

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

on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

INFANT PLAN OF SAFE CARE IMPROVEMENT ACT

Mr. BARLETTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4843) to amend the Child Abuse Prevention and Treatment Act to require certain monitoring and oversight, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4843

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Infant Plan of Safe Care Improvement Act”.

SEC. 2. BEST PRACTICES FOR DEVELOPMENT OF PLANS OF SAFE CARE.

Section 103(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5104(b)) is amended—

(1) by redesignating paragraphs (5) through (8) as paragraphs (6) through (9), respectively; and

(2) by inserting after paragraph (4), the following:

“(5) maintain and disseminate information about the requirements of section 106(b)(2)(B)(iii) and best practices relating to the development of plans of safe care as described in such section for infants born and identified as being affected by illegal substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder;”.

SEC. 3. STATE PLANS.

Section 106(b)(2)(B)(iii) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)(2)(B)(iii)) is amended by inserting before the semicolon at the end the following: “to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through—”

“(I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and

“(II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver”.

SEC. 4. DATA REPORTS.

(a) IN GENERAL.—Section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by adding at the end of the following:

“(17)(A) The number of infants identified under subsection (b)(2)(B)(ii).

“(B) The number of infants for whom a plan of safe care was developed under subsection (b)(2)(B)(iii).

“(C) The number of infants for whom a referral was made for appropriate services, including services for the affected family or caregiver, under subsection (b)(2)(B)(iii).”.

(b) REDESIGNATION.—Effective on May 29, 2017, section 106(d) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(d)) is amended by redesignating paragraph (17) (as added by subsection (a)) as paragraph (18).

SEC. 5. MONITORING AND OVERSIGHT.

(a) AMENDMENT.—Title I of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et

seq.) is further amended by adding at the end the following:

“SEC. 114. MONITORING AND OVERSIGHT.

“The Secretary shall conduct monitoring to ensure that each State that receives a grant under section 106 is in compliance with the requirements of section 106(b), which—

“(1) shall—

“(A) be in addition to the review of the State plan upon its submission under section 106(b)(1)(A); and

“(B) include monitoring of State policies and procedures required under clauses (ii) and (iii) of section 106(b)(2)(B); and

“(2) may include—

“(A) a comparison of activities carried out by the State to comply with the requirements of section 106(b) with the State plan most recently approved under section 432 of the Social Security Act;

“(B) a review of information available on the Website of the State relating to its compliance with the requirements of section 106(b);

“(C) site visits, as may be necessary to carry out such monitoring; and

“(D) a review of information available in the State’s Annual Progress and Services Report most recently submitted under section 1357.16 of title 45, Code of Federal Regulations (or successor regulations).”.

(b) TABLE OF CONTENTS.—The table of contents in section 1(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 note) is amended by inserting after the item relating to section 113, the following:

“Sec. 114. Monitoring and oversight.”.

SEC. 6. RULE OF CONSTRUCTION.

Nothing in this Act, or the amendments made by this Act, shall be construed to authorize the Secretary of Health and Human Services or any other officer of the Federal Government to add new requirements to section 106(b) of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5106a(b)), as amended by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BARLETTA) and the gentlewoman from Massachusetts (Ms. CLARK) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BARLETTA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 4843.

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

There was no objection.

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

I rise today in strong support of H.R. 4843, the Infant Plan of Safe Care Improvement Act.

Every 25 minutes in America, a baby is born suffering from opiate withdrawal. It is an eye-opening statistic. The more you consider what it really means, the more tragic it becomes.

Every 25 minutes a child enters the world having already been exposed to drugs. Every 25 minutes a newborn has to pay the price for something that he or she was defenseless against. Every 25 minutes another infant becomes a victim of the national opiate crisis.

These are the victims this bill will help protect. Federal policies, including the Child Abuse Prevention and

Treatment Act, or CAPTA, have long supported State efforts to identify, assess, and treat children who are victims of abuse and neglect.

The law provides States with resources to improve their child protective services systems if they assure the Department of Health and Human Services that they have put in place certain child welfare policies, for example, requiring healthcare providers to notify child protective service agencies when a child is born with prenatal illegal substance exposure and requiring the development of something known as a safe care plan to keep these newborns and their caregivers healthy and safe.

Last year a Reuters investigation examined the care that infants receive when they are born to parents struggling with opiate addiction. The investigation detailed the heartbreaking consequences those infants had to endure, consequences like suffering through the physical pain of withdrawal and, in the most shocking cases, terrible deaths.

It is hard to imagine that stories like these could be any more tragic. Unfortunately, they are because they should have and, in many cases, could have been prevented. As Reuters revealed, HHS is providing Federal funds to States that do not have the necessary child welfare policies in place.

In short, the law is not being properly followed and enforced and some of our most vulnerable children and families are slipping through the cracks.

That is why Representative CLARK and I worked with a number of our colleagues on both sides of the aisle and introduced the legislation before us today. The bill requires HHS to better ensure States are meeting their legal responsibilities when it comes to preventing and responding to child abuse and neglect.

Through a number of commonsense measures, it strengthens protections for infants born with illegal substance exposure, improves accountability related to the care of infants and their families, and ensures States will have the best practices for developing plans to keep infants and their caregivers healthy and safe.

As the House works this week to fight the opiate epidemic that is destroying communities and lives across the country, these are commonsense reforms that we all should embrace. By working together and advancing this legislation, we can help ensure these children, their mothers, and their families have the help they need and the care that they deserve.

I urge my colleagues to support this bipartisan legislation.

I reserve the balance of my time.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield myself such time as I may consume.

I am pleased to join with Representative BARLETTA to introduce this important bill to help the most vulnerable victims of the opioid epidemic.