii) receive opioids in the course of medical care; and

(E) the 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention;

(2) solicit and take into consideration public comment on the practices developed under paragraph (1), amending such best practices if appropriate; and

(3) develop a strategy for disseminating information about the best practices developed under paragraphs (1) and (2) to prescribers, pharmacists, State medical boards, educational institutions that educate prescribers and pharmacists, and other parties, as the Secretary determines appropriate.

(e) LIMITATION.—The task force shall not have rulemaking authority.

(f) REPORT.—Not later than 270 days after the date on which the task force is convened under subsection (b), the task force shall submit to Congress a report that includes—

(1) the strategy for disseminating best practices for pain management (including chronic and acute pain) and prescribing pain medication, as developed under subsection (d);

(2) the results of a feasibility study on linking the best practices described in paragraph (1) to receiving and renewing registrations under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)); and

(3) recommendations for effectively applying the best practices described in paragraph (1) to improve prescribing practices at medical facilities, including medical facilities of the Veterans Health Administration and Indian Health Service.

The CHAIR. No amendment to the committee amendment in the nature of a substitute shall be in order except those printed in part A of House Report 114–551. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MS. BROWNLEY OF CALIFORNIA

The CHAIR. It is now in order to consider amendment No. 1 printed in part A of House Report 114–551.

Ms. BROWNLEY of California. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, line 11, strike ''and''.

Page 4, line 13, insert ''and'' after the semicolon.

Page 4, after line 13, insert the following:

(M) the Office of Women's Health;

The CHAIR. Pursuant to House Resolution 720, the gentlewoman from California (Ms. BROWNLEY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman.

Ms. BROWNLEY of California. Mr. Chairman, I rise to offer a very straightforward amendment to H.R. 4641.

The amendment would include the Office of Women's Health in the interagency task force created under the bill.

As we all know, the underlying bill includes a list of Federal agency representatives to be included in the interagency task force, which will review, modify, and update best practices for pain management and prescribing pain medication.

However, the bill does not currently include the Office of Women's Health. The Office of Women's Health, within the U.S. Department of Health and Human Services, was established in 1991 to improve the health of women by advancing and coordinating a comprehensive women's health agenda to address healthcare prevention and service delivery.

The Office of Women's Health works with numerous government agencies, nonprofit organizations, consumer groups, and associations of healthcare professionals to coordinate and advance policies and programs that best meet the unique healthcare needs of women.

□ 1415

As a national leader in the health of women and girls, the Office of Women's Health has critical specialized expertise that will help the interagency pain management task force address the unique pain management needs of women who may be pregnant or who may be nursing.

This expertise is desperately needed because opioid abuse among women has increased substantially in recent years. In fact, according to the Centers for Disease Control and Prevention, the number of women who fall victim to an opioid-related fatality increased an alarming 400 percent from 1999 to 2010, totalling 48,000 women who have died during that span of time.

During this decade, opioid abuse among women increased more than abuse of any other drug, including cocaine and heroin. Shockingly, the CDC reports that in 2010, 18 women per day died of a prescription painkiller overdose, accounting for nearly 7,000 women in total.

It is critically important that we include experts on women's health in the opioid task force. Women who are pregnant or who may be nursing have specialized healthcare needs, and the Office of Women's Health is uniquely qualified to ensure that the interagency task force takes the needs of women and girls into account as it examines best practices for pain management in prescribing pain medication.

I urge my colleagues to support this commonsense amendment.

I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support the amendment.

The CHAIR. Without objection, the gentlewoman from Indiana is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. At this time, I thank the gentlewoman from California for the amendment. I think it strengthens the bill. I think it is very important that the Office of Women's Health is added to the task force. So many of us have had the opportunity to visit NICUs in hospitals and have seen drug-addicted babies. So I do believe that having the perspective of the Office of Women's Health would be critically important.

So often women's health has not been given the proper attention that it deserves, and I would ask for support of the amendment.

I yield back the balance of my time.

Ms. BROWNLEY of California. Mr. Chairman, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Chairman, I want to urge all my colleagues on this side of the aisle to support the bill as well.

Ms. BROWNLEY of California. Mr. Chairman, I thank the gentleman from New Jersey and the gentlewoman from Indiana. I think we all realize the importance of ensuring that this interagency task force is effective and works, and I think the eyes on specific healthcare needs of women and girls is most important.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from California (Ms. BROWNLEY).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MRS. BROOKS OF INDIANA

The CHAIR. It is now in order to consider amendment No. 2 printed in part A of House Report 114–551.

Mrs. BROOKS of Indiana. Mr. Chairman, as the designee of the gentleman from Georgia (Mr. CARTER), I offer amendment No. 2.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, line 15, strike ''physicians'' and insert ''subject to subsection (d), physicians''.

Page 4, line 18, strike ''pharmacists'' and insert ''subject to subsection (d), pharmacists''.

Page 5, after line 10, insert the following:

(d) CONDITION ON PARTICIPATION ON TASK FORCE.—An individual representing a profession or entity described in paragraph (3) or (5) of subsection (c) may not serve as a member of the task force unless such individual—

(1) is currently licensed in a State in which such individual is practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, a State in which the entity is engaged in business); and

(2) is currently practicing (as defined by such State) such profession (or, in the case of an individual representing an entity, the entity is in operation).

Page 5, line 11, strike ''(d)'' and insert ''(e)''.

Page 7, line 1, strike ''(e)'' and insert ''(f)''.

Page 7, line 3, strike ''(f)'' and insert ''(g)''.

The CHAIR. Pursuant to House Resolution 720, the gentlewoman from Indiana (Mrs. BROOKS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Indiana.

Mrs. BROOKS of Indiana. Mr. Chairman, this amendment simply would require that any of the individuals who are appointed to the task force under H.R. 4641, whether they be a physician, a dentist, a nonphysician prescriber, or pharmacist who is eventually appointed by the lead of Health and Human Services, that that individual shall be a licensed prescriber and practicing in their appropriate State or that they, at a minimum, should have an active license and that they should be a practicing prescriber in that State.

I urge my colleagues to adopt this amendment.

I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I claim the time in opposition, but I support the amendment.

The CHAIR. Without objection, the gentleman from New Jersey is recognized for 5 minutes.

There was no objection.

Mr. PALLONE. Mr. Chairman, I urge my colleagues to support the amendment.

I yield back the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Indiana (Mrs. BROOKS).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. GRAYSON

The CHAIR. It is now in order to consider amendment No. 3 printed in part A of House Report 114–551.

Mr. GRAYSON. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 18, insert the following (and redesignate the subsequent paragraphs accordingly):

(6) first responders;

The CHAIR. Pursuant to House Resolution 720, the gentleman from Florida (Mr. GRAYSON) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida.

Mr. GRAYSON. Mr. Chairman, my amendment would ensure that first responders are included for membership on the Pain Management Best Practices Interagency Task Force. This is a commonsense amendment.

First responders, like police officers and other emergency room staff, are the first on the scene when a person overdoses. And they are the first to administer emergency treatments and resuscitation programs. These are the people who have the first contact with victims of opioid overdose.

It would make sense that if we are putting together a task force to address the terrible opioid problem—and specifically pain management best practices—we should include the views and opinions of those who are first on the scene and in the best position to save lives.

Being first on the scene to overdose emergencies, first responders often interact with patients in pain. Yet, most first responders, especially EMS responders, have no pain management standards as part of their accreditation.

The Commission on Accreditation of Ambulance Services does not include a pain management standard as part of its clinical assessment, nor is pain management a major part of EMS education. As a result, first responder attitudes vary. According to a 2012 Yale study, there is a widespread reluctance within the EMS community to administer opioids to those who legitimately need it out of a fear—perhaps unfounded—that patients could be addicts seeking drugs.

First responders certainly do encounter people who are not prescription painkiller dependent. However, it is often not possible for paramedics to know with certainty if a patient is an addict or even whether the addict is also experiencing legitimate pain.

This level of uncertainty and varying degrees of attitudes within the first responder community, along with the

unique experience and insight into the opioid epidemic, warrants the inclusion of first responders to the Pain Management Best Practices Interagency Task Force membership.

Mr. Chairman, this is very simple, we are putting together a Pain Management Best Practices Interagency Task Force. We should include police officers. We should include paramedics. We should include people who are on the front lines of fighting this battle every day that is a battle of life and death.

I urge the support of my amendment.

I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition.

The CHAIR. The gentlewoman from Indiana is recognized for 5 minutes.

Mrs. BROOKS of Indiana. Mr. Chairman, for the record, I support the amendment.

I yield back the balance of my time.

Mr. GRAYSON. Mr. Chairman, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from Florida (Mr. GRAYSON).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MS. CLARK OF MASSACHUSETTS

The CHAIR. It is now in order to consider amendment No. 4 printed in part A of House Report 114–551.

Ms. CLARK of Massachusetts. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 20, insert the following:

(7) experts in the fields of adolescent and young adult addiction research;

Page 4, line 21, strike ''(7)'' and insert ''(8)''.

Page 5, line 6, strike ''(8)'' and insert ''(9)''.

Page 5, after line 7, insert the following:

(10) a person in recovery from addiction to medication for chronic pain, whose addiction began in adolescence or young adulthood;

Page 5, line 8, strike ''(9)'' and insert ''(11)''.

Page 5, line 9, strike ''(10)'' and insert ''(12)''.

Page 6, line 13, strike ''and''.

Page 6, after line 13, insert the following:

(E) the distinct needs of adolescents and young adults with respect to pain management, pain medication, substance use disorder, and medication-assisted treatment; and

Page 6, line 14, strike ''(E)'' and insert ''(F)''.

The CHAIR. Pursuant to House Resolution 720, the gentlewoman from Massachusetts (Ms. CLARK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Massachusetts.

Ms. CLARK of Massachusetts. Mr. Chairman, a special thanks to Congresswoman BROOKS, Congressman KENNEDY, and Congressman PALLONE for introducing this important bipartisan bill to address a devastating public health crisis.

The opioid epidemic is a scourge on this country. In my district alone, 400 people have died in the last 4 years as a direct result. As we all know, there is no silver bullet to fix this problem. But what we can do and what we must do is find every possible way to help those people already affected and stop it from reaching more victims.

When substance use disorder starts in adolescence, it affects key development and societal changes in young people's lives. It can interfere with the brain's ability to mature properly and have potentially lifelong consequences.

We know that a large majority of adults in substance abuse treatment start using prior to the age of 18, and we need to make sure that the voices of adolescents and young adults are heard in this conversation.

The underlying bill establishes a pain management task force that will include many different stakeholders and experts. This amendment would add an expert in adolescent and young adult addiction and a person in recovery from addiction to medication for chronic pain that began in adolescence or young adulthood to the bill's list of experts.

This amendment would also call on the task force to consider the distinct needs of adolescents and young adults as it develops best practices for pain management and medication.

Mr. Chairman, this is a commonsense amendment to help our young people dealing with this epidemic. I urge its passage.

I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I do support the amendment.

The CHAIR. Without objection, the gentlewoman from Indiana is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I very much want to thank the gentlewoman from Massachusetts (Ms. CLARK). I believe that this does strengthen the task force. I appreciate and welcome the attention and focus on adolescents.

We had the opportunity to travel to the NIH and to learn so much about the research that is being done there. I believe in having an expert in adolescent and young adult addiction because we do know that that is where it so very often begins. So I appreciate and thank the gentlewoman for strengthening the bill.

I yield back the balance of my time.

Ms. CLARK of Massachusetts. Mr. Chairman, I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentlewoman from Massachusetts (Ms. CLARK).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. PALLONE

The CHAIR. It is now in order to consider amendment No. 5 printed in part A of House Report 114–551.

Mr. PALLONE. Mr. Chairman, I rise as the designee of the gentleman from Massachusetts (Mr. MOULTON) to offer amendment No. 5.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 5, line 3, strike ''and''.

Page 5, after line 3, insert the following:

(E) veteran service organizations; and

Page 5, line 4, strike ''(E)'' and insert ''(F)''.

The CHAIR. Pursuant to House Resolution 720, the gentleman from New Jersey (Mr. PALLONE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Jersey.

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Mr. PALLONE. Mr. Chairman, this amendment by the gentleman from Massachusetts (Mr. MOULTON) would basically add representatives of veterans service organizations to the Pain Management Best Practices Inter-Agency Task Force that we have discussed and that we support on a bipartisan basis. I urge support for Mr. MOULTON's amendment.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support this amendment.

The CHAIR. Without objection, the gentlewoman from Indiana is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, while the task force was designed with the Veterans Administration as a key member of the task force, I do believe that this bill would strengthen the task force in that representatives from veterans service organizations often speak on behalf of and are the first line of defense and advocates for veterans.

Obviously, as we know, veterans seek their medical treatment often from VA hospitals and VA facilities. We know that there has been a significant problem with overprescribing at some of our VA facilities. I believe that this amendment will strengthen the task force and the bill. I urge passage or adoption of the amendment.

I yield back the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield such time as he may consume to the gentleman from Massachusetts (Mr. MOULTON), the sponsor of the amendment.

Mr. MOULTON. Mr. Chairman, the addiction epidemic has touched every community and demographic in America, but our veterans have been hit particularly hard. Veterans suffer from chronic pain at a higher rate than the civilian population, often due to injuries they sustained during their service. This puts our veterans at high risk of developing addiction and presents unique challenges as they search for ways to cope with the pain caused by the wounds of war.

The results of veteran addiction are tragic. Approximately 68,000 veterans struggle with opioid use. Veterans are also almost twice as likely to die from accidental opioid overdoses than non-veterans.

We need to do more to ensure that we are not losing veterans to the disease of addiction, while also ensuring that

they get the absolute best care possible when they return home. That is why it is imperative that the veteran community has a seat at the table as we begin the process of reviewing and updating our pain management best practices.

By adding a representative of a veterans service organization to the interagency task force created by this bill, my amendment will ensure that the unique challenges our veterans face are part of the conversation.

In closing, I would like to thank my colleagues, the gentleman from New York (Mr. ZELDIN) and the gentleman from Minnesota (Mr. WALZ), for their bipartisan cosponsorship and the Iraq and Afghanistan Veterans of America, Vietnam Veterans of America, American Legion, Paralyzed Veterans of America, and Boston Scientific for their support of this amendment.

I urge my colleagues to support this amendment.

Mr. PALLONE. Mr. Chairman, I urge support for the amendment.

I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New Jersey (Mr. PALLONE).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. NOLAN

The CHAIR. It is now in order to consider amendment No. 6 printed in part A of House Report 114–551.

Mr. NOLAN. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 5, line 8, strike ''and''.

Page 5, after line 8, insert the following:

(10) an expert on active duty military, armed forces personnel, and veteran health and prescription opioid addiction;

Page 5, line 9, strike ''(10)'' and insert ''(11)''.

The CHAIR. Pursuant to House Resolution 720, the gentleman from Minnesota (Mr. NOLAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Minnesota.

Mr. NOLAN. Mr. Chairman, Members of the House, my amendment simply would ensure that the concerns and the interests of Active-Duty members of our Armed Forces and veterans have their interests and concerns taken into consideration by the interagency task force.

The simple truth is that there is a greater need and use of opioids among Active Duty and veterans of our Armed Forces simply because of the many serious accidents and injuries that they incur in combat and in training.

Over half of the Iraq and Afghanistan veterans have had to use opioids as painkillers from the accidents and the injuries that they have suffered. That is well over half a million of our finest and bravest citizens here in this country, and an 80 percent increase in its use over the last decade.

I would be remiss if I didn't point out as well that overdose from opioids is twice the rate among our Active-Duty servicemembers and veterans of that of the general population. Also, I would be remiss if I didn't point out that, because of problems that we have been seeing in the Veterans Administration with veterans having a difficult time sometimes getting appointments to get their prescriptions filled, they have been tragically forced to go to alternative street measures, including heroin, with disastrous consequences for our soldiers and our veterans. Our veterans, our men and women of the Armed Forces, deserve better.

This is a growing problem, a growing concern, and my amendment would simply require that they be represented on this interagency task force so that their interests, their concerns can be properly reflected and reported in the findings and results of this interagency task force.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support the amendment as well.

The CHAIR. Without objection, the gentlewoman from Indiana is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I want to thank the gentleman from Minnesota, again, for strengthening the representation on the task force. While I do feel that the VSOs are a strong voice for veterans and will continue to be, I believe the addition specifically of Active-Duty military is something that would be a very strong voice. While DOD is represented on the task force, I think actually having specific Active-Duty military personnel and those who are currently serving and are currently dealing with their pain as a result of their service would be an important addition.

I thank the gentleman, and I urge passage of the amendment.

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

Mr. NOLAN. Mr. Chairman, I want to thank the gentlewoman from Indiana (Mrs. BROOKS) for her leadership on this important issue and her support for this important amendment, most importantly the great work she is doing here on behalf of our veterans and our men and women in the Armed Forces.

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

The CHAIR. The question is on the amendment offered by the gentleman from Minnesota (Mr. NOLAN).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MRS. WATSON COLEMAN

The CHAIR. It is now in order to consider amendment No. 7 printed in part A of House Report 114–551.

Mrs. WATSON COLEMAN. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 5, line 8, strike ''and''.

Page 5, after line 8, insert the following:

(10) an expert in the field of minority health; and

Page 5, line 9, strike ''(10)'' and insert ''(11)''.

The CHAIR. Pursuant to House Resolution 720, the gentlewoman from New Jersey (Mrs. WATSON COLEMAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from New Jersey.

Mrs. WATSON COLEMAN. Mr. Chairman, this amendment would simply ensure that, as we address what has rightly been called an epidemic, we consider the unique impacts and issues of drug addiction for minority communities by adding an expert on minority health to the task force that is created by this bill.

The dangers of opiate addiction are apparent across the board. Abuse of prescription opioids has contributed to a flood of cheap heroin to all communities.

Over the past 4 years, we have seen a 269 percent increase in heroin overdose deaths in White communities, but also a 213 percent increase in Black communities, 137 percent increase in Latino communities, and 236 percent in Native American communities.

With that in mind, it is important to remember that the opiate epidemic—both heroin and its prescription painkiller counterparts—looks very different from the perspective of communities of color. The compassion and clemency that we are showing now and the evidence-based solutions we are embracing were needed long ago, way before abuse by predominantly White and suburban communities.

As we craft the tools to solve this crisis, we must ensure the policies we create will help everyone affected. Adding an expert in minority health to this task force helps to make sure that the diverse needs of all Americans are represented at the table. We still live in a world of significant biases.

Just last month, the University of Virginia released a study that found that White medical students and residents genuinely believed that Black patients were less sensitive to pain and had less sensitive nerve endings than White patients, bearing out at least one reason for the consistently documented lack of pain management provided to Black patients.

As we give this task force the vital task of improving how we prescribe some of the most powerful and still-critical medication for pain management, let's do our part to eliminate as much bias as possible. This amendment takes an important step toward reaching that goal. I hope my colleagues will support it.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support the amendment.

The CHAIR. Without objection, the gentlewoman from Indiana is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I thank the gentlewoman from New Jersey for this important addition to the task force. I think that she has brought forth some interesting points and some statistics with respect to the opioid abuse and addiction problems facing the minority community. A minority health expert that is very focused on this would add tremendous expertise to the depth of this task force. I support the amendment.

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

Mrs. WATSON COLEMAN. Mr. Chairman, I thank the gentlewoman from Indiana for her leadership and for her support of this initiative.

Let me close by adding this. We are considering a number of bills this week aimed at curing the opioid and heroin epidemics ravaging so many American families. As we do so, we need to consider two things:

First is that communities of color have unique needs that deserve just as much consideration. That is why I have offered this amendment, and it is a theme I hope to see continued in other legislation we will debate.

The second is that, when we head back to our districts on Friday after completing consideration of these bills, we should not wash our hands and walk away from this issue. We need to fund the programs we have authorized. We need to look back with a critical eye at the ways we criminalized addictions in the past and offer those whom we failed solutions that will allow them to reenter society. Our work cannot stop there. I urge my colleagues to support this amendment.

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

The CHAIR. The question is on the amendment offered by the gentlewoman from New Jersey (Mrs. WATSON COLEMAN).

The amendment was agreed to.

AMENDMENT NO. 8 OFFERED BY MS. KUSTER

The CHAIR. It is now in order to consider amendment No. 8 printed in part A of House Report 114–551.

Ms. KUSTER. Mr. Chairman, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 5, after line 18, insert the following:

(B) research on trends in areas and communities in which the prescription opioid abuse rate and fatality rate exceed the national average prescription opioid abuse rate and fatality rate;

Page 5, line 19, strike ''(B)'' and insert ''(C)''.

Page 5, line 22, strike ''(C)'' and insert ''(D)''.

Page 6, line 6, strike ''(D)'' and insert ''(E)''.

Page 6, line 14, strike ''(E)'' and insert ''(F)''.

The CHAIR. Pursuant to House Resolution 720, the gentlewoman from New Hampshire (Ms. KUSTER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from New Hampshire.

Ms. KUSTER. Mr. Chairman, the underlying bill before us authorizes the creation of an interagency task force to combat the opiate epidemic. I want to commend the gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from Massachusetts (Mr. KENNEDY) for their hard work on this issue.

This important legislation will make it easier to tackle this crisis in a holistic way that addresses all angles of the crisis, including law enforcement, education and prevention, and, most importantly, treatment and lifelong recovery.

I thank Congresswoman BROOKS and Congressman KENNEDY for their great work on this bill, as well as the leadership of the chair and the ranking member.

□ 1445

In fact, a similar provision to this legislation was included in the STOP ABUSE Act that I introduced with my colleague, Mr. GUINTA, last year. Today he has joined me in introducing this important bipartisan amendment that will further improve the scope of the task force's effort.

In New Hampshire and across the country, four out of every five heroin users started out misusing prescription opioid medication. Last year more than 25,000 people died across this country from overdoses on prescription drugs.

There are complex reasons for why we have seen such a dramatic rise in prescription drug misuse, but one of the causes that we must examine more closely is prescribing practices and overprescribing.

I recently joined my colleague, Congressman MOONEY of West Virginia, in introducing legislation that would address this problem. This amendment with Mr. GUINTA would help to shine more light on prescription drug misuse by requiring the task force to research addiction trends in communities with high rates of prescription drug misuse and overdoses.

This research will be invaluable in the effort to identify why this crisis is hitting certain regions of our country particularly hard and in identifying further potential corrections to prescribing practices that can be made.

I thank my colleagues for taking up such important legislation this week, and I urge support for this amendment.

I yield 2 minutes to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Chairman, I rise today in support of the amendment offered by my colleague, Congresswoman KUSTER, and myself, originally part of the STOP ABUSE Act that we authored earlier this year, as previously mentioned.

This amendment would simply require the task force to research addiction trends in communities with high rates of prescription drug abuse.

In our home State of New Hampshire, much of the heroin abuse we have seen today can be traced back to the overprescribing of narcotic drugs. This trend, which began in the 1990s, paved the way for the rampant heroin abuse that we are seeing today.

Last year, as you know, 430 people in our State died of an opioid overdose. This year that number is expected to be exceeded. So this amendment would research these trends so we can work to resolve the problem before the epidemic continues and expands. I would urge my colleagues to support this important amendment.

Again, I want to thank the gentlewoman from New Hampshire for her tireless work not just here, but on the Bipartisan Task Force to Combat Heroin Epidemic. We are clearly providing options and solutions to help those families in need.

Ms. KUSTER. Mr. Chairman, I will just close by thanking Mrs. BROOKS of Indiana for her leadership, Mr. KENNEDY for his leadership in offering this legislation, and thank Mr. GUINTA for this amendment.

I urge our colleagues to support this bipartisan amendment that will allow us to understand the underlying increase in the use of opioid medication and prescription drugs that are leading people into substance use disorder and, ultimately, sadly, into the use of heroin and fentanyl that is killing so many people in our homes and communities.

I yield back the balance of my time.

The Acting CHAIR (Mr. BYRNE). The question is on the amendment offered by the gentlewoman from New Hampshire (Ms. KUSTER).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MR. SCHIFF

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in part A of House Report 114–551.

Mr. SCHIFF. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 3, strike ''and''.

Page 6, line 5, before the semicolon insert ''and the coordination of information collected from State prescription drug monitoring programs for the purpose of preventing the diversion of pain medication''.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from California (Mr. SCHIFF) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. SCHIFF. Mr. Chairman, I rise today to offer an amendment to H.R. 4641 that will require the interagency task force created by this legislation to study and report on the coordination of information collected from state prescription drug monitoring programs, or PDMPs, as part of its effort to update best practices for pain management strategies.

State PDMPs play a critical role in preventing the diversion of pain medication as well as other controlled substances. Chief among their benefits, access to a State PDMP provides an invaluable resource to prescribing physicians by allowing them to review a patient's history of prescription drugs and to spot signs of opioid abuse so that they may proactively refer a patient to substance abuse treatment, if appropriate. They allow medical professionals to intervene before an addiction spirals out of control.

Now active in 49 States, PDMPs can also inform prescribing physicians if a patient has recently accessed pain medication elsewhere and help to detect potential doctor-shopping activities by individuals with no legitimate medical need. Further, PDMPs also play an important role in identifying forged or stolen prescriptions.

While information sharing between some adjacent State PDMPs currently exists to prevent illicit doctor-shopping activities from occurring across State lines, I believe it is time that we boost efforts to strengthen the sharing of information across all State PDMPs.

I recently met with physicians from my district who described from their experience how prevalent the issue of doctor shopping is, particularly in the State of California, and how it is becoming more and more common for individuals with histories of opioid abuse to attempt to receive illicit prescriptions in nearby States.

With passage of this amendment, I urge the task force to explore the benefits of potentially establishing a national PDMP that will vastly approve our ability to prevent and disincentivize doctor shopping in all regions of the country, and I look forward to working with other concerned Members on this important topic.

By requiring that the interagency task force include State PDMP information as it formulates its expert input and improves prescribing guidelines, we will be able to better understand what is and isn't working and how we may be able to harness the power of State PDMPs to develop an effective national response to the opioid crisis that has devastated communities across the country.

It is beyond doubt that prescription drug monitoring programs serve an invaluable purpose, and any effort to address overprescription must include consideration of important data that is gleaned across State PDMPs.

While I hope that this Congress will ultimately provide the necessary resources to assure we are able to develop and implement a comprehensive plan to prevent opioid addiction and increase access to treatment, the recommendations developed by the task force created under this bill are an important initial step that must come to pass before achieving that goal.

I urge support for this amendment and for the bill.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I am in support of the amendment.

The Acting CHAIR. Without objection, the gentlewoman is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I would like to thank the gentleman from California for offering this amendment.

We know from talking to a lot of physicians and medical educators as well that the use of these PDMPs is a critically important tool in their tool chest to combat against those patients who might be doctor shopping.

We know, though, that not all States use it. Not all prescribers actually check that PDMP system like they should. So I appreciate the Congressman's concept of a feasibility study as to whether or not there should be a national PDMP system, and I urge its passage.

I yield back the balance of my time.

Mr. SCHIFF. Mr. Chairman, I thank the gentlewoman for her support as well as all of her good work in trying to address the opioid crisis in the United States.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. SCHIFF).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MS. CLARK OF MASSACHUSETTS

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in part A of House Report 114–551.

Ms. CLARK of Massachusetts. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, after line 5, insert the following:

(D) ongoing efforts at the Federal, State, and local levels to examine the potential benefits of electronic prescribing of opioids, including any public comments collected in the course of those efforts;

Page 6, line 6, strike ''(D)'' and insert ''(E)''.

Page 6, line 14, strike ''(E)'' and insert ''(F)''.

The Acting CHAIR. Pursuant to House Resolution 720, the gentlewoman from Massachusetts (Ms. CLARK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Massachusetts.

Ms. CLARK of Massachusetts. Mr. Chairman, my amendment is simple. It directs the task force to consider any potential benefits from increasing the electronic prescribing of opioids.

We know that, with the increasing sophistication of health information technology, we have an opportunity to use that information for the benefit of our public health. We also know that paper prescriptions are subject to being stolen, copied, and misused.

While that is a fact, 67 percent of prescriptions nationally are ordered electronically, but the rate for controlled substances is less than 1 percent.

Electronic prescribing of opioids has the potential to provide data to help us identify problems, whether from a user or a prescriber, and focus our interventions on saving lives and preventing addiction.

Back home in my district, Cambridge Health Alliance has adopted electronic prescriptions for controlled substances and have found it reduces fraud and allows administrators to track prescription patterns and detect overprescribing. Electronic prescriptions can be a key tool in fighting this epidemic. I urge my colleagues to support this commonsense amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Massachusetts (Ms. CLARK).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. ROTHFUS

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in part A of House Report 114–551.

Mr. ROTHFUS. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 13, strike ''and''.

Page 6, after line 16, insert ''and'' after the semicolon.

Page 6, after line 16, insert the following:

(F) the practice of co-prescribing naloxone for both pain patients receiving chronic opioid therapy and patients being treated for opioid use disorders;

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Pennsylvania (Mr. ROTHFUS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. ROTHFUS. Mr. Chairman, I want to thank my good friend from Indiana for her leadership on this very important piece of legislation as well as the chairman and ranking member of the committee for working together to bring it to the floor today.

The United States is being ravaged by skyrocketing levels of prescription opioid and heroin abuse. This brutal epidemic has accounted for more than 28,000 American deaths in 2014, destroying families and devastating local communities alike.

My constituents in western Pennsylvania have been particularly hard hit. In the past two decades, there has been a 470 percent increase in drug overdose deaths. The vast majority of these have been heroin and opioid related.

Two weeks ago, at a local hospital in my district, five overdoses were treated in 1 day alone. In February, the same facility treated 20 overdoses in just 2 days.

We need meaningful and evidence-based solutions to combat this scourge. I have worked to help develop those solutions as part of the Bipartisan Task

Force to Combat the Heroin Epidemic and by holding roundtables with stakeholders in my district.

I strongly believe that the legislation we are considering today is another step forward in that process by creating an interagency task force to review and update best practices for pain management and prescribing pain medication.

As part of its work, the task force will consider various types of data and practices. For example, it must consider the existence and availability of different classes of opioids, including those with safety measures such as abuse deterrent technology. It must also consider how high-risk populations are managed by medical professionals.

The legislation has been entirely silent on the issue of naloxone, however. Thus, the amendment that I offered with my friend from Massachusetts (Mr. KEATING) simply seeks to have the task force take into consideration the practice of coprescribing this lifesaving drug as part of its work.

Naloxone has the ability to revive a victim who has suffered an overdoes within minutes. It is both safe and effective and has been used successfully to counteract more than 26,000 overdoses between 1996 and 2014. First responders who have seen what naloxone can do have referred to it as the miracle drug.

The American Medical Association and many community, State, and national groups have supported coprescribing naloxone to patients who are taking opioids as a critical part of the solution to the rising epidemic of opioid overdose-related deaths.

Considering the practice of coprescribing naloxone, particularly for high-risk populations or when other avenues of treatment have been tried and failed, it is an essential part of addressing the opioid and heroin epidemic.

By reviewing and updating best practices with respect to coprescribing naloxone, the interagency task force can ensure that health professionals at all levels, both inside and outside of government, are fully informed when prescribing and treating patients.

Simply put, Americans who are struggling with opioid and heroin addiction cannot be treated if they lose their lives to drug overdose. It is essential that we get naloxone into the hands that need it the most in a safe and effective manner. My amendment would ensure that the task force takes a close look at this.

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

□ 1500

Mr. KEATING. Mr. Chairman, I rise in support of Mr. ROTHFUS' amendment to H.R. 4641.

The Acting CHAIR. Without objection, the gentleman from Massachusetts is recognized for 5 minutes.

There was no objection.

Mr. KEATING. Mr. Chairman, I would like to thank my colleague from Pennsylvania (Mr. ROTHFUS).

I rise today in support of this amendment, our amendment. It is an amendment that I believe will move the task force to consider the practice of coprescribing of overdose reversal drugs such as naloxone as part of the review of its best practices for pain management and for prescribing pain medication.

Importantly, the medical community now realizes the need for having these important guidelines in place and having them being addressed, as over 80 percent of the AMA members have indicated they see the need for these guidelines now and the importance in terms of saving lives.

As a former district attorney, I took a public health approach a decade and a half ago, starting an Anti-Heroin Task Force. At the time, in our State, two people, on average, were dying every day from these overdoses. In just the last 6 years, that number has increased to almost four people a day.

As a Congressman, this hits really close to home to me because our latest stats in 2014 indicate that a quarter of the overdose deaths in Massachusetts occurred in counties in my district. Over 60 percent occurred in the cities of Fall River and New Bedford alone.

In fact, nearly twice the statewide average in Cape Cod, where the highest percentage of per capita rate of opioid-related overdoses occurs, represents a significant part of the epidemic in our Commonwealth.

Going forward, Mr. ROTHFUS and I introduced Co-Prescribing Saves Lives Act legislation to require Federal health agencies, including HHS, the Department of Defense, and the VA, to create guidelines for coprescribing naloxone alongside opioid prescriptions and making naloxone more widely available.

Our legislation creates a grant program as well, so the States will have the resources to do the same.

As our partnership shows, in an often divided Congress, we are coming together. We are coming together to confront a uniquely American epidemic.

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

Mr. ROTHFUS. Mr. Chairman, to close, increased access to naloxone, particularly for patients who are at high risk, has been identified as one of the most powerful tools for reducing the number of opioid and heroin-related overdose deaths.

Let's ensure that our health professionals are fully informed of this option when prescribing and treating patients.

I urge my colleagues to support this commonsense, bipartisan amendment.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. ROTHFUS).

The amendment was agreed to.

AMENDMENT NO. 12 OFFERED BY MS. CLARK OF MASSACHUSETTS

The Acting CHAIR. It is now in order to consider amendment No. 12 printed in part A of House Report 114–551.

Ms. CLARK of Massachusetts. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 13, strike ''and''.

Page 6, after line 16, insert the following:

(F) research that has been, or is being, conducted or supported by the Federal Government on prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults relative to any unique circumstances (including social and biological circumstances) of adolescents and young adults that may make adolescent-specific and young adult-specific treatment protocols necessary, including any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery;

(G) Federal non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in—

(i) preventing substance use by and substance use disorders among adolescents and young adults;

(ii) treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults; and

(iii) supporting long-term recovery among adolescents and young adults; and

(H) gaps that have been identified by Federal officials and experts in Federal efforts relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including gaps in research, data collection, and measures to evaluate the effectiveness of Federal efforts, and the reasons for such gaps;

The Acting CHAIR. Pursuant to House Resolution 720, the gentlewoman from Massachusetts (Ms. CLARK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Massachusetts.

Ms. CLARK of Massachusetts. Mr. Chairman, my amendment would direct the task force to consider the programs and research relative to adolescents and young adults.

We know that addiction and recovery often start early, and we need to focus research on how to address the unique needs of our adolescents and young adults.

We need to understand how years of opioid abuse can affect the development of the brain, how it affects the development of coping skills, and how we can best support our kids in long-term recovery.

Most importantly, there are many gaps in research on this subject, and we need to know the status of the current research and where we need to focus our resources.

Recently, I met a constituent named Ryan. In seventh grade, he started taking drugs. When he did, he told me he felt like he finally fit in, like he had found the answers to the problems he felt and the pain he felt.

By the time he was 13, he started drinking, taking pills, and stealing money from his family. His mother was panicked. The minute he walked out of the house he had to get high. He also felt powerless.

At 15, he became convinced he was a bad person. He felt ashamed that he couldn't change, not even for his mother.

The last time he relapsed, his mom told him he couldn't see friends anymore, and he threw a piece of glass at her.

She looked him in the eyes and said: I don't know who you are anymore.

He went into treatment for three additional months, and that treatment is what changed his life. He said that it saved him. One day at the sober house he remembers sincerely laughing for the first time, and he thought: There's hope for me.

All these little things he forgot about himself, like humor, kindness and empathy. He said: I no longer felt like the shell of a person.

He asked for our leadership for two things: the people in recovery need not to be ashamed. It is not what defines them, even when their addiction starts very young; and that we need to come up with funding for treatment.

Ryan is an inspiration to me, and we owe it to the young victims of this epidemic to focus on the unique impact of this public health crisis on adolescents and young adults.

I urge my colleagues to support this commonsense amendment.

I reserve the balance of my time.

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support the amendment.

The Acting CHAIR. Without objection, the gentlewoman is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I would like to, once again, thank the gentlewoman from Massachusetts for this important amendment. As she spoke, she reminded me of a visit that I made to a recovery high school; and there are more recovery high schools being created across the country.

But I think when I visited the recovery high school in Indianapolis, called Hope Academy, it reminded me, as I listened to these young people, of the very different needs, but the very, very serious desire that they have to find themselves again, as the gentlewoman just stated.

A young woman who was turning 17 the next day shared that it was going to be her first birthday in 3 years where she would be sober, and she thanked her classmates and her colleagues there as they sat in that circle, and asked that they help her make sure that she didn't go home that night and relapse because she couldn't remember a birthday, really, where she had been sober.

So I do believe that having more studies specifically with respect to the programs and the research about adolescents and young adults is critically important because that is where it all starts.

I support this amendment.

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

Ms. CLARK of Massachusetts. Mr. Chairman, again, I just want to thank the gentlewoman from Indiana for all her leadership and advocacy, and my good friend and colleague from the Commonwealth of Massachusetts (Mr. KENNEDY) for his as well. This bill and their work will make an incredible difference to families across the country.

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

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Massachusetts (Ms. CLARK).

The amendment was agreed to.

AMENDMENT NO. 13 OFFERED BY MS. ESTY

The Acting CHAIR. It is now in order to consider amendment No. 13 printed in part A of House Report 114–551.

Ms. ESTY. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 19, strike ''and''.

Page 6, line 25, strike the period and insert ''; and''.

Page 6, after line 25, insert the following:

(4) review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education.

Page 7, line 15, strike ''and''.

Page 7, line 20, strike the period and insert ''; and''.

Page 7, after line 20, insert the following:

(4) the modified and updated best practices described in subsection (d)(4).

The Acting CHAIR. Pursuant to House Resolution 720, the gentlewoman from Connecticut (Ms. ESTY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Connecticut.

Ms. ESTY. Mr. Chairman, I rise today in support of my amendment, which would empower the interagency task force to help communities spread awareness about the dangers of drug addiction through consumer education, and help medical providers more effectively and safely address patient pain management.

Along with my colleague, Representative KNIGHT, I proudly introduced this amendment that was inspired by bipartisan legislation that I introduced earlier this year, with Representatives KNIGHT and COSTELLO, and that was identified as a legislative priority by the Bipartisan Task Force to Combat the Heroin Epidemic that I proudly serve on with so many of my colleagues here in this House.

Mr. Chairman, there is not a community in this great country that hasn't been touched by drug addiction, not one. Addiction knows no bounds. It knows no race, no gender, no economic status, no party affiliation.

In January, I was honored to have James Wardwell, the Chief of Police in New Britain, Connecticut, join me for the President's State of the Union Address, and he came to join me because of his leadership and his concern about the need to address this growing public health crisis.

Chief Wardwell, and many other first responders, medical professionals, substance abuse counselors, family members, and recovering addicts, have worked with me to help craft legislation to address our growing epidemic of prescription drug and heroin addiction.

I am glad that today, this House is taking action. Today's legislation is an example of what we, in Congress, are supposed to be doing. Our job is to work together, Democrats and Republicans, to address the needs of the American people.

Whenever I go home to central and northwest Connecticut, at community forums in Torrington, at Congress on Your Corner events in Waterbury and the Farmington Valley, constituents come up to me and ask: What are you in Congress doing to help our families with the heroin epidemic?

The families in Connecticut and across this country who are losing loved ones to drug addiction cannot afford for us to wait. We need to act now.

Recovering from addiction is possible, but it is hard. So much of our effort to combat drug addiction is focused on helping folks get the treatment they need, and that is important, but it is not enough to treat the crisis. We must help prevent people from getting addicted in the first place.

Our bipartisan amendment does just that by directing the interagency task force to establish guidelines that help prescribers more effectively and safely manage their patients' pain, and that strengthens consumer education about opioid addiction.

Our amendment takes an important step toward preventing drug addiction. Those who prescribe narcotics would benefit from an increased education about the dangers of addiction and ways in which they can help minimize the risks associated with prescribing narcotics.

Those hardest hit by this epidemic would benefit from having access to educational materials in our schools, community centers, and from local law enforcement, that help warn people about the dangers of opioid use and possible addiction.

I am very encouraged that the House and Senate are taking action to address this public health crisis, and I will continue doing everything within my power to make addiction prevention a priority.

Opioid and heroin addiction have already taken so many young lives and

needlessly torn apart so many families. We can't wait for more lives to be destroyed before we take action.

So let's work together today to prevent our children, our students, our patients, our neighbors, our families, and our friends, from becoming victims of this terrible public health crisis. Let's work together today to stop drug addiction before it begins.

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

Mrs. BROOKS of Indiana. Mr. Chairman, I claim the time in opposition, but I support the amendment.

The Acting CHAIR. Without objection, the gentlewoman is recognized for 5 minutes.

There was no objection.

Mrs. BROOKS of Indiana. Mr. Chairman, I would like to thank the gentlewoman from Connecticut for this important amendment.

Certainly, the job of the interagency task force, besides producing best practices and reviewing and modifying and talking about them, is not just to generate a report that Congress will have, as I have said, sitting on a shelf someplace, and that our staff or the Congressional Research Service can look at and study; it is really meant to educate the public, to educate the public, whether or not they are people in schools, whether or not they are in our hospitals.

But I think, most importantly, we need to make sure that our prescribers are being educated. We have had roundtable discussions with our medical educators, and there is a push around the country, and I applaud that push around the country of our medical educators, whether it is in our med schools for physicians or for nursing programs, dental programs, but to try to start at a much earlier level in their medical education about the research and the studies and the best practices around opioids.

Certainly, as being a lawyer, we are required to do continuing medical or continuing legal education, and it is something that I know that physicians and prescribers are certainly required to get continuing medical education. I just want to continue to encourage and applaud them for seeking out that medical education around opioids. I think it is critically important.

With this amendment, I think it will strengthen and educate our prescribers about the need to continue to educate themselves on pain management practices and the use of opioids.

I urge the amendment's passage.

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

□ 1515

Ms. ESTY. Mr. Chairman, again, I would like to thank my colleague, Representative KNIGHT, for cosponsoring this amendment. I would like to thank the bipartisan leadership for taking up this issue, and my good friend, the gentlewoman from Indiana, Representative BROOKS, for her leadership. I would like to thank the advocates in Connecticut who have worked so tirelessly with me, Chief Wardwell and Shawn Lang, among others. Shawn Lang recently was recognized by the White House for her advocacy and leadership on this issue for many, many years.

Mr. Chairman, I urge my colleagues to support this amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Connecticut (Ms. ESTY).

The amendment was agreed to.

AMENDMENT NO. 14 OFFERED BY MR. WELCH

The Acting CHAIR. It is now in order to consider amendment No. 14 printed in part A of House Report 114–551.

Mr. WELCH. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, line 19, strike ''and''.

Page 6, line 25, strike the period and insert ''; and''.

Page 6, after line 25, insert the following:

(4) examine and identify—

(A) the extent of the need for the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids;

(B) the current status of research efforts to develop such alternatives; and

(C) the pharmacological, nonpharmacological, and medical device alternatives to opioids that are currently available that could be better utilized.

Page 7, line 15, strike ''and''.

Page 7, line 20, strike the period and insert ''; and''.

Page 7, after line 20, insert the following:

(4) the results of the examination and identification conducted pursuant to subsection (d)(4), and recommendations regarding—

(A) the development of new pharmacological, nonpharmacological, and medical device alternatives to opioids; and

(B) the improved utilization of pharmacological, nonpharmacological, and medical device alternatives to opioids that are currently available.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Vermont (Mr. WELCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Vermont.

Mr. WELCH. Mr. Chair, on January 8, 2014, an extraordinary thing happened in Vermont. Our Governor, Peter Shumlin, giving a State of the State Address, devoted its entirety to the opioid epidemic in Vermont. I remember how stunned people were that a Governor would take such a difficult topic and spend his entire address on it. I remember the reaction of many of my colleagues here, who said: Peter, isn't that dangerous? You are talking about something that is not great for the reputation of the State.

What, in fact, was great for the reputation of the State was that our Governor and our leaders acknowledged the existence of a problem that was creating heartbreak and heartache in all of our communities; and a problem acknowledged is the first step in dealing with a problem to be solved.

Since then, Vermont has been extraordinary in its efforts to attack this problem. Communities like Rutland, St. Albans, Barre, and Burlington have coordinated with the police force, with our medical providers and our hospitals to provide a treatment-based approach to helping folks who have an addiction to opioids—many of them coming by it as a result of prescriptions for legitimate medical needs.

We had, in Rutland, a community coming together to create Project VISION, which has faith-based groups, the police, and the medical community doing everything they can to basically give individual attention to folks who are trying to help themselves get off of opiates.

The problem continues to be severe, but what we have is a community that is fully engaged in it, including our State legislature, which provided funds for treatment—a treatment-based approach—to helping people with a hub-and-spoke system that is really working well. Folks who are getting prescriptions, folks who have a problem, an addiction, are getting access to methadone or other prescribed products, take that in a hub so it is supervised, and they are able then to go to work.

So this has been a situation in Vermont where, as a result of the Governor's focus on the problem, we have had community engagement to stem the tide of this issue.

It has been working, but challenges remain because we don't have enough treatment funds. This legislation is an important acknowledgment on the part of Congress that we are getting it, that across this country we are all being affected by the challenges that our communities face.

I thank the sponsors of this legislation, Mr. PALLONE, and Mr. UPTON, too, for their leadership.

My hope, by the way, is that we get the message, too, in Congress that we have got to send some funds back to our communities that are struggling with these programs. We can't micromanage the treatment here. It is up to the courageous people in our communities to do it, and some of the tax dollars that they send to us we have got to send back to them. That is why I, among others, am supporting an emergency appropriation of $600 million. That would help quite a bit.

The amendment that I have on this bill, which establishes an interagency task force to review, modify, and update the best practices for pain management, would ask that we also review developing nonopioid forms of pain relief. If opioids diminish pain but they create misery, let's find another way to do it and help our folks who need pain relief to get it.

The second thing, it would examine existing nonopioid alternatives that could be better utilized.

So this is tremendous that there has been such a bipartisan coming together

to sponsor practical steps that we can take. I see us in Congress as essentially acknowledging what Governor Shumlin identified as a real problem for us and we are hearing about in our communities. But I hope we are ready to take some next steps and actually focus on getting resources back to our communities that are doing the very, very challenging work at the local level where it needs to be done to help folks relieve themselves from the addiction of opioids.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Vermont (Mr. WELCH).

The amendment was agreed to.

AMENDMENT NO. 15 OFFERED BY MR. SESSIONS

The Acting CHAIR. It is now in order to consider amendment No. 15 printed in part A of House Report 114–551.

Mr. SESSIONS. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 6, after line 25, insert the following (and redesignate the subsequent subsections accordingly):

(e) CONSIDERATION OF STUDY RESULTS.—In reviewing, modifying, and updating, best practices for pain management and prescribing pain medication, the task force shall take into consideration existing private sector, State, and local government efforts related to pain management and prescribing pain medication.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Texas (Mr. SESSIONS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. SESSIONS. Mr. Chairman, I want to take time to recognize the gentleman from New Jersey, representing the Energy and Commerce Committee, and the gentlewoman from Indiana (Mrs. BROOKS) for their service not only to this conference, but also to the issues and the ideas that are being brought forth.

The gentlewoman from Indiana has served our Nation as a United States attorney in Indiana. She has been on the front line of battles, albeit a few years ago, but the front line of battles that the American people face, how we protect the American public from all sorts of things that get in our way as families and communities. But in this case today, she is serving as a Member of Congress firsthand to fight a problem with opioids. Opioids are a synthetic heroin, Mr. Chairman, and synthetic heroin is a national problem. It is a national problem and one which this Congress is undertaking.

We are following up today on the United States Senate bill and this bill that came through regular order in the House of Representatives under two primary committees. The Judiciary Committee and the Energy and Commerce Committee have addressed bills that are being debated today that will be passed, will be done in a bipartisan way, and will bring the best ideas of the House of Representatives to the plate. With that in mind, that is what I stand for today, sir, to do.

I join in, as my colleague from Vermont has done, in adding to this interagency task force with an amendment that I brought forth that I would ask us to consider. I will offer this amendment to ensure that the existing best practices of State and local governments, as well as the private sector, are specifically considered as the task force which was established by H.R. 4641 conducts their business.

Mr. Chairman, the opportunity for us to understand the amendment process means that not only I, but also other Members of this body, bring forth ideas that we think are the best ways to combat this problem. I believe in State and local governments. I believe in the private sector. I think they are the essence of, really, where the rubber meets the road on the solution of problems, not to kick around ideas and to find something that doesn't work, but to kick around ideas that do work.

Local communities, local governments, and the private sector collaborate back home daily. They do this in Dallas, Texas, which is my home, which I represent, and we have something that is called the Dallas Area Drug Prevention Partnership. It was established in 2007, and it represents what I believe is the best collaborative effort between local communities focusing on preventing drug abuse.

A few years ago, Dallas, Texas, the epicenter of something that was a heroin epidemic, was looking at a marketing effort by Mexican drug dealers with something that was called cheese. Cheese was a marketing effort, but it was heroin, and it was being packaged and sold as cheese. In fact, it caused the death of some 25 people in Dallas, Texas, very quickly before law enforcement recognized what the problem was.

Law enforcement worked with community leaders, church leaders, religious leaders, Boy Scout troops, Girl Scout troops, youth groups, YMCAs, and we got a handle on what the problem was. But it was not solved by the Federal Government. It was not done just by an interagency departmental group of people in Washington, D.C. It was solved with Washington, D.C., and with people back home who saw the problem firsthand, who took responsibility for the problem firsthand.

In this case, what we are trying to say is we are dealing with a nationwide epidemic, a nationwide epidemic which we have spoken very plainly about today that is one that is caused through opioid use and then the transition to heroin at some point in a person's life. It is creating thousands of deaths across our country. Something must be done. But the something to be done is a collaborative effort between the Federal Government, interagency responsibility up in Washington and other places back home, but with State and local organizations and with private sector organizations that really will be not just the boots on the ground, but many times with the best expertise about the best way to do it in the best place.

Mr. Chairman, I bring forth this amendment. I urge my colleagues to support this amendment and the underlying bill.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. SESSIONS).

The amendment was agreed to.

The Acting CHAIR. The question is on the committee amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The Acting CHAIR. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SESSIONS) having assumed the chair, Mr. BYRNE, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 4641) to provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes, and, pursuant to House Resolution 720, he reported the bill back to the House with an amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the amendment reported from the Committee of the Whole?

If not, the question is on the committee amendment in the nature of a substitute, as amended.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore (Mr. BYRNE). The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mrs. BROOKS of Indiana. 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 question will be postponed.

□ 1530

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