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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. HILL).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 19, 2018.

I hereby appoint the Honorable J. FRENCH HILL to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 8, 2018, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 1:50 p.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

INTRODUCING THE SCHOOL MEALS PARITY ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Guam (Ms. BORDALLO) for 5 minutes.

Ms. BORDALLO. Mr. Speaker, today I introduce the Federal School Meals Parity Act with my colleague Congresswoman STACEY PLASKETT of the U.S. Virgin Islands as the original cosponsor.

Our bill would ensure that Guam and the U.S. Virgin Islands are reimbursed fairly under the U.S. Department of Agriculture's in-school meal and child nutrition programs.

These USDA programs provide nutritionally balanced meals to needy K–12 students each school day, including a breakfast, a lunch, and an after-school snack.

For many needy school children, these USDA programs often provide their only well-balanced or full meal of the day.

These important Federal nutrition programs serve millions—millions—of American schoolchildren nationally, including some 18,000 Guam students and more than 10,000 students from the Virgin Islands.

However, current USDA regulations reimburse Guam and the U.S. Virgin Islands at the rate for the continental United States. At the same time, our peer outlying jurisdictions—Alaska, Hawaii, and Puerto Rico—receive a much higher reimbursement rate.

According to USDA, the higher reimbursement rates for these States and territory reflect higher costs of delivering these programs in those outlying jurisdictions.

Well, we agree wholeheartedly that all outlying jurisdictions should be reimbursed at higher rates than the mainland United States because of these higher costs.

All five territories and both States outside the continental United States share the challenges of higher costs of living, fewer locally available resources, and greater percentages of schoolchildren from underserved households.

Indeed, Guam and the U.S. Virgin Islands both have higher costs of living, lower median household incomes, and greater unemployment than the mainland United States. Both territories face much higher costs for imported food, transportation, fuel, refrigeration, and other everyday necessities than the mainland. Certainly, Guam is the furthest of the territories.

To address these inadequacies, our bill would require that the USDA reimburse Guam at the same rate as its peer jurisdictions, Alaska and Hawaii; and the USDA reimburse the U.S. Virgin Islands at the same rate as neighboring Puerto Rico.

Under the Federal School Meals Parity Act, public, Department of Defense, and private schools on Guam and the U.S. Virgin Islands would receive additional Federal funding to provide more in-school nutritious meals to our needy students.

Lastly, our bill directs USDA to complete a report comparing the costs of providing in-school meals to students in all five U.S. territories with the mainland 48 States and the outlying States of Alaska and Hawaii.

I continue working in partnership with Congresswoman PLASKETT to ensure that parity for Guam and the U.S. Virgin Islands under USDA's in-school meal and child nutrition programs.

So as Congress works to finalize the 2018 farm bill, I hope that our colleagues will provide equitable reimbursement for Guam and the U.S. Virgin Islands.

For me and Congresswoman PLASKETT, this is an issue of fundamental fairness for the territories and our students. It must be a priority for our House and Senate colleagues as well.

LET US DEBATE THE WAR IN AFGHANISTAN

The SPEAKER pro tempore. The Chair recognizes the gentleman from North Carolina (Mr. JONES) for 5 minutes.

Mr. JONES. Mr. Speaker, with the multitude of serious issues and problems facing our Nation, one important issue has been forgotten: Afghanistan.

That brings me to a moving Washington Post feature written by Greg Jaffe on May 27 titled ''Imperfect Answers—A Son Was Killed in Action and His Parents Ask Why.''

Printed on recycled paper.

I would like to share an excerpt from the article: ''Ten days since Gabe was killed. Bob and Donna Conde were sitting on a couch in their basement surrounded by relatives, close friends, and 16 of the soldiers who fought alongside their son in Afghanistan.

''The soldiers had been back in the United States for just a few days—exhausted from their 9-month deployment and relieved to be home. They had come to this small farming town an hour's drive from Denver to help bury Spec. Gabriel Conde. . . .

''By the time Gabe deployed in September, the war had fallen so far out of the headlines that Bob found it hard to figure out why the U.S. military was still in Afghanistan. He tried to read up on the war, but the news accounts of suicide bombings, civilian deaths, and political infighting never really made sense. They didn't explain what Gabe was fighting for.''

Mr. Speaker, that is why so many of us in the United States House of Representatives are disappointed, frustrated. We have written numerous letters from Members of both parties asking for a debate, and to this day, Mr. RYAN, the Speaker, has not allowed the House to meet its constitutional responsibility to debate and vote on a 17-year-old war.

And as the Washington Post article notes, that is why the Conde family is so hurt. U.S. military members and their families deserve a debate on the future involvement in Afghanistan and committing our troops to other countries around the world.

Mr. Speaker, allow me to share with this body that the Commandant of the Marine Corps, the 31st Commandant, is a friend of mine, Chuck Krulak. He and I have communicated for 5 years on Afghanistan. He agrees with me there is nothing we are going to do to change it.

And he said to me one time in an email:

> Let me say, no one has ever conquered Afghanistan, and many have tried. We will join the list of nations that have tried and failed.

Again, this is the 31st Commandant of the Marine Corps, Chuck Krulak, who is now retired.

Mr. Speaker, it makes no sense that our men and women in uniform have been there for 17 years. The Afghan Government will never change. History has proven that Afghanistan is a graveyard of empires, and yet we in Congress who take an oath of office, and that oath says that we are responsible for voting to go to war, we can't even get a debate.

Speaker RYAN, I know you have a lot to do, but for goodness' sake, before you leave in January, let us have a debate on the future of Afghanistan. Let Members vote ''yea'' or ''nay,'' but at least give us a debate.

It is very disappointing, Mr. Speaker, that you will not allow us to meet our constitutional responsibility.

WE NEED TO COME TOGETHER TODAY ON IMMIGRATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. HIMES) for 5 minutes.

Mr. HIMES. Mr. Speaker, I stand to address this Chamber at the start of this legislative week in a slightly different mode of thinking than I usually do, because as we have become aware in the last couple of days, this country is in the midst of a moral and ethical emergency.

Mr. Speaker, we debate lots of things on this floor, and that is a good thing. We argue about taxes. We argue about our budget. We argue about the best way to take care of our children, regulations, all sorts of things where the debate in this Chamber is constructive, sometimes to a good solution.

What we have become aware of on our southern border is not a debatable thing. It transcends ideology. It transcends political party. It gets to the very moral core of all of us as individuals and at the very thing that makes this country truly exceptional.

We are exceptional for a bunch of reasons. We are a very powerful country. We are a very wealthy country. But there are other powerful and wealthy countries.

What makes this country exceptional is that we stand up for values and morals and ethics. And there is no ethical or moral way to look at an agent of the United States Government removing a small child from the arms of his or her mother and to in any way say that that is a moral act consistent with the values that make this country exceptional.

There is no debate. There is no ideology. There is no deterrent effect that would make that okay.

Since our President is uninterested in doing what we all know he could do, which is to stop this immoral action right now, it is time for the Congress of the United States, the Representatives of the people of the United States, of the good people of the United States, to stand up today and say: That act will not be done in my name.

We should have debates about immigration. We should solve the immigration challenges that face us. But never ever, ever should we go to where we are today where the lives of young children are being used for a deterrent, are being used as legislative leverage.

My colleagues, we have been here before. We interned American citizens of Japanese descent, because at the time in World War II, we thought that they might be a threat.

The President promulgates the notion that immigrants are a threat. To him, immigrants are MS–13. We are all immigrants. This country is great because we are a Nation of immigrants.

So it is time for us to set aside whatever calculations, whatever ideology, whatever arguments might be made around the vexing problem of immigration, and to stop the separation of babies from their parents in our Nation today.

If we don't do that today, we will be complicit. The Representatives of the people will be complicit in a moral act that resonates with the internment of American citizens of Japanese descent. And I don't think any Democrat or Republican in this Chamber wants their legacy to be that act.

The President could fix this problem right now. It will take us a little longer, but because it will take us a little longer and because I do believe for all the arguments and dysfunction in this Chamber that we are fundamentally a moral group of people, reflective of the ethical aspect of our constituents and of our country, that this afternoon is the time to come together to stop babies being taken from the arms of their parents in our country and in our name.

□ 1215

100 YEARS AFTER WORLD WAR I

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas (Mr. POE) for 5 minutes.

Mr. POE of Texas. Mr. Speaker, 100 years ago this month, American marines forged their legend as the world's most effective fighting force as they halted the German advance in France at the Battle of Belleau Wood. Less than 6 months later, World War I came to an end, and this year we mark the centennial anniversary of the conclusion of the planet's first global conflict.

There was nothing like it before its time. It was the 11th hour of the 11th day of the 11th month that all of the guns fell silent. After 4 years of war, 18 million people laid dead, 23 million others were wounded, and many of the old empires of Europe crumbled.

Often called the War to End All Wars or the Great War, the First World War left a long shadow over history which we can still feel today. But none experienced the horror of this war more than the 4 million Americans sent to fight over there in Europe and the families they left behind. Their lives were immediately changed forever.

The United States came late to the war, but when we arrived and restored hope to our European allies, we reached a defining moment in our history and world history. Until that time, America was not a great power as we are today, but with the arrival of our doughboys, they ushered in a new era of freedom in Europe. This was the beginning of the American century, the New World superpower, the United States.

Our military saw that it was their duty as champions of liberty to help our allies in need and to make the world safe for democracy. They went to liberate, not to conquer. Our enemy was shocked. Our allies were stunned by the tenacious doughboys. The American doughboys changed the course of the war forever.

Here in this photograph, we have Americans going over the top, as they

say, over the top of the trench, charging into the guns of the Germans.

When the Americans arrived, the Axis powers were slowly gaining power. With Russia's premature exit from the war, German troops from the Eastern Front were able to be redeployed to the Western Front.

In the Spring Offensive of 1918, the Germans threw everything they had at our British and French allies, hoping to end the war before the Americans entered that war. But they were too late. The U.S. troops rushed to the front, relieving their battle-weary comrades and stunning the Germans with the American fighting spirit.

World War I is often considered the first modern war. Military technology made rapid advances, making the battlefield more dangerous than ever in history. The trench warfare was horrifying and brutal.

Despite the dangers, our boys were eager to get into the fight. In June of 1918, the feared German Army was approaching Paris, France, but then they met the United States Marines at Belleau Wood.

Mr. Speaker, when the Americans, the Marines, arrived on the battlefield, they encountered retreating French troops. A French colonel ordered the Marines to retreat as well, but the American captain commanding the 51st Company, 2nd Battalion, 5th Marine Regiment made it clear they weren't there to experience defeat. He responded: ''Retreat, hell. We just got here.''

The battle was costly for our Marines, but it broke the German Army's advance and its will to fight. From then on, the Germans only lost. The Allies quickly mounted a successful counteroffensive to push the Germans back into Germany, and the war was over, 100 years ago this year.

We must not forget those who sacrificed so much to make the world a better place. During the war, 116,516 Americans were killed. Another 200,000 were wounded. Thousands more died when they returned to the United States with the Spanish flu that they contracted when they were over there.

While none of the 4 million courageous Americans who answered the call are with us today, their legacy lives on. I am pleased that last year we finally—finally, after 100 years—broke ground on a new memorial here in the Nation's Capital to honor all of those who served in the great World War I.

Mr. Speaker, I commend the World War I Centennial Commission on which I once served for their highlighting of our World War I troops. Now, after 100 years, the memorial will be built in D.C. for those who served, those who returned, those who returned with the wounds of war, and those who did not return. We are giving these great Americans the honor they rightfully deserve here in Washington, D.C.

There are no more of the battlefield-weary troops that served in the great World War I. The last one was Frank Buckles, who died at 110, a friend of mine, and it was his desire to see a memorial built here in Washington for all of those friends of his who served in World War I.

So, finally, we are doing that, and the sacrifice of those Americans for this Nation will be preserved in bronze and stone in the heart of this city; for the worst casualty of war, Mr. Speaker, is to be forgotten.

And that is just the way it is.

CARIBBEAN IMMIGRANTS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from the Virgin Islands (Ms. PLASKETT) for 5 minutes.

Ms. PLASKETT. Mr. Speaker, as part of the Immigration Act of 1990, the diversity visa lottery was established as a way to diversify the United States. Over the past 28 years, the visa lottery has helped to fortify the image of our country and enlarge the greatness of America through the immigrant population. The Diversity Immigrant Visa Program awards up to 50,000 visas each year that presents permanent residency in the U.S. and serves as a pathway to citizenship.

The lottery has been imperative in creating new opportunities for African and Caribbean individuals seeking citizenship in the U.S. The proposed immigration bills today that will be coming to the floor aim to limit refugee admissions, eliminate the diversity lottery, and reduce the number of employment-based visas distributed each year.

As Americans begin many of the pastimes of summer that are quintessentially American—baseball, backyard barbecues, and family road trips—Caribbean Americans reflect on our contributions and the melded culture in the United States through Caribbean American Heritage Month. Ironically, the bills that are coming on the floor this same month will end the Diversity Visa Lottery Program, which has allowed many Caribbean people to come and be part of the American experience.

In a month of polarized politics and the Trump administration's assault on increasing diversity in this Nation, Caribbean American Heritage Month serves as a perfect counterpoint example to support the doctrine of Americanism.

Congress and President George W. Bush adopted Caribbean American Heritage Month in 2006. While the act establishing Caribbean American Heritage Month emphasized the present influence of Caribbean Americans, American history would not be complete without the integration and support of the Caribbean people.

From America's founding to the present, Caribbean people have supported and assisted in the creation of a collective American identity: the articulation of this Nation's rightful place in the world, its traditions, its language, and its cultural style.

From Alexander Hamilton, to American Revolution Haitian gens de couleur libre—free men of color—fighting troops, to slave revolt leader Denmark Vessey, to Colin Powell's shock and awe doctrine, the Caribbean emphasis on revolutionary and righteous ideals enforced through martial action have supported American ideals both at home and abroad.

In today's culture, many are surprised by the placement of Americans of Caribbean descent. They include former Attorney General Eric Holder to iconic personalities like Lenny Kravitz and Beyonce; economic minds such as Federal Reserve Bank of Atlanta President Raphael Bostic; to actors Kerry Washington and Jada Pinkett Smith; to athletes Tim Duncan, Mariano Rivera, and Carmelo Anthony; to journalist Joy Reid and U.S. Senator KAMALA HARRIS.

These scions of the Caribbean region are completely American, yet, in many ways, their Caribbean heritage informs and accounts for the attributes which have assisted them in their advancement and supported American greatness.

That philosophy is borne out with recent immigrants and naturalized Caribbean people. According to the Migration Policy Institute, Latin American and Caribbean people account for the largest percent of foreign-born military personnel, and that group constitutes 38 percent of all foreign born that are in the Armed Forces.

Additionally, according to the 2014 U.S. Census Bureau Report, about 66 percent of Caribbean immigrants and immigrants overall were in the civilian labor force, compared to 62 percent of the native born.

According to the Caribbean Policy Institute, Caribbean Blacks have labor force participation rates that exceed the averages for U.S. natives and all immigrants combined. The study from this institute has shown that, collectively, Caribbean people have higher median income earnings than all the immigrants in the U.S.

The proposed zero-tolerance immigration policy has resulted, as we have seen, in thousands of children being torn apart from their families. Children are being held in prolonged family detention centers, and this bill eliminates protections that are in place to ensure safe and basic living needs.

It is our duty to stop the separation of children. It is our duty to see that America remains great through the diversity that it entails. We cannot allow this bill to go forward, which would eliminate the diversity lottery that has created the diverse American culture that we have.

Through service, through ideals, and even through protests, immigrants have made this a great nation.

President Trump issued a proclamation on May 31, 2018, which stated that Caribbean American Heritage Month is a time in which America will honor America's long-shared history with our

neighbors, but he would appear to be ignorant of the fact that it is not a shared history. Our neighbor's history is our American history.

OPIOID CRISIS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kansas (Mr. MARSHALL) for 5 minutes.

Mr. MARSHALL. Mr. Speaker, I rise today to discuss the opioid crisis. Opioid addiction is sweeping the Nation. It is an epidemic that knows no race, gender, income, or marital status, and certainly no political party.

As we continue to work together here in Washington to combat that crisis, I met with the physicians in Hutchinson, Kansas, who have taken responsibility and ownership of this issue. They have developed their own scientific and compassionate approach to curb addiction in their community.

The Hutchinson Clinic has created an office-wide task force, working with nurses, pharmacists, physicians, and social workers, that outlines steps and procedures to reduce the number of narcotics prescribed in their medical practice.

When I met with the staff and physicians yesterday, they explained that these new steps will not only reduce the number of people unnecessarily exposed to narcotics, but identify patients at risk for addiction. They will use clinical-wide protocols and best practices, which will eliminate doctors shopping for narcotics and manage chronic pain and acute pain more uniformly.

I was heartened to hear the success stories of many of their patients being fully removed from narcotic prescriptions after years of narcotic use. They have carefully tried to sit down with all of their patients on chronic narcotics, and, in many cases, they uncovered some type of an underlying depression or psychosomatic issue that could be resolved with counseling and other medications. In some instances, they found out that the patient was not taking the narcotics but, rather, a family member was selling them.

In either case, they are trying to use a compassionate approach to deal with this growing problem. This is a great prevention and awareness approach. As a physician of 30 years, we must make sure that prescribers understand the risks involved with these highly addictive drugs and minimize addiction.

While we continue to look at solutions here in Washington, I am proud that physicians, nurses, and pharmacists in Kansas are also finding solutions by looking in the mirror and recognizing there are steps that communities, physicians, nurses, social workers, and pharmacists working together can take to prevent addiction before it ever starts.

This month, as the House continues approaching dozens of bills that work on this epidemic from every angle, I want to take time to applaud the Hutchinson Clinic—the physicians, the nurses, the pharmacists, the social workers, and their staff—for the action that they are taking in implementing solutions that are working, for those closest to the problem will have the best solutions.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 28 minutes p.m.), the House stood in recess.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COSTELLO of Pennsylvania) at 2 p.m.

PRAYER

Dr. Ron Bracy, Geneva Classical Christian School, Fair Oaks Ranch, Texas, offered the following prayer:

Almighty, sovereign, creator and eternal holy God, You have shown great kindness and mercy to all Your people. Let Your ears be attentive and Your eyes open to this prayer for Your servants, these men and women of Congress, who are Your representatives of the people of this Nation.

May we remember that in the beginning You gave us this Nation and the freedoms and abundant blessings we enjoy.

But O, Lord God, we confess our sins toward You. We have not obeyed the simplest of Your commandments: ''To love the Lord God with all your heart, with all your soul, with all your strength, with all your mind, and to love your neighbor as yourself.''

We ask that You grant us forgiveness and give us wisdom, understanding, and compassion to these Your servants.

In the name of God, our heavenly father, Jesus Christ the Son, and the holy spirit.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. WILSON of South Carolina. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

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

Mr. WILSON of South Carolina. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Minnesota (Ms. MCCOLLUM) come forward and lead the House in the Pledge of Allegiance.

Ms. MCCOLLUM led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING DR. RON BRACY

The SPEAKER pro tempore. Without objection, the gentleman from Illinois (Mr. BOST) is recognized for 1 minute.

There was no objection.

Mr. BOST. Mr. Speaker, I rise today to welcome Dr. Ron Bracy as our guest chaplain.

Dr. Bracy has served our Nation in uniform and through his faith. He entered the Air Force Academy after high school and served in the U.S. Air Force for 42 years.

Dr. Bracy is a veteran of the Vietnam war, where he flew 183 combat missions and was on duty in the Pentagon during the 9/11 terrorist attack.

He is a retired minister and author of ''Walk On: From the Valley of Despair to the Mountaintop of Praise.''

He has taught at all levels of education, and currently teaches at the Geneva Classical Christian School in Texas.

Dr. Bracy was my family pastor for many years. He and his wife, Judith, are truly loved.

We are incredibly blessed to have Dr. Bracy here with us today.

CONGRATULATING PRESIDENT-ELECT IVAN DUQUE OF COLOMBIA

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, congratulations to President-elect Ivan Duque on being elected the new president of Colombia on Sunday, achieving 10 million votes, with one of the largest voter turnouts in the history of Colombia.

At 41, President-elect Duque will be one of the youngest presidents in the country's history. The father of three is married to Maria Juliana Ruiz.

I know firsthand of the talented people of Colombia, as former co-chairman of the Partners of Americas program, hosting students from Colombia with two of my sons as exchange students to Colombia.

The South Carolina National Guard, headed by General Bob Livingston, is grateful to be training with Colombia's military and the State Partnership Program.

This election was the first to be held since a peace deal was reached that ended the murderous, leftist insurgency in Colombia.

I am grateful that President-elect Ivan Duque plans to work closely with the United States in the tradition of former President Alvaro Uribe. He will be successful in creating jobs, increasing security for the population, and leading Colombia to a more prosperous future.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism. We will remember Otto Warmbier on the anniversary of his death.

OPPOSING PRESIDENT TRUMP'S IMMIGRATION POLICY

(Ms. MCCOLLUM asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MCCOLLUM. Mr. Speaker, I oppose President Trump's outrageous policy of separating families on our southern border.

Tearing children from the arms of their parents, confining them in cages with children caring for one another, should never happen anywhere in the world, let alone in America.

The National Association of School Psychologists calls this emotional violence. They go on to say, ''Such trauma can have lifelong consequences with respect to children's mental health and behavioral health.''

This is a human rights violation committed by the Trump administration. Make no mistake. President Trump has the power to end this today.

When the President says he is required by law to enact this policy or when he blames Democrats for the crisis he has created, I say: Mr. President, you are not telling the truth. So tomorrow, you don't need to go to Minnesota. You need to stay here in Washington, stop this heartless policy. The American people demand that these children be given back to their parents and to end this crisis now.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President and are reminded to address their remarks to the Chair.

CONGRATULATING MAJOR GENERAL PATRICK D. SARGENT

(Mr. DUNN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNN. Mr. Speaker, I rise today to congratulate Panama City, Florida, native Major General Patrick D. Sargent for assuming command of the U.S. Army Health Readiness Center of Excellence at Fort Sam Houston.

I had the pleasure of meeting General Sargent last year in Washington. He has had a decorated Army career, serving our country for more than three decades.

He grew up in Bay County and attended Florida State University before joining the Army in 1985.

General Sargent is board certified in healthcare administration, and he is a medevac pilot. He has been a leader in providing healthcare to our troops for many years.

He was in charge of all medical care in Iraq as the Commander of the Medical Task Force Iraq. In his own words, he has worked to bring humanity to the battlefield, and I believe he will brilliantly continue that work in his new post.

Mr. Speaker, please join me in congratulating Major General Patrick Sargent on his new posting.

NATIONAL PTSD AWARENESS MONTH

(Mr. HILL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HILL. Mr. Speaker, I rise today during National PTSD Awareness Month to call attention to this topic that is so important to the lives of our veterans and their families.

Nowhere is the connection between PTSD and suicide felt more strongly than in the veteran community.

Suicide is the tenth leading cause of death in the United States, and on average, we lose 20 veterans per day to suicide.

Far too many of our veterans are left with the difficulties of overcoming PTSD and addiction on their own. Our Central Arkansas Veterans Healthcare System, led by Dr. Margie Scott, is one of nine systems nationwide that is currently involved in the Clay Hunt SAV Act pilot program in our Nation.

This program gives our VA employees the necessary tools to reach out to high-risk veterans and offer guidance, while providing essential suicide prevention services.

I have got three wounded warriors on my district staff, Mr. Speaker, and we are together dedicated to our veterans.

I am grateful to our veteran service organizations and our work together to spread the word on how we need to help our veterans avoid the crisis that comes with the risk of suicide.

To our vets, you are not alone. All vets believe in the buddy system, and the Veteran Crisis Line keeps that bond.

Please call 1–800–273–8255 if you are having a crisis or you know a veteran in crisis.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 15, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 15, 2018, at 2:03 p.m.:

That the Senate passed S. 2652.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 19, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 19, 2018, at 11:28 a.m.:

That the Senate passed with an amendment H.R. 5515.

With best wishes, I am

Sincerely,

KAREN L. HAAS.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 2 o'clock and 11 minutes p.m.), the House stood in recess.

□ 1434

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. COSTELLO of Pennsylvania) at 2 o'clock and 34 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

CHIP MENTAL HEALTH PARITY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3192) to amend title XXI of the Social Security Act to ensure access to mental health services for children

under the Children's Health Insurance Program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3192

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 ''CHIP Mental Health Parity Act''.

SEC. 2. ENSURING ACCESS TO MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES FOR CHILDREN AND PREGNANT WOMEN UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) IN GENERAL.—Section 2103(c)(1) of the Social Security Act (42 U.S.C. 1397cc(c)(1)) is amended by adding at the end the following new subparagraph:

''(E) Mental health and substance use disorder services (as defined in paragraph (5)).''.

(b) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—

(1) IN GENERAL.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended—

(A) by redesignating paragraphs (5), (6), (7), and (8) as paragraphs (6), (7), (8), and (9), respectively; and

(B) by inserting after paragraph (4) the following new paragraph:

''(5) MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES.—Regardless of the type of coverage elected by a State under subsection (a), child health assistance provided under such coverage for targeted low-income children and, in the case that the State elects to provide pregnancy-related assistance under such coverage pursuant to section 2112, such pregnancy-related assistance for targeted low-income women (as defined in section 2112(d)) shall—

''(A) include coverage of mental health services (including behavioral health treatment) necessary to prevent, diagnose, and treat a broad range of mental health symptoms and disorders, including substance use disorders; and

''(B) be delivered in a culturally and linguistically appropriate manner.''.

(2) CONFORMING AMENDMENTS.—

(A) Section 2103(a) of the Social Security Act (42 U.S.C. 1397cc(a)) is amended, in the matter before paragraph (1), by striking ''paragraphs (5), (6), and (7)'' and inserting ''paragraphs (5), (6), (7), and (8)''.

(B) Section 2110(a) of the Social Security Act (42 U.S.C. 1397jj(a)) is amended—

(i) in paragraph (18), by striking ''substance abuse'' each place it appears and inserting ''substance use''; and

(ii) in paragraph (19), by striking ''substance abuse'' and inserting ''substance use''.

(C) Section 2110(b)(5)(A)(i) of the Social Security Act (42 U.S.C. 1397jj(b)(5)(A)(i)) is amended by striking ''subsection (c)(5)'' and inserting ''subsection (c)(6)''.

(c) ASSURING ACCESS TO CARE.—Section 2102(a)(7)(B) of the Social Security Act (42 U.S.C. 1397bb(c)(2)) is amended by striking ''section 2103(c)(5)'' and inserting ''paragraphs (5) and (6) of section 2103(c)''.

(d) MENTAL HEALTH SERVICES PARITY.—Subparagraph (A) of paragraph (7) of section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) (as redesignated by subsection (b)(1)) is amended to read as follows:

''(A) IN GENERAL.—A State child health plan shall ensure that the financial requirements and treatment limitations applicable to mental health and substance use disorder services (as described in paragraph (5)) provided under such plan comply with the requirements of section 2726(a) of the Public Health Service Act in the same manner as such requirements or limitations apply to a group health plan under such section.''.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by this section shall take effect with respect to child health assistance provided on or after the date that is one year after the date of the enactment of this Act.

(2) EXCEPTION FOR STATE LEGISLATION.—In the case of a State child health plan under title XXI of the Social Security Act (or a waiver of such plan), which the Secretary of Health and Human Services determines requires State legislation in order for the respective plan (or waiver) to meet any requirement imposed by the amendments made by this section, the respective plan (or waiver) shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet such an additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of enactment of this section. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of the session shall be considered to be a separate regular session of the State legislature.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, last week the House advanced dozens of bills to help save lives and stem the tide of the opioid crisis that has struck at the health of our people wherever they live. We are back here again this week to consider additional legislation that can help our communities fight back against this epidemic.

We have all read the headlines about this tragedy, and we have heard the stories firsthand across our respective districts. We are confronting an addiction that mercilessly seizes control and then destroys. This killer does not discriminate—not by age, not by race, not by where you live or by what you believe.

Opioid addiction continues to take the lives of more than 100 Americans every single day. But it is what is behind the numbers that really matters. These are real people. Their stories are real. They tragically have lost their bright futures and left loved ones sadly behind. So we have come together to advance legislation that will help put a stop to this unprecedented crisis that has left a mark on just about every family across America.

Mr. Speaker, I urge my colleagues to support the legislation before the House today—we have various bills—and throughout the course of this week. We have an opportunity to save lives, and we have a responsibility to our families, our friends, our communities, and our Nation to lift people out of addiction and get America on a better path.

The first bill up this afternoon, Mr. Speaker, is sponsored by our colleague from Massachusetts, Representative KENNEDY. It requires the Children's Health Insurance Programs to cover comprehensive mental health and substance use disorder services for pregnant women and children.

State CHIP programs may be offered by expanding Medicaid, separate programs that stand alone from Medicaid, or CHIP may be offered through a combination of both approaches. Each of these types of Children's Health Insurance Programs covers some mental health services, but not all cover substance use disorder services. So there is a gap.

This bill requires the Children's Health Insurance Programs, regardless of type, to cover mental health services, including substance use disorder services. The bill requires States with separate CHIP programs to monitor access to mental health and substance use disorder services.

Finally, the bill requires States with separate CHIP programs to ensure that mental health parity with group health plans is met.

Most CHIP programs already meet the standards in the bill. This is simply a codification of current practices and does so without additional costs. So it is important.

Mr. Speaker, I am grateful to be able to bring this bill to the floor, and I congratulate my colleague from Massachusetts who brought this issue to our attention.

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

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

Mr. Speaker, I rise in support of H.R. 3192. I want to begin by thanking the chairman of our committee, Mr. WALDEN, for giving us a hearing on this bill and for moving the process forward. I thank the gentleman along with Dr. BURGESS; Ranking Member PALLONE; Ranking Member GREEN; and our cosponsor, Democratic colead Mrs. NAPOLITANO as well.

Mr. Speaker, a couple of decades ago, my uncle, Senator Edward Kennedy, and Senator ORRIN HATCH created the CHIP program because of a consensus that children should never be caught in the midst of our debates over healthcare. It has been a successful, bipartisan program that has saved lived lives and has helped families facing their deepest despair. But just like any program, Mr. Speaker, it has been a work in progress.

This bill offers a simple fix to a troubling problem. According to some estimates, nearly 500,000 children and pregnant mothers covered by CHIP are not

guaranteed mental health care or substance use disorder treatment. We have guaranteed that treatment for Americans covered by Medicaid, private insurance, and employer-sponsored insurance. It is time we do so for low-income families and babies as well.

In our efforts to confront an opioid epidemic that cares for no age, no income, no race—nothing at all—this bill is a crucial piece of our response.

With that, Mr. Speaker, I would like to thank everyone at the Legislative Counsel's Office, at CMS, and the staff on both sides of the aisle from the Energy and Commerce Committee, and, in particular, Rachel Pryor, for putting up with my relentless and sometimes misguided questions.

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

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter. I know the gentleman has yielded back. I will do the same after calling on our colleagues to support this important and meaningful legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3192, the "CHIP Mental Health Parity Act."

H.R. 3192 would ensure access to mental health and substance use disorder prevention and treatment services for children under the Children's Health Insurance Program (CHIP).

Beginning in infancy and continuing through adolescence, children need access to mental health screening and assessment and a complete array of evidence-based therapeutic services.

Around 1 in 5 children in the U.S. suffers from a diagnosable mental disorder, but only 20 to 25 percent of affected children will receive treatment.

Untreated mental health and substance use disorders are associated with family dysfunction, school expulsion, poor school performance, juvenile incarceration, unemployment, and suicide.

CHIP has been an essential source of children's health coverage, ensuring that families have access to high quality, affordable, pediatric health care for children in working families whose parents earn too much to qualify for Medicaid but too little to purchase private health insurance on their own.

Given the prevalence of mental health and substance use disorders in children and the nationwide opioid epidemic, it is essential now more than ever that all children and adolescents enrolled in CHIP have access to mental health and substance use disorder screening and treatment.

There are currently over 400,000 CHIP recipients in Texas.

This figure is significantly less than in 2014, when nearly half of all children in Texas were enrolled in CHIP or Medicaid.

Mr. Speaker, I strongly support H.R. 3192 and the estimated 8.9 million children across the United States who rely on CHIP for their necessary health services.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 3192, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MEDICAID REENTRY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4005) to amend title XIX of the Social Security Act to allow for medical assistance under Medicaid for inmates during the 30-day period preceding release from a public institution, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4005

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 ''Medicaid Reentry Act''.

SEC. 2. PROMOTING STATE INNOVATIONS TO EASE TRANSITIONS INTEGRATION TO THE COMMUNITY FOR CERTAIN INDIVIDUALS.

(a) STAKEHOLDER GROUP DEVELOPMENT OF BEST PRACTICES; MEDICAID INNOVATION ACCELERATOR PROGRAM.—

(1) STAKEHOLDER GROUP BEST PRACTICES.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a stakeholder group of representatives of managed care organizations, Medicaid beneficiaries, health care providers, the National Association of Medicaid Directors, and other relevant representatives from local, State, and Federal jail and prison systems to develop best practices (and submit to the Secretary and Congress a report on such best practices) for States—

(A) to ease the health care-related transition of an individual who is an inmate of a public institution from the public institution to the community, including best practices for ensuring continuity of health insurance coverage or coverage under the State Medicaid plan under title XIX of the Social Security Act, as applicable, and relevant social services; and

(B) to carry out, with respect to such an individual, such health care-related transition not later than 30 days after such individual is released from the public institution.

(2) STATE MEDICAID PROGRAM INNOVATION.—The Secretary of Health and Human Services shall work with States on innovative strategies to help individuals who are inmates of public institutions and otherwise eligible for medical assistance under the Medicaid program under title XIX of the Social Security Act transition, with respect to enrollment for medical assistance under such program, seamlessly to the community.

(b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Administrator of the Centers for Medicare & Medicaid Services, shall issue a State Medicaid Director letter, based on best practices developed under subsection (a)(1), regarding opportunities to design demonstration projects under section 1115 of the Social Security Act (42 U.S.C. 1315) to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible to receive medical assistance under title XIX of such Act, including systems for, with respect to a period (not to exceed 30 days) immediately prior to the day on which such individuals are expected to be released from such institution—

(1) providing assistance and education for enrollment under a State plan under the Medicaid program under title XIX of such Act for such individuals during such period; and

(2) providing health care services for such individuals during such period.

(c) RULE OF CONSTRUCTION.—Nothing under title XIX of the Social Security Act or any other provision of law precludes a State from reclassifying or suspending (rather than terminating) eligibility of an individual for medical assistance under title XIX of the Social Security Act while such individual is an inmate of a public institution.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, this bill, sponsored by Representative TONKO of New York, Representative TURNER of Ohio, and myself, requires the Secretary of Health and Human Services to convene a stakeholder group that will publish a report on best practices for how States can address the health considerations of incarcerated individuals as they transition back in our communities.

Mr. Speaker, the Kaiser Family Foundation reports that, in States such as Connecticut and Massachusetts, 60 to 70 percent of inmates are eligible for enrollment in Medicaid upon release.

According to 2002 data from the Department of Justice, about 68 percent of incarcerated individuals met the criteria for substance dependence or abuse.

This bill requires CMS to issue best practices for improving transitions back to the community, including systems for enrollment support, substance use treatment, and related services for individuals who are inmates of a public institution and who are eligible for Medicaid, and CMS has to do that within a year after this bill is enacted.

These best practices should help both Congress and the States get a handle on how to help these incarcerated individuals get back on their feet. That is our goal.

Mr. Speaker, my thanks to Mr. TONKO for his leadership on this issue, and I reserve the balance of my time.

Mr. KENNEDY. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, I thank the gentleman from Massachusetts for yielding.

Mr. Speaker, I rise in strong support of the Medicaid Reentry Act, and I urge all Members to support its swift passage in the House.

This bill is about saving lives, pure and simple. 64,000 Americans died of a drug overdose in 2016, more than were lost at the peak of the HIV/AIDS crisis. Based on data from the States, we can estimate that as many as 10,000 of those deaths annually are individuals who have had some interaction with the criminal justice system in the previous year. This is a national emergency that demands immediate action.

Individuals who are returning to society after a stay in a corrections facility are particularly vulnerable to overdose deaths. Research has found that formerly incarcerated individuals reentering society are 129 times more likely to die of an overdose during their first 2 weeks back into the community than the general population.

The risk of overdose is elevated during this period due to reduced physiological tolerance for opioids among the incarcerated population, a lack of effective addiction treatment options while incarcerated, and perhaps poor care transitions back into their given community.

According to the Bureau of Justice Statistics, roughly 60 percent of our incarcerated population has a substance use disorder, yet only around one-quarter of those are receiving any type of treatment.

Even for those receiving treatment, out of the roughly 5,000 jails and prisons in our country, fewer than 40 provide medication-assisted addiction treatment using methadone or buprenorphine, which, along with naltrexone, is considered the gold standard in treating opioid use disorder.

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Those that do offer full-scale MAT services are seeing results. I have seen firsthand the success of a MAT program called SHARP at the Albany County Correctional Facility in upstate New York where individuals shared anecdotes with me about how access to treatment has transformed their lives for the better.

We have seen even more compelling data from the State of Rhode Island, where a comprehensive addiction treatment program offering access to all FDA-approved forms of medication-assisted treatment in State corrections facilities was able to lower deaths in the first year post-release by a staggering 61 percent.

My legislation would open the door to more of these success stories and is designed to increase State flexibility in the Medicaid program to address the vulnerable population during the 30 days prior to an individual's release.

As amended, the Medicaid Reentry Act would require the Secretary of Health and Human Services to release guidance to State Medicaid Directors on demonstration opportunities that would allow States to waive the current Medicaid inmate payment restriction during this prerelease period so that individuals could better access mental health and addiction care and have an improved care transition back into the community.

By passing this bill, we can allow States to expand innovative approaches to reentry that are already underway in places such as New York, Ohio, New Mexico, and Rhode Island.

I thank Energy and Commerce Chair GREG WALDEN and Ranking Member PALLONE and their staffs for the constructive collaboration on this bill. I also thank my Republican colleague Representative MIKE TURNER for his efforts to help shine a light on this vulnerable population.

In closing, Mr. Speaker, while I would have liked to have gone even further with this effort, I believe that this smart-on-crime legislation will plant the seeds for meaningful change and will help to give individuals reentering society a fighting chance to live a healthier, drug-free life.

Mr. Speaker, I urge my colleagues to support this legislation.

Mr. WALDEN. Mr. Speaker, I have no other speakers, and I reserve the balance of my time.

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

Mr. Speaker, I also endorse H.R. 4005, the Medicaid Reentry Act.

One particularly vulnerable population for overdose is individuals reentering society post-incarceration. Incarcerated individuals, as my colleague, Mr. TONKO, indicated, are far more likely to suffer from substance use disorder. And without proper transition planning and treatment, former inmates are at extremely high risk of dying from an overdose after release. This legislation seeks to get at that problem.

Mr. Speaker, over the course of the hearings we have had on all of these bills, there has not been a more dedicated, poignant, or powerful speaker than Mr. TONKO. This is an issue that he cares passionately about and that he has dedicated much of his time in Congress addressing. He has put that effort into text in this bill.

Mr. Speaker, I urge the House to adopt it, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no further speakers on this bill. I support it and encourage our colleagues to do the same.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 4005, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to promote State innovations to ease transitions to the community for individuals who are inmates of a public institution and eligible for medical assistance under the Medicaid program.''.

A motion to reconsider was laid on the table.

SECURING OPIOIDS AND UNUSED NARCOTICS WITH DELIBERATE DISPOSAL AND PACKAGING ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5687) to amend the Federal Food, Drug, and Cosmetic Act to require improved packaging and disposal methods with respect to certain drugs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5687

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 ''Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act of 2018'' or the ''SOUND Disposal and Packaging Act''.

SEC. 2. IMPROVED TECHNOLOGIES, CONTROLS, OR MEASURES WITH RESPECT TO THE PACKAGING OR DISPOSAL OF CERTAIN DRUGS.

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act is amended by inserting after section 505–1 (21 U.S.C. 355–1) the following new section:

''SEC. 505–2. SAFETY-ENHANCING PACKAGING AND DISPOSAL FEATURES.

''(a) ORDERS.—

''(1) IN GENERAL.—The Secretary may issue an order requiring the holder of a covered application to implement or modify one or more technologies, controls, or measures with respect to the packaging or disposal of one or more drugs identified in the covered application, if the Secretary determines such technologies, controls, or measures to be appropriate to help mitigate the risk of abuse or misuse of such drug or drugs, which may include by reducing the availability of unused drugs.

''(2) PRIOR CONSULTATION.—The Secretary may not issue an order under paragraph (1) unless the Secretary has consulted with relevant stakeholders, through a public meeting, workshop, or otherwise, about matters that are relevant to the subject of the order.

''(3) ASSURING ACCESS AND MINIMIZING BURDEN.—Technologies, controls, or measures required under paragraph (1) shall—

''(A) be commensurate with the specific risk of abuse or misuse of the drug listed in the covered application;

''(B) considering such risk, not be unduly burdensome on patient access to the drug, considering in particular any available evidence regarding the expected or demonstrated public health impact of such technologies, controls, or measures; and

''(C) reduce the risk of abuse or misuse of such drug.

''(4) ORDER CONTENTS.—An order issued under paragraph (1) may—

''(A) provide for a range of options for implementing or modifying the technologies, controls, or measures required to be implemented by such order; and

''(B) incorporate by reference standards regarding packaging or disposal set forth in an official compendium, established by a nationally or internationally recognized standard development organization, or described

on the public website of the Food and Drug Administration, so long as the order includes the rationale for incorporation of such standard.

''(5) ORDERS APPLICABLE TO DRUG CLASS.—When a concern about the risk of abuse or misuse of a drug relates to a pharmacological class, the Secretary may, after consultation with relevant stakeholders, issue an order under paragraph (1) which applies to the pharmacological class.

''(b) COMPLIANCE.—The holder of a covered application shall—

''(1) submit a supplement containing proposed changes to the covered application to comply with an order issued under subsection (a) not later than—

''(A) 180 calendar days after the date on which the order is issued; or

''(B)(i) such longer time period as specified by the Secretary in such order; or

''(ii) if a request for an alternative date is submitted by the holder of such application not later than 60 calendar days after the date on which such order is issued—

''(I) such requested alternative date if agreed to by the Secretary; or

''(II) another date as specified by the Secretary; and

''(2) implement the changes approved pursuant to such supplement not later than the later of—

''(A) 90 calendar days after the date on which the supplement is approved; or

''(B) the end of such longer period as is—

''(i) determined to be appropriate by the Secretary; or

''(ii) approved by the Secretary pursuant to a request by the holder of the covered application that explains why such longer period is needed, including to satisfy any other applicable Federal statutory or regulatory requirements.

''(c) ALTERNATIVE MEASURES.—The holder of the covered application may propose, and the Secretary shall approve, technologies, controls, or measures regarding packaging, storage, or disposal other than those specified in the applicable order issued under subsection (a), if such technologies, controls, or measures are supported by data and information demonstrating that such alternative technologies, controls, or measures can be expected to mitigate the risk of abuse or misuse of the drug or drugs involved, including by reducing the availability of unused drugs, to at least the same extent as the technologies, controls, or measures specified in such order.

''(d) DISPUTE RESOLUTION.—If a dispute arises in connection with a supplement submitted under subsection (b), the holder of the covered application may appeal a determination made with respect to such supplement using applicable dispute resolution procedures specified by the Secretary in regulations or guidance.

''(e) DEFINITIONS.—In this section—

''(1) the term 'covered application' means an application submitted under subsection (b) or (j) of section 505 for approval under such section or an application submitted under section 351 of Public Health Service Act for approval under such section, with respect to a drug that is or contains an opioid for which a listing in schedule II or III (on a temporary or permanent basis) is in effect under section 202 of the Controlled Substances Act; and

''(2) the term 'relevant stakeholders' may include scientific experts within the drug manufacturing industry; brand and generic drug manufacturers; standard development organizations; wholesalers and distributors; payers; health care providers; pharmacists; pharmacies; manufacturers; poison centers; and representatives of the National Institute on Drug Abuse, the National Institutes of Health, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Drug Enforcement Agency, the Consumer Product Safety Commission, individuals who specialize in treating addiction, and patient and caregiver groups.''.

(b) PROHIBITED ACTS.—Section 501 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351) is amended by inserting after paragraph (j) the following:

''(k) If it is a drug approved under a covered application (as defined in section 505–2(e)), the holder of which does not meet the requirements of paragraphs (1) and (2) of subsection (b) of such section.''.

(c) REQUIRED CONTENT OF AN ABBREVIATED NEW DRUG APPLICATION.—Section 505(j)(2)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(2)(A)) is amended—

(1) in clause (vii)(IV), by striking ''and'' at the end;

(2) in clause (viii), by striking the period at the end and inserting ''; and''; and

(3) by adding at the end the following:

''(ix) if the drug is or contains an opioid for which a listing in schedule II or III (on a temporary or permanent basis) is in effect under section 202 of the Controlled Substances Act, information to show that the applicant has proposed technologies, controls, or measures related to the packaging or disposal of the drug that provide protections comparable to those provided by the technologies, controls, or measures required for the applicable listed drug under section 505–2, if applicable.''.

(d) GROUNDS FOR REFUSING TO APPROVE AN ABBREVIATED NEW DRUG APPLICATION.—Section 505(j)(4) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)(4)), is amended—

(1) in subparagraph (J), by striking ''or'' at the end;

(2) in subparagraph (K), by striking the period at the end and inserting ''; or''; and

(3) by adding at the end the following:

''(L) if the drug is a drug described in paragraph (2)(A)(ix) and the applicant has not proposed technologies, controls, or measures related to the packaging or disposal of such drug that the Secretary determines provide protections comparable to those provided by the technologies, controls, or measures required for the applicable listed drug under section 505–2.''.

(e) RULES OF CONSTRUCTION.—

(1) Any labeling describing technologies, controls, or measures related to packaging or disposal intended to mitigate the risk of abuse or misuse of a drug product that is subject to an abbreviated new drug application, including labeling describing differences from the reference listed drug resulting from the application of section 505–2 of the Federal Food, Drug, and Cosmetic Act, as added by subsection (a), shall not be construed—

(A) as changes to labeling not permissible under clause (v) of section 505(j)(2)(A) of such Act (21 U.S.C. 355(j)(2)(A)), or a change in the conditions of use prescribed, recommended, or suggested in the labeling proposed for the new drug under clause (i) of such section; or

(B) to preclude approval of an abbreviated new drug application under subparagraph (B) or (G) of section 505(j)(4) of such Act (21 U.S.C. 355(j)(4)).

(2) For a covered application that is an application submitted under subsection (j) of section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), subsection (j)(2)(A) of such section 505 shall not be construed to limit the type of data or information the Secretary of Health and Human Services may request or consider in connection with making any determination under section 505–2.

(f) GAO REPORT.—Not later than 12 months after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit to the Congress a report containing—

(1) a description of available evidence, if any, on the effectiveness of site-of-use, in-home controlled substance disposal products and packaging technologies;

(2) identification of ways in which such disposal products intended for use by patients, consumers, and other end users that are not registrants under the Controlled Substances Act, are made available to the public and barriers to the use of such disposal products;

(3) identification of ways in which packaging technologies are made available to the public and barriers to the use of such technologies;

(4) a description of Federal oversight, if any, of site-of-use, in-home controlled substance disposal products, including—

(A) identification of the Federal agencies that oversee such products;

(B) identification of the methods of disposal of controlled substances recommended by these agencies for site-of-use, in-home disposal; and

(C) a description of the effectiveness of such recommendations at preventing the diversion of legally prescribed controlled substances;

(5) a description of Federal oversight, if any, of controlled substance packaging technologies, including—

(A) identification of the Federal agencies that oversee such technologies;

(B) identification of the technologies recommended by these agencies, including unit dose packaging, packaging that provides a set duration, or other packaging systems that may mitigate abuse or misuse; and

(C) a description of the effectiveness of such recommendations at preventing the diversion of legally prescribed controlled substances; and

(6) recommendations on—

(A) whether site-of-use, in-home controlled substance disposal products and packaging technologies require Federal oversight and, if so, which agencies should be responsible for such oversight and, as applicable, approval of such products or technologies; and

(B) the potential role of the Federal Government in evaluating such products to ensure product efficacy.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that Members may have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of this bipartisan legislation, and I want to thank Representatives HUDSON and BUTTERFIELD, both of North Carolina, for their hard work on it.

Opioids are often prescribed in higher volumes than necessary and not properly disposed of after patients no

longer need them. That leads to an oversupply of unneeded drugs that can be subject to abuse by family members and others.

In order to reduce the volume of unused opioids in the market, this bill will direct the Food and Drug Administration to work with manufacturers to establish programs for the efficient return or destruction of unused schedule II or III opioid analgesics.

In addition, this bill will facilitate utilization of packaging that may reduce overprescribing, diversion, or abuse of opioids.

Finally, the bill will require the GAO to study new and innovative technologies that claim to be able to dispose of opioids and other unused medications safely.

This bill takes several targeted steps to minimize the amount of unused opioids on the market, and I encourage my colleagues to support its passage.

Mr. Speaker, I yield such time as he may consume to gentleman from North Carolina (Mr. HUDSON), one of the authors of this important legislation.

Mr. HUDSON. Mr. Speaker, in 2018, more than 2 million Americans will suffer from addiction to prescription opioids.

As I have traveled across my district, I have seen firsthand the devastating effects these drugs can have on families, friends, and loved ones. There is no barrier for these drugs. They strike at every level of society and across every geographic region. It touches all of us.

In North Carolina, we have 4 of the top 25 worst cities for opioid abuse in the country. This truly is the crisis next door, and I am proud of the collective effort the House of Representatives has undertaken in a bipartisan way to address this epidemic.

One important piece of this effort is a bipartisan bill I worked on with my colleague G.K. BUTTERFIELD, the SOUND Disposal and Packaging Act, which will direct the FDA to work with manufacturers to help reduce diversion, overprescribing, and abuse of schedule II or III opioids.

I focused on packaging and disposal because it seemed everyone I talked to had sort of a lightbulb go off. So many of us have unused opioids in our medicine cabinets from surgeries, accidents, or hospital visits.

With 70 percent of heroin addictions beginning in the medicine cabinet, attacking this oversupply with packaging on the front end and disposal on the back end was a logical place to start. We need to reduce the supply of opioids that find their way out of the medicine cabinet, and this legislation is the first step.

I appreciate the leadership of my friend, G.K. BUTTERFIELD, for working with me in a bipartisan manner in authoring this bill. I want to thank the leadership of the Energy and Commerce Committee and Health Subcommittee, Chairman WALDEN and Chairman BURGESS, and Ranking Members PALLONE and GREEN for their partnership and help to ensure this could be a reality today.

Mr. Speaker, I include in the RECORD a letter from DisposeRx in support of H.R. 5687, the SOUND Disposal and Packaging Act.

DISPOSERX,
June 18, 2018.

Hon. RICHARD HUDSON,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE HUDSON: As our country continues to combat the opioid epidemic, we commend the United States House of Representative for voting on your legislation, H.R. 5687, the ''the ''SOUND'' Disposal and Packaging Act.'' Opioid overdoses kill tens of thousands of people each year, and this landmark legislation is pivotal to saving lives and overcoming the opioid crisis.

Our mission at DisposeRx is to empower the consumer to safely and permanently dispose of unused medications, including opioids and drugs with abuse liabilities, with at-home solutions that render drugs non-retrievable. Research has shown that take-back and kiosk strategies are inconvenient and encourage diversion, whereas at-home solutions that empower consumers to destroy their drugs in an environmentally friendly manner are a better solution to preventing opioid abuse, overdoses and deaths that begin in the medicine cabinet.

For years, the federal government has recommended substandard methods of disposal for controlled substances, such as placing them in coffee grounds or kitty litter, and even flushing them down the toilet for eventual transport to our nation's waterways. With the passage of H.R. 5687, Congress will be taking a crucial leap to change how we deal with drug disposal. In particular, section 2(f) of H.R. 5687 will require the General Accounting Office (GAO) to provide an independent report to Congress on the benefits of in-home disposal of controlled substances. We believe that the bill represents a clear recognition that immediate disposal of prescription medications within the home will reduce the number of new addictions and deaths.

We are grateful for your leadership, and that of your cosponsors, including Representative G.K. Butterfield, in this critical area and we congratulate you on this pioneering legislation. We thank your staff and that of the House Energy and Commerce Committee, especially Preston Bell, who has tirelessly championed deterrent solutions to prevent abuse before it begins.

We are passionate about providing a solution to our country's epidemic of overdose and death brought about by the misuse and abuse of opioids. Thank you for your consideration, and we look forward to working with you and your colleagues to confront and reverse this crisis.

Sincerely,

WM. SIMPSON,
President.

Mr. HUDSON. Mr. Speaker, I urge all my colleagues to please support this legislation.

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

I rise to voice my support for H.R. 5687, legislation authored by my colleagues, Mr. HUDSON and Mr. BUTTERFIELD, to provide the FDA with authority to employ the use of packaging and disposal technologies to help mitigate the risk of abuse and misuse of opioids.

As a part of FDA's efforts to help prevent misuse of opioids, Commissioner Gottlieb has been actively exploring how packaging and disposal innovations can deter abuse and reduce the supply of opioids in the market.

This included hosting a public workshop in December to explore how we can harness these technologies in the fight against opioid addiction and how to improve the safety of these products for those patients who rely on them to manage chronic pain every day.

Commissioner Gottlieb also noted, Mr. Speaker, that the use of these technologies, such as packaging, merits consideration through a careful, science-based process, one that I hope will continue.

The legislation we are considering today builds on this work and grants FDA authority to require packaging and disposal technologies for schedule II and schedule III controlled substances that reflect a level of risk associated with that substance.

FDA is provided with the flexibility to permit a range of options for packaging or disposal technologies, as long as such technologies demonstrate comparable effectiveness. This flexibility will be crucial to reduce barriers to generic entry, one of the concerns that was raised during our committee consideration, and to maintain appropriate patient access to these substances.

H.R. 5687 also clarifies that labeling related to the inclusion of packaging or disposal technologies cannot be used as a blocking strategy by brand manufacturers.

If enacted, it is my hope that the FDA will continue to work with stakeholders, including manufacturers, to ensure that generic entry is not impeded by the requirement of packaging or disposal technologies. Both brand and generic manufacturers should be held to the same performance outcome of mitigating risk and abuse; however, at a time of rising drug costs, I believe manufacturers should be afforded enough flexibility to pursue cost-effective technologies that will also meet the shared goals of the FDA and patient community.

I also hope that any costs associated with the adoption of packaging or disposal technologies will not be borne by the patients who rely on these medications to manage their diseases or conditions.

Mr. Speaker, I want to thank Mr. HUDSON and Mr. BUTTERFIELD for their work on this issue as well as the FDA for their guidance through the process.

Mr. Speaker, I urge my colleagues to support H.R. 5687, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this legislation. I encourage my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5687, as amended.

The question was taken.

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

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RESPONSIBLE EDUCATION ACHIEVES CARE AND HEALTHY OUTCOMES FOR USERS' TREATMENT ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5796) to require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5796

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 ''Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment Act of 2018'' or the ''REACH OUT Act of 2018''.

SEC. 2. GRANTS TO PROVIDE TECHNICAL ASSISTANCE TO OUTLIER PRESCRIBERS OF OPIOIDS.

(a) GRANTS AUTHORIZED.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall, through the Centers for Medicare & Medicaid Services, award grants, contracts, or cooperative agreements to eligible entities for the purposes described in subsection (b).

(b) USE OF FUNDS.—Grants, contracts, and cooperative agreements awarded under subsection (a) shall be used to support eligible entities through technical assistance—

(1) to educate and provide outreach to outlier prescribers of opioids about best practices for prescribing opioids;

(2) to educate and provide outreach to outlier prescribers of opioids about non-opioid pain management therapies; and

(3) to reduce the amount of opioid prescriptions prescribed by outlier prescribers of opioids.

(c) APPLICATION.—Each eligible entity seeking to receive a grant, contract, or cooperative agreement under subsection (a) shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require.

(d) GEOGRAPHIC DISTRIBUTION.—In awarding grants, contracts, and cooperative agreements under this section, the Secretary shall prioritize establishing technical assistance resources in each State.

(e) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(A) an organization—

(i) that has demonstrated experience providing technical assistance to health care professionals on a State or regional basis; and

(ii) that has at least—

(I) one individual who is a representative of consumers on its governing body; and

(II) one individual who is a representative of health care providers on its governing body; or

(B) an entity that is a quality improvement entity with a contract under part B of title XI of the Social Security Act (42 U.S.C. 1320c et seq.).

(2) OUTLIER PRESCRIBER OF OPIOIDS.—The term ''outlier prescriber of opioids'' means a prescriber, identified by the Secretary of Health and Human Services (through use of prescriber information provided by prescriber National Provider Identifiers included pursuant to section 1860D–4(c)(4)(A) of the Social Security Act (42 U.S.C. 1395w–104(c)(4)(A)) on claims for covered part D drugs for part D eligible individuals enrolled in prescription drug plans under part D of title XVIII of such Act (42 U.S.C. 1395w–101 et seq.) and MA–PD plans under part C of such title (42 U.S.C. 1395w–21 et seq.)) as prescribing, as compared to other prescribers in the specialty of the prescriber and geographic area, amounts of opioids in excess of a threshold (and other criteria) specified by the Secretary, after consultation with stakeholders.

(3) PRESCRIBERS.—The term ''prescriber'' means any health care professional, including a nurse practitioner or physician assistant, who is licensed to prescribe opioids by the State or territory in which such professional practices.

(f) FUNDING.—For purposes of implementing this section, $75,000,000 shall be available from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t), to remain available until expended.

SEC. 3. PROMOTING VALUE IN MEDICAID MANAGED CARE.

Section 1903(m) of the Social Security Act (42 U.S.C. 1396b(m)) is amended by adding at the end the following new paragraph:

''(7)(A) With respect to expenditures described in subparagraph (B) that are incurred by a State for any fiscal year after fiscal year 2025 (and before fiscal year 2029), in determining the pro rata share to which the United States is equitably entitled under subsection (d)(3), the Secretary shall substitute the Federal medical assistance percentage that applies for such fiscal year to the State under section 1905(b) (without regard to any adjustments to such percentage applicable under such section or any other provision of law) for the percentage that applies to such expenditures under section 1905(y).

''(B) Expenditures described in this subparagraph, with respect to a fiscal year to which subparagraph (A) applies, are expenditures incurred by a State for payment for medical assistance provided to individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) by a managed care entity, or other specified entity (as defined in subparagraph (D)(iii)), that are treated as remittances because the State—

''(i) has satisfied the requirement of section 438.8 of title 42, Code of Federal Regulations (or any successor regulation), by electing—

''(I) in the case of a State described in subparagraph (C), to apply a minimum medical loss ratio (as defined in subparagraph (D)(ii)) that is at least 85 percent but not greater than the minimum medical loss ratio (as so defined) that such State applied as of May 31, 2018; or

''(II) in the case of a State not described in subparagraph (C), to apply a minimum medical loss ratio that is equal to 85 percent; and

''(ii) recovered all or a portion of the expenditures as a result of the entity's failure to meet such ratio.

''(C) For purposes of subparagraph (B), a State described in this subparagraph is a State that as of May 31, 2018, applied a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in such subparagraph under the State plan under this title (or a waiver of the plan) that is equal to or greater than 85 percent.

''(D) For purposes of this paragraph:

''(i) The term 'managed care entity' means a medicaid managed care organization described in section 1932(a)(1)(B)(i).

''(ii) The term 'minimum medical loss ratio' means, with respect to a State, a minimum medical loss ratio (as calculated under subsection (d) of section 438.8 of title 42, Code of Federal Regulations (as in effect on June 1, 2018)) for payment for services provided by entities described in subparagraph (B) under the State plan under this title (or a waiver of the plan).

''(iii) The term 'other specified entity' means—

''(I) a prepaid inpatient health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation); and

''(II) a prepaid ambulatory health plan, as defined in such section (or any successor regulation).''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I want to commend my colleague Representative FITZPATRICK, who is here on the floor with us today, as well as Representative CURBELO and Representative THOMPSON. They all worked very hard to make this bipartisan legislation a success.

H.R. 5796 would establish technical assistance grants to make best practices available to those providers who are identified as opioid-prescribing outliers. This bill would establish a means of identifying statistical outliers and then notifying providers if they are an outlier.

In addition, the bill authorizes quality improvement organizations and other grant recipients to review prescribing patterns and to share educational materials and best practices. This legislation will ensure that best prescribing practices are clinically appropriate for patients and are implemented throughout the Medicare program.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50

bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,
Chairman.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FITZPATRICK), one of the authors of this important legislation.

Mr. FITZPATRICK. Mr. Speaker, the opioid epidemic is devastating my community in Bucks and Montgomery Counties. I talk to these families every day.

As our Nation continues to grapple with the deadly effects of the opioid epidemic, it is crucial we take every step possible to stop prescription medication from falling into the wrong hands. We need to ensure that our medical professionals possess the latest best practices for preventing prescription medication abuse, including nonopioid pain management. This is why I am proud the House is considering my REACH OUT Act, H.R. 5796.

By facilitating outreach to outlier opioid prescribers, the REACH OUT Act seeks to educate physicians on their prescribing behaviors without limiting their ability to deliver patient care. It will be an effective step toward reducing the amount of unnecessary prescription opioids in communities across the Nation.

The Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment Act, the REACH OUT Act, H.R. 5796, will direct the Centers for Medicare and Medicaid Services to work with eligible entities, including quality improvement organizations, to engage in outreach with prescribers identified as clinical outliers to share best practices to evaluate their prescribing behavior.

□ 1500

H.R. 5796 would build on the lessons learned from CMS special innovation projects, by spreading best practices for preventing prescription drug abuse, providing outreach and education about nonopioid pain management, and reducing the number of opioids prescribed by outlier prescribers.

An outlier prescriber is identified by the Secretary of Health and Human Services, in consultation with professional stakeholders, as one who prescribes an excessive number of opioids as compared to other prescribers in their medical specialty or geographic area.

Our Nation's drug epidemic is a complicated issue, and our response must be multifaceted. This means giving providers the tools they need to prevent opioid abuse.

I want to thank my colleagues CARLOS CURBELO and MIKE THOMPSON for their support in authoring this bill. And I want to thank our chairman, GREG WALDEN, and his Energy and Commerce Committee for their relentless effort to combat the opioid epidemic across the country.

Mr. Speaker, I urge my colleagues, Democrat and Republican alike, to support the passage of our REACH OUT Act.

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

Mr. Speaker, I rise in support of H.R. 5796, the REACH OUT Act.

This bill creates grants for technical assistance education for outlier prescribers of opioids. The recipients of these grants, Mr. Speaker, will educate outlier prescribers on best practices for prescribing opioids and provide instruction on how to reduce the number of opioids prescribed in the future.

Coupled with legislation we will also consider today that would require notification of outlier prescribers of

opioids, this bill will further provide outlier prescribers with the tools to return to the appropriate prescribing range for their specialty to help reduce overprescribing.

Mr. Speaker, I have to say that we have just been informed that there will be a last-minute change to two of the suspension prints under consideration today in order to accommodate a request from the Appropriations Committee.

The minority only received notice of these changes within the last hour. While they appear to be changes that are technical in nature to address the jurisdictional issues, we want to highlight our concerns with the last-minute changes being made to legislative text that are being considered on the floor with such short notice. It is not the best way to legislate, especially on bipartisan bills on such an important topic.

My colleagues and I have expressed some concern about this process, and this latest issue reinforces those concerns. We urge the Speaker to commit to continuing to work with us on a bipartisan basis to avoid some of these changes in the future.

Mr. Speaker, I support this bill. I hope the House will support it as well, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I thank my colleagues for their bipartisan support of this legislation.

We also were just notified not long ago about the appropriations flag, and we are working out those matters at a higher pay level. So, we appreciate and understand.

Mr. Speaker, I urge passage of this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. POE of Texas). The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5796, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to require the Secretary of Health and Human Services to provide grants for eligible entities to provide technical assistance to outlier prescribers of opioids, and for other purposes.''.

A motion to reconsider was laid on the table.

ADVANCING HIGH QUALITY TREATMENT FOR OPIOID USE DISORDERS IN MEDICARE ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5605) to amend title XVIII of the Social Security Act to provide for an opioid use disorder treatment demonstration program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5605

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 ''Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act''.

SEC. 2. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1866E (42 U.S.C. 1395cc–5) the following new section:

''SEC. 1866F. OPIOID USE DISORDER TREATMENT DEMONSTRATION PROGRAM.

''(a) IMPLEMENTATION OF 4-YEAR DEMONSTRATION PROGRAM.—

''(1) IN GENERAL.—Not later than January 1, 2021, the Secretary shall implement a 4-year demonstration program under this title (in this section referred to as the 'Program') to increase access of applicable beneficiaries to opioid use disorder treatment services, improve physical and mental health outcomes for such beneficiaries, and to the extent possible, reduce expenditures under this title. Under the Program, the Secretary shall make payments under subsection (e) to participants (as defined in subsection (c)(1)(A)) for furnishing opioid use disorder treatment services delivered through opioid use disorder care teams, or arranging for such service to be furnished, to applicable beneficiaries participating in the Program.

''(2) OPIOID USE DISORDER TREATMENT SERVICES.—For purposes of this section, the term 'opioid use disorder treatment services'—

''(A) means, with respect to an applicable beneficiary, services that are furnished for the treatment of opioid use disorders and that utilize drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act for the treatment of opioid use disorders in an outpatient setting; and

''(B) includes—

''(i) medication assisted treatment;

''(ii) treatment planning;

''(iii) psychiatric, psychological, or counseling services (or any combination of such services), as appropriate;

''(iv) social support services, as appropriate; and

''(v) care management and care coordination services, including coordination with other providers of services and suppliers not on an opioid use disorder care team.

''(b) PROGRAM DESIGN.—

''(1) IN GENERAL.—The Secretary shall design the Program in such a manner to allow for the evaluation of the extent to which the Program accomplishes the following purposes:

''(A) Reduces hospitalizations and emergency department visits.

''(B) Increases use of medication-assisted treatment for opioid use disorders.

''(C) Improves health outcomes of individuals with opioid use disorders, including by reducing the incidence of infectious diseases (such as hepatitis C and HIV).

''(D) Does not increase the total spending on items and services under this title.

''(E) Reduces deaths from opioid overdose.

''(F) Reduces the utilization of inpatient residential treatment.

''(2) CONSULTATION.—In designing the Program, including the criteria under subsection (e)(2)(A), the Secretary shall, not later than 3 months after the date of the enactment of this section, consult with specialists in the field of addiction, clinicians in the primary care community, and beneficiary groups.

''(c) PARTICIPANTS; OPIOID USE DISORDER CARE TEAMS.—

''(1) PARTICIPANTS.—

''(A) DEFINITION.—In this section, the term 'participant' means an entity or individual—

''(i) that is otherwise enrolled under this title and that is—

''(I) a physician (as defined in section 1861(r)(1));

''(II) a group practice comprised of at least one physician described in subclause (I);

''(III) a hospital outpatient department;

''(IV) a federally qualified health center (as defined in section 1861(aa)(4));

''(V) a rural health clinic (as defined in section 1861(aa)(2));

''(VI) a community mental health center (as defined in section 1861(ff)(3)(B));

''(VII) a clinic certified as a certified community behavioral health clinic pursuant to section 223 of the Protecting Access to Medicare Act of 2014; or

''(VIII) any other individual or entity specified by the Secretary;

''(ii) that applied for and was selected to participate in the Program pursuant to an application and selection process established by the Secretary; and

''(iii) that establishes an opioid use disorder care team (as defined in paragraph (2)) through employing or contracting with health care practitioners described in paragraph (2)(A), and uses such team to furnish or arrange for opioid use disorder treatment services in the outpatient setting under the Program

''(B) PREFERENCE.—In selecting participants for the Program, the Secretary shall give preference to individuals and entities that are located in areas with a prevalence of opioid use disorders that is higher than the national average prevalence.

''(2) OPIOID USE DISORDER CARE TEAMS.—

''(A) IN GENERAL.—For purposes of this section, the term 'opioid use disorder care team' means a team of health care practitioners established by a participant described in paragraph (1)(A) that—

''(i) shall include—

''(I) at least one physician (as defined in section 1861(r)(1)) furnishing primary care services or addiction treatment services to an applicable beneficiary; and

''(II) at least one eligible practitioner (as defined in paragraph (3)(A)), who may be a physician who meets the criterion in subclause (I); and

''(ii) may include other practitioners licensed under State law to furnish psychiatric, psychological, counseling, and social services to applicable beneficiaries.

''(B) REQUIREMENTS FOR RECEIPT OF PAYMENT UNDER PROGRAM.—In order to receive payments under subsection (e), each participant in the Program shall—

''(i) furnish opioid use disorder treatment services through opioid use disorder care teams to applicable beneficiaries who agree to receive the services;

''(ii) meet minimum criteria, as established by the Secretary; and

''(iii) submit to the Secretary, in such form, manner, and frequency as specified by the Secretary, with respect to each applicable beneficiary for whom opioid use disorder treatment services are furnished by the opioid use disorder care team, data and such other information as the Secretary determines appropriate to—

''(I) monitor and evaluate the Program;

''(II) determine if minimum criteria are met under clause (ii); and

''(III) determine the incentive payment under subsection (e).

''(3) ELIGIBLE PRACTITIONERS; OTHER PROVIDER-RELATED DEFINITIONS AND APPLICATION PROVISIONS.—

''(A) ELIGIBLE PRACTITIONERS.—For purposes of this section, the term 'eligible practitioner' means a physician or other health

care practitioner, such as a nurse practitioner, that—

''(i) is enrolled under section 1866(j)(1);

''(ii) is authorized to prescribe or dispense narcotic drugs to individuals for maintenance treatment or detoxification treatment; and

''(iii) has in effect a waiver in accordance with section 303(g) of the Controlled Substances Act for such purpose and is otherwise in compliance with regulations promulgated by the Substance Abuse and Mental Health Services Administration to carry out such section.

''(B) ADDICTION SPECIALISTS.—For purposes of subsection (e)(1)(B)(iv), the term 'addiction specialist' means a physician that possesses expert knowledge and skills in addiction medicine, as evidenced by appropriate certification from a specialty body, a certificate of advanced qualification in addiction medicine, or completion of an accredited residency or fellowship in addiction medicine or addiction psychiatry, as determined by the Secretary.

''(d) PARTICIPATION OF APPLICABLE BENEFICIARIES.—

''(1) APPLICABLE BENEFICIARY DEFINED.—In this section, the term 'applicable beneficiary' means an individual who—

''(A) is entitled to, or enrolled for, benefits under part A and enrolled for benefits under part B;

''(B) is not enrolled in a Medicare Advantage plan under part C;

''(C) has a current diagnosis for an opioid use disorder; and

''(D) meets such other criteria as the Secretary determines appropriate.

Such term shall include an individual who is dually eligible for benefits under this title and title XIX if such individual satisfies the criteria described in subparagraphs (A) through (D).

''(2) VOLUNTARY PARTICIPATION; LIMITATION ON NUMBER OF PARTICIPANTS.—An applicable beneficiary may participate in the Program on a voluntary basis and may terminate participation in the Program at any time. Not more than 20,000 applicable beneficiaries may participate in the Program at any time.

''(3) SERVICES.—In order to participate in the Program, an applicable beneficiary shall agree to receive opioid use disorder treatment services from a participant. Participation under the Program shall not affect coverage of or payment for any other item or service under this title for the applicable beneficiary.

''(4) BENEFICIARY ACCESS TO SERVICES.—Nothing in this section shall be construed as encouraging providers to limit applicable beneficiary access to services covered under this title and applicable beneficiaries shall not be required to relinquish access to any benefit under this title as a condition of receiving services from a participant in the Program.

''(e) PAYMENTS.—

''(1) PER APPLICABLE BENEFICIARY PER MONTH CARE MANAGEMENT FEE.—

''(A) IN GENERAL.—The Secretary shall establish a schedule of per applicable beneficiary per month care management fees. Such a per applicable beneficiary per month care management fee shall be paid to a participant in addition to any other amount otherwise payable under this title to the health care practitioners in the participant's opioid use disorder care team or, if applicable, to the participant. A participant may use such per applicable beneficiary per month care management fee to deliver additional services to applicable beneficiaries, including services not otherwise eligible for payment under this title.

''(B) PAYMENT AMOUNTS.—In carrying out subparagraph (A), the Secretary shall—

''(i) consider payments otherwise payable under this title for opioid use disorder treatment services and the needs of applicable beneficiaries;

''(ii) pay a higher per applicable beneficiary per month care management fee for an applicable beneficiary who receives more intensive treatment services from a participant and for whom those services are appropriate based on clinical guidelines for opioid use disorder care;

''(iii) pay a higher per applicable beneficiary per month care management fee for the month in which the applicable beneficiary begins treatment with a participant than in subsequent months, to reflect the greater time and costs required for the planning and initiation of treatment, as compared to maintenance of treatment;

''(iv) pay higher per applicable beneficiary per month care management fees for participants that have established opioid use disorder care teams that include an addiction specialist (as defined in subsection (c)(3)(B)); and

''(v) take into account whether a participant's opioid use disorder care team refers applicable beneficiaries to other suppliers or providers for any opioid use disorder treatment services.

''(C) NO DUPLICATE PAYMENT.—The Secretary shall make payments under this paragraph to only one participant for services furnished to an applicable beneficiary during a calendar month.

''(2) INCENTIVE PAYMENTS.—

''(A) IN GENERAL.—Under the Program, the Secretary shall establish a performance-based incentive payment, which shall be paid (using a methodology established and at a time determined appropriate by the Secretary) to participants based on the performance of participants with respect to criteria, as determined appropriate by the Secretary, in accordance with subparagraph (B).

''(B) CRITERIA.—

''(i) IN GENERAL.—Criteria described in subparagraph (A) may include consideration of the following:

''(I) Patient engagement and retention in treatment.

''(II) Evidence-based medication-assisted treatment.

''(III) Other criteria established by the Secretary.

''(ii) REQUIRED CONSULTATION AND CONSIDERATION.—In determining criteria described in subparagraph (A), the Secretary shall—

''(I) consult with stakeholders, including clinicians in the primary care community and in the field of addiction medicine; and

''(II) consider existing clinical guidelines for the treatment of opioid use disorders.

''(C) NO DUPLICATE PAYMENT.—The Secretary shall ensure that no duplicate payments under this paragraph are made with respect to an applicable beneficiary.

''(f) MULTIPAYER STRATEGY.—In carrying out the Program, the Secretary shall encourage other payers to provide similar payments and to use similar criteria as applied under the Program under subsection (e)(2)(C). The Secretary may enter into a memorandum of understanding with other payers to align the methodology for payment provided by such a payer related to opioid use disorder treatment services with such methodology for payment under the Program.

''(g) EVALUATION.—

''(1) IN GENERAL.—The Secretary shall conduct an intermediate and final evaluation of the program. Each such evaluation shall determine the extent to which each of the purposes described in subsection (b) have been accomplished under the Program.

''(2) REPORTS.—The Secretary shall submit to the Secretary and Congress—

''(A) a report with respect to the intermediate evaluation under paragraph (1) not later than 3 years after the date of the implementation of the Program; and

''(B) a report with respect to the final evaluation under paragraph (1) not later than 6 years after such date.

''(h) FUNDING.—

''(1) ADMINISTRATIVE FUNDING.—For the purposes of implementing, administering, and carrying out the Program (other than for purposes described in paragraph (2)), $5,000,000 shall be available from the Federal Supplementary Medical Insurance Trust Fund under section 1841.

''(2) CARE MANAGEMENT FEES AND INCENTIVES.—For the purposes of making payments under subsection (e), $10,000,000 shall be available from the Federal Supplementary Medical Insurance Trust Fund under section 1841 for each of fiscal years 2021 through 2024.

''(3) AVAILABILITY.—Amounts transferred under this subsection for a fiscal year shall be available until expended.

''(i) WAIVERS.—The Secretary may waive any provision of this title as may be necessary to carry out the Program under this section.''.

SEC. 3. REQUIRING E-PRESCRIBING FOR COVERAGE OF COVERED PART D CONTROLLED SUBSTANCES.

(a) IN GENERAL.—Section 1860D–4(e) of the Social Security Act (42 U.S.C. 1395w–104(e)) is amended by adding at the end the following:

''(7) REQUIREMENT OF E-PRESCRIBING FOR CONTROLLED SUBSTANCES.—

''(A) IN GENERAL.—Subject to subparagraph (B), a prescription for a covered part D drug under a prescription drug plan (or under an MA–PD plan) for a schedule II, III, IV, or V controlled substance shall be transmitted by a health care practitioner electronically in accordance with an electronic prescription drug program that meets the requirements of paragraph (2).

''(B) EXCEPTION FOR CERTAIN CIRCUMSTANCES.—The Secretary shall, pursuant to rulemaking, specify circumstances with respect to which the Secretary may waive the requirement under subparagraph (A), with respect to a covered part D drug, including in the case of—

''(i) a prescription issued when the practitioner and dispenser are the same entity;

''(ii) a prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

''(iii) a prescription issued by a practitioner who has received a waiver or a renewal thereof for a specified period determined by the Secretary, not to exceed one year, from the requirement to use electronic prescribing, pursuant to a process established by regulation by the Secretary, due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner;

''(iv) a prescription issued by a practitioner under circumstances in which, notwithstanding the practitioner's ability to submit a prescription electronically as required by this subsection, such practitioner reasonably determines that it would be impractical for the individual involved to obtain substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the individual's medical condition involved;

''(v) a prescription issued by a practitioner allowing for the dispensing of a non-patient specific prescription pursuant to a standing order, approved protocol for drug therapy,

collaborative drug management, or comprehensive medication management, in response to a public health emergency, or other circumstances where the practitioner may issue a non-patient specific prescription;

''(vi) a prescription issued by a practitioner prescribing a drug under a research protocol;

''(vii) a prescription issued by a practitioner for a drug for which the Food and Drug Administration requires a prescription to contain elements that are not able to be included in electronic prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use; and

''(viii) a prescription issued by a practitioner for an individual who—

''(I) receives hospice care under this title; or

''(II) is a resident of a skilled nursing facility (as defined in section 1819(a)), or a medical institution or nursing facility for which payment is made for an institutionalized individual under section 1902(q)(1)(B), for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy, as determined by the Secretary in accordance with this paragraph.

''(C) DISPENSING.—Nothing in this paragraph shall be construed as requiring a sponsor of a prescription drug plan under this part, MA organization offering an MA–PD plan under part C, or a pharmacist to verify that a practitioner, with respect to a prescription for a covered part D drug, has a waiver (or is otherwise exempt) under subparagraph (B) from the requirement under subparagraph (A). Nothing in this paragraph shall be construed as affecting the ability of the plan to cover or the pharmacists' ability to continue to dispense covered part D drugs from otherwise valid written, oral or fax prescriptions that are consistent with laws and regulations. Nothing in this paragraph shall be construed as affecting the ability of the beneficiary involved to designate a particular pharmacy to dispense a prescribed drug to the extent consistent with the requirements under subsection (b)(1) and under this paragraph.

''(D) ENFORCEMENT.—The Secretary shall, pursuant to rulemaking, have authority to enforce and specify appropriate penalties for non-compliance with the requirement under subparagraph (A).''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to coverage of drugs prescribed on or after January 1, 2021.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I want to commend Representative RUIZ, Representative CLARK, and Representative MULLIN; they all worked together to make this bipartisan bill a success.

This bill would authorize a 4-year demonstration project to test new ways to treat opioid use disorder among the Medicare population.

In addition, this bill will help secure the prescribing of controlled substances in Medicare by requiring the use of e-prescribing. Pretty important work.

We have heard from providers that have not only cut down on the abuse of fraudulent prescriptions by switching to e-prescribing but also have saved time for themselves and their nurses, all while saving millions of dollars in the process. So these are really important, substantive steps forward, another piece of the puzzle in addressing the opioid crisis.

Mr. Speaker, I urge passage of the legislation, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act; fl H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,
Chairman.

Mr. KENNEDY. Mr. Speaker, I yield such time as he may consume to the gentleman from California (Mr. RUIZ), my colleague.

Mr. RUIZ. Mr. Speaker, I rise to support H.R. 5605, the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act.

I introduced the bill to give older Americans across our Nation more access to comprehensive addiction treatment services through Medicare. Seniors are frequently prescribed opioids to treat chronic illnesses with constant, lasting pain issues, such as arthritis and other issues related to their musculoskeletal system.

The frequency and chronicity of this prescribing puts them at risk of developing a dependency, as seniors are more physiologically vulnerable to experiencing dependency and overdose effects. That is because as you get older your physiology changes, which makes seniors less able to deal with the side effects of opioids and more prone to respiratory depression, the leading cause of opioid-related death.

When you consider that roughly one-third of Medicare beneficiaries received an opioid prescription in 2016, with over half a million receiving a high dose, it makes sense that the hospitalization rate related to opioid misuse in patients over 65 has increased by 500 percent in the past two decades.

Despite these heightened risk factors, many seniors still do not have access to comprehensive, evidence-based treatment under traditional Medicare, and we cannot leave our seniors behind as we work to address this national crisis. Our seniors deserve access to the gold standard of care for treating opioid addiction. It is that simple.

My bill, H.R. 5605, the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act, will open doors for older Americans to get that gold standard of care by strengthening Medicare for our seniors. My bill does this by creating an alternative payment model demonstration program through Medicare for comprehensive treatment and care programs for opioid misuse disorder and will establish quality measures that reward comprehensive treatment programs that actually produce the best patient outcomes.

It works by giving providers and institutions that choose to participate a case management payment, which they would use to provide wraparound services for Medicare beneficiaries. Teams with an addiction specialist would also receive a higher incentive. Seniors participating in this program will receive medication-assisted treatment alongside psychosocial support, such as psychotherapy, treatment planning, and appropriate social services.

This coordinated care approach is considered the gold standard of care, and if we want to successfully address this crisis, we need to ensure that individuals have access to treatments that will result in successful outcomes. I have seen firsthand the importance of this with my own patients in the emergency department. Getting medication-assisted treatment is important, and the success of that treatment is enhanced if that patient is also participating in psychotherapy and receiving the appropriate social services.

That is why this demo is supported by the American Society of Addiction Medicine and the California Medical Association, among others. It is critical that all Americans, regardless of their age or how much money they make, have access to high quality, comprehensive treatment. My bill will strengthen Medicare so we can help seniors address opioid dependence by ensuring they get the care they need.

I also want to thank Ranking Member PALLONE and Chairman WALDEN for their support of this legislation and of our seniors.

Also included in my bill is H.R. 3528, the Every Prescription Conveyed Securely Act, introduced by Representative KATHERINE CLARK from Massachusetts, with the assistance of Representative MULLIN.

I want to thank Representative CLARK for her hard work to address this crisis by expanding the use of technology to reduce fraudulent prescribing.

Her legislation will direct providers to use electronic prescribing for controlled substances technology for Medicare part D by 2021 to cut down on fraud and overprescribing. Already, seven States have implemented this system in an effort to combat this crisis and keep illicit opioids off the streets.

According to the Department of Justice, most fraudulent opioid prescriptions are obtained either through doctor shopping, forged prescriptions, or theft, all of which can be addressed by an effective electronic prescribing for controlled substances system.

As amended, my bill, H.R. 5605, will improve care for our seniors and help get illegally obtained opioids off the streets.

Mr. KENNEDY. Mr. Speaker, I think Dr. RUIZ has done an extraordinary job on this legislation. I would urge the House to support it, and I yield back the balance of my time.

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

Ms. JACKSON LEE. Mr. Speaker, I support H.R. 5605, the "Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act."

This important bill provides applicable beneficiaries increased access to opioid use disorder treatment services and will improve physical and mental health outcomes for such beneficiaries.

In 2016, approximately one-third of Medicare beneficiaries received an opioid prescription, 500,000 of which received high doses of opioids yet many lack access to quality treatment for substance abuse.

This legislation would create an Alternative Payment Model (APM) demonstration program to incentivize the delivery of high quality, evidence-based substance use disorder treatment services.

The voluntary program would enroll eligible beneficiaries who agree to receive Substance Use Disorder (SUD) treatment services through providers and institutions participating in the Program.

To support those who are suffering from opioid use disorders, we must employ a multifaceted approach that actually achieves results.

The purpose of the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act is to assist states in the implementation of a variety of strategies, including:

Reducing hospitalizations and emergency department visits;

Increasing the use of medication-assisted treatment for opioid use disorders;

Improving health outcomes of individuals with opioid use disorders, including by reducing the incidence of infectious diseases (such as hepatitis C and HIV);

Reducing deaths from opioid overdose; and

Reducing the utilization of inpatient residential treatment.

Under the Program, the Secretary of the Health and Human Services shall make payments to participants for:

Furnishing opioid use disorder treatment services delivered through opioid use disorder care teams; or

Arranging for such service to be furnished, to applicable beneficiaries participating in the Program.

The current surge of opioid usage requires a strong, national response, and with passage of the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act, we are addressing this issue.

Opioid use disorder leads to physical and functional changes to parts of the brain affecting impulse, reward, and motivation.

In recent years, it is estimated that 2.1 million individuals in the United States have an opioid use disorder.

This legislation would require APM demonstration program participants to provide both medication as well as psychosocial supports, such as care management, psychotherapy, treatment planning and appropriate social services to treat substance use disorder, which is considered the gold standard of care.

Voluntary APM demonstration program participation would be prioritized in regions with high prevalence of opioid use disorders.

Care teams would require inclusion of health care providers who are licensed to dispense opioid medications for the purpose of detoxification or maintenance treatment for opioid use disorder, as well as appropriate providers of psychosocial treatment.

In addition, in conjunction with stakeholders, the Health and Human Services Secretary would develop quality and outcome measures to assess the care beneficiaries receive through the Program.

Participating providers or institutes will receive a monthly case management fee for all beneficiaries receiving opioid treatment services.

Program participants will receive a higher case management fee if their care team includes an addiction specialist, and for the initiation of treatment period, which is treatment and resource intensive.

Participants would be eligible to receive an additional incentive payment for providing quality substance use disorder treatment care.

The demonstration program is authorized for four years and capped at 20,000 participants.

I am confident that the comprehensive approach we are taking to address those suffering from Opioid Use Disorder will help address the nation's growing epidemic.

For these reasons, I support the Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act and the goal of ensuring the best possible response to treat opioid use disorder in America.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5605, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to amend title XVIII of the Social Security Act to provide for an opioid use disorder treatment demonstration program, and for other purposes.''.

A motion to reconsider was laid on the table.

POSTAPPROVAL STUDY REQUIREMENTS FOR CERTAIN CONTROLLED SUBSTANCES

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5811) to amend the Federal Food, Drug, and Cosmetic Act with respect to postapproval study requirements for certain controlled substances, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5811

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

SECTION 1. POSTAPPROVAL STUDY REQUIREMENTS.

(a) PURPOSES OF STUDY.—Section 505(o)(3)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)(3)(B)) is amended by adding at the end the following:

''(iv) To assess a potential reduction in effectiveness of the drug for the conditions of use prescribed, recommended, or suggested in the labeling thereof if—

''(I) the drug involved—

''(aa) is or contains a substance for which a listing in any schedule is in effect (on a temporary or permanent basis) under section 201 of the Controlled Substances Act; or

''(bb) is a drug that has not been approved under this section or licensed under section 351 of the Public Health Service Act, for which an application for such approval or licensure is pending or anticipated, and for which the Secretary provides notice to the sponsor that the Secretary intends to issue a scientific and medical evaluation and recommend controls under the Controlled Substances Act; and

''(II) the potential reduction in effectiveness could result in the benefits of the drug no longer outweighing the risks.''.

(b) ESTABLISHMENT OF REQUIREMENT.—Section 505(o)(3)(C) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)(3)(C)) is amended by striking ''such requirement'' and all that follows through ''safety information.'' and inserting the following: ''such requirement—

''(i) in the case of a purpose described in clause (i), (ii), or (iii) of subparagraph (B), only if the Secretary becomes aware of new safety information; and

''(ii) in the case of a purpose described in clause (iv) of such subparagraph, if the Secretary determines that new effectiveness information exists.''.

(c) APPLICABILITY.—Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)(3)) is amended by adding at the end the following new subparagraph:

''(G) APPLICABILITY.—The conduct of a study or clinical trial required pursuant to this paragraph for the purpose specified in subparagraph (B)(iv) shall not be considered a new clinical investigation for the purpose of a period of exclusivity under clause (iii) or (iv) of subsection (c)(3)(E) or clause (iii) or (iv) of subsection (j)(5)(F).''.

(d) NEW EFFECTIVENESS INFORMATION DEFINED.—Section 505(o)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)(2)) is amended by adding at the end the following new subparagraph:

''(D) NEW EFFECTIVENESS INFORMATION.—The term 'new effectiveness information', with respect to a drug that is or contains a controlled substance for which a listing in any schedule is in effect (on a temporary or permanent basis) under section 201 of the Controlled Substances Act, means new information about the effectiveness of the drug, including a new analysis of existing information, derived from—

''(i) a clinical trial; an adverse event report; a postapproval study or clinical trial (including a study or clinical trial under paragraph (3));

''(ii) peer-reviewed biomedical literature;

''(iii) data derived from the postmarket risk identification and analysis system under subsection (k); or

''(iv) other scientific data determined to be appropriate by the Secretary.''.

(e) CONFORMING AMENDMENTS WITH RESPECT TO LABELING CHANGES.—Section 505(o)(4) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)(4)) is amended—

(1) in subparagraph (A)—

(A) in the heading, by inserting ''OR NEW EFFECTIVENESS'' after ''SAFETY'';

(B) by striking ''safety information'' and inserting ''new safety information or new effectiveness information such''; and

(C) by striking ''believes should be'' and inserting ''believes changes should be made to'';

(2) in subparagraph (B)(i)—

(A) by striking ''new safety information'' and by inserting ''new safety information or new effectiveness information''; and

(B) by inserting ''indications,'' after ''boxed warnings,'';

(3) in subparagraph (C), by inserting ''or new effectiveness information'' after ''safety information''; and

(4) in subparagraph (E), by inserting ''or new effectiveness information'' after ''safety information''.

(f) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed to alter, in any manner, the meaning or application of the provisions of paragraph (3) of section 505(o) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(o)) with respect to the authority of the Secretary of Health and Human Services to require a postapproval study or clinical trial for a purpose specified in clauses (i) through (iii) of subparagraph (B) of such paragraph (3) or paragraph (4) of such section 505(o) with respect to the Secretary's authority to require safety labeling changes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I want to speak in favor of this bipartisan bill and thank Representative MCNERNEY and Representative GRIFFITH for working so hard to advance this important policy.

Currently, there are limited data on the long-term efficacy of opioids, their increased addictive tendencies over time, and their overall place in the treatment of pain. This legislation will enhance the Food and Drug Administration's authorities and enforcement tools to ensure timely post-marketing studies for chronically administered opioids.

Collecting and analyzing data is the best way to ensure that patients and physicians have access to evidence-based treatments. This bill will advance our understanding of the science underlying long-term use of opioids, and I encourage my colleagues to support its passage.

Mr. Speaker, I especially appreciate the work of the sponsors of this bill, including Representative GRIFFITH, who would be here with us to speak in favor of this legislation but for traffic congestion on his way back from his district that has detained him from getting here as he had previously scheduled.

Mr. Speaker, I encourage my colleagues to support the bill, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 5811, the Long-Term Opioid Efficacy Act of 2018, authored by Representatives MCNERNEY and GRIFFITH.

Despite the prevalent use of opioids today in combating pain, the long-term

impacts of opioids and whether or not they are truly the most effective treatment is still fairly unknown.

FDA Commissioner Gottlieb testified before the Energy and Commerce Committee that many opioids have not been studied for chronic administration and further studying could help address certain questions. This includes the long-term efficacy of opioids and whether opioids may contribute to increased addictive tendencies over time.

This legislation would help us better understand the long-term impacts of opioids and whether opioids truly are the most effective treatment for chronic pain management by allowing the FDA to require manufacturers of controlled substances, such as opioids, to conduct post-market studies to assess the effectiveness of these products and whether or not they pose an increase in serious risk.

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Under current law, the FDA has the authority to request postmarket studies relating to the safety considerations of a drug, but it does not have explicit authority to do so related to the efficacy of a drug. It is our hope that, by granting this authority to the FDA, we will better understand the long-term impacts of opioids that are chronically administered and encourage more responsible prescribing of opioids moving forward.

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

The SPEAKER pro tempore. Without objection, the gentleman from Kentucky (Mr. GUTHRIE) will control the time for the majority.

There was no objection.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5811, which amends the Federal Food, Drug, and Cosmetic Act with respect to post approval study requirements for certain controlled substances.

H.R. 5811 allows the FDA to require that pharmaceutical manufacturers study certain drugs after they are approved to assess any potential reduction in those drugs' effectiveness for the conditions of use prescribed, recommended, or suggested in labeling.

In recent years, many communities have been devastated by the number of overdoses that have been related to the escalating opioid epidemic.

According to U.S. Department of Health and Human Services, illegal substances, deadly synthetics such as fentanyl, and legally available pain relievers accounted for more than 42,000 deaths across the country in 2016.

Further, in the city of Houston, there were 364 drug-related overdose deaths alone that happened in 2016 according to the Treatment Center, a highly respected drug and alcohol addiction treatment service center.

This is a national emergency that deserves immediate action.

H.R. 5811 would expand an existing mandate that requires drug developers to conduct post-approval studies or clinical trials for certain drugs.

FDA will provide doctors and patients the information they need to use medicines wisely.

This will ensure that drugs, both brand-name and generic, work correctly and that their health benefits outweigh their known risks.

Under current law, in certain instances, the FDA can require studies or clinical trials after a drug has been approved.

H.R. 5811 would permit the FDA to use that authority if the reduction in a drug's effectiveness meant that its benefits no longer outweighed its costs.

I urge my colleagues to join me in voting to pass H.R. 5811.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5811, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

DELAYING REDUCTION IN FEDERAL MEDICAL ASSISTANCE PERCENTAGE FOR CERTAIN MEDICAID PERSONAL CARE SERVICES

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6042) to amend title XIX of the Social Security Act to delay the reduction in Federal medical assistance percentage for Medicaid personal care services furnished without an electronic visit verification system, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6042

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

SECTION 1. DELAY IN REDUCTION OF FMAP FOR MEDICAID PERSONAL CARE SERVICES FURNISHED WITHOUT AN ELECTRONIC VISIT VERIFICATION SYSTEM.

(a) IN GENERAL.—Section 1903(l) of the Social Security Act (42 U.S.C. 1396b(l)) is amended—

(1) in paragraph (1)—

(A) by striking ''January 1, 2019'' and inserting ''January 1, 2020''; and

(B) in subparagraph (A)(i), by striking ''2019 and''; and

(2) in paragraph (4)(A)(i), by striking ''calendar quarters in 2019'' and inserting ''calendar quarters in 2020''.

(b) SENSE OF CONGRESS ON STAKEHOLDER INPUT REGARDING ELECTRONIC VISIT VERIFICATION SYSTEMS.—It is the sense of Congress that—

(1) the Centers for Medicare & Medicaid Services should—

(A) convene at least one public meeting in 2018 for the purpose of soliciting ongoing feedback from Medicaid stakeholders on guidance issued by the Centers for Medicare & Medicaid Services on May 16, 2018, regarding electronic visit verification; and

(B) communicate with such stakeholders regularly and throughout the implementation process in a clear and transparent manner to monitor beneficiary protections;

(2) such stakeholders should include State Medicaid directors, beneficiaries, family caregivers, individuals and entities who provide personal care services or home health care services, Medicaid managed care organizations, electronic visit verification vendors, and other stakeholders, as determined by the Centers for Medicare & Medicaid Services; and

(3) taking into account stakeholder input on the implementation of the electronic visit verification requirement under the Medicaid program is vital in order to ensure that the Centers for Medicare & Medicaid Services is aware and able to mitigate any adverse outcomes with the implementation of this policy.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of my bill, H.R. 6042, which will ensure the proper implementation of the electronic visit verification system, or EVV, in State Medicaid programs. EVV provides a way to track the delivery of in-home Medicaid personal care services to help prevent instances of fraud and abuse and to protect patients, ensuring they get the services they are entitled to receive.

Many frail, disabled, or otherwise homebound patients benefit from and even rely on Medicaid personal care services and home health services. Yet the Department of Health and Human Services' Office of Inspector General, OIG, found in recent years that the existing program safeguards at the time were often ineffective, despite the fact that they were intended to prevent improper payments and to ensure medical necessity, patient safety, and quality care.

Furthermore, the OIG warned that fraud in this area was on the rise, which endangers vulnerable patients and wastes taxpayer money. EVV systems were developed to protect some of the most vulnerable Medicaid recipients.

Last Congress, in response to the OIG report, I wrote and included a provision in the bipartisan 21st Century Cures Act to require State Medicaid programs to use EVV to track all personal care services conducted in a patient's home. In the time since the implementation of Cures, I have received feedback that more time is needed to implement EVV systems to make sure that they are properly and fully integrating the EVV technology.

This year, I worked with Congresswoman DEGETTE and Congressman

LANGEVIN to introduce H.R. 6042, which gives States an extra year to put in place their EVV systems and ensure stakeholder input. Home visits are a critical part of providing quality care to patients, many of whom have disabilities and rely on extra care in their homes.

H.R. 6042 will make sure that EVV can be implemented effectively. Thanks to hard work, the bill has changed a little bit working with Congresswoman DEGETTE, who came to me and said we want to make sure that we have stakeholder input. That is included in this version of the bill that is before us now. Her diligence in doing that has been very helpful, and I appreciate her efforts in that.

Mr. Speaker, I urge my colleagues to support this bipartisan bill to provide a simple fix for the benefit of improved accountability and patient care in State Medicaid programs.

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

Mr. KENNEDY. Mr. Speaker, I yield such time as he may consume to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I thank the gentleman from Massachusetts for yielding.

Mr. Speaker, I rise in support of H.R. 6042, which will delay implementation of the Medicaid electronic visit verification system requirement by 1 year and promote stakeholder feedback as part of its implementation.

The Medicaid EVV system requirement under the landmark 21st Century Cures Act was established to ensure accurate billing and delivery of personal care services in the homes of Medicaid beneficiaries. We want to make sure that Medicaid patients are accurately getting the care that they received, that Medicaid is properly billed for those services, and that we do everything possible to wring fraud out of the system.

Unfortunately, the short implementation period, compounded by a delay in CMS guidance and a lack of stakeholder input, has presented significant challenges for affected populations, especially seniors and people with disabilities.

I am pleased to join my colleagues, Representative GUTHRIE and Representative DEGETTE, in supporting this important piece of legislation. I am glad to see that Representative GUTHRIE's bill largely mirrors the bipartisan, bicameral legislation I introduced to address this issue last month.

The collaboration and the inclusive approach it took to bring this bill to the floor is the same dynamic Medicaid beneficiaries, family caregivers, personal care and home health providers, and other stakeholders are hoping to see from CMS when the agency defines EVV system requirements so that States can design effective and thoughtful EVV programs.

Delaying implementation by 1 year and encouraging input from relevant stakeholders will be paramount to the success of the EVV programs and is a part of our enduring promise to protect vulnerable populations, people who would otherwise suffer from adverse outcomes should the policy be hastily implemented.

Mr. Speaker, I thank Mr. GUTHRIE, Congresswoman DEGETTE, Chairman WALDEN, Ranking Member PALLONE, and all those who had a hand in bringing this bill to the floor today for the opportunity to join in leading this important effort.

Mr. KENNEDY. Mr. Speaker, I want to commend the gentleman from Rhode Island for all of his work and dedication on this issue.

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

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume to close.

Mr. Speaker, I didn't see my friend from Rhode Island on the floor when I was speaking earlier on Ms. DEGETTE and her work in this. He has been working really hard. I appreciate my friend from Rhode Island leading on this issue and us being able to work together and our staffs working together to make something very important like this. His input was very important on the stakeholder issue, as was Ms. DEGETTE's.

Mr. Speaker, I urge my colleagues to vote for the bill, and I yield back the balance of my time.

Ms. DEGETTE. Mr. Speaker, I would like to thank Representatives GUTHRIE and LANGEVIN for working with me on this very important bill, which addresses a national health care issue involving safety, efficiency and privacy affecting many of our constituents.

As most people who have been engaged in this matter know, the mental health portion of the 21st Century Cures Act—the overwhelmingly bipartisan biomedical reform bill that was signed into law in December 2016—included what is called electronic visit verification (EVV) provisions. These provisions require states to verify the provider, date, time and site of personal care and home health services.

They were meant to give patients the power to hold their providers accountable for delivering services when and where they are supposed to do so.

But given the delay by the Centers for Medicare and Medicaid Services (CMS) in getting guidance for implementation of the provisions to the states, and the way the agency ignored Congressional intent to involve stakeholders in the regulatory process, House members had to step in to try and right what the Executive Branch has done poorly in the past year and a half.

The bill before you today grants a one-year delay in implementation of the EVV requirements. It also requires CMS to involve stakeholders both in the planning and throughout the implementation of the EVV requirements to ensure that the privacy and civil rights of consumers are protected.

This bill ensures that administrative and financial burdens on service providers are neither onerous nor duplicative and that states are able to design and implement their EVV programs in a thoughtful, deliberative manner. It also affords CMS the opportunity to hear from beneficiaries enrolled in self-directed plans about the challenges EVV could present for them.

This legislation will also help foster a comprehensive and transparent process that carefully balances the serious privacy concerns of consumers and caregivers, the administrative and financial concerns of providers and states, and EVV's goals of patient control and fraud prevention.

Mr. Speaker, if properly implemented EVV has potential to ensure that high-quality services are delivered when and where needed, while also reducing the potential for waste and fraud. This legislation will require CMS to follow a proper stakeholder engagement process, in order to ensure that the policy is implemented correctly. It will also allow each state greater opportunity to ensure that its EVV programs are best suited to individuals' specific needs.

I strongly urge all members to support this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 6042, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

MEDICAID PROVIDERS ARE REQUIRED TO NOTE EXPERIENCES IN RECORD SYSTEMS TO HELP IN-NEED PATIENTS ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5801) to amend title XIX of the Social Security Act to provide for requirements under the Medicaid program relating to the use of qualified prescription drug monitoring programs and prescribing certain controlled substances, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5801

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 ''Medicaid Providers Are Required To Note Experiences in Record Systems to Help In-need Patients Act'' or the ''Medicaid PARTNERSHIP Act''.

SEC. 2. MEDICAID PROVIDERS ARE REQUIRED TO NOTE EXPERIENCES IN RECORD SYSTEMS TO HELP IN-NEED PATIENTS.

(a) REQUIREMENTS UNDER THE MEDICAID PROGRAM RELATING TO QUALIFIED PRESCRIPTION DRUG MONITORING PROGRAMS AND PRESCRIBING CERTAIN CONTROLLED SUBSTANCES.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1943 the following new section:

''SEC. 1944. REQUIREMENTS RELATING TO QUALIFIED PRESCRIPTION DRUG MONITORING PROGRAMS AND PRESCRIBING CERTAIN CONTROLLED SUBSTANCES.

''(a) IN GENERAL.—Beginning October 1, 2021, a State shall, subject to subsection (d),

require each covered provider to check, in accordance with such timing, manner, and form as specified by the State, the prescription drug history of a covered individual being treated by the covered provider through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance.

''(b) QUALIFIED PRESCRIPTION DRUG MONITORING PROGRAM DESCRIBED.—A qualified prescription drug monitoring program described in this subsection is, with respect to a State, a prescription drug monitoring program administered by the State that, at a minimum, satisfies each of the following criteria:

''(1) The program facilitates access by a covered provider to, at a minimum, the following information with respect to a covered individual, in as close to real-time as possible:

''(A) Information regarding the prescription drug history of a covered individual with respect to controlled substances.

''(B) The number and type of controlled substances prescribed to and filled for the covered individual during at least the most recent 12-month period.

''(C) The name, location, and contact information (or other identifying number selected by the State, such as a national provider identifier issued by the National Plan and Provider Enumeration System of the Centers for Medicare & Medicaid Services) of each covered provider who prescribed a controlled substance to the covered individual during at least the most recent 12-month period.

''(2) The program facilitates the integration of information described in paragraph (1) into the workflow of a covered provider, which may include the electronic system the covered provider uses to prescribe controlled substances.

A qualified prescription drug monitoring program described in this subsection, with respect to a State, may have in place, in accordance with applicable State and Federal law, a data sharing agreement with the State Medicaid program that allows the medical director and pharmacy director of such program (and any designee of such a director who reports directly to such director) to access the information described in paragraph (1) in an electronic format. The State Medicaid program under this title may facilitate reasonable and limited access, as determined by the State and ensuring documented beneficiary protections regarding the use of such data, to such qualified prescription drug monitoring program for the medical director or pharmacy director of any managed care entity (as defined under section 1932(a)(1)(B)) that has a contract with the State under section 1903(m) or under section 1905(t)(3), or the medical director or pharmacy director of any entity has a contract to manage the pharmaceutical benefit with respect to individuals enrolled in the State plan (or waiver of the State plan). All applicable State and Federal security and privacy laws shall apply to the directors or designees of such directors of any State Medicaid program or entity accessing a qualified prescription drug monitoring program under this section.

''(c) APPLICATION OF PRIVACY RULES CLARIFICATION.—The Secretary shall clarify privacy requirements, including requirements under the regulations promulgated pursuant to section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note), related to the sharing of data under subsection (b) in the same manner as the Secretary is required under subparagraph (J) of section 1860D–4(c)(5) to clarify privacy requirements related to the sharing of data described in such subparagraph.

''(d) ENSURING ACCESS.—In order to ensure reasonable access to health care, the Secretary shall waive the application of the requirement under subsection (a), with respect to a State, in the case of natural disasters and similar situations, and in the case of the provision of emergency services (as defined for purposes of section 1860D–4(c)(5)(D)(ii)(II)).

''(e) REPORTS.—

''(1) STATE REPORTS.—Each State shall include in the annual report submitted to the Secretary under section 1927(g)(3)(D), beginning with such reports submitted for 2023, information including, at a minimum, the following information for the most recent 12-month period:

''(A) The percentage of covered providers (as determined pursuant to a process established by the State) who checked the prescription drug history of a covered individual through a qualified prescription drug monitoring program described in subsection (b) before prescribing to such individual a controlled substance.

''(B) Aggregate trends with respect to prescribing controlled substances such as—

''(i) the quantity of daily morphine milligram equivalents prescribed for controlled substances;

''(ii) the number and quantity of daily morphine milligram equivalents prescribed for controlled substances per covered individual; and

''(iii) the types of controlled substances prescribed, including the dates of such prescriptions, the supplies authorized (including the duration of such supplies), and the period of validity of such prescriptions, in different populations (such as individuals who are elderly, individuals with disabilities, and individuals who are enrolled under both this title and title XVIII).

''(C) Whether or not the State requires (and a detailed explanation as to why the State does or does not require) pharmacists to check the prescription drug history of a covered individual through a qualified drug management program before dispensing a controlled substance to such individual.

''(2) REPORT BY CMS.—Not later than October 1, 2023, the Administrator of the Centers for Medicare & Medicaid Services shall publish on the publicly available website of the Centers for Medicare & Medicaid Services a report including the following information:

''(A) Guidance for States on how States can increase the percentage of covered providers who use qualified prescription drug monitoring programs described in subsection (b).

''(B) Best practices for how States and covered providers should use such qualified prescription drug monitoring programs to reduce the occurrence of abuse of controlled substances.

''(f) INCREASE TO FEDERAL MATCHING RATE FOR CERTAIN EXPENDITURES RELATING TO QUALIFIED PRESCRIPTION DRUG MANAGEMENT PROGRAMS.—The Secretary shall increase the Federal medical assistance percentage or Federal matching rate that would otherwise apply to a State under section 1903(a) for a calendar quarter occurring during the period beginning October 1, 2018, and ending September 30, 2021, for expenditures by the State for activities under the State plan (or waiver of the State plan) to implement a prescription drug management program that satisfies the criteria described in paragraphs (1) and (2) of subsection (b) if the State (in this subsection referred to as the 'administering State') has in place agreements with all States that are contiguous to such administering State that, when combined, enable covered providers in all such contiguous States to access, through the prescription drug management program, the information that is described in subsection (b)(1) of covered individuals of such administering State and that covered providers in such administering State are able to access through such program. In no case shall an increase under this subsection result in a Federal medical assistance percentage or Federal matching rate that exceeds 100 percent.

''(g) RULE OF CONSTRUCTION.—Nothing in this section prevents a State from requiring pharmacists to check the prescription drug history of covered individuals through a qualified drug management program before dispensing controlled substances to such individuals.

''(h) DEFINITIONS.—In this section:

''(1) CONTROLLED SUBSTANCE.—The term 'controlled substance' means a drug that is included in schedule II of section 202(c) of the Controlled Substances Act and, at the option of the State involved, a drug included in schedule III or IV of such section.

''(2) COVERED INDIVIDUAL.—The term 'covered individual' means, with respect to a State, an individual who is enrolled in the State plan (or under a waiver of such plan). Such term does not include an individual who—

''(A) is receiving—

''(i) hospice or palliative care; or

''(ii) treatment for cancer;

''(B) is a resident of a long-term care facility, of a facility described in section 1905(d), or of another facility for which frequently abused drugs are dispensed for residents through a contract with a single pharmacy; or

''(C) the State elects to treat as exempted from such term.

''(3) COVERED PROVIDER.—

''(A) IN GENERAL.—The term 'covered provider' means, subject to subparagraph (B), with respect to a State, a health care provider who is participating under the State plan (or waiver of the State plan) and licensed, registered, or otherwise permitted by the State to prescribe a controlled substance (or the designee of such provider).

''(B) EXCEPTIONS.—

''(i) IN GENERAL.—Beginning October 1, 2021, for purposes of this section, such term does not include a health care provider included in any type of health care provider determined by the Secretary to be exempt from application of this section under clause (ii).

''(ii) EXCEPTIONS PROCESS.—Not later than October 1, 2020, the Secretary, after consultation with the National Association of Medicaid Directors, national health care provider associations, Medicaid beneficiary advocates, and advocates for individuals with rare diseases, shall determine, based on such consultations, the types of health care providers (if any) that should be exempted from the definition of the term 'covered provider' for purposes of this section.''.

(b) GUIDANCE.—Not later than October 1, 2019, the Administrator of the Centers for Medicare & Medicaid Services, in consultation with the Director of the Centers for Disease Control and Prevention, shall issue guidance on best practices on the uses of prescription drug monitoring programs required of prescribers and on protecting the privacy of Medicaid beneficiary information maintained in and accessed through prescription drug monitoring programs.

(c) DEVELOPMENT OF MODEL STATE PRACTICES.—

(1) IN GENERAL.—Not later than October 1, 2020, the Secretary of Health and Human Services shall develop and publish model practices to assist State Medicaid program operations in identifying and implementing strategies to utilize data sharing agreements

described in the matter following paragraph (2) of section 1944(b) of the Social Security Act, as added by subsection (a), for the following purposes:

(A) Monitoring and preventing fraud, waste, and abuse.

(B) Improving health care for individuals enrolled in a State plan under title XIX of such Act (or waiver of such plan) who—

(i) transition in and out of coverage under such title;

(ii) may have sources of health care coverage in addition to coverage under such title; or

(iii) pay for prescription drugs with cash.

(C) Any other purposes specified by the Secretary.

(2) ELEMENTS OF MODEL PRACTICES.—The model practices described in paragraph (1)—

(A) shall include strategies for assisting States in allowing the medical director or pharmacy director (or designees of such a director) of managed care organizations or pharmaceutical benefit managers to access information with respect to all covered individuals served by such managed care organizations or pharmaceutical benefit managers to access as a single data set, in an electronic format; and

(B) shall include any appropriate beneficiary protections and privacy guidelines.

(3) CONSULTATION.—In developing model practices under this subsection, the Secretary shall consult with the National Association of Medicaid Directors, managed care entities (as defined in section 1932(a)(1)(B) of the Social Security Act) with contracts with States pursuant to section 1903(m) of such Act, pharmaceutical benefit managers, physicians and other health care providers, beneficiary advocates, and individuals with expertise in health care technology related to prescription drug monitoring programs and electronic health records.

(d) REPORT BY COMPTROLLER GENERAL.—Not later than October 1, 2020, the Comptroller General of the United States shall issue a report examining the operation of prescription drug monitoring programs administered by States, including data security and access standards used by such programs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, this bill, cosponsored by myself, Representative GRIFFITH, Representative FITZPATRICK, and Representative BLACKBURN, requires Medicaid providers to check the prescription drug history of a beneficiary through a qualified prescription drug monitoring program, or PDMP, before prescribing a schedule II controlled substance. This is a crucial step in helping us get a grip on the crisis we are facing.

Currently, 49 States have a PDMP program, and the final State, Missouri, has begun creating a PDMP program. However, only 13 States require the prescribers check the patient's prescribing history prior to prescribing controlled substances, despite the fact that studies show that mandatory PDMP access laws are effective in reducing prescription drug abuse and, in particular, opioid abuse.

For example, evidence from New York suggests that PDMPs are associated with a 75 percent decrease in the number of beneficiaries who got a prescription drug from more than one prescriber and dispenser. Implementation of Florida's PDMP was associated with a 25 percent decrease in mortality related to oxycodone.

Both the current and past administrations have noted that PDMPs should be leveraged in the opioid crisis and are most effective when they are used by all clinicians.

This bill requires that States have a qualified PDMP by October 1, 2021, and provides enhanced matching funds from fiscal years 2018 to 2021 for States to establish data-sharing agreements with bordering States.

Finally, the bill requires CMS to publish best practices for how States and covered providers can use PDMPs to reduce the abuse of controlled substances.

Medicaid patients are especially vulnerable to being harmed by the opioid epidemic. This bill is an important step and one that I believe will help us address the scourge that is the opioid crisis.

Mr. Speaker, I thank Mr. GRIFFITH for his leadership on this issue, which has been invaluable.

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

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

Mr. Speaker, I rise to speak on H.R. 5801, the Medicaid PARTNERSHIP Act.

This legislation requires Medicaid providers to have a program that requires providers to check a qualified prescription drug monitoring program, a PDMP, before prescribing a schedule II controlled substance and encourages integration of the PDMP into a provider's clinical work flow.

Today, Mr. Speaker, more than 30 States have some form of mandated provider PDMP check. This legislation would require all Medicaid programs to have such a policy in place.

Integrating PDMPs with Medicaid is a critical tool in this crisis for our providers to be able to prevent opioid addiction.

Research has demonstrated that these types of mandates can encourage registration and use of a State's PDMP by providers. That is why I support investing in our PDMPs so that they are good realtime systems that our providers can actually check easily.

Importantly, this legislation preserves the ability of States to work with providers to design a mandate that best meets the needs of all involved.

State flexibility and proper financing of our PDMPs is critical to achieving the intent of this legislation, which, if enacted, I will closely monitor going forward.

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

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to vote for this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GIANFORTE). The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 5801, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

OPIOID ADDICTION ACTION PLAN ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5590) to require the Secretary of Health and Human Services to provide for an action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5590

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 ''Opioid Addiction Action Plan Act''.

SEC. 2. ACTION PLAN ON RECOMMENDATIONS FOR CHANGES UNDER MEDICARE AND MEDICAID TO PREVENT OPIOIDS ADDICTIONS AND ENHANCE ACCESS TO MEDICATION-ASSISTED TREATMENT.

(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), in collaboration with the Pain Management Best Practices Inter-Agency Task Force convened under section 101(b) of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198), shall develop an action plan that provides recommendations described in subsection (b).

(b) ACTION PLAN COMPONENTS.—Recommendations described in this subsection are, based on an examination by the Secretary of potential obstacles to an effective response to the opioid crisis, recommendations, as determined appropriate by the Secretary, on the following:

(1) Recommendations on changes to the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act that would enhance coverage and payment under such programs of all medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction, including recommendations on changes to the Medicare prospective payment system for hospital inpatient department services under section 1886(d) of

such Act (42 U.S.C. 1395ww(d)) and the Medicare prospective payment system for hospital outpatient department services under section 1833(t) of such Act (42 U.S.C. 1395l(t)) that would allow for separate payment for such therapies, if medically appropriate and if necessary to encourage development and adoption of such therapies.

(2) Recommendations for payment and service delivery models to be tested by the Center for Medicare and Medicaid Innovation and other federally authorized demonstration projects, including value-based models, that may encourage the use of appropriate medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction.

(3) Recommendations for data collection that could facilitate research and policy making regarding prevention of opioid addiction and coverage and payment under the Medicare and Medicaid programs of appropriate opioid addiction treatments.

(4) Recommendations for policies under the Medicare program and under the Medicaid program that can expand access for rural, or medically underserved communities to the full range of medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treatment and minimize risk of opioid addiction.

(5) Recommendations on changes to the Medicare program and the Medicaid program to address coverage or payment barriers to patient access to medical devices that are non-opioid based treatments approved by the Food and Drug Administration for the management of acute pain and chronic pain, for monitoring substance use withdrawal and preventing overdoses of controlled substances, and for treating substance use disorder.

(c) STAKEHOLDER MEETINGS.—

(1) IN GENERAL.—Beginning not later than 3 months after the date of the enactment of this Act, the Secretary shall convene a public stakeholder meeting to solicit public comment on the components of the action plan recommendations described in subsection (b).

(2) PARTICIPANTS.—Participants of meetings described in paragraph (1) shall include representatives from the Food and Drug Administration and National Institutes of Health, biopharmaceutical industry members, medical researchers, health care providers, the medical device industry, the Medicare program, the Medicaid program, and patient advocates.

(d) REQUEST FOR INFORMATION.—Not later than 3 months after the date of the enactment of this section, the Secretary shall issue a request for information seeking public feedback regarding ways in which the Centers for Medicare & Medicaid Services can help address the opioid crisis through the development of and application of the action plan.

(e) REPORT TO CONGRESS.—Not later than June 1, 2019, the Secretary shall submit to Congress, and make public, a report that includes—

(1) a summary of recommendations that have emerged under the action plan;

(2) the Secretary's planned next steps with respect to the action plan; and

(3) an evaluation of price trends for drugs used to reverse opioid overdoses (such as naloxone), including recommendations on ways to lower such prices for consumers.

(f) DEFINITION OF MEDICATION-ASSISTED TREATMENT.—In this section, the term ''medication-assisted treatment'' includes opioid treatment programs, behavioral therapy, and medications to treat substance abuse disorder.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

□ 1530

Mr. GUTHRIE. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I want to commend Representative KINZINGER, Representative CLARKE, Representative LAHOOD, and Representative DAVIS for their work on this important bipartisan bill.

H.R. 5590 requires the Department of Health and Human Services to develop an opioid addiction plan to evaluate what HHS is doing across the department to address the opioid crisis and how it can be improved. This action plan will include an evaluation of coverage and reimbursement rates for nonopioid pain treatments, the potential role of medical devices in addressing this crisis, and the availability of treatment for rural and medically underserved communities, among other components.

In addition, Medicare and Medicaid are on the front lines of this epidemic, and we need to be sure that they are not creating adverse incentives that can harm beneficiaries with coverage and reimbursement decisions.

The issues addressed in this bill will also provide an informative review of how CMS can continue to fight this national crisis.

Mr. Speaker, I urge my colleagues to support and pass this bipartisan bill, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,
Chairman.

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

Mr. Speaker, I rise in support of H.R. 5590 sponsored by Representatives KINZINGER and CLARKE. I commend my colleagues for their hard work on this legislation.

We know that there is more that the Department of Health and Human Services needs to do to address the opioid crisis. We know that we need to do more not only to bring down opioid prescribing, but to expand access to medication-assisted treatment for opioid use disorders.

H.R. 5590 would direct the Secretary of HHS to examine potential obstacles to an effective response to the opioid crisis and issue recommendations for addressing them. It directs the Secretary to look at barriers to both wider use of nonopioid alternatives to manage pain, as well as therapies that treat opioid addiction.

Mr. Speaker, while this is an important bill, I want to underscore that it is incremental.

I also want to reiterate my continuing concern that while Democrats support working on a legislative package to address the opioid crisis, as we have over the course of the day-to-day and over the course of the past several weeks with our Republican colleagues, we must also assure that we first do no harm.

The Trump administration and Republican efforts to dismantle the Affordable Care Act would do serious harm to our healthcare system and to individuals suffering from opioid use disorders specifically.

For instance, the Trump administration continues to undermine the individual market by promoting junk insurance plans, such as short-term, limited duration health plans.

These plans would allow insurers to once again exclude individuals with preexisting conditions, such as opioid use disorder, and charge individuals more based on their health status. It would make coverage for individuals who need comprehensive health coverage, such as individuals with opioid use disorders, less affordable and accessible.

Moreover, apparently Republicans are not done with their efforts to repeal the ACA. Despite public backlash to repeal efforts last year and despite statements today expressing concern about the opioid crisis, news reports indicate that Republicans are once again planning to make another effort to try to repeal the Affordable Care Act.

The opioids package cannot be considered in a vacuum. Ongoing efforts to sabotage and repeal the ACA will not only reverse the gains that we make from these efforts today, but will inflict lasting harm to our healthcare system and our ability to fight the opioid crisis.

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

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

Ms. CLARKE of New York. Mr. Speaker, let me take this time to express my appreciation to Chairman WALDEN and Ranking Member PALLONE, for their leadership in addressing the opioid epidemic in the U.S. House of Representatives.

On April 24th of this year, I had the opportunity to work across the aisle in introducing bipartisan legislation with my Energy and Commerce colleague, Congressman ADAM KINZINGER of Illinois.

We were joined by two additional colleagues as original co-sponsors, who sit on the House Ways and Means Committee—Rep. DARRIN LAHOOD, my Republican colleague from Illinois and Rep. DANNY K. DAVIS, my CBC Colleague who hails from Illinois as well.

Our bill, The Opioid Addiction Action Plan of 2018, is a roadmap to not only abating the opioid epidemic, but to engaging industry to be innovative in the development of new pain management therapies.

There are many players and much is at stake.

According to the National Institutes of Drug Abuse, there are more than 115 opioid related deaths per day.

The CDC estimates that the economic burden of prescription opioid misuse is roughly $78.5 billion a year—and that's in the U.S. alone.

Since we know the enormity of this issue plaguing our country, passing H.R. 5590 would require that the Centers for Medicare and Medicaid Services (CMS) seeks stakeholder feedback as well as public comment, before producing an Opioid Addiction Act Plan report to Congress.

It is going to take all of us to tackle this national opioid epidemic.

And Mr. Speaker, with the opioid crisis at epic levels, government cannot do this alone.

That is why we are calling on all of our partners to aide in the fight against opioid addiction in our communities—for both addiction to prescription painkillers and addiction to synthetics, including heroin and fentanyl.

Overdose deaths that were once perceived as largely a rural white problem have now become widespread among black Americans in urban communities who are dying from horrific rates of fentanyl overdoses.

While white Americans die at greater rates of overdose deaths, overdose death rates have been steadily increasing among black Americans since 2011—at the time that fentanyl and heroin, as well as other synthetics began to climb.

One of the solutions to the ever-growing problem to the opioid crisis in the black community is access to addiction care treatment.

Traditionally, African Americans have had unequal access to quality health care in comparison to our white counterparts.

This legislation would also mandate improved data collection to better understand the opioid crisis.

H.R. 5590 directs the CMS to develop an Opioid Addiction Action Plan to address challenges for treatment of substance abuse disorders.

Additionally, this bill also identifies nonopioid pain management options and make considerations for Medicare and Medicaid coverage and reimbursement of medication-assisted treatment (MAT) for opioid use disorders.

In addition to making sure our communities have access to medication-assisted treatment, it is important that we help them in the event someone is in the midst of an overdose.

Mr. Speaker, we cannot leave those behind who need us most.

We are our brother's and our sister's keepers.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 5590, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

DR. TODD GRAHAM PAIN MANAGEMENT, TREATMENT, AND RECOVERY ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6110) to amend title XVIII of the Social Security Act to provide for the review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6110

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 ''Dr. Todd Graham Pain Management, Treatment, and Recovery Act of 2018''.

SEC. 2. REVIEW AND ADJUSTMENT OF PAYMENTS UNDER THE MEDICARE OUTPATIENT PROSPECTIVE PAYMENT SYSTEM TO AVOID FINANCIAL INCENTIVES TO USE OPIOIDS INSTEAD OF NON-OPIOID ALTERNATIVE TREATMENTS.

(a) OUTPATIENT PROSPECTIVE PAYMENT SYSTEM.—Section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)) is amended by adding at the end the following new paragraph:

''(22) REVIEW AND REVISIONS OF PAYMENTS FOR NON-OPIOID ALTERNATIVE TREATMENTS.—

''(A) IN GENERAL.—With respect to payments made under this subsection for covered OPD services (or groups of services), including covered OPD services assigned to a comprehensive ambulatory payment classification, the Secretary—

''(i) shall, as soon as practicable, conduct a review (part of which may include a request for information) of payments for opioids and evidence-based non-opioid alternatives for pain management (including drugs and devices, nerve blocks, surgical injections, and neuromodulation) with a goal of ensuring that there are not financial incentives to use opioids instead of non-opioid alternatives;

''(ii) may, as the Secretary determines appropriate, conduct subsequent reviews of such payments; and

''(iii) shall consider the extent to which revisions under this subsection to such payments (such as the creation of additional groups of covered OPD services to classify separately those procedures that utilize opioids and non-opioid alternatives for pain management) would reduce payment incentives to use opioids instead of non-opioid alternatives for pain management.

''(B) PRIORITY.—In conducting the review under clause (i) of subparagraph (A) and considering revisions under clause (iii) of such subparagraph, the Secretary shall focus on covered OPD services (or groups of services) assigned to a comprehensive ambulatory payment classification, ambulatory payment classifications that primarily include surgical services, and other services determined by the Secretary which generally involve treatment for pain management.

''(C) REVISIONS.—If the Secretary identifies revisions to payments pursuant to subparagraph (A)(iii), the Secretary shall, as determined appropriate, begin making such revisions for services furnished on or after January 1, 2020. Revisions under the previous sentence shall be treated as adjustments for purposes of application of paragraph (9)(B).

''(D) RULES OF CONSTRUCTION.—Nothing in this paragraph shall be construed to preclude the Secretary—

''(i) from conducting a demonstration before making the revisions described in subparagraph (C); or

''(ii) prior to implementation of this paragraph, from changing payments under this subsection for covered OPD services (or groups of services) which include opioids or non-opioid alternatives for pain management.''.

(b) AMBULATORY SURGICAL CENTERS.—Section 1833(i) of the Social Security Act (42 U.S.C. 1395l(i)) is amended by adding at the end the following new paragraph:

''(8) The Secretary shall conduct a similar type of review as required under paragraph (22) of section 1833(t)), including the second sentence of subparagraph (C) of such paragraph, to payment for services under this subsection, and make such revisions under this paragraph, in an appropriate manner (as determined by the Secretary).''.

SEC. 3. EXPANDING ACCESS UNDER THE MEDICARE PROGRAM TO ADDICTION TREATMENT IN FEDERALLY QUALIFIED HEALTH CENTERS AND RURAL HEALTH CLINICS.

(a) FEDERALLY QUALIFIED HEALTH CENTERS.—Section 1834(o) of the Social Security Act (42 U.S.C. 1395m(o)) is amended by adding at the end the following new paragraph:

''(3) ADDITIONAL PAYMENTS FOR CERTAIN FQHCS WITH PHYSICIANS OR OTHER PRACTITIONERS RECEIVING DATA 2000 WAIVERS.—

''(A) IN GENERAL.—In the case of a Federally qualified health center with respect to which, beginning on or after January 1, 2019, Federally-qualified health center services (as defined in section 1861(aa)(3)) are furnished for the treatment of opioid use disorder by a physician or practitioner who meets the requirements described in subparagraph (C) the Secretary shall, subject to availability of funds under subparagraph (D), make a payment (at such time and in such manner as specified by the Secretary) to such Federally qualified health center after receiving and approving an application submitted by such Federally qualified health center under subparagraph (B). Such a payment shall be in an amount determined by the Secretary, based on an estimate of the average costs of training for purposes of receiving a waiver described in subparagraph (C)(ii). Such a payment may be made only one time with respect to each such physician or practitioner.

''(B) APPLICATION.—In order to receive a payment described in subparagraph (A), a Federally-qualified health center shall submit to the Secretary an application for such a payment at such time, in such manner, and containing such information as specified by the Secretary. A Federally-qualified health center may apply for such a payment for each physician or practitioner described in subparagraph (A) furnishing services described in such subparagraph at such center.

''(C) REQUIREMENTS.—For purposes of subparagraph (A), the requirements described in this subparagraph, with respect to a physician or practitioner, are the following:

''(i) The physician or practitioner is employed by or working under contract with a Federally qualified health center described in subparagraph (A) that submits an application under subparagraph (B).

''(ii) The physician or practitioner first receives a waiver under section 303(g) of the Controlled Substances Acton or after January 1, 2019.

''(D) FUNDING.—For purposes of making payments under this paragraph, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $6,000,000, which shall remain available until expended.''.

(b) RURAL HEALTH CLINIC.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended—

(1) by redesignating the subsection (z) relating to medical review of spinal subluxation services as subsection (aa); and

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

''(bb) ADDITIONAL PAYMENTS FOR CERTAIN RURAL HEALTH CLINICS WITH PHYSICIANS OR PRACTITIONERS RECEIVING DATA 2000 WAIVERS.—

''(1) IN GENERAL.—In the case of a rural health clinic with respect to which, beginning on or after January 1, 2019, rural health clinic services (as defined in section 1861(aa)(1)) are furnished for the treatment of opioid use disorder by a physician or practitioner who meets the requirements described in paragraph (3), the Secretary shall, subject to availability of funds under paragraph (4), make a payment (at such time and in such manner as specified by the Secretary) to such rural health clinic after receiving and approving an application described in paragraph (2). Such payment shall be in an amount determined by the Secretary, based on an estimate of the average costs of training for purposes of receiving a waiver described in paragraph (3)(B). Such payment may be made only one time with respect to each such physician or practitioner.

''(2) APPLICATION.—In order to receive a payment described in paragraph (1), a rural health clinic shall submit to the Secretary an application for such a payment at such time, in such manner, and containing such information as specified by the Secretary. A rural health clinic may apply for such a payment for each physician or practitioner described in paragraph (1) furnishing services described in such paragraph at such clinic.

''(3) REQUIREMENTS.—For purposes of paragraph (1), the requirements described in this paragraph, with respect to a physician or practitioner, are the following:

''(A) The physician or practitioner is employed by or working under contract with a rural health clinic described in paragraph (1) that submits an application under paragraph (2).

''(B) The physician or practitioner first receives a waiver under section 303(g) of the Controlled Substances Acton or after January 1, 2019.

''(4) FUNDING.—For purposes of making payments under this subsection, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $2,000,000, which shall remain available until expended.''.

SEC. 4. STUDYING THE AVAILABILITY OF SUPPLEMENTAL BENEFITS DESIGNED TO TREAT OR PREVENT SUBSTANCE USE DISORDERS UNDER MEDICARE ADVANTAGE PLANS.

(a) IN GENERAL.—Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall submit to Congress a report on the availability of supplemental health care benefits (as described in section 1852(a)(3)(A) of the Social Security Act (42 U.S.C. 1395w–22(a)(3)(A))) designed to treat or prevent substance use disorders under Medicare Advantage plans offered under part C of title XVIII of such Act. Such report shall include the analysis described in subsection (c) and any differences in the availability of such benefits under specialized MA plans for special needs individuals (as defined in section 1859(b)(6) of such Act (42 U.S.C. 1395w–28(b)(6))) offered to individuals entitled to medical assistance under title XIX of such Act and other such Medicare Advantage plans.

(b) CONSULTATION.—The Secretary shall develop the report described in subsection (a) in consultation with relevant stakeholders, including—

(1) individuals entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act;

(2) entities who advocate on behalf of such individuals;

(3) Medicare Advantage organizations;

(4) pharmacy benefit managers; and

(5) providers of services and suppliers (as such terms are defined in section 1861 of such Act (42 U.S.C. 1395x)).

(c) CONTENTS.—The report described in subsection (a) shall include an analysis on the following:

(1) The extent to which plans described in such subsection offer supplemental health care benefits relating to coverage of—

(A) medication-assisted treatments for opioid use, substance use disorder counseling, peer recovery support services, or other forms of substance use disorder treatments (whether furnished in an inpatient or outpatient setting); and

(B) non-opioid alternatives for the treatment of pain.

(2) Challenges associated with such plans offering supplemental health care benefits relating to coverage of items and services described in subparagraph (A) or (B) of paragraph (1).

(3) The impact, if any, of increasing the applicable rebate percentage determined under section 1854(b)(1)(C) of the Social Security Act (42 U.S.C. 1395w–24(b)(1)(C)) for plans offering such benefits relating to such coverage would have on the availability of such benefits relating to such coverage offered under Medicare Advantage plans.

(4) Potential ways to improve upon such coverage or to incentivize such plans to offer additional supplemental health care benefits relating to such coverage.

SEC. 5. CLINICAL PSYCHOLOGIST SERVICES MODELS UNDER THE CENTER FOR MEDICARE AND MEDICAID INNOVATION; GAO STUDY AND REPORT.

(a) CMI MODELS.—Section 1115A(b)(2)(B) of the Social Security Act (42 U.S.C. 1315a(b)(2)(B) is amended by adding at the end the following new clauses:

''(xxv) Supporting ways to familiarize individuals with the availability of coverage under part B of title XVIII for qualified psychologist services (as defined in section 1861(ii)).

''(xxvi) Exploring ways to avoid unnecessary hospitalizations or emergency department visits for mental and behavioral health services (such as for treating depression) through use of a 24-hour, 7-day a week help line that may inform individuals about the availability of treatment options, including the availability of qualified psychologist services (as defined in section 1861(ii)).''.

(b) GAO STUDY AND REPORT.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study, and submit to Congress a report, on mental and behavioral health services under the Medicare program under title XVIII of the Social Security Act, including an examination of the following:

(1) Information about services furnished by psychiatrists, clinical psychologists, and other professionals.

(2) Information about ways that Medicare beneficiaries familiarize themselves about the availability of Medicare payment for qualified psychologist services (as defined in section 1861(ii) of the Social Security Act (42 U.S.C. 1395x(ii)) and ways that the provision of such information could be improved.

SEC. 6. PAIN MANAGEMENT STUDY.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct a study analyzing best practices as well as payment and coverage for pain management services under title XVIII of the Social Security Act and submit to the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate a report containing options for revising payment to providers and suppliers of services and coverage related to the use of multi-disciplinary, evidence-based, non-opioid treatments for acute and chronic pain management for individuals entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act. The Secretary shall make such report available on the public website of the Centers for Medicare & Medicaid Services.

(b) CONSULTATION.—In developing the report described in subsection (a), the Secretary shall consult with—

(1) relevant agencies within the Department of Health and Human Services;

(2) licensed and practicing osteopathic and allopathic physicians, behavioral health practitioners, physician assistants, nurse practitioners, dentists, pharmacists, and other providers of health services;

(3) providers and suppliers of services (as such terms are defined in section 1861 of the Social Security Act (42 U.S.C. 1395x));

(4) substance abuse and mental health professional organizations;

(5) pain management professional organizations and advocacy entities, including individuals who personally suffer chronic pain;

(6) medical professional organizations and medical specialty organizations;

(7) licensed health care providers who furnish alternative pain management services;

(8) organizations with expertise in the development of innovative medical technologies for pain management;

(9) beneficiary advocacy organizations; and

(10) other organizations with expertise in the assessment, diagnosis, treatment, and management of pain, as determined appropriate by the Secretary.

(c) CONTENTS.—The report described in subsection (a) shall include the following:

(1) An analysis of payment and coverage under title XVIII of the Social Security Act with respect to the following:

(A) Evidence-based treatments and technologies for chronic or acute pain, including such treatments that are covered, not covered, or have limited coverage under such title.

(B) Evidence-based treatments and technologies that monitor substance use withdrawal and prevent overdoses of opioids.

(C) Evidence-based treatments and technologies that treat substance use disorders.

(D) Items and services furnished by practitioners through a multi-disciplinary treatment model for pain management, including the patient-centered medical home.

(E) Medical devices, non-opioid based drugs, and other therapies (including interventional and integrative pain therapies) approved or cleared by the Food and Drug Administration for the treatment of pain.

(F) Items and services furnished to beneficiaries with psychiatric disorders, substance use disorders, or who are at risk of suicide, or have comorbidities and require consultation or management of pain with one or more specialists in pain management, mental health, or addiction treatment.

(2) An evaluation of the following:

(A) Barriers inhibiting individuals entitled to benefits under part A or enrolled under part B of such title from accessing treatments and technologies described in subparagraphs (A) through (F) of paragraph (1).

(B) Costs and benefits associated with potential expansion of coverage under such title to include items and services not covered under such title that may be used for the treatment of pain, such as acupuncture, therapeutic massage, and items and services furnished by integrated pain management programs.

(C) Pain management guidance published by the Federal Government that may be relevant to coverage determinations or other coverage requirements under title XVIII of the Social Security Act.

(3) An assessment of all guidance published by the Department of Health and Human Services on or after January 1, 2016, relating to the prescribing of opioids. Such assessment shall consider incorporating into such guidance relevant elements of the ''Va/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain'' published in February 2017 by the Department of Veterans Affairs and Department of Defense, including adoption of elements of the Department of Defense and Veterans Administration pain rating scale.

(4) The options described in subsection (d).

(5) The impact analysis described in subsection (e).

(d) OPTIONS.—The options described in this subsection are, with respect to individuals entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act, legislative and administrative options for accomplishing the following:

(1) Improving coverage of and payment for pain management therapies without the use of opioids, including interventional pain therapies, and options to augment opioid therapy with other clinical and complementary, integrative health services to minimize the risk of substance use disorder, including in a hospital setting.

(2) Improving coverage of and payment for medical devices and non-opioid based pharmacological and non-pharmacological therapies approved or cleared by the Food and Drug Administration for the treatment of pain as an alternative or augment to opioid therapy.

(3) Improving and disseminating treatment strategies for beneficiaries with psychiatric disorders, substance use disorders, or who are at risk of suicide, and treatment strategies to address health disparities related to opioid use and opioid abuse treatment.

(4) Improving and disseminating treatment strategies for beneficiaries with comorbidities who require a consultation or comanagement of pain with one or more specialists in pain management, mental health, or addiction treatment, including in a hospital setting.

(5) Educating providers on risks of coadministration of opioids and other drugs, particularly benzodiazepines.

(6) Ensuring appropriate case management for beneficiaries who transition between inpatient and outpatient hospital settings, or between opioid therapy to non-opioid therapy, which may include the use of care transition plans.

(7) Expanding outreach activities designed to educate providers of services and suppliers under the Medicare program and individuals entitled to benefits under part A or under part B of such title on alternative, non-opioid therapies to manage and treat acute and chronic pain.

(8) Creating a beneficiary education tool on alternatives to opioids for chronic pain management.

(e) IMPACT ANALYSIS.—The impact analysis described in this subsection consists of an analysis of any potential effects implementing the options described in subsection (d) would have—

(1) on expenditures under the Medicare program; and

(2) on preventing or reducing opioid addiction for individuals receiving benefits under the Medicare program.

SEC. 7. SUSPENSION OF PAYMENTS BY MEDICARE PRESCRIPTION DRUG PLANS AND MA–PD PLANS PENDING INVESTIGATIONS OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.

(a) IN GENERAL.—Section 1860D–12(b) of the Social Security Act (42 U.S.C. 1395w–112(b)) is amended by adding at the end the following new paragraph:

''(7) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.—

''(A) IN GENERAL.—The provisions of section 1862(o) shall apply with respect to a PDP sponsor with a contract under this part,

a pharmacy, and payments to such pharmacy under this part in the same manner as such provisions apply with respect to the Secretary, a provider of services or supplier, and payments to such provider of services or supplier under this title.

''(B) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as limiting the authority of a PDP sponsor to conduct postpayment review.''.

(b) APPLICATION TO MA–PD PLANS.—Section 1857(f)(3) of the Social Security Act (42 U.S.C. 1395w–27(f)(3)) is amended by adding at the end the following new subparagraph:

''(D) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.—Section 1860D–12(b)(7).''.

(c) CONFORMING AMENDMENT.—Section 1862(o)(3) of the Social Security Act (42 U.S.C. 1395y(o)(3)) is amended by inserting '', section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D)),'' after ''this subsection''.

(d) CLARIFICATION RELATING TO CREDIBLE ALLEGATION OF FRAUD.—Section 1862(o) of the Social Security Act (42 U.S.C. 1395y(o)) is amended by adding at the end the following new paragraph:

''(4) CREDIBLE ALLEGATION OF FRAUD.—In carrying out this subsection, section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D)), and section 1903(i)(2)(C), a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for a credible allegation of fraud.''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2020.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. WALORSKI) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. WALORSKI. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 6110, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 6110, the Dr. Todd Graham Pain Management, Treatment, and Recovery Act.

Solving the opioid epidemic requires everyone to work together at all levels, from the Federal Government down to those on the front lines of this fight.

My legislation focuses on increasing access to pain management alternatives that do not involve opioids and improving recovery treatment options for those suffering from opioid use disorder.

Additionally, my legislation contains the following provisions that will also be vital in overcoming this crisis: H.R. 5778, the Promoting Outpatient Access to Non-Opioid Treatments Act introduced by Representative KENNY MARCHANT and Health Subcommittee Ranking Member SANDER LEVIN, which requires the Secretary of Health and Human Services, or HHS, to require payments made to hospital outpatient departments and ambulatory surgery centers to ensure there are no financial incentives to use opioids over nonopioid alternatives; H.R. 5769, the Expanding Access to Treatment Act introduced by Representatives KEITH ROTHFUS and DANNY DAVIS, which provides payments to federally qualified health centers and rural health clinics to offset the cost of their providers receiving training so they are able to provide medication-assisted treatment that will help individuals recover from opioid use disorder; H.R. 5725, the Benefit Evaluation of Safe Treatment Act introduced by Health Subcommittee Chairman PETER ROSKAM and Representatives LINDA SÁNCHEZ, JOHN SHIMKUS, and RAUL RUIZ, which directs the Secretary of HHS to evaluate the extent to which MA plans offer medication-assisted treatments and cover nonopioid alternative treatments not otherwise covered under a Medicare fee for service as part of a supplemental benefit; and H.R. 5790, the Medicare Nurse Hotline Act introduced by Representatives KRISTI NOEM and JUDY CHU, which directs the Secretary of HHS to educate patients on the availability of psychologist services and explore the use of hotlines to reduce unnecessary hospitalizations and Medicare.

The bill is named after my friend Dr. Todd Graham. He was a double board certified physician in both physical medicine and rehabilitation and pain medicine who lived and worked in my district in northern Indiana.

Last year, he was senselessly murdered after refusing to prescribe an opioid to a patient.

Dr. Graham prided himself on serving his patients in a friendly and caring fashion. He treated each person individually, taking the time to offer specific steps to treat their issues.

One day last year, he had an interaction with a patient demanding opioids, a situation that has become disturbingly all too common. He stood firm in refusing to write a prescription for her, but her husband, who was also there, became increasingly angry throughout that visit. Two hours after they left his office, the husband returned and murdered him in cold blood.

Dr. Graham's loss has been a heavy blow, but his legacy of compassion and enthusiasm lives on through his wife, Julie; their two daughters; and their son, who plans to follow in his father's footsteps.

We are lucky to have the Graham family with us here today to witness the passage of this important bill.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, according to the Centers for Disease Control and Prevention, more than 42,000 Americans died from opioid-related drug overdoses in 2016. That is five times more than the overdose rate in 1999.

As we have heard from countless Members in this Chamber, there is no congressional district that hasn't been impacted by the opioid crisis. No town or city is immune from the devastating impact of addiction, and I hope that the steps we take today are the first of many to address the needs of our communities.

The Substance Abuse and Mental Health Services Administration, or SAMHSA, estimated that in 2016, 11.8 million Americans over the age of 12 had misused opioids in the past year and 3.8 million were currently misusing prescription pain relievers.

But while we are seeing news reports of the devastating toll this crisis is taking on our Nation's young people, it is important to note that our seniors are also suffering. From 2005 to 2014, individuals 65 years and older experienced an 85 percent cumulative increase in opioid-related inpatient stays and a 112 percent cumulative increase in emergency department visits, the largest increase of any age group.

Compared to other age groups, individuals 65 and older have the highest rate of opioid-related inpatient stays in 13 States, including my home State of California.

This crisis is especially acute for the nonelderly Medicare population. In 2015, nonelderly Medicare beneficiaries, or those who qualify on the basis of disability, had opioid utilization rates more than twice that of elderly beneficiaries.

The bill before us, H.R. 6110, contains numerous provisions aimed at improving access to treatment for Medicare beneficiaries suffering from opioid use disorders, including access to nondrug opioid alternatives.

While every alternative will not work for every person, when dealing with a crisis of this magnitude, I believe that we must use every tool in the toolbox.

This bill contains two bipartisan provisions I authored with my colleagues on the Ways and Means Committee.

Mr. Speaker, I thank the gentlewoman from Indiana (Mrs. WALORSKI) for working with me on language that would direct CMS to study barriers to patient access to nondrug alternatives for opioids in chronic care settings.

Studies conducted by the NIH have concluded that alternative treatments, like acupuncture, can be effective in treating conditions like chronic pain. This issue is very important to me, because I have been working to expand access to acupuncture since I first arrived in the California State legislature many years ago. I have heard firsthand what a difference acupuncture can make in the lives of patients.

I remember very clearly when I heard the testimony of a woman who had severe back pain, but did not want invasive surgery and risk possible addiction to morphine.

□ 1545

Instead, she sought acupuncture, and it worked for her. She avoided the risks associated with surgery and certain pain medications.

Furthermore, we know access to physical and occupational therapy also helps alleviate pain and eliminates the need for an opioid prescription.

By asking CMS to examine where barriers to these alternatives exist, we can open the door to more treatment alternatives for beneficiaries.

I am also proud that this bill includes a provision I authored with the gentlewoman from North Dakota (Mrs. NOEM) to address the need for more psychologists in the Medicare program. This bill would direct the Centers for Medicare and Medicaid Innovation to examine ways for beneficiaries to familiarize themselves with coverage for psychologist services and request a study from the General Accountability Office on the viability of mental and behavioral health services in the Medicare program.

As one of only two psychologists in Congress, I firmly believe that expanding access to psychologist services in Medicare is one of the most important things we can do to improve the mental health of our senior population.

We know that those who suffer from depression or other mental health disorders are particularly vulnerable to addiction. For those who have already taken the incredibly difficult step of seeking treatment, we need to ensure that they have access to the full range of mental health professionals who can support them on the journey to recovery.

H.R. 6110 also contains a number of provisions from my colleagues on the Ways and Means Committee. Congress Members LEVIN and MARCHANT authored a provision to review certain Medicare payments in outpatient settings to determine whether there are financial incentives in the Medicare program to use or prescribe opioids instead of evidence-based, nonopioid alternatives.

Next, the legislation includes a provision introduced by Congress Members SANCHEZ and ROSKAM that would direct the Secretary of HHS to evaluate the extent to which Medicare Advantage programs offer medication-assisted treatment, or MAT, and cover nonopioid alternative treatments not otherwise covered under traditional Medicare as part of a supplemental benefit.

Finally, this bill would also include a provision from Congress Members DANNY DAVIS and ROTHFUS that would provide grants to federally qualified centers and rural health clinics to help offset the cost of training providers to become certified in dispensing medications for opioid abuse dependence.

While the provisions in the bills before us this afternoon will certainly move us in the right direction, we cannot stop here. For example, the Medicaid program pays for the majority of mental health and substance abuse treatments in this country and, yet, we see multiple attempts by Republicans over the past 4 years to slash this program.

We must maintain protections for those with preexisting conditions so that those who sought treatment for their addiction disorders are not punished for trying to get sober.

We must maintain the progress we have made with the Affordable Care Act and work together to bring down the premiums for American families so that, should they need coverage for mental health counseling or substance abuse treatment, no one is shut out because of how much money they make or what State they live in.

So I hope that today represents the first step, and I hope my colleagues on the other side of the aisle will continue to work with us to invest in prevention, treatment, and recovery efforts all across the country.

I encourage my colleagues to support this legislation, and I reserve the balance of my time.

Mrs. WALORSKI. Mr. Speaker, having no other speakers, I reserve the balance of my time.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I am encouraged to see my colleagues on the other side of the aisle turn their attention to this critical issue. But this is not a new problem, and the coverage expansions under the Affordable Care Act have been among the most significant steps the Federal Government has taken to stem the tide of the opioid crisis. And yet, Republicans in Congress and President Trump have actively worked to repeal this landmark law.

The Medicaid expansion and the increased coverage under the individual market have provided millions of Americans access to health insurance, and research has shown that Medicaid expansion States have seen a greater reduction in deaths from opioids than nonexpansion States.

Again, Medicaid is the biggest payer for substance use disorder treatment in this country. We simply can't afford to go back.

As we discuss this crisis today and in the week to come, we must broaden our understanding of the ways in which we, as a Nation, approach chronic pain. That is exactly what H.R. 6110 does.

While there will always be patients who have a legitimate need for these medications, we need to look beyond a system where an opioid prescription is

the automatic default. This means we need to look to alternative methods of treating pain, whether it be acupuncture or physical therapy or a medical device. It means we must examine existing policies that may have inadvertently incentivized opioid prescribing practices.

But as much as we look forward, we must also address the crisis in front of us. So I am thrilled to see provisions in this bill that would study Medicare Advantage plans already doing groundbreaking work in substance abuse disorder treatment.

I am also glad to see that this bill provides direct resources to the front lines in the form of grants for federally qualified health centers to provide additional training for our providers.

I hope that, in the future, we will work to expand access to alternatives, both within the Medicare program and in the broader population, and ensure that no matter where someone lives or what kind of insurance coverage they have, they are able to seek treatment.

I urge my colleagues to support H.R. 6110, and I yield back the balance of my time.

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

Mr. Speaker, this epidemic knows no boundaries. Opioid abuse continues to devastate families and communities all over this country. As we continue to work toward commonsense solutions to the opioid epidemic, this bipartisan legislation will help break down barriers to nonopioid treatments and give healthcare providers better tools to prevent addiction and to assist in recovery.

I want to thank Chairman BRADY for all of his hard work, as well as my friend Ms. JUDY CHU of California, who helped develop and introduce this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 6110.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

COMBATING OPIOID ABUSE FOR CARE IN HOSPITALS ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5774) to require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5774

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 ''Combating Opioid Abuse for Care in Hospitals Act of 2018'' or the ''COACH Act of 2018''.

SEC. 2. DEVELOPING GUIDANCE ON PAIN MANAGEMENT AND OPIOID USE DISORDER PREVENTION FOR HOSPITALS RECEIVING PAYMENT UNDER PART A OF THE MEDICARE PROGRAM.

(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall develop and publish on the public website of the Centers for Medicare & Medicaid Services guidance for hospitals receiving payment under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) on pain management strategies and opioid use disorder prevention strategies with respect to individuals entitled to benefits under such part.

(b) CONSULTATION.—In developing the guidance described in subsection (a), the Secretary shall consult with relevant stakeholders, including—

(1) medical professional organizations;

(2) providers and suppliers of services (as such terms are defined in section 1861 of the Social Security Act (42 U.S.C. 1395x));

(3) health care consumers or groups representing such consumers; and

(4) other entities determined appropriate by the Secretary.

(c) CONTENTS.—The guidance described in subsection (a) shall include, with respect to hospitals and individuals described in such subsection, the following:

(1) Best practices regarding evidence-based screening and practitioner education initiatives relating to screening and treatment protocols for opioid use disorder, including—

(A) methods to identify such individuals at-risk of opioid use disorder, including risk stratification;

(B) ways to prevent, recognize, and treat opioid overdoses; and

(C) resources available to such individuals, such as opioid treatment programs, peer support groups, and other recovery programs.

(2) Best practices for such hospitals to educate practitioners furnishing items and services at such hospital with respect to pain management and substance use disorders, including education on—

(A) the adverse effects of prolonged opioid use;

(B) non-opioid, evidence-based, non-pharmacological pain management treatments;

(C) monitoring programs for individuals who have been prescribed opioids; and

(D) the prescribing of naloxone along with an initial opioid prescription.

(3) Best practices for such hospitals to make such individuals aware of the risks associated with opioid use (which may include use of the notification template described in paragraph (4)).

(4) A notification template developed by the Secretary, for use as appropriate, for such individuals who are prescribed an opioid that—

(A) explains the risks and side effects associated with opioid use (including the risks of addiction and overdose) and the importance of adhering to the prescribed treatment regimen, avoiding medications that may have an adverse interaction with such opioid, and storing such opioid safely and securely;

(B) highlights multimodal and evidence-based non-opioid alternatives for pain management;

(C) encourages such individuals to talk to their health care providers about such alternatives;

(D) provides for a method (through signature or otherwise) for such an individual, or person acting on such individual's behalf, to acknowledge receipt of such notification template;

(E) is worded in an easily understandable manner and made available in multiple languages determined appropriate by the Secretary; and

(F) includes any other information determined appropriate by the Secretary.

(5) Best practices for such hospital to track opioid prescribing trends by practitioners furnishing items and services at such hospital, including—

(A) ways for such hospital to establish target levels, taking into account the specialties of such practitioners and the geographic area in which such hospital is located, with respect to opioids prescribed by such practitioners;

(B) guidance on checking the medical records of such individuals against information included in prescription drug monitoring programs;

(C) strategies to reduce long-term opioid prescriptions; and

(D) methods to identify such practitioners who may be over-prescribing opioids.

(6) Other information the Secretary determines appropriate, including any such information from the Opioid Safety Initiative established by the Department of Veterans Affairs or the Opioid Overdose Prevention Toolkit published by the Substance Abuse and Mental Health Services Administration.

SEC. 3. REQUIRING THE REVIEW OF QUALITY MEASURES RELATING TO OPIOIDS AND OPIOID USE DISORDER TREATMENTS FURNISHED UNDER THE MEDICARE PROGRAM AND OTHER FEDERAL HEALTH CARE PROGRAMS.

(a) IN GENERAL.—Section 1890A of the Social Security Act (42 U.S.C. 1395aaa–1) is amended by adding at the end the following new subsection:

''(g) TECHNICAL EXPERT PANEL REVIEW OF OPIOID AND OPIOID USE DISORDER QUALITY MEASURES.—

''(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this subsection, the Secretary shall establish a technical expert panel for purposes of reviewing quality measures relating to opioids and opioid use disorders, including care, prevention, diagnosis, health outcomes, and treatment furnished to individuals with opioid use disorders. The Secretary may use the entity with a contract under section 1890(a) and amend such contract as necessary to provide for the establishment of such technical expert panel.

''(2) REVIEW AND ASSESSMENT.—Not later than 1 year after the date the technical expert panel described in paragraph (1) is established (and periodically thereafter as the Secretary determines appropriate), the technical expert panel shall—

''(A) review quality measures that relate to opioids and opioid use disorders, including existing measures and those under development;

''(B) identify gaps in areas of quality measurement that relate to opioids and opioid use disorders, and identify measure development priorities for such measure gaps; and

''(C) make recommendations to the Secretary on quality measures with respect to opioids and opioid use disorders for purposes of improving care, prevention, diagnosis, health outcomes, and treatment, including recommendations for revisions of such measures, need for development of new measures, and recommendations for including such

measures in the Merit-Based Incentive Payment System under section 1848(q), the alternative payment models under section 1833(z)(3)(C), the shared savings program under section 1899, the quality reporting requirements for inpatient hospitals under section 1886(b)(3)(B)(viii), and the hospital value-based purchasing program under section 1886(o).

''(3) CONSIDERATION OF MEASURES BY SECRETARY.—The Secretary shall consider—

''(A) using opioid and opioid use disorder measures (including measures used under the Merit-Based Incentive Payment System under section 1848(q), measures recommended under paragraph (2)(C), and other such measures identified by the Secretary) in alternative payment models under section 1833(z)(3)(C) and in the shared savings program under section 1899; and

''(B) using opioid measures described in subparagraph (A), as applicable, in the quality reporting requirements for inpatient hospitals under section 1886(b)(3)(B)(viii),and in the hospital value-based purchasing program under section 1886(o).

''(4) PRIORITIZATION OF MEASURE DEVELOPMENT.—The Secretary shall prioritize for measure development the gaps in quality measures identified under paragraph (2)(B).''.

(b) EXPEDITED ENDORSEMENT PROCESS FOR OPIOID MEASURES.—Section 1890(b)(2) of the Social Security Act (42 U.S.C. 1395aaa(b)(2)) is amended by adding at the end the following new flush sentence:

''Such endorsement process shall, as determined practicable by the entity, provide for an expedited process with respect to the endorsement of such measures relating to opioids and opioid use disorders.''.

SEC. 4. TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE; DATA COLLECTION ON PERIOPERATIVE OPIOID USE.

(a) TECHNICAL EXPERT PANEL ON REDUCING SURGICAL SETTING OPIOID USE.—

(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a technical expert panel, including medical and surgical specialty societies and hospital organizations, to provide recommendations on reducing opioid use in the inpatient and outpatient surgical settings and on best practices for pain management, including with respect to the following:

(A) Approaches that limit patient exposure to opioids during the perioperative period, including pre-surgical and post-surgical injections, and that identify such patients at risk of opioid use disorder pre-operation.

(B) Shared decision making with patients and families on pain management, including recommendations for the development of an evaluation and management code for purposes of payment under the Medicare program under title XVIII of the Social Security Act that would account for time spent on shared decision making.

(C) Education on the safe use, storage, and disposal of opioids.

(D) Prevention of opioid misuse and abuse after discharge.

(E) Development of a clinical algorithm to identify and treat at-risk, opiate-tolerant patients and reduce reliance on opioids for acute pain during the perioperative period.

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to Congress and make public a report containing the recommendations developed under paragraph (1) and an action plan for broader implementation of pain management protocols that limit the use of opioids in the perioperative setting and upon discharge from such setting.

(b) DATA COLLECTION ON PERIOPERATIVE OPIOID USE.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report that contains the following:

(1) The diagnosis-related group codes identified by the Secretary as having the highest volume of surgeries.

(2) With respect to each of such diagnosis-related group codes so identified, a determination by the Secretary of the data that is both available and reported on opioid use following such surgeries, such as with respect to—

(A) surgical volumes, practices, and opioid prescribing patterns;

(B) opioid consumption, including—

(i) perioperative days of therapy;

(ii) average daily dose at the hospital, including dosage greater than 90 milligram morphine equivalent;

(iii) post-discharge prescriptions and other combination drugs that are used before intervention and after intervention;

(iv) quantity and duration of opioid prescription at discharge; and

(v) quantity consumed and number of refills;

(C) regional anesthesia and analgesia practices, including pre-surgical and post-surgical injections;

(D) naloxone reversal;

(E) post-operative respiratory failure;

(F) information about storage and disposal; and

(G) such other information as the Secretary may specify.

(3) Recommendations for improving data collection on perioperative opioid use, including an analysis to identify and reduce barriers to collecting, reporting, and analyzing the data described in paragraph (2), including barriers related to technological availability.

SEC. 5. REQUIRING THE POSTING AND PERIODIC UPDATE OF OPIOID PRESCRIBING GUIDANCE FOR MEDICARE BENEFICIARIES.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall post on the public website of the Centers for Medicare & Medicaid Services all guidance published by the Department of Health and Human Services on or after January 1, 2016, relating to the prescribing of opioids and applicable to opioid prescriptions for individuals entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.) or enrolled under part B of such title of such Act (42 U.S.C. 1395j et seq.).

(b) UPDATE OF GUIDANCE.—

(1) PERIODIC UPDATE.—The Secretary shall, in consultation with the entities specified in paragraph (2), periodically (as determined appropriate by the Secretary) update guidance described in subsection (a) and revise the posting of such guidance on the website described in such subsection.

(2) CONSULTATION.—The entities specified in this paragraph are the following:

(A) Medical professional organizations.

(B) Providers and suppliers of services (as such terms are defined in section 1861 of the Social Security Act (42 U.S.C. 1395x)).

(C) Health care consumers or groups representing such consumers.

(D) Other entities determined appropriate by the Secretary.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. WALORSKI) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. WALORSKI. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5744, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

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

Mr. Speaker, I rise today in strong support of H.R. 5774, the Combating Opioid Abuse for Care in Hospitals Act of 2018, or COACH Act. We have learned that, across the continuum of care, screening for opioid abuse disorder and education for patients and providers is necessary to help eradicate this epidemic.

This legislation includes efforts to develop quality measures related to the treatment of individuals with opioid use disorder, to improve and publicize guidance on opioid prescribing, and to develop expert recommendations on reducing the use of opioids in the surgical setting. These provisions, championed by Representatives PAULSEN, DANNY DAVIS, HIGGINS, BUCHANAN, LAMB, and JASON SMITH, will help improve education for providers and patients to better ensure prevention and care of individuals with opioid use disorder.

The COACH Act also includes H.R. 5699, the Hospital Opioid Solutions Toolkit, which Representative CURBELO introduced with Congresswoman KUSTER. The toolkit, to be made available by the Centers for Medicare and Medicaid Services, or CMS, in consultation with relevant stakeholders, will contain resources that hospitals can use to ensure the best practices are being utilized for educating patients and providers about treatment for pain management, including the development of a notification template for hospital staff to better inform patients prescribed opioids of potential risks.

I am thankful for all the hard work on this legislation by Members of both sides of the aisle, especially Representatives CURBELO, DELBENE, BUDD, and KUSTER.

I would also like to thank Chairman BRADY for his leadership, as well as the House Committee on Ways and Means' staff for their efforts.

Mr. Speaker, I encourage all of my colleagues to vote in favor of H.R. 5774, the Combating Opioid Abuse for Care in Hospitals Act of 2018. This is an issue that affects every congressional district. It is imperative that we find solutions that get people into treatment and prevent opioid abuse on the front end.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I offer my support for H.R. 5774, the COACH Act, which was introduced by Congress Members DELBENE and CURBELO.

This bill focuses specifically on provider education and would require the Centers for Medicare and Medicaid Services to develop a toolkit that provides best practices to hospitals for reducing opioid use.

Every year, approximately 51 million Americans undergo inpatient surgery each year, and 80 percent of those patients receive opioids to treat post-surgical pain after a low-risk surgery. This is an alarming number, as studies have found that an opioid prescription at discharge is an independent risk factor for chronic opioid use. In fact, according to the National Institute on Drug Abuse, approximately 10 percent of patients who are prescribed opioids for long-term use develop an opioid use disorder.

This was the case with my constituent Ryan Hampton, who was a promising young college student when he broke his knee in a hiking accident and received an opioid prescription at discharge. Ryan fell hard into addiction, eventually turning to heroin and becoming homeless.

While Ryan has beaten the odds and is now a national advocate for those in recovery from addiction, many are not so lucky. So it is with people like Ryan in mind that I support this bill today.

We should be giving our providers every tool possible to help them battle the opioid crisis and, hopefully, change behavior in such a way as to limit unnecessary opioid prescriptions.

In my district, the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control program has worked with hospitals, plans, cities and providers to develop a 5-year strategic plan to address the opioid crisis in our country.

We know that not every hospital has the resources or ability to develop such a plan. By providing a centralized toolkit available to all hospitals, under-resourced providers will have the best access to best practices that have helped communities combat the opioid epidemic.

With so many individuals first experiencing opioids via a hospital procedure, it is critical that we give our providers every resource they need to make the best medical decisions for their patients while reducing the number of opioid prescriptions overall.

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

□ 1600

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

Mr. Speaker, in closing, I want to remind my colleagues why it is so important that we continue working to solve this crisis.

Thousands of lives have already been lost because of opioid-related drug overdoses. Tragically, Indiana has been hit especially hard by this crisis. This is a public health emergency, and our response must be comprehensive and swift.

I am proud of the COACH Act, bipartisan legislation that would help prevent opioid misuse and reduced dependence on opioids for pain management.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. WALORSKI) that the House suspend the rules and pass the bill, H.R. 5774, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PROVIDING RELIABLE OPTIONS FOR PATIENTS AND EDUCATIONAL RESOURCES ACT OF 2018

Mr. CURBELO of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5775) to amend title XVIII of the Social Security Act to require Medicare Advantage plans and part D prescription drug plans to include information on the risks associated with opioids, coverage of certain nonopioid treatments used to treat pain, and on the safe disposal of prescription drugs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5775

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 ''Providing Reliable Options for Patients and Educational Resources Act of 2018'' or the ''PROPER Act of 2018''.

SEC. 2. REQUIRING MEDICARE ADVANTAGE PLANS AND PART D PRESCRIPTION DRUG PLANS TO INCLUDE INFORMATION ON RISKS ASSOCIATED WITH OPIOIDS AND COVERAGE OF NONPHARMACOLOGICAL THERAPIES AND NONOPIOID MEDICATIONS OR DEVICES USED TO TREAT PAIN.

Section 1860D–4(a)(1) of the Social Security Act (42 U.S.C. 1395w–104(a)(1)) is amended—

(1) in subparagraph (A), by inserting '', subject to subparagraph (C),'' before ''including'';

(2) in subparagraph (B), by adding at the end the following new clause:

''(vi) For plan year 2021 and each subsequent plan year, subject to subparagraph (C), with respect to the treatment of pain—

''(I) the risks associated with prolonged opioid use; and

''(II) coverage of nonpharmacological therapies, devices, and nonopioid medications—

''(aa) in the case of an MA-PD plan under part C, under such plan; and

''(bb) in the case of a prescription drug plan, under such plan and under parts A and B.''; and

(3) by adding at the end the following new subparagraph:

''(C) TARGETED PROVISION OF INFORMATION.—A PDP sponsor of a prescription drug plan may, in lieu of disclosing the information described in subparagraph (B)(vi) to each enrollee under the plan, disclose such information through mail or electronic communications to a subset of enrollees under the plan, such as enrollees who have been prescribed an opioid in the previous two-year period.''.

SEC. 3. REQUIRING MEDICARE ADVANTAGE PLANS AND PRESCRIPTION DRUG PLANS TO PROVIDE INFORMATION ON THE SAFE DISPOSAL OF PRESCRIPTION DRUGS.

(a) MEDICARE ADVANTAGE.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended by adding at the end the following new subsection:

''(n) PROVISION OF INFORMATION RELATING TO THE SAFE DISPOSAL OF CERTAIN PRESCRIPTION DRUGS.—

''(1) IN GENERAL.—In the case of an individual enrolled under an MA or MA-PD plan who is furnished an in-home health risk assessment on or after January 1, 2021, such plan shall ensure that such assessment includes information on the safe disposal of prescription drugs that are controlled substances that meets the criteria established under paragraph (2). Such information shall include information on drug takeback programs that meet such requirements determined appropriate by the Secretary and information on in-home disposal.

''(2) CRITERIA.—The Secretary shall, through rulemaking, establish criteria the Secretary determines appropriate with respect to information provided to an individual to ensure that such information sufficiently educates such individual on the safe disposal of prescription drugs that are controlled substances.''.

(b) PRESCRIPTION DRUG PLANS.—Section 1860D–4(c)(2)(B) of the Social Security Act (42 U.S.C. 1395w–104(c)(2)(B)) is amended—

(1) by striking ''may include elements that promote'';

(2) by redesignating clauses (i) through (iii) as subclauses (I) through (III) and adjusting the margins accordingly;

(3) by inserting before subclause (I), as so redesignated, the following new clause:

''(i) may include elements that promote—'';

(4) in subclause (III), as so redesignated, by striking the period at the end and inserting ''; and''; and

(5) by adding at the end the following new clause:

''(ii) with respect to plan years beginning on or after January 1, 2021, shall provide for—

''(I) the provision of information to the enrollee on the safe disposal of prescription drugs that are controlled substances that meets the criteria established under section 1852(n)(2), including information on drug takeback programs that meet such requirements determined appropriate by the Secretary and information on in-home disposal; and

''(II) cost-effective means by which an enrollee may so safely dispose of such drugs.''.

SEC. 4. REVISING MEASURES USED UNDER THE HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS SURVEY RELATING TO PAIN MANAGEMENT.

(a) RESTRICTION ON THE USE OF PAIN QUESTIONS IN HCAHPS.—Section 1886(b)(3)(B)(viii) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by adding at the end the following new subclause:

''(XII)(aa) With respect to a Hospital Consumer Assessment of Healthcare Providers and Systems survey (or a successor survey) conducted on or after January 1, 2019, such survey may not include questions about communication by hospital staff with an individual about such individual's pain unless such questions take into account, as applicable, whether an individual experiencing pain was informed about risks associated with the use of opioids and about non-opioid alternatives for the treatment of pain.

''(bb) The Secretary shall not include on the Hospital Compare Internet website any measures based on the questions appearing on the Hospital Consumer Assessment of Healthcare Providers and Systems survey in 2018 about communication by hospital staff with an individual about such individual's pain.''.

(b) RESTRICTION ON USE OF 2018 PAIN QUESTIONS IN THE HOSPITAL VALUE-BASED PURCHASING PROGRAM.—Section 1886(o)(2)(B) of the Social Security Act (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the end the following new clause:

''(iii) HCAHPS PAIN QUESTIONS.—The Secretary may not include under subparagraph (A) a measure that is based on the questions appearing on the Hospital Consumer Assessment of Healthcare Providers and Systems survey in 2018 about communication by hospital staff with an individual about the individual's pain.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. CURBELO) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. CURBELO of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5775, currently under consideration.

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

There was no objection.

Mr. CURBELO of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I stand today in strong support of H.R. 5775, the Providing Reliable Options for Patients and Educational Resources Act, or the PROPER Act.

This is a bipartisan bill centered on increasing educational resources for Medicare beneficiaries and improving pain-related questions contained in patient satisfaction surveys.

H.R. 5775, introduced by my colleagues ERIK PAULSEN, RON KIND, BRIAN FITZPATRICK, BRUCE POLIQUIN, and CONOR LAMB, contain several bills to combat the opioid crisis, including H.R. 5686, the Medicare CHOICE Act; H.R. 5714, the Education for Disposal of Unused Opioids Act; and H.R. 5719, the Reduce Overprescribing Opioids in Treatment, or ROOT Act.

Unfortunately, my home State of Florida has seen a dramatic increase in opioid-related overdose deaths in the past several years. Every year, thousands of Floridians become addicted and lose their lives to opioid addiction.

Effective alternatives to opioids, such as physical therapy and medical devices exist, and in most instances are covered by Medicare.

However, many seniors and providers simply aren't aware of the coverage options. Education is a key tool for seniors to make informed decisions about their healthcare.

For this reason, the Ways and Means Committee sprang into action and passed H.R. 5775 unanimously. This bill contains provisions authored by my colleagues ERIK PAULSEN and RON KIND to inform seniors about alternative nonaddictive pain management therapies covered by Medicare.

This bill also includes a provision led by my colleagues DIANE BLACK, JOE CROWLEY, RICHARD HUDSON, and RAUL RUIZ to educate seniors on safe disposal of unused controlled substances.

Lastly, this bill includes another provision led by DIANE BLACK and TOM O'HALLERAN requiring the Secretary of Health and Human Services to remove all pain-related questions contained in Medicare's hospital patient surveys unless the individual experiencing the pain is also informed about the risks associated with the use of opioids and given information on nonopioid alternatives for the treatment of pain.

Madam Speaker, I want to thank my colleagues for their strong bipartisan work. This bill will make a difference in addressing the opioid epidemic that continues to devastate many Americans and their families.

Madam Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I offer my support of H.R. 5775, the PROPER Act. This bill, introduced by my colleagues Representatives PAULSEN and KIND, would require Medicare Advantage and Medicare part D plans to provide information to beneficiaries on the risks associated with prolonged opioid use, as well as coverage information about alternatives, like nonpharmacological therapies, devices, and nonopioid medications.

It is important to ensure that our providers in hospitals and outpatient settings have up-to-date and accurate information about opioid use. But it is equally critical that this information is provided to beneficiaries.

Additionally, providing information on coverage of alternative therapies could help beneficiaries who may want to try a nonopioid pain management therapy to do so, thus avoiding a prescription where it may not be necessary.

This bill also requires that by January 1, 2019, all pain-related questions be removed from the hospital consumer assessment of healthcare providers and systems survey, with some exceptions.

If hospitals are graded on how much pain patients are feeling, they likely would seek to minimize the patient's pain through pain management drugs like opioids.

In order to properly address this crisis in the Medicare program, we must ensure that beneficiaries have the information necessary to make informed decisions about their pain management plan.

Madam Speaker, just as we are working to improve provider education, we must not leave our Medicare beneficiaries behind.

I support this bill because it would ensure that Medicare Advantage and Medicare part D plans provide their beneficiaries with information on the risks of prolonged opioid use, as well as information about coverage for alternatives for pain management.

Earlier in this debate, I mentioned a woman who testified that although she was experiencing severe back pain, she did not want to risk taking addictive pain medication and instead turned to acupuncture. It worked for her, and she told me that because of her acupuncture treatment, she was able to live pain free.

Now, this is not to say that every alternative will work for every patient, but we should give patients the ability to choose their own pain management therapy. I believe H.R. 5775 is an important step toward this goal.

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

Mr. CURBELO of Florida. Madam Speaker, the PROPER Act will bring much needed education to our seniors.

This bill was brought through the committee process in a bipartisan fashion, and now on the floor I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5775, the PROPER Act.

This is another example of how Republicans and Democrats can come together, can work together, to help struggling families in our country, and in this case seniors, who should be aware of all the different options that are available to them for pain treatment and should certainly be aware of the many risks associated with opioid use.

Madam Speaker, I am grateful to all my colleagues and to committee staff for all their work on this legislation, and I strongly encourage everyone to support it, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. TENNEY). The question is on the motion offered by the gentleman from Florida (Mr. CURBELO) that the House suspend the rules and pass the bill, H.R. 5775, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PREVENTING ADDICTION FOR SUSCEPTIBLE SENIORS ACT OF 2018

Mr. ROSKAM. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5773) to amend title XVIII of the Social Security Act to require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered part D drugs, and to provide for other program integrity measures under parts C and D of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5773

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 ''Preventing Addiction for Susceptible Seniors Act of 2018'' or the ''PASS Act of 2018''.

SEC. 2. ELECTRONIC PRIOR AUTHORIZATION FOR COVERED PART D DRUGS.

(a) INCLUSION IN ELECTRONIC PRESCRIPTION PROGRAM.—Section 1860D–4(e)(2) of the Social Security Act (42 U.S.C. 1395w–104(e)(2)) is amended by adding at the end the following new subparagraph:

''(E) ELECTRONIC PRIOR AUTHORIZATION.—

''(i) IN GENERAL.—Not later than January 1, 2021, the program shall provide for the secure electronic transmission of—

''(I) a prior authorization request from the prescribing health care professional for coverage of a covered part D drug for a part D eligible individual enrolled in a part D plan (as defined in section 1860D–23(a)(5)) to the PDP sponsor or Medicare Advantage organization offering such plan; and

''(II) a response, in accordance with this subparagraph, from such PDP sponsor or Medicare Advantage organization, respectively, to such professional.

''(ii) ELECTRONIC TRANSMISSION.—

''(I) EXCLUSIONS.—For purposes of this subparagraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in clause (i).

''(II) STANDARDS.—In order to be treated, for purposes of this subparagraph, as an electronic transmission described in clause (i), such transmission shall comply with technical standards adopted by the Secretary in consultation with the National Council for Prescription Drug Programs, other standard setting organizations determined appropriate by the Secretary, and stakeholders including PDP sponsors, Medicare Advantage organizations, health care professionals, and health information technology software vendors.

''(III) APPLICATION.—Notwithstanding any other provision of law, for purposes of this subparagraph, the Secretary may require the use of such standards adopted under subclause (II) in lieu of any other applicable standards for an electronic transmission described in clause (i) for a covered part D drug for a part D eligible individual.''.

(b) SENSE OF CONGRESS REGARDING ELECTRONIC PRIOR AUTHORIZATION.—It is the sense of the Congress that—

(1) there should be increased use of electronic prior authorizations for coverage of covered part D drugs for part D eligible individuals enrolled in prescription drug plans under part D of title XVIII of the Social Security Act and MA–PD plans under part C of such title to reduce access delays by resolving coverage issues before prescriptions for such drugs are transmitted; and

(2) greater priority should be placed on increasing the adoption of use of such electronic prior authorizations among prescribers of such drugs, pharmacies, PDP sponsors, and Medicare Advantage organizations.

SEC. 3. PROGRAM INTEGRITY TRANSPARENCY MEASURES UNDER MEDICARE PARTS C AND D.

(a) IN GENERAL.—Section 1859 of the Social Security Act (42 U.S.C. 1395w–28) is amended by adding at the end the following new subsection:

''(i) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—

''(1) PROGRAM INTEGRITY PORTAL.—

''(A) IN GENERAL.—Not later than two years after the date of the enactment of this subsection, the Secretary shall, after consultation with stakeholders, establish a secure Internet website portal (or other successor technology) that would allow a secure path for communication between the Secretary, MA plans under this part, prescription drug plans under part D, and an eligible entity with a contract under section 1893 (such as a Medicare drug integrity contractor or an entity responsible for carrying out program integrity activities under this part and part D) for the purpose of enabling through such portal (or other successor technology)—

''(i) the referral by such plans of substantiated fraud, waste, and abuse for initiating or assisting investigations conducted by the eligible entity; and

''(ii) data sharing among such MA plans, prescription drug plans, and the Secretary.

''(B) REQUIRED USES OF PORTAL.—The Secretary shall disseminate the following information to MA plans under this part and prescription drug plans under part D through the secure Internet website portal (or other successor technology) established under subparagraph (A):

''(i) Providers of services and suppliers that have been referred pursuant to subparagraph (A)(i) during the previous 12-month period.

''(ii) Providers of services and suppliers who are the subject of an active exclusion under section 1128 or who are subject to a suspension of payment under this title pursuant to section 1862(o) or otherwise.

''(iii) Providers of services and suppliers who are the subject of an active revocation of participation under this title, including for not satisfying conditions of participation.

''(iv) In the case of such a plan that makes a referral under subparagraph (A)(i) through the portal (or other successor technology) with respect to activities of substantiated fraud, waste, or abuse of a provider of services or supplier, if such provider or supplier has been the subject of an administrative action under this title or title XI with respect to similar activities, a notification to such plan of such action so taken.

''(C) RULEMAKING.—For purposes of this paragraph, the Secretary shall, through rulemaking, specify what constitutes substantiated fraud, waste, and abuse, using guidance such as what is provided in the Medicare Program Integrity Manual 4.7.1. In carrying out this subsection, a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for substantiated fraud, waste, or abuse

''(D) HIPAA COMPLIANT INFORMATION ONLY.—For purposes of this subsection, communications may only occur if the communications are permitted under the Federal regulations (concerning the privacy of individually identifiable health information) promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996.

''(2) QUARTERLY REPORTS.—Beginning two years after the date of enactment of this subsection, the Secretary shall make available to MA plans under this part and prescription drug plans under part D in a timely manner (but no less frequently than quarterly) and using information submitted to an entity described in paragraph (1) through the portal (or other successor technology) described in such paragraph or pursuant to section 1893, information on fraud, waste, and abuse schemes and trends in identifying suspicious activity. Information included in each such report shall—

''(A) include administrative actions, pertinent information related to opioid overprescribing, and other data determined appropriate by the Secretary in consultation with stakeholders; and

''(B) be anonymized information submitted by plans without identifying the source of such information.

''(3) CLARIFICATION.—Nothing in this subsection shall be construed as precluding or otherwise affecting referrals described in subparagraph (A) that may otherwise be made to law enforcement entities or to the Secretary.''.

(b) CONTRACT REQUIREMENT TO COMMUNICATE PLAN CORRECTIVE ACTIONS AGAINST OPIOID OVER-PRESCRIBERS.—Section 1857(e) of the Social Security Act (42 U.S.C. 1395w–27(e)) is amended by adding at the end the following new paragraph:

''(5) COMMUNICATING PLAN CORRECTIVE ACTIONS AGAINST OPIOIDS OVER-PRESCRIBERS.—

''(A) IN GENERAL.—Beginning with plan years beginning on or after January 1, 2021, a contract under this section with an MA organization shall require the organization to submit to the Secretary, through the process established under subparagraph (B), information on the investigations and other actions taken by such plans related to providers of services who prescribe a high volume of opioids.

''(B) PROCESS.—Not later than January 1, 2021, the Secretary shall, in consultation with stakeholders, establish a process under which MA plans and prescription drug plans shall submit to the Secretary information described in subparagraph (A).

''(C) REGULATIONS.—For purposes of this paragraph, including as applied under section 1860D–12(b)(3)(D), the Secretary shall, pursuant to rulemaking—

''(i) specify a definition for the term 'high volume of opioids' and a method for determining if a provider of services prescribes such a high volume; and

''(ii) establish the process described in subparagraph (B) and the types of information that shall be submitted through such process.''.

(c) REFERENCE UNDER PART D TO PROGRAM INTEGRITY TRANSPARENCY MEASURES.—Section 1860D–4 of the Social Security Act (42 U.S.C. 1395w–104) is amended by adding at the end the following new subsection:

''(m) PROGRAM INTEGRITY TRANSPARENCY MEASURES.—For program integrity transparency measures applied with respect to prescription drug plan and MA plans, see section 1859(i).''.

SEC. 4. EXPANDING ELIGIBILITY FOR MEDICATION THERAPY MANAGEMENT PROGRAMS UNDER PART D.

Section 1860D–4(c)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395w–104(c)(2)(A)(ii)) is amended—

(1) by redesignating subclauses (I) through (III) as items (aa) through (cc), respectively, and adjusting the margins accordingly;

(2) by striking ''are part D eligible individuals who—'' and inserting ''are the following:

''(I) Part D eligible individuals who—''; and

(3) by adding at the end the following new subclause:

''(II) Beginning January 1, 2021, at-risk beneficiaries for prescription drug abuse (as defined in paragraph (5)(C)).''.

SEC. 5. MEDICARE NOTIFICATIONS TO OUTLIER PRESCRIBERS OF OPIOIDS.

Section 1860D–4(c)(4) of the Social Security Act (42 U.S.C. 1395w–104(c)(4)) is amended by adding at the end the following new subparagraph:

''(D) OUTLIER PRESCRIBER NOTIFICATION.—

''(i) NOTIFICATION.—Beginning not later than two years after the date of the enactment of this subparagraph, the Secretary shall, in the case of a prescriber identified by the Secretary under clause (ii) to be an outlier prescriber of opioids, provide, subject to clause (iv), an annual notification to such prescriber that such prescriber has been so identified and that includes resources on proper prescribing methods and other information specified in accordance with clause (iii).

''(ii) IDENTIFICATION OF OUTLIER PRESCRIBERS OF OPIOIDS.—

''(I) IN GENERAL.—The Secretary shall, subject to subclause (III), using the valid prescriber National Provider Identifiers included pursuant to subparagraph (A) on claims for covered part D drugs for part D eligible individuals enrolled in prescription drug plans under this part or MA–PD plans under part C and based on the threshold established under subclause (II), conduct an analysis to identify prescribers that are outlier opioid prescribers for a period specified by the Secretary.

''(II) ESTABLISHMENT OF THRESHOLD.—For purposes of subclause (I) and subject to subclause (III), the Secretary shall, after consultation with stakeholders, establish a threshold, based on prescriber specialty and geographic area, for identifying whether a prescriber in a specialty and geographic area is an outlier prescriber of opioids as compared to other prescribers of opioids within such specialty and area.

''(III) EXCLUSIONS.—The Secretary may exclude the following individuals and prescribers from the analysis under this clause:

''(aa) Individuals receiving hospice services.

''(bb) Individuals with a cancer diagnosis.

''(cc) Prescribers who are the subject of an investigation by the Centers for Medicare & Medicaid Services or the Office of Inspector General of the Department of Health and Human Services.

''(iii) CONTENTS OF NOTIFICATION.—The Secretary shall, based on input from stakeholders, specify the resources and other information to be included in notifications provided under clause (i).

''(iv) MODIFICATIONS AND EXPANSIONS.—

''(I) FREQUENCY.—Beginning 5 years after the date of the enactment of this subparagraph, the Secretary may change the frequency of the notifications described in clause (i) based on stakeholder input.

''(II) EXPANSION TO OTHER PRESCRIPTIONS.—The Secretary may expand notifications under this subparagraph to include identifications and notifications with respect to concurrent prescriptions of covered Part D drugs used in combination with opioids that are considered to have adverse side effects when so used in such combination, as determined by the Secretary.

''(v) OPIOIDS DEFINED.—For purposes of this subparagraph, the term 'opioids' has such meaning as specified by the Secretary through program instruction or otherwise.''.

SEC. 6. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act and the amendments made by this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5773, currently under consideration.

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

There was no objection.

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

Madam Speaker, I stand in strong support of H.R. 5773, a bipartisan bill centered on curbing opioid overuse by increasing program integrity efforts and increasing resources for beneficiaries to help ensure that they are properly adhering to their prescribed pain medications.

My home State of Illinois is experiencing a notable increase in opioid-related overdose deaths. According to the Illinois Department of Public Health, there has been a 44.3 percent increase in drug overdoses from 2013 to 2016. This staggering statistic is not limited to my district alone. This crisis has affected all of our districts, and for some, the four walls of our own homes.

For this reason, Congress is taking action today to continue our work to deliver solutions to the opioid epidemic that is plaguing far too many American families.

H.R. 5773, which I have introduced with my colleagues Representatives KNIGHT, SEWELL, and SINEMA, packages several previously introduced bills.

Specifically, H.R. 5773 includes policies under my bill H.R. 5716, the Commit to Opioid Medical Prescriber Accountability and Safety for Seniors Act, otherwise known as the COMPASS Act, introduced with Representative LARSON, that ensures prescribers are notified of their opioid prescribing patterns to help educate them on proper prescribing.

Second, the bill includes H.R. 4841, the Standardizing Electronic Prior Authorization for Safe Prescribing Act, led by Representatives SCHWEIKERT and MIKE THOMPSON, to standardize electronic prior authorization to reduce physician burden and ensure medically necessary access to drugs, like opioids, that have dangerous side effects and high risk of abuse.

And third, this bill contains policies from H.R. 5715, the Strengthening Partnerships to Prevent Opioid Abuse Act, led by Representatives RENACCI and SEWELL that will establish a portal to better facilitate communication between plan sponsors and the Medicare program to prevent opioid overuse and overprescribing.

And finally, the bill contains policies from H.R. 5684, the Protecting Seniors from Opioid Abuse Act, championed by my colleagues Mr. KELLY of Pennsylvania and Mr. THOMPSON of California, which expands Medication Therapy Management services to those who are at risk of opioid overuse.

Madam Speaker, I look forward to working with my colleagues to advance policies like all the bills we have today that will further prevent opioid overuse and overprescribing, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addiction for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addiction for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I am pleased to support H.R. 5773, the PASS Act, introduced by Congress Members SEWELL and ROSKAM.

This bill focuses on policies to help Medicare plans prevent opioid use in the Medicare program without limiting access to needed medications for our seniors.

First, H.R. 5773 requires that Medicare prescription drug plans establish mandatory lock-in programs for seniors who are at risk of opioid overuse.

□ 1615

These programs curb fraud, abuse, and misuse of prescribed medications, while at the same time ensuring that seniors who have legitimate need of these medications can access them.

For example, these controls prevent doctor and pharmacy shopping and will prevent duplicative and medically inappropriate drug therapies that can lead to prescription drug abuse. This bill would also require that any beneficiaries who are at risk for opioid overuse be eligible for the benefits provided under the Medication Therapy Management Program.

This program helps patients understand all of their medications and how they are working together. It allows a pharmacist or other health professional to give beneficiaries a comprehensive review of all of their medications and talk to them about any interactions, risks, or side effects.

This bill would also include a provision introduced by Representatives MIKE THOMPSON and DAVID SCHWEIKERT that would streamline the electronic prior authorization system, which is meant to ensure that certain drugs are covered by an insurer before the drug is dispensed.

The PASS Act also includes a provision introduced by Representatives SEWELL and RENACCI which streamlines communications between the Center for Medicare and Medicaid Services and Medicare part C and D plans regarding program integrity.

Finally, H.R. 5773 would direct the Secretary of the Department of Health and Human Services to annually notify Medicare part D prescribers who are identified as outlier prescribers compared to their colleagues in their specialty and region. This has certain exclusions, for example, patients receiving hospice care, but will be used to help prescribers, who may not realize

that they are an outlier, to reevaluate their practices and make adjustments before any harm is done.

I encourage my colleagues to support this legislation, and I reserve the balance of my time.

Mr. ROSKAM. Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY of Pennsylvania. Madam Speaker, I thank Mr. ROSKAM so much for his time.

Madam Speaker, this opioid epidemic is killing 116 people of all ages every day, and it is horribly impacting western Pennsylvania's families and communities. There isn't a silver bullet to end the suffering. It is going to take communities working together to treat addiction and find lasting methods of prevention.

I am proud of the work that we have done in the people's House to put forward quality, bipartisan solutions to provide better alternatives and treatment for all Americans.

I want to thank Chairman ROSKAM for including my legislation, H.R. 5684, the Protecting Seniors from Opioid Abuse Act, into this package.

This bipartisan bill with my colleagues, Mr. THOMPSON, Mrs. MCMORRIS RODGERS, and Mr. DOYLE, will help at-risk seniors manage their medications and avoid prescription drug abuse. This bill gives seniors who are at risk for prescription abuse access to the Medication Therapy Management Program. This successful program allows seniors to sit down with a pharmacist or other health professional and receive expert advice on how to best manage their prescriptions.

I think for most of us, when you go to pick up your prescriptions, oftentimes you are asked: Do you want us to sit down and go over this with you? Oftentimes, there is a line behind you. Or they say: You can just check the box here and go ahead and pick up your prescription. That is not the answer to what we are trying to do.

With the Medication Therapy Management Program, we actually sit down with the seniors and explain the interaction between some of the drugs that they are taking and some of the drugs that have been prescribed for them. So it is critical that they have access to this information.

The Center for Medicare and Medicaid Services has already confirmed that this approach works. To reduce opioid overuse and to avoid dangerous drug interactions, expanding access to medication therapy management for at-risk beneficiaries will ensure that these serious drugs are used properly before it is too late.

This epidemic is devastating our Nation's communities and our families. I hope that we continue to work together as a unified Congress to fight this deadly crisis. I appreciate the chairman's time, and I urge support of this bill.

Ms. JUDY CHU of California. Madam Speaker, I yield myself the balance of my time.

Our country is truly facing a crisis when it comes to opioids, and the Medicare population isn't immune from this. We must be careful in our approach and ensure that the policies we enact in Congress don't leave out those who have a legitimate medical need for these medications, like those with cancer, those in hospice, or those with genetic conditions like sickle cell disease.

H.R. 5773 is a modest step in the right direction, and I look forward to continuing to work with my colleagues on ways to address the opioid crisis within the Medicare program.

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

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

Madam Speaker, I have spent a lot of time, as I know we all have, listening to my own constituency, the west and northwest suburbs of Chicago. I have listened to physicians, police chiefs, educators, caregivers, and others, and I have heard a common theme, and the common theme is: We need legislation that encourages the use of alternative treatments, that increases provider education and assists with detection of those who are at risk. The Preventing Addiction for Susceptible Seniors, PASS Act, will help do this.

I would like to thank my colleagues on the Ways and Means Committee for working together in a bipartisan effort by recognizing this crisis and coming together in offering this solution. I would also like to thank our colleagues on the Energy and Commerce Committee for their commitment to working on this, particularly my counterpart who chairs the Health Subcommittee, Dr. BURGESS, and Chairman WALDEN as well.

This bill was brought through the committee process in a bipartisan fashion, and now, on the floor, I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5773, the PASS Act, to prevent overuse and overprescribing in the Medicare program.

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

Mr. RENACCI. Mr. Speaker, I rise today in support of H.R. 5773, which includes a bill I introduced called the Strengthening Partnerships to Prevent Opioid Abuse Act.

My home state of Ohio has been at the center of the opioid epidemic for years. Too many Ohio families have had their lives shattered by this crisis. The most recent statistics show that nearly 5,200 people died from an opioid overdose in 2017. In my district, multiple counties have seen sharp increases in overdoses and their largest number of annual deaths ever. While Ohio is only the 7th largest state by population, it ranks second in opioid deaths per-capita.

Unlike other drug epidemics, the opioid epidemic is well-known for its prevalence among older populations. This should be no surprise. In fact, one out of every three Medicare beneficiaries is prescribed opioids each year, and 500,000 beneficiaries were prescribed amounts that are considered dangerous according to the CDC. I find it deeply troubling that a program meant to help seniors with their medications may be an avenue to addiction for some.

My bipartisan bill would create an online information-sharing system through which the Medicare program can partner with Medicare Advantage and Part D drug plans to identify cases in which seniors are being overprescribed and providers are engaging in fraud, waste, and abuse. Currently, neither of these parties knows exactly what the others are doing, which hampers each's ability to adequately address the opioid epidemic and issues related to overprescribing and drug diversion.

By strengthening the partnerships between these actors and requiring information from plan sponsors on the actions they take against providers who are overprescribing or engaging in fraud and abuse, we will be better poised to prevent addiction among America's seniors.

On behalf of the more than 7,000 Ohioans who have died of prescription opioid overdoses since 2006, and the hundreds of thousands of Medicare beneficiaries being overprescribed today, I encourage my colleagues to support H.R. 5773 and help us combat this devastating epidemic.

The SPEAKER pro tempore (Mr. FRANCIS ROONEY of Florida). The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5773, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: ''A bill to amend title XVIII of the Social Security Act to require electronic prior authorization for covered part D drugs and to provide for other program integrity measures under parts C and D of the Medicare program.''.

A motion to reconsider was laid on the table.

STOP EXCESSIVE NARCOTICS IN OUR RETIREMENT COMMUNITIES PROTECTION ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5676) to amend title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA-PD plans pending investigations of credible allegations of fraud by pharmacies, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5676

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stop Excessive Narcotics in our Retirement Communities Protection Act of 2018'' or the ''SENIOR Communities Protection Act of 2018''.

SEC. 2. SUSPENSION OF PAYMENTS BY MEDICARE PRESCRIPTION DRUG PLANS AND MA–PD PLANS PENDING INVESTIGATIONS OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.

(a) IN GENERAL.—Section 1860D–12(b) of the Social Security Act (42 U.S.C. 1395w–112(b)) is amended by adding at the end the following new paragraph:

''(7) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.—

''(A) IN GENERAL.—The provisions of section 1862(o) shall apply with respect to a PDP sponsor with a contract under this part, a pharmacy, and payments to such pharmacy under this part in the same manner as such provisions apply with respect to the Secretary, a provider of services or supplier, and payments to such provider of services or supplier under this title.

''(B) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as limiting the authority of a PDP sponsor to conduct postpayment review.''.

(b) APPLICATION TO MA–PD PLANS.—Section 1857(f)(3) of the Social Security Act (42 U.S.C. 1395w–27(f)(3)) is amended by adding at the end the following new subparagraph:

''(D) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.—Section 1860D–12(b)(7).''.

(c) CONFORMING AMENDMENT.—Section 1862(o)(3) of the Social Security Act (42 U.S.C. 1395y(o)(3)) is amended by inserting '', section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D))'' after ''this subsection''.

(d) CLARIFICATION RELATING TO CREDIBLE ALLEGATION OF FRAUD.—Section 1862(o) of the Social Security Act (42 U.S.C. 1395y(o)) is amended by adding at the end the following new paragraph:

''(4) CREDIBLE ALLEGATION OF FRAUD.—In carrying out this subsection, section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D)), and section 1903(i)(2)(C), a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for a credible allegation of fraud.''.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2020.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 5676, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I stand today in strong support of H.R. 5676, a bipartisan bill centered on protecting Medicare beneficiaries from abusive opioid prescribing, while ensuring appropriate access to medically necessary medications. This bill strikes a balance, which we need.

H.R. 5676, introduced by our colleagues—Mr. MACARTHUR, Mr. BLUMENAUER, Mr. SCHWEIKERT, Mr. COLLINS, Ms. KUSTER, and Mr. Tonko—extends an existing authority in the Medicare fee-for-service program to Medicare Advantage and prescription drug plans.

According to a recent report released by the Department of Health and Human Services' Office of Inspector General, one-third of Medicare part D beneficiaries received an opioid prescription in 2016, costing the program $4.1 billion and representing as many as 79.4 million prescriptions. The report found that as many as half a million part D beneficiaries received high amounts of opioids, with almost 70,000 receiving extreme amounts of opioids, many of them as a result of doctor shopping.

For years, the Medicare fee-for-service program has been able to suspend payments to a provider or a supplier pending an investigation of a credible allegation of fraud against the provider or supplier. Extending this authority to the Medicare Advantage and prescription drug plans will help bridge the gap in the care of beneficiaries and halt the fraudulent activity that contributes to the opioid crisis.

I would like to thank my colleagues on both sides of the aisle on the Ways and Means Committee for their commitment to working cooperatively on this, and also our colleagues on the Energy and Commerce Committee, particularly Congressman BURGESS, who chairs the Health Subcommittee, and also Chairman WALDEN. They played a role in laying the groundwork for policies like this that crack down on abusers.

Mr. Speaker, I look forward to continuing to work on this issue on both sides of the aisle and with the administration on policies that will further strengthen the integrity of the Medicare program.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

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H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to support H.R. 5676, the SENIOR Communities Protection Act.

The Affordable Care Act granted the Department of Health and Human Services the authority to suspend payments to Medicare's part A and B providers pending investigations into credible allegations of fraud or abuse.

The SENIOR Communities Protection Act would grant that same authority to Medicare part D plans. This bill would only allow plans to suspend these payments if doing so would not cause an access or network adequacy problem for the beneficiaries served by the pharmacies or hinder any law enforcement efforts.

This change would give Medicare an additional tool to help crack down on bad actors who put seniors at risk. For example, this could help plans and Medicare crack down on the practice of

pill dumping, where a small pharmacy receives millions of opioid pills from a distributor that far exceeds the population of patients it serves.

In one case, it was found that a single small town pharmacy received the equivalent of more than 9,000 pills per resident over the course of a decade. In another case, an opioid distributor shipped 9 million pills to a town of 406 residents over just a 2-year period. That is an average of 717 pills per person per year.

While opioid distributors are required to report suspicious activity, congressional investigations have revealed that distributors did not perform sufficient oversight of these shipments. As our communities are flooded with these drugs, it is important that Medicare plans have the ability to stop the bad actors when they are identified.

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

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

Mr. Speaker, I just want to go into a little bit more detail and focus on how it is that we are here today and why there is an urgency to this.

The gentlewoman just mentioned some staggering statistics: 9,000 pills per individual over a decade in a particular town. It tells you that the system has gotten entirely out of balance.

There are a lot of explanations and there are not a lot of clean hands:

We know that there have been government policies that have driven, in part, the opioid crisis by evaluating providers on whether or not pain satisfaction has been completed on the patient side of things;

We know that in some cases there have been healthcare providers that have not gone into the detail of getting to the root of a problem;

We know that we, as a culture, put extraordinary pressure on healthcare providers when we tell them we want them to help us get out of pain; and when we do that, sometimes, Mr. Speaker, unfortunately, we put ourselves at risk, and we know that pharma has a lot to answer for.

All of those things we know are true, and I think what is encouraging to me is this idea of people coming together on both sides and recognizing we don't have to live this way anymore. We don't have to have a system that drives people in this direction.

Let me just go back to this inspector general report from the Department of Health and Human Services that says that 79 million prescriptions involving opioids were prescribed in 2016 alone. That is a staggering number.

And I think that, if we are diligent, if we are forward thinking, and if we continue to work together, both sides of the aisle coming together, Mr. Speaker, I think that, in 10 years, our country will be having a different conversation on opioids. It may take that long, but I think, in 10 years' time, if we do the work, if we are committed to this, we can look back and we can say: That was a time when the United States came together around a public health crisis; that was a time when people had a general understanding that they needed to get over the normal approaches on things; and that was a time that people came together with holistic approaches.

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

Ms. JUDY CHU of California. Mr. Speaker, I reserve the balance of my time.

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Mr. ROSKAM. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. MACARTHUR)

Mr. MACARTHUR. Mr. Speaker, I thank my friend for yielding.

As co-chair of the Bipartisan Heroin Task Force, I have spent a lot of my time working on this opioid crisis. Congress must do everything we can to ensure that our communities have the resources for prevention, treatment, and enforcement.

My district is also home to 140,000 seniors, among the highest in the country. As we work together in a bipartisan way to fight this epidemic, we cannot forget about our seniors and how this crisis affects them.

More than 42 million Americans get their prescription drugs through Medicare. They rely on Medicare part D, the prescription drug program, for the drugs that they need.

A 2017 report by the HHS Office of the Inspector General found that 500,000 Medicare part D beneficiaries received high amounts of opioids. High means in excess of what the manufacturer and CDC recommend—in other words, dangerous amounts.

Too many senior communities are being flooded with opioids. We must protect our seniors, and that means we need to protect Medicare from those who would abuse it. We need to fight the fraudulent abuse of Medicare by people who do not have seniors' best interests at heart.

In some cases, seniors are having their Medicare numbers stolen and then used to fraudulently bill Medicare for opioids. So-called pill dumping has resulted in millions of painkillers flooding small towns across the country through just a few pharmacies, much of it paid for by Medicare.

Last year, the Department of Justice announced the biggest healthcare fraud bust in its history. They arrested 412 defendants for billing the government $1.2 billion in fraudulent charges, including prescription opioids which were then distributed in our communities.

The SENIOR Communities Protection Act gives Medicare a new tool to crack down on those who would fraudulently use senior Medicare dollars to flood communities with unneeded drugs. The bill gives Medicare part D plan sponsors the ability to suspend payments to a pharmacy that is under investigation due to a credible allegation of fraud or abuse. This should make it easier to respond to harmful fraud and abusive activity more quickly. This protects Medicare dollars for those whom they are intended—for our seniors.

If a criminal is fraudulently billing Medicare and distributing prescription drugs, Medicare should not have to pay for it while an investigation is underway. Those dollars are for seniors.

This is the same tool available to other programs in Medicare, and this bill simply extends it to the prescription drug program. It is a good and smart tool. It is designed to make sure that seniors keep getting the drugs they do need, while protecting pharmacies that have done nothing wrong.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROSKAM. Mr. Speaker, I yield an additional 1 minute to the gentleman from New Jersey.

Mr. MACARTHUR. The bill is designed to make sure that seniors keep the drugs they do need and protect pharmacies that have done nothing wrong, while allowing us to go after those who abuse Medicare.

I am grateful to the bipartisan sponsors of this bill. I am grateful for the bipartisan support it has received in committee. I would like to just mention those bipartisan Members who lent their support to it: Representatives CHRIS COLLINS, DAVID SCHWEIKERT, ANN KUSTER, EARL BLUMENAUER, and PAUL TONKO.

Mr. Speaker, I urge support of this bill.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, a 2017 report from the Office of the Inspector General of the Department of Health and Human Services found that about 70,000 seniors on Medicare received prescriptions for what the report described as an extreme amount of opioids during a single year. This means that these seniors were receiving 2.5 times the level the Centers for Disease Control recommends for patients with chronic pain. Another 22,000 beneficiaries were identified as doctor shopping, which means that they received a high number of opioids from multiple prescribers and pharmacies. The opioid crisis is not exclusive to young people.

That same OIG report found that one-third of Medicare part D beneficiaries received an opioid prescription in 2016, which is about 79.4 million prescriptions. While there are certainly individuals who have a legitimate need for these drugs, H.R. 5676 will help Medicare part D plans crack down on the bad actors who are flooding our communities with excessive opioid pills.

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

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

Mr. Speaker, in closing, in a nutshell, I think the gentlewoman from California put it well. What she was arguing was this bill strikes a balance,

which it does. It is designed to focus our time, our attention, and our energies on making sure that the bad actors are weeded out, that the abuse is stopped, and that we can bring balance to the system.

The Stop Excessive Narcotics in Our Retirement Communities Protection Act, or SENIOR Communities Protection Act, is another step in this direction to protect our Nation's seniors. This bill was brought to the floor through a bipartisan committee process, and I urge its passage.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5676, as amended.

The question was taken.

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

Mr. ROSKAM. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

EXPANDING OVERSIGHT OF OPIOID PRESCRIBING AND PAYMENT ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5723) to require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5723

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 ''Expanding Oversight of Opioid Prescribing and Payment Act of 2018''.

SEC. 2. MEDICARE PAYMENT ADVISORY COMMISSION REPORT ON OPIOID PAYMENT, ADVERSE INCENTIVES, AND DATA UNDER THE MEDICARE PROGRAM.

Not later than March 15, 2019, the Medicare Payment Advisory Commission shall submit to Congress a report on, with respect to the Medicare program under title XVIII of the Social Security Act, the following:

(1) A description of how the Medicare program pays for pain management treatments (both opioid and non-opioid pain management alternatives) in both inpatient and outpatient hospital settings.

(2) The identification of incentives under the hospital inpatient prospective payment system under section 1886 of the Social Security Act (42 U.S.C. 1395ww) and incentives under the hospital outpatient prospective payment system under section 1833(t) of such Act (42 U.S.C. 1395l(t)) for prescribing opioids and incentives under each such system for prescribing non-opioid treatments, and recommendations as the Commission deems appropriate for addressing any of such incentives that are adverse incentives.

(3) A description of how opioid use is tracked and monitored through Medicare claims data and other mechanisms and the identification of any areas in which further data and methods are needed for improving data and understanding of opioid use.

SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5723, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act of 2018, sponsored by my colleague, Representative TENNEY, along with Representatives MCKINLEY and DELBENE. H.R. 5723 is the result of work by Members and staff on both sides of the aisle, and I am pleased to have taken part in these important efforts to address the opioid epidemic.

This legislation responds to a crucial recommendation from the Commission on Combating Drug Addiction and the opioid crisis by directing the Medicare Payment Advisory Commission, or MedPAC, to investigate financial incentives for prescribing opioids. These incentives may discourage providers from prescribing evidence-based nonopioid treatments for pain management that can reduce patients' exposure to opioids and slow the epidemic.

The report will take a close look at these financial incentives, while also examining the use of data to track and monitor opioid use to more fully understand opioid utilization patterns in Medicare so that we may cultivate better solutions to combat the epidemic itself. MedPAC may also make recommendations to address perverse incentives in Medicare's payment systems that may encourage opioid overprescribing.

Mr. Speaker, I encourage all of my colleagues to vote in favor of H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act of 2018.

Opioids took the lives of 42,000 Americans in 2016, and the issue affects countless families in Illinois and in my congressional district, and I know that is true all across the country. This legislation brings us one step closer to providing our communities and families with the tools necessary to combat the epidemic.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House Floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a

House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to support H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act.

As I mentioned earlier, 80 percent of low-risk surgery patients receive an opioid prescription to treat their post-surgical pain. These prescriptions are certainly necessary for many patients, but with such a high percentage, we must examine if Medicare payment policies are ultimately discouraging the use of nonopioid alternatives.

This bill, introduced by Representatives SUZAN DELBENE and CLAUDIA TENNEY, would require the Medicare Payment Advisory Commission, or MedPAC, to submit a report to Congress detailing how Medicare reimburses pain management treatments in a hospital setting. This report will also examine what incentives exist in the inpatient prospective payment system and outpatient prospective payment system for overprescribing and how prescribing data is tracked and monitored in Medicare claims.

This crisis was not created in a vacuum, and it will take efforts from all aspects of the healthcare system to find a solution, including examining how our hospital payment policies have pushed providers towards prescribing such addictive medications.

I support H.R. 5723 and efforts to determine which policies within Medicare, if any, have contributed to this opioid epidemic. I am also strongly supportive of the directive within this report to realign payment policies to increase access to nonopioid alternatives for pain management.

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

Mr. ROSKAM. Mr. Speaker, I yield 5 minutes to the gentlewoman from New York (Ms. TENNEY).

Ms. TENNEY. Mr. Speaker, I want to thank the gentleman for yielding so much time to me in favor of this legislation that I coauthored with my colleague, Ms. DELBENE, on this bipartisan piece, H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act of 2018.

Mr. Speaker, in my district and across the Nation, the opioid epidemic has ravaged communities, torn apart families, and ended the lives of everyday Americans. Opioid abuse and drug-related deaths are rising at alarming rates. In my rural New York district, drug-related deaths rose over 350 percent in the short period from 2012 to 2016.

Each day, I continue to hear from families across the 22nd district that have been impacted by this epidemic. They share deeply moving and personal stories of loss and struggle, and they always urge me that more needs to be done.

Mr. Speaker, they are right. This is why the people's House has taken significant, bipartisan action to pass record funding for addiction treatment and prevention and to stop the flow of illicit drugs coming across the border. This is not the time to let up.

During an opioid roundtable that I held in my district, I heard from members of my community who told me that often an opioid prescription is the only option for pain management offered after a complicated surgery or a procedure as routine as a root canal.

This anecdotal evidence is backed up by the hard truth that, in 2016, there were 66.5 opioid prescriptions per 100 people. Mr. Speaker, that amounts to more than 214 million total opioid prescriptions.

The Expanding Oversight of Opioid Prescribing and Payment Act seeks to find out what is fueling these prescriptions. This bipartisan bill requires the Medicare Payment Advisory Committee, or MedPAC, to research and identify adverse incentives in the Medicare and Medicaid programs that lead to an overprescription of opioids versus readily available nonopioid alternatives.

Medicare and other insurance providers often do not cover nonopioid alternatives for pain, and this legislation seeks to understand why. Once we are able to understand the cause, we can change Medicare policy to reduce demand for opioids to address chronic pain and provide patients with safer, nonaddictive, nonopioid alternatives for pain.

Opioid overdose is now the leading cause of death for Americans under 50. We must take action.

Mr. Speaker, combating this epidemic starts by eliminating any incentives that cause our constituents to become addicted to opioids and other prescription drugs in the first place.

I want to thank my colleagues, Ms. DELBENE, Mr. MCKINLEY, and Mr. SANFORD, for joining me in this bipartisan effort, and I appreciate the work of Chairman BRADY and every member of the Ways and Means Committee who worked to help us get this far. I want to say a special thank you to Representative ROSKAM from Illinois for providing me this opportunity to speak on behalf of this important legislation.

Mr. Speaker, I ask that my colleagues support this legislation.

□ 1645

Ms. JUDY CHU of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I must reiterate that while I support the efforts of this bill to direct MedPAC to examine which structural policies within Medicare are contributing to this opioid crisis, I believe that we need to do more than study the problem. We need to dedicate resources to fixing it.

We need to invest in longer treatment programs and comprehensive recovery programs that provide safe housing, peer support, and mental health services. And while we should absolutely examine the policies that brought us to this crisis in the first place, we need to do more to find long-lasting solutions.

So I implore my colleagues today to ensure that this package of bills is not the end of the discussion. I hope to see more hearings, more proposals, and more testimony from experts on how we can enact Federal policies that will save lives.

I hope that instead of attacking our existing healthcare system, Republicans work with Democrats to improve the Affordable Care Act, increase access to coverage, work to bring down premiums, and invest in the public health of our Nation. Addiction is a disease, not a choice. I look forward to working with my colleagues from both sides of the aisle to eradicate this disease from our communities.

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

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

Mr. Speaker, I think Ms. TENNEY's argument a minute ago is smart, it is good policy, it is thoughtful, it is measured, and it is the direction we should go.

In other words, if there are incentives that are misaligned, let's understand those and let's absorb them and let's change them. It should not be that there is a financial incentive to offer an opioid or for an opioid to get into a system as opposed to a nonopioid alternative. So, for sure, we need to study this. We need to have a clear understanding.

I would like to thank the Members on both sides of the aisle for the work they did, as well as Chairman BRADY for his leadership in moving this through the Ways and Means Committee.

It is such an important time. With 115 deaths from opioid overdoses every day, everyone knows that time is not our friend. There is an urgency to this. We have to have a clear understanding of what is going on. It is imperative that we identify current practices that prevent the use of nonopioid treatments for pain management and that we reduce financial incentives that have unintentionally led to overprescriptions.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5723, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 4 o'clock and 48 minutes p.m.), the House stood in recess.

□ 1650

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FRANCIS ROONEY of Florida) at 4 o'clock and 50 minutes p.m.

SUPPORTING RESEARCH AND DEVELOPMENT FOR FIRST RESPONDERS ACT

Mr. DONOVAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4991) to amend the Homeland Security Act of 2002 to establish the National Urban Security Technology Laboratory, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4991

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 ''Supporting Research and Development for First Responders Act''.

SEC. 2. NATIONAL URBAN SECURITY TECHNOLOGY LABORATORY.

(a) IN GENERAL.—Title III of the Homeland Security Act of 2002 is amended—

(1) by redesignating the second section 319 (relating to EMP and GMD mitigation research and development) as section 320; and

(2) by inserting after section 320, as so redesignated, the following new section:

''SEC. 321. NATIONAL URBAN SECURITY TECHNOLOGY LABORATORY.

''(a) IN GENERAL.—The Secretary, acting through the Under Secretary for Science and Technology, shall designate the laboratory described in subsection (b) as an additional laboratory pursuant to the authority under section 308(c)(2). Such laboratory shall be used to test and evaluate emerging technologies and conduct research and development to assist emergency response providers in preparing for, and protecting against, threats of terrorism.

''(b) LABORATORY DESCRIBED.—The laboratory described in this subsection is the laboratory—

''(1) known, as of the date of the enactment of this section, as the National Urban Security Technology Laboratory;

''(2) previously known as the Environmental Measurements Laboratory; and

''(3) transferred to the Department pursuant to section 303(1)(E).

''(c) LABORATORY ACTIVITIES.—The laboratory designated pursuant to subsection (a), shall—

''(1) conduct tests, evaluations, and assessments of current and emerging technologies, including, as appropriate, cybersecurity of such technologies that can connect to the internet, for emergency response providers;

''(2) conduct research and development on radiological and nuclear response and recovery;

''(3) act as a technical advisor to emergency response providers; and

''(4) carry out other such activities as the Secretary determines appropriate.''.

(b) CLERICAL AMENDMENT.—The table of contents in section 1(b) of such Act is amended by striking both items relating to section 319 and the item relating to section 318 and inserting the following:

''318. Social media working group.
''319. Transparency in research and development.
''320. EMP and GMD mitigation research and development.
''321. National Urban Security Technology Laboratory.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. DONOVAN) and the gentleman from Rhode Island (Mr. LANGEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

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

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 4991, the Supporting Research and Development for First Responders Act. H.R. 4991 authorizes the National Urban Security Technology Laboratory, NUSTL, within the Department of Homeland Security's Science and Technology Directorate.

Located in New York City, NUSTL has been a critical resource in protecting our homeland since 1947. Today, NUSTL is a one-of-its-kind test and evaluation laboratory for the first responder community.

I had the opportunity to visit NUSTL last year and saw firsthand the impressive work being done there on a daily basis. During my visit, I witnessed NUSTL's work to test and validate equipment used by our first responders to protect our communities. NUSTL has conducted more than 1,000 assessments on current and emergency first responder equipment.

I also learned about NUSTL's radiological and nuclear research and development, which focuses on response and recovery efforts.

Additionally, last November, Chief Timothy Rice from the New York City Fire Department testified before the Subcommittee on Emergency Preparedness, Response, and Communications, which I chair, on the importance of NUSTL to FDNY's daily operations. Chief Rice highlighted that the fire department's relationship with NUSTL has ''strengthened the department's ability to save life and property, and ultimately, make the people of New York and millions of visitors to the region safer each day.''

Simply put, this bill will authorize the test and evaluation and research and development activities currently being conducted at NUSTL. Given the current threat environment, we need to ensure that DHS continues to support our first responders, and this bill will do just that. H.R. 4991 will ensure that the valuable work being done at NUSTL will continue for years to come.

I want to recognize the tireless efforts of the staff at NUSTL to support first responders and secure our homeland.

Mr. Speaker, I am pleased that this bill is supported by the American Federation of Government Employees, and I include in the RECORD their letter dated June 15, 2018.

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL–CIO,
Washington, DC, June 15, 2018.

DEAR REPRESENTATIVE, On behalf of the American Federation of Government Employees, AFL–CIO (AFGE), which represents more than 700,000 federal and DC government workers who serve the American people in 70 different agencies, including 20 employees at the National Urban Security Technology Laboratory (NUSTL), I am writing to indicate our support of H.R. 4991, the Supporting Research and Development for First Responders Act. This bill would provide for the authorization of this important program.

The National Urban Security Technology Laboratory (NUSTL) works primarily on testing technologies used by first responders. The scientists and engineers at NUSTL ensure first responders are safe and equipped to perform their duties. They support the training of first responders to use radiation detection equipment to interdict a terrorist act involving radiological dispersion devices (RDDs) or improvised nuclear devices (INDs). They also publish reports that allow first responders to purchase radiation and explosives detection equipment best suited for their needs. They ensure unmanned aerial vehicles or drones are not used as weapons.

NUSTL labs give police officers, fire fighters and other first responders the opportunity to test drive technological equipment and offer feedback for how to make it safer and more effective. NUSTL allows first responders to test prototypes of products in the pipeline at DHS to help improve them. They also offer training about how to respond to emergencies and natural disasters. NUSTL employees' work keeps first responders safe and up to date with the latest technologies. NUSTL ensures our communities are safe and thriving.

AFGE strongly supports H.R. 4991, the Supporting Research and Development for First Responders Act.

Thank you,

THOMAS S. KAHN,
Director, Legislative Affairs Department.

Mr. DONOVAN. Mr. Speaker, I urge all Members to join me in voting for the Supporting Research and Development for First Responders Act, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES, COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY,
Washington, DC, June 14, 2018.

Hon. MICHAEL T. MCCAUL,
Chairman, Committee on Homeland Security, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: I am writing concerning H.R. 4991, the ''Supporting Research and Development for First Responders Act,'' which your Committee ordered reported on June 6, 2018.

H.R. 4991 contains provisions within the Committee on Science, Space, and Technology's Rule X jurisdiction. As a result of

you having consulted with the Committee regarding revisions to the bill, and in order to expedite this bill for floor consideration, the Committee on Science, Space, and Technology will forego action on the bill. This is being done on the basis of our mutual understanding that doing so will in no way diminish or alter the jurisdiction of the Committee on Science, Space, and Technology with respect to the appointment of conferees, or to any future jurisdictional claim over the subject matters contained in the bill or similar legislation.

I would appreciate your response to this letter confirming this understanding, and would request that you include a copy of this letter and your response in the Congressional Record during the floor consideration of this bill. Thank you in advance for your cooperation.

Sincerely,

LAMAR SMITH,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMMITTEE ON HOMELAND SECURITY,
Washington, DC, June 14, 2018.

Hon. LAMAR SMITH,
Chairman, Committee on Science, Space, and Technology, Washington, DC.

DEAR CHAIRMAN SMITH: Thank you for your letter regarding H.R. 4991, the ''Supporting Research and Development for First Responders Act.'' I appreciate your support in bringing this legislation before the House of Representatives, and accordingly, understand that the Committee on Science, Space, and Technology will not seek a sequential referral on the bill.

The Committee on Homeland Security concurs with the mutual understanding that by foregoing a sequential referral of this bill at this time, the Committee on Science, Space, and Technology does not waive any jurisdiction over the subject matter contained in this bill or similar legislation in the future. In addition, should a conference on this bill be necessary, I would support a request by the Committee on Science, Space, and Technology for conferees on those provisions within your jurisdiction.

I will insert copies of this exchange in the Congressional Record during consideration of this bill on the House floor. I thank you for your cooperation in this matter.

Sincerely,

MICHAEL T. MCCAUL,
Chairman.

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

Mr. Speaker, I rise in support of H.R. 4991, the Supporting Research and Development for First Responders Act.

Mr. Speaker, H.R. 4991 would authorize the National Urban Security Technology Laboratory, also known as NUSTL, within the Department of Homeland Security's Science and Technology Directorate.

Established in 1947, NUSTL has a long, rich history of supporting the first responder community. This laboratory, located in New York City, is central to the research and development of technologies that give first responders the tools to mitigate, respond to, and recover from national security threats.

In recent years, NUSTL's work has fostered the emergence of thousands of innovative radiation detectors for use in the Securing the Cities program. NUSTL's engagement with homeland security stakeholders has ensured that as technology is developed, the particular concerns of end users, such as first responders, are taken into consideration. With the homeland security threat evolving daily, the importance of this lab to national security cannot be overstated.

While the good work of NUSTL is evident to myself and my colleagues on the House Homeland Security Committee, President Trump, unfortunately, does not have the same level of appreciation. In the last two budget cycles, the Trump administration, in its efforts to free up resources to build a wall along the southern border, has proposed completely cutting funding for NUSTL. The elimination of this laboratory as a first responder resource is absolutely senseless.

I am glad to see that our committee worked in a bipartisan fashion to craft this legislation, which would ensure that the work being performed at NUSTL will continue.

Mr. Speaker, I urge my colleagues to join me in advancing research development of technologies for first responders by supporting H.R. 4991.

Mr. Speaker, NUSTL's work is integral to protecting our Nation's first responders from threats.

On the one hand, it is unfortunate that the Trump administration's proposal to cut spending for NUSTL is what prompted the creation of H.R. 4991 in the first place; however, it has given this Chamber an opportunity to recognize the value of NUSTL and push for it to maintain its place at the Department of Homeland Security.

So I encourage my colleagues to support H.R. 4991, and I thank my colleague across the aisle for his work on this important bill.

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

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

Mr. Speaker, I would like to thank my colleague, Mr. LANGEVIN from Rhode Island, for his help in this matter. And I once again urge all of my colleagues to support H.R. 4991, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. DONOVAN) that the House suspend the rules and pass the bill, H.R. 4991, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

JOINT TASK FORCE TO COMBAT OPIOID TRAFFICKING ACT OF 2018

Mr. DONOVAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5762) to amend the Homeland Security Act of 2002 to authorize a Joint Task Force to enhance integration of the Department of Homeland Security's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5762

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 ''Joint Task Force to Combat Opioid Trafficking Act of 2018''.

SEC. 2. AUTHORIZATION OF JOINT TASK FORCE TO COUNTER OPIOIDS.

Section 708 of the Homeland Security Act of 2002 (6 U.S.C. 348) is amended—

(1) in subsection (b)(2)(A), by adding at the end the following new clause:

''(iv) Enhancing the integration of the Department's border security operations to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.''; and

(2) in subsection (b)—

(A) by redesignating paragraphs (9) through (13) as paragraphs (11) through (15), respectively; and

(B) by inserting after paragraph (8) the following new paragraph:

''(9) ENGAGEMENT WITH THE PRIVATE SECTOR.—

''(A) IN GENERAL.—The Director of a Joint Task Force may engage with representatives from a private sector organization for the purpose of carrying out the mission of such Joint Task Force, and any such engagement shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

''(B) ASSISTANCE FROM PRIVATE SECTOR.—

''(i) IN GENERAL.—Notwithstanding subsection (b)(1), the Secretary, with the agreement of a private sector organization, may arrange for the temporary assignment of an employee of such organization to a Joint Task Force in accordance with this paragraph.

''(ii) AGREEMENT.—The Secretary shall provide for a written agreement between the Department, the private sector organization concerned, and the employee concerned regarding the terms and conditions of the assignment of such employee under this paragraph.

''(C) NO FINANCIAL LIABILITY.—Any agreement under this paragraph shall require the private sector organization concerned to be responsible for all costs associated with the assignment of an employee under this paragraph.

''(D) DURATION.—An assignment under this paragraph may, at any time and for any reason, be terminated by the Secretary or the private sector organization concerned and shall be for a total period of not more than two years.

''(10) COLLABORATION WITH TASK FORCES OUTSIDE DHS.—The Secretary may enter into a memorandum of understanding by which a Joint Task Force established under this section to carry out any purpose specified in subsection (b)(2)(A) and any other Federal, State, local, tribal, territorial, or international entity or task force established for a similar purpose may collaborate for the purpose of carrying out the mission of such Joint Task Force.''.

SEC. 3. NOTIFICATION; REPORTING.

(a) NOTIFICATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Homeland Security shall—

(1) make a determination regarding whether to establish a Joint Task Force under section 708 of the Homeland Security Act of 2002 to carry out the purpose specified in clause (iv) of subsection (b)(2)(A) of such section, as added by section 2 of this Act; and

(2) submit to the Committee on Homeland Security of the House and the Committee on Homeland Security and Governmental Affairs of the Senate written notification of such determination, including, if such determination is in the negative, information on the basis for such negative determination.

(b) REPORTING.—If the Secretary of Homeland Security establishes a Joint Task Force under section 708 of the Homeland Security Act of 2002 to carry out the purpose specified in clause (iv) of subsection (b)(2)(A) of such section, as added by section 2 of this Act, the Secretary shall—

(1) beginning with the first report required under subsection (b)(6)(F) of such section 708, include with respect to such a Joint Task Force—

(A) a gap analysis of funding, personnel, technology, or other resources needed in order to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States; and

(B) a description of collaboration pursuant to subsection (b)(10) of such section (as added by section 2 of this Act) between such a Joint Task Force and any other Federal, State, local, tribal, territorial, or international task force, including the United States Postal Service and the United States Postal Inspection Service; and

(2) in each report required under subsection (b)(11)(C) of section 708 of the Homeland Security Act of 2002, as redesignated by section 2 of this Act, an assessment of the activities of such a Joint Task Force, including an evaluation of whether such Joint Task Force has enhanced integration of the Department's efforts, created any unique capabilities, or otherwise enhanced operational effectiveness, coordination, or information sharing to detect, interdict, disrupt, and prevent narcotics, such as fentanyl and other synthetic opioids, from entering the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. DONOVAN) and the gentleman from Rhode Island (Mr. LANGEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. DONOVAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include any extraneous materials on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, the opioid epidemic continues to devastate communities across this Nation every day. One hundred fifteen Americans die every single day from an opioid overdose. Opioid abuse doesn't discriminate. It touches people from every age group, race, class, gender, and background.

□ 1700

In my home State of New York, more than 3,000 lives were lost in 2016 alone. Mr. Speaker, 3,000.

Some Americans are becoming addicted after taking doctor-prescribed doses for an injury or surgery. Others are trying them in illicit forms and are becoming addicted. Opioids are highly addictive and overprescribed. It is a major part of this epidemic.

Another disturbing trend we are seeing is illicit drugs being laced with fentanyl, which is 100 times more powerful than morphine, leading to accidental overdoses. I have seen estimates concluding that more than 2 million of our fellow Americans are addicted to opioids. Too many lives have been lost, and too many families have been destroyed.

As we work to confront the epidemic, we must prevent the abuse of opioids, stop the flow of opioids into the United States, and treat those Americans who have become addicted. Last week, the House passed 35 bills to address the opioid epidemic through stronger prevention, treatment, and enforcement activities. Today, we continue that work.

H.R. 5762 would further enable law enforcement to stop the flow of opioids such as fentanyl from entering the United States. This bill would create a joint task force within the Department of Homeland Security to organize opioid interdiction efforts across multiple components and agencies. The task force would coordinate the assets and personnel of Customs and Border Protection, Immigration and Customs Enforcement, Citizenship and Immigration Services, the Coast Guard, and other resources to track, interdict, and prevent the illicit flow of opioids through the United States in a unity of effort campaign.

It will also leverage domestic and international partners to provide a multifaceted approach to tackling this issue. Most illicit opioids are produced in China, being smuggled by mail, where vulnerabilities in the postal system are exploited. We are also seeing increased traffic from Mexico, with opioids hidden in vehicles and cargo entering through our ports of entry.

The joint task force approach to the opioid epidemic is effective because it fosters information sharing and exchange between all relevant stakeholders to combat the opioid epidemic.

There is no quick or easy solution to this epidemic, though H.R. 5762 is a step in the right direction. It empowers the Department of Homeland Security and its mission partners to tackle the opioid crisis head-on by organizing a joint task force focused on preventing opioids from reaching our communities.

Mr. Speaker, I hope my colleagues on both sides of the aisle will join me in voting for H.R. 5762, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 5762, the Joint Task Force to Combat Opioid Trafficking Act of 2018.

Mr. Speaker, first of all, I thank my colleague, the gentleman from New York, Chairman DONOVAN, for his kind and strong words of support for this bill. This has been a truly bipartisan effort on the committee, and I thank the gentleman for his work on this and for his support.

Again, Mr. Speaker, we are in the midst of a public health emergency that is devastating communities across the country, including my home State of Rhode Island. No matter your race, gender, age, religion, or socioeconomic status, Americans are suffering from the opioid overdose epidemic.

We know that approximately 42,000 fatalities were attributed to opioids in 2016, and we know that fentanyl is exacerbating the problem. This powerful synthetic opioid, which is 25 to 50 times stronger than heroin and 50 to 100 times more powerful than morphine, has caused 15 times more deaths in Rhode Island during 2016 than in 2009.

In its purest form as a powder, or as grains similar to the size of salt, fentanyl's lethal potency often harms people when unknowingly mixed with other illicit drugs, like heroin, or marketed on the street as a different substance entirely.

Since the majority of opioids interdicted by the United States are seized at ports of entry and the southern border accounts for at least 75 percent of all opioids collected, I am pleased to offer a solution that will strengthen the Department of Homeland Security's fight against this drug crisis. This bill authorizes the Secretary of Homeland Security to establish a task force to enhance the internal integration of the department's border security operations to detect, interdict, disrupt, and prevent narcotics, including fentanyl, from entering the United States in the first place.

Secretary Jeh Johnson was the first to use the joint task force model to achieve better unity of effort across the department's components when it comes to fulfilling the Homeland Security mission.

All of DHS' many agencies, from Customs and Border Protection to the U.S. Coast Guard, have an important role to play when it comes to combating opioid trafficking, which makes the joint task force a particularly apt structure to address the crisis. If Homeland Security Investigations is looking into a fentanyl distribution ring in Omaha, they need to coordinate efforts with Customs offices in El Paso so that packages en route to Nebraska are properly inspected.

The JTF model is intended to ensure this coordination is baked into the culture at the various components and that cases don't slip through the cracks. The goal is not to add red tape for the hardworking DHS personnel protecting our Nation but to keep them all on the same page as a single, unified effort. This coordination is worth it.

Mr. Speaker, Congress recognized the value of Secretary Johnson's pilot

JTFs when we formally authorized them in 2016. As new challenges confront the department, we must make use of this organizational structure in innovative ways to maintain the synergies that drove the creation of DHS in the first place.

Stopping the proliferation of fentanyl is particularly well suited to the JTF approach. Unlike many more traditional narcotics, fentanyl is often shipped directly to dealers from overseas. Fentanyl's extremely high potency allows these shipments to be small enough to go undetected unless carefully scrutinized.

That is why it is essential that the joint task force on opioids collaborate with private-sector organizations and any other Federal, State, local, Tribal, territorial, or international entity to increase operational effectiveness, coordination, and information sharing.

We need to work with partners, especially the United States Postal Service and private parcel delivery services like UPS and FedEx, to ensure suspicious packages are inspected. Having a single task force coordinating the department's efforts makes it much easier for other organizations to know to whom to go.

The collaboration called for in this bill, combined with the implementation of Ms. TSONGAS' INTERDICT Act, which focuses on drug detection technologies, will ensure that DHS is maximally effective in combating the flood of synthetic opioids trafficked into the United States.

The crisis gripping our Nation, Mr. Speaker, is complex. We recognize that. We cannot succeed in stemming the opioid epidemic unless the Federal Government recognizes the opportunity to integrate and collaborate not only across agencies but also with our private-sector partners.

I hope my colleagues will join this bipartisan effort to curb the prevalence of illicit opioids on our streets, in our communities, in our neighborhoods, and in our homes by supporting H.R. 5762.

Mr. Speaker, now more than ever, we need to take action to curb the flow of synthetic opioids into America. The need plays out in tragedies around the country every day.

Rhode Island's Brandon Goldner was just 23 years old when, after being revived seven times in a 2-month period, he tragically lost his life to an opioid overdose. Losing Brandon and so many others to opioids demands that we, as lawmakers, act quickly to reduce the stigma associated with drug use and ensure that there are adequate treatment options that are available.

I am proud to come from a State that has developed a comprehensive strategy to combat the opioid crisis by supporting local and State partners at every level of education, treatment, and prevention through the creation of a statewide overdose prevention and intervention task force.

This is a constant battle, and reducing the prevalence of opioids available to those who might use or abuse the substance is an important step that we can take today by passing this bill. Every one of my colleagues has their own Brandon story. Everyone has talked with grieving parents, children, friends, and coworkers.

Mr. Speaker, I am proud that the Committee on Homeland Security is doing its part to ensure that we bring a whole-of-government approach to combating this whole-of-society problem, and I urge my colleagues to support this bill.

The bill before us today will enhance internal DHS operations, force the collaboration across Federal agencies, and develop partnerships with the private sector to limit opioids coming into our country and getting distributed throughout our communities.

Like every bill that makes it to the floor, this legislation is the result of a collaborative effort.

Mr. Speaker, I must thank Senator CLAIRE MCCASKILL, who has been a true champion in driving policy to address the opioid crisis and who first proposed applying the JTF model to this epidemic. She has been a true leader on this issue.

I also thank my good friend and longtime colleague on the committee and cosponsor, Congressman PETER KING, who has helped ensure that this effort is a bipartisan one.

Likewise, I owe a debt of gratitude to our ranking member, Mr. THOMPSON, and our chairman, Mr. MCCAUL, who worked with me in turn to make a good idea even better legislation.

Like anything we do, nothing would have been possible without the tireless work of our staff, in particular that of Rosaline Cohen and Alex Carnes with the committee, and Elyssa Malin in my office.

Mr. Speaker, I have said before that the opioid epidemic is incredibly complex. With the number of factors driving this tragic increase in overdoses, there is no silver bullet to this public health emergency. Rather, it demands a whole-of-society approach. This bill will bring that unity of effort to the Department of Homeland Security, so that it can be a more effective partner in turning the tide against opioid abuse.

I hope all of my colleagues will join with me in supporting the creation of this joint task force and support this bill. Again, I thank Chairman DONOVAN, the gentleman from New York, for his words of support and his effort to see that this bill got to the floor in the first place. I hope to see it pass.

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

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

Mr. Speaker, I once again urge my colleagues to support H.R. 5762. I thank my friend from Rhode Island for his leadership on this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. DONOVAN) that the House suspend the rules and pass the bill, H.R. 5762, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SHIELDING PUBLIC SPACES FROM VEHICULAR TERRORISM ACT

Mr. DONOVAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4627) to amend the Homeland Security Act of 2002 to authorize expenditures to combat emerging terrorist threats, including vehicular attacks, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4627

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 ''Shielding Public Spaces from Vehicular Terrorism Act''.

SEC. 2. RESEARCH AND DEVELOPMENT.

The Homeland Security Act of 2002 is amended—

(1) in paragraph (11) of section 302 (6 U.S.C. 182), by inserting ''research and development to combat emerging terrorist threats, such as vehicular attacks, and'' before ''the long-term''; and

(2) in subparagraph (B) of section 308(b)(2) (6 U.S.C. 188(b)(2))—

(A) in the matter preceding clause (i), by striking ''expertise in—'' and inserting ''expertise in the following:'';

(B) by redesignating clause (xiv) as clause (xv); and

(C) by inserting after clause (xiii) the following new clause:

''(xiv) Combatting emerging terrorist threats, including vehicular attacks.''.

SEC. 3. ALLOWABLE USES.

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

(1) in subsection (a)—

(A) by redesignating paragraphs (11) through (14) as paragraphs (12) through (15), respectively; and

(B) by inserting after paragraph (10) the following new paragraph:

''(11) addressing security vulnerabilities of public spaces, including through the installation of bollards and other target hardening activities;''; and

(2) in subsection (b)—

(A) in paragraph (3)(B), by striking ''(a)(10)'' and inserting ''(a)(12)''; and

(B) by adding at the end the folllowing new paragraph:

''(6) FIREARMS.—

''(A) IN GENERAL.—A grant awarded under section 2003 or 2004 may not be used for the provision to any person of a firearm or training in the use of a firearm.

''(B) NO EFFECT ON OTHER LAWS.—Nothing in this paragraph may be construed to preclude or contradict any other provision of law authorizing the provision of firearms or training in the use of firearms.''.

SEC. 4. REPORT.

The Secretary of Homeland Security shall submit to the Committee on Homeland Security of the House of Representatives and the Committee on Homeland Security and Governmental Affairs of the Senate a report on

potential terrorism vulnerabilities relating to emerging automotive technologies that support driverless vehicles and the associated threat such vehicles may pose to people in public spaces. Such report shall also compare any public benefit of such vehicles against any such vulnerabilities and threats.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. DONOVAN) and the gentleman from Rhode Island (Mr. LANGEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. DONOVAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include any extraneous materials on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 4627, the Shielding Public Spaces from Vehicular Terrorism Act. As Secretary Nielsen testified before the Committee on Homeland Security earlier this year, the threats to our Nation from terrorist groups are serious and more dispersed.

□ 1715

As she noted: ''Terrorists are adapting. They are taking an all-of-the-above approach to spreading violence. That includes promoting attacks on soft targets. . . . ''

Rather than solely focusing on recruiting people to join the fight overseas, terrorist organizations, like ISIS, are encouraging extremists to commit terrorist acts in their homeland by any means necessary. In fact, in September 2014, now-deceased ISIS senior leader Abu Mohammed al-Adnani urged those attacks, stating: ''Smash his head with a rock, or slaughter him with a knife, or run him over with your car, or throw him down from a high place, or choke him, or poison him.'' Unfortunately, people are heeding this call.

The Committee on Homeland Security's Terror Threat Snapshot has documented 21 ISIS-linked terror plots against the West using vehicles, 79 using or attempting to build or use explosives, and 56 using a knife or other edged weapon.

We have seen examples of this in the United States as recently as the vehicular attack on a pedestrian pathway in October and the detonated explosive device at a transit station in December, both in my hometown of New York City.

As terror tactics evolve, so must our ability to combat them. That is why I introduced the Shielding Public Spaces from Vehicular Terrorism Act. This bipartisan bill requires the Department of Homeland Security's Science and Technology Directorate to conduct research and development activities to combat emerging terrorist threats, such as vehicular attacks.

The bill also ensures that our Nation's first responders can use vital State Homeland Security Grant Program funding and Urban Areas Security Initiative funding to address the security vulnerabilities of public spaces, such as surface transportation facilities and mass gathering locations.

In this time of increased threats, it is necessary to assess security vulnerabilities, identify and implement the most effective safeguards, and support our first responders to the greatest extent possible in order to protect innocent lives in public spaces.

This bill is supported by the Security Industry Association. Mr. Speaker, I include in the RECORD their letter of support.

SECURITY INDUSTRY ASSOCIATION,
January 31, 2018.

Hon. DAN DONOVAN,
Chairman, House Homeland Security Subcommittee on Emergency Preparedness, Response and Communications, Washington, DC.

Hon. DONALD PAYNE,
Ranking Member, House Homeland Security Subcommittee on Emergency Preparedness, Response and Communications, Washington, DC.

DEAR CHAIRMAN DONOVAN AND RANKING MEMBER PAYNE: On behalf of the Security Industry Association (SIA), I would like to express our strong support for H.R. 4627, the Shielding Public Spaces from Vehicular Terrorism Act, which would assist our communities in addressing this evolving threat. SIA is a non-profit international trade association representing nearly 800 companies that provide security and life safety solutions vital to enhancing public safety.

H.R. 4627 requires the DHS Science and Technology Directorate to engage in research and development activities to address emerging terrorist threats such as vehicular attacks, and stipulates that federal homeland security grants can be used to address ''security vulnerabilities of public spaces, including through the installation of bollards and other target hardening activities.''

Unfortunately, public areas and places where crowds gather for events have become targets for vehicular attacks around the world and recently in New York City and Charlottesville, VA. In addition to purposeful attacks, accidents involving vehicles and buildings or crowded events injure thousands and kill hundreds of Americans every year.

The strategic placement of bollards, traffic control systems and other security barriers in key locations are critical to protecting the public in these locations, and require significant security and engineering expertise to deploy affordably and effectively. As you know, these safety systems saved countless lives in Times Square during an incident on May 18, 2017, stopping a vehicle used in a ramming attack by a drugged driver.

We believe leadership and assistance from DHS is critical as many community leaders responsible for public safety seek to increase these protections. SIA and its members stand ready to serve as a resource to you as you continue work on this critical issue. Thank you for your leadership and attention to this important matter.

Sincerely,

DON ERICKSON,
CEO, Security Industry Association.

Mr. DONOVAN. Mr. Speaker, I urge all Members to join me in supporting the Shielding Public Spaces from Vehicular Terrorism Act, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 4627, the Shielding Public Spaces from Vehicular Terrorism Act.

Mr. Speaker, the tactics and targets of terrorist organizations are ever changing. Most recently, ISIL-inspired groups have called for jihadists to use vehicles to carry out attacks on so-called soft targets like shopping malls, mass transit centers, and other places where people gather.

ISIL has claimed credit for 21 vehicular terrorist attacks in major cities like Berlin, Nice, London, and Barcelona. These attacks have also hit closer to home, including in October 2017 in New York City, when a terrorist used a rented pickup truck to mow down pedestrians on a popular bike path, killing eight and injuring 13.

In light of the elevated terror environment, H.R. 4627 would direct the Department of Homeland Security Science and Technology Directorate to conduct research on emerging and evolving terrorist threats, like vehicular attacks.

The bill would also provide flexibility for homeland security grant funding to be used for securing public spaces through target-hardening activities, including the installation of bollards.

Additionally, I am pleased that the bill includes key language authored by my friend Representative VAL DEMINGS, the gentlewoman from Florida, to codify a current Department practice that prohibits the use of grant funding to purchase firearms or for training on the use of firearms.

Mr. Speaker, I thank the gentleman from New York (Mr. DONOVAN) for his words of support on this bill.

Mr. Speaker, I encourage my colleagues to support H.R. 4627 to help secure our public spaces from emerging terrorist threats, and I reserve the balance of my time.

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

Mr. LANGEVIN. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from Florida (Mrs. DEMINGS).

Mrs. DEMINGS. Mr. Speaker, I thank the gentleman from Rhode Island (Mr. LANGEVIN) for the time.

Mr. Speaker, I rise in support of H.R. 4627.

Mr. Speaker, I thank my colleague, Mr. DONOVAN, for this important legislation, which contains a critical provision to ensure that our antiterrorism funds go to their intended purpose.

Three months ago, we heard rumors of plans to use precious homeland security funding to distribute guns to teachers. I introduced language to block this idea, and I am glad to say that this language has, indeed, been included in H.R. 4627.

As a former law enforcement commander, I was assigned to Orlando International Airport during the 9/11 attacks. I have seen firsthand the vital

need for our antiterrorism funding to be used wisely, carefully, and precisely to prevent terrorist attacks before they occur.

It is essential that our students go to school safely. Arming teachers would be both impractical and immoral. Requiring teachers to stop mass shooters not only shifts our responsibilities as lawmakers to them, but it also shifts the hurt, the pain, the guilt, and, potentially, the liability when they find themselves outskilled and outgunned by a shooter with a weapon of war.

We already, as you all know, ask our overworked and underpaid teachers to do too much. We must find ways to continue to allow them to teach. Let's support them in helping all of our children reach their full potential and continue to work with our law enforcement departments to reduce gun violence.

Our limited homeland security funding should be used to prevent terrorist attacks in our local communities. Therefore, I join my colleagues here on the floor, and I urge all of my colleagues to support H.R. 4627.

Mr. DONOVAN. Mr. Speaker, I have no other speakers, and I, again, reserve the balance of my time.

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

In closing, I once again thank Chairman DONOVAN from the great State of New York for his support of this bill and for his comments, and I thank the gentlewoman from Florida (Mrs. DEMINGS) for her work on this important piece of legislation.

I want to reiterate my support for the Shielding Public Spaces from Vehicular Terrorism Act. Passing this bill will reenforce our commitment to combating emerging and evolving terrorist threats and protecting public spaces.

As the co-chair of the Congressional Cybersecurity Caucus, I am well aware of how technology can dramatically alter our conceptions about homeland security. The advent of more connected devices from pacemakers to power grids has only impacted the attack surface, and the internet makes it possible for these devices to be targeted from anywhere on the globe.

With respect to vehicle attacks, imagine a connected car being hacked to run down pedestrians or an autonomous vehicle's sensors being tricked to not see humans at all. These are the emerging challenges that we face, and it is imperative that we continue to do whatever is necessary to strengthen the capabilities that we depend on to keep all of our citizens safe.

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

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

Mr. Speaker, I want to take a moment to recognize Sarah Jorgenson of my subcommittee staff. This is Sarah's last week with the subcommittee, and I thank her for her work on this bill and for all of her work on the subcommittee to enhance the security and resiliency of our Nation. I wish her the very best in her new role at the Department of the Interior.

Mr. Speaker, I once again urge my colleagues to support H.R. 4627, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. DONOVAN) that the House suspend the rules and pass the bill, H.R. 4627, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 25 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FRANCIS ROONEY of Florida) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

The motion to suspend the rules and pass H.R. 5687;

The motion to suspend the rules and pass H.R. 5676; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

SECURING OPIOIDS AND UNUSED NARCOTICS WITH DELIBERATE DISPOSAL AND PACKAGING ACT OF 2018

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5687) to amend the Federal Food, Drug, and Cosmetic Act to require improved packaging and disposal methods with respect to certain drugs, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 342, nays 13, not voting 72, as follows:

[Roll No. 269]

YEAS—342

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Arrington
Babin
Bacon
Barr
Barragán
Barton
Bass
Bera
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blunt Rochester
Bost
Brady (TX)
Brat
Brooks (IN)
Brown (MD)
Brownley (CA)
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carbajal
Cárdenas
Carson (IN)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Cheney
Chu, Judy
Cicilline
Clarke (NY)
Clay
Cleaver
Coffman
Cohen
Cole
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crist
Crowley
Cuellar
Curbelo (FL)
Curtis
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Engel
Eshoo
Espaillat
Estes (KS)
Esty (CT)
Evans
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gabbard
Gallagher
Gallego
Garamendi
Gianforte
Gomez
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grijalva
Grothman
Guthrie
Hanabusa
Handel
Harper
Harris
Hartzler
Hastings
Heck
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Kaptur
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
LaMalfa
Lamb
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Lesko
Levin
Lewis (GA)
Lewis (MN)
Lieu, Ted
LoBiondo
Lofgren
Long
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Mast
Matsui
McCaul
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
Meadows
Meng
Messer
Mitchell
Moolenaar
Mooney (WV)
Moore
Mullin
Nadler
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Peters
Peterson
Pingree
Pocan
Poliquin
Raskin
Ratcliffe
Reed
Reichert
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Ryan (OH)

Sánchez
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Shea-Porter
Sherman
Shimkus
Shuster
Sinema
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (PA)
Thornberry
Tipton
Titus
Tonko
Torres
Trott
Turner
Upton
Valadao
Vargas
Veasey
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Waters, Maxine
Watson Coleman
Weber (TX)
Welch
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Young (AK)
Young (IA)
Zeldin

NAYS—13

Amash
Biggs
Brooks (AL)
Davidson
Gaetz
Garrett
Gohmert
Labrador
Massie
McClintock
Perry
Poe (TX)
Yoho

NOT VOTING—72

Banks (IN)
Barletta
Beatty
Bergman
Black
Blackburn
Blum
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Buchanan
Butterfield
Capuano
Carter (GA)
Clark (MA)
Clyburn
Collins (GA)
Crawford
Culberson
Cummings
Davis, Danny
Ellison
Foster
Frankel (FL)
Fudge
Gibbs
Gonzalez (TX)
Graves (MO)
Green, Al
Green, Gene
Gutiérrez
Hensarling
Herrera Beutler
Issa
Joyce (OH)
Katko
Keating
Kelly (IL)
LaHood
Lipinski
Loebsack
Loudermilk
Lynch
McCarthy
McSally
Meeks
Moulton
Murphy (FL)
Napolitano
Neal
Norman
Pittenger
Polis
Posey
Price (NC)
Quigley
Renacci
Rice (NY)
Ross
Sanford
Schrader
Sewell (AL)
Simpson
Stivers
Thompson (MS)
Tsongas
Vela
Walz
Wasserman Schultz
Webster (FL)
Wilson (FL)

□ 1857

Messrs. DAVIDSON, YOHO, and POE of Texas changed their vote from ''yea'' to ''nay.''

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. CARTER of Georgia. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "Yea" on rollcall No. 269.

STOP EXCESSIVE NARCOTICS IN OUR RETIREMENT COMMUNITIES PROTECTION ACT OF 2018

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5676) to amend title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA-PD plans pending investigations of credible allegations of fraud by pharmacies, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 356, nays 3, not voting 68, as follows:

[Roll No. 270]

YEAS—356

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Arrington
Babin
Bacon
Barr
Barragán
Barton
Bass
Bera
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Blunt Rochester
Bost
Brady (TX)
Brat
Brooks (IN)
Brown (MD)
Brownley (CA)
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Cheney
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Coffman
Cohen
Cole
Collins (NY)
Comer
Comstock
Conaway
Connolly
Cook
Cooper
Correa
Costa
Costello (PA)
Courtney
Cramer
Crist
Crowley
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis (CA)
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
Denham
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Donovan
Doyle, Michael F.
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Engel
Eshoo
Espaillat
Estes (KS)
Esty (CT)
Evans
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gabbard
Gaetz
Gallagher
Gallego
Garamendi
Garrett
Gianforte
Gohmert
Gomez
Goodlatte
Gosar
Gottheimer
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grijalva
Grothman
Guthrie
Hanabusa
Handel
Harper
Harris
Hartzler
Hastings
Heck
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Higgins (NY)
Hill
Himes
Holding
Hollingsworth
Hoyer
Hudson
Huffman
Huizenga
Hultgren
Hunter
Hurd
Jackson Lee
Jayapal
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jones
Jordan
Kaptur
Kelly (MS)
Kelly (PA)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaMalfa
Lamb
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lawson (FL)
Lee
Lesko
Levin
Lewis (GA)
Lewis (MN)
LoBiondo
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Marino
Marshall
Mast
Matsui
McCaul
McClintock
McCollum
McEachin
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
Meadows
Meng
Messer
Mitchell
Mooney (WV)
Moore
Moulton
Mullin
Nadler
Newhouse
Noem
Nolan
Norcross
Nunes
O'Halleran
O'Rourke
Olson
Palazzo
Pallone
Palmer
Panetta
Pascrell
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pocan
Poe (TX)
Poliquin
Raskin
Ratcliffe
Reed
Reichert
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Rothfus
Rouzer
Roybal-Allard
Royce (CA)
Ruiz
Ruppersberger
Rush
Russell
Rutherford
Ryan (OH)
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Shea-Porter
Sherman
Shimkus
Shuster
Sinema
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Smucker
Soto
Speier
Stefanik
Stewart
Suozzi
Swalwell (CA)
Takano
Taylor
Tenney
Thompson (CA)
Thompson (PA)
Thornberry
Tipton
Titus
Tonko
Torres
Trott
Turner
Upton
Valadao
Vargas
Veasey
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Waters, Maxine
Watson Coleman
Weber (TX)
Welch
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

NAYS—3

Amash
Brooks (AL)
Massie

NOT VOTING—68

Banks (IN)
Barletta
Beatty
Bergman
Black
Blackburn
Blum
Blumenauer
Bonamici
Boyle, Brendan F.
Brady (PA)
Buchanan
Butterfield
Capuano
Clyburn
Collins (GA)
Crawford
Cummings
Davis, Danny
Ellison
Foster
Frankel (FL)
Fudge
Gibbs
Gonzalez (TX)
Graves (MO)
Green, Al
Green, Gene
Gutiérrez
Hensarling
Issa
Joyce (OH)
Katko
Keating
Kelly (IL)
LaHood
Lieu, Ted
Lipinski
Loebsack
McCarthy
McSally
Meeks
Moolenaar
Murphy (FL)
Napolitano
Neal
Norman
Pittenger
Polis
Posey
Price (NC)
Quigley
Renacci
Rice (NY)
Ross
Sánchez
Sanford
Schrader
Sewell (AL)
Simpson
Stivers
Thompson (MS)
Tsongas
Vela
Walz
Wasserman Schultz
Webster (FL)
Wilson (FL)

□ 1905

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. MOOLENAAR. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 270.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

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

Mr. GUTHRIE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 195, nays 152, answered ''present'' 1, not voting 79, as follows:

[Roll No. 271]

YEAS—195

Abraham
Aderholt
Allen
Amodei
Arrington
Bacon
Barr
Barton
Biggs
Bilirakis
Bishop (UT)
Blumenauer
Blunt Rochester
Brady (TX)
Brat
Brooks (IN)
Brown (MD)
Brownley (CA)
Bucshon
Budd
Bustos
Byrne
Calvert
Carter (TX)
Cartwright
Chabot
Cheney
Chu, Judy
Cicilline
Clay
Cohen
Cole
Collins (NY)
Comstock
Cook
Cooper
Costello (PA)
Courtney
Cramer
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
DeFazio
DeGette
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Donovan
Duffy
Duncan (TN)
Engel
Eshoo
Estes (KS)
Evans
Ferguson
Fleischmann
Fortenberry
Frelinghuysen
Garamendi
Gianforte
Goodlatte
Gowdy
Granger
Griffith
Guthrie
Handel
Harper
Harris
Hartzler
Heck
Higgins (LA)
Higgins (NY)
Himes
Hollingsworth
Huffman
Hultgren
Hunter
Jeffries
Johnson (GA)
Johnson (LA)
Johnson, Sam
Jones
Kaptur
Kelly (MS)
Kelly (PA)
Kennedy
Kildee
King (IA)
King (NY)
Knight
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
Labrador
LaMalfa
Lamb
Lamborn
Larson (CT)
Lesko
Lewis (MN)
Long
Loudermilk
Love
Lowey
Lucas
Luetkemeyer
Lujan Grisham, M.
Luján, Ben Ray
Marino
Marshall
Massie
McCaul
McClintock
McCollum
McEachin
McHenry
McMorris Rodgers
McNerney
Meadows
Meng
Mitchell
Moolenaar
Mooney (WV)
Moulton
Mullin
Nadler
Newhouse
Noem
Nunes
O'Rourke
Olson
Panetta
Pascrell
Pelosi
Perlmutter
Peters
Pingree
Pocan
Reichert
Rice (SC)
Richmond
Roby
Roe (TN)
Rogers (KY)
Rohrabacher
Rooney, Francis
Rooney, Thomas J.
Rothfus
Royce (CA)
Ruppersberger
Russell
Rutherford
Scalise
Schiff
Schneider
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Sessions
Shea-Porter
Sherman
Shimkus
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (WA)
Smucker
Speier
Stefanik
Stewart
Takano
Thornberry
Titus
Torres
Trott
Wagner
Walker
Walorski
Walters, Mimi
Welch
Wenstrup
Westerman
Williams
Wilson (SC)
Womack
Yarmuth
Young (IA)

NAYS—152

Adams
Aguilar
Amash
Babin
Barragán
Bass
Bera
Bishop (GA)
Bishop (MI)
Bost
Brooks (AL)
Buck
Burgess
Carbajal
Cárdenas
Carson (IN)
Carter (GA)
Castor (FL)
Castro (TX)
Clark (MA)
Clarke (NY)
Cleaver
Coffman
Comer
Conaway
Connolly
Correa
Costa
Crist
Crowley
Delaney
Denham
DesJarlais
Diaz-Balart
Doyle, Michael F.
Duncan (SC)
Emmer
Espaillat
Esty (CT)
Faso
Fitzpatrick
Flores
Foxx
Gaetz
Gallagher
Gallego
Garrett
Gohmert
Gomez
Gosar
Gottheimer
Graves (GA)
Grothman
Hanabusa
Hastings
Herrera Beutler
Hice, Jody B.
Hill
Hoyer
Hudson
Huizenga
Hurd
Jackson Lee
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, E. B.
Jordan
Khanna
Kihuen
Kilmer
Kind
Kinzinger
Lance
Larsen (WA)
Latta
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
LoBiondo
Lofgren
Lowenthal
Lynch
MacArthur
Maloney, Carolyn B.
Maloney, Sean
Marchant
Mast
Matsui
McGovern
McKinley
Moore
Nolan
Norcross
O'Halleran
Palazzo
Pallone
Palmer
Paulsen
Payne
Pearce
Perry
Peterson
Poe (TX)
Poliquin
Raskin
Ratcliffe
Reed
Rogers (AL)
Rokita
Ros-Lehtinen
Rosen
Roskam
Rouzer
Roybal-Allard
Ruiz
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Serrano
Sinema
Sires
Soto
Suozzi
Swalwell (CA)
Taylor
Tenney
Thompson (CA)
Thompson (PA)
Tipton
Turner
Upton
Valadao
Vargas
Veasey
Velázquez
Visclosky
Walberg
Walden
Watson Coleman
Weber (TX)
Wittman
Woodall
Yoder
Yoho
Young (AK)
Zeldin

ANSWERED ''PRESENT''—1

Tonko

NOT VOTING—79

Banks (IN)
Barletta
Beatty
Bergman
Beyer
Black
Blackburn
Blum
Bonamici
Boyle, Brendan F.
Brady (PA)
Buchanan
Butterfield
Capuano
Clyburn
Collins (GA)
Crawford
Cummings
Davis (CA)
Davis, Danny
DeLauro
DeSantis
Dunn
Ellison
Foster
Frankel (FL)
Fudge
Gabbard
Gibbs
Gonzalez (TX)
Graves (LA)
Graves (MO)
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hensarling
Holding
Issa
Jayapal
Joyce (OH)
Katko
Keating
Kelly (IL)
LaHood
Langevin
Lipinski
Loebsack
McCarthy
McSally
Meeks
Messer
Murphy (FL)
Napolitano
Neal
Norman
Pittenger
Polis
Posey
Price (NC)
Quigley
Renacci
Rice (NY)
Ross
Sanford
Schrader
Sewell (AL)
Shuster
Simpson
Smith (TX)
Stivers
Thompson (MS)
Tsongas
Vela
Walz
Wasserman Schultz
Waters, Maxine
Webster (FL)
Wilson (FL)

□ 1914

So the Journal was approved.

The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

Mr. MCCARTHY. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted ''Yea'' on rollcall No. 269, ''Yea'' on rollcall No. 270, and ''Yea'' on rollcall No. 271.

PERSONAL EXPLANATION

Mr. BANKS of Indiana. Mr. Speaker, due to inclement weather on June 19, 2018, my flight into Washington, DC, was delayed and caused my absence during the vote series that began at 6:30 p.m. Had I been present, I would have voted ''Yea'' on rollcall No. 269, ''Yea'' on rollcall No. 270, and ''Yea'' on rollcall No. 271.

PERSONAL EXPLANATION

Mr. POSEY. Mr. Speaker, my return flight to Washington, DC was delayed due to inclement weather, and I was unable to attend the legislative session on June 19, 2018. Had I been present, I would have voted ''Yea'' on rollcall No. 269, ''Yea'' on rollcall No. 270, and ''Yea'' on rollcall No. 271.

REPORT ON H.R. 6147, DEPARTMENT OF THE INTERIOR, ENVIRONMENT, AND RELATED AGENCIES APPROPRIATIONS ACT, 2019

Mr. CALVERT, from the Committee on Appropriations, submitted a privileged report (Rept. No. 115–765) on the bill (H.R. 6147) making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2019, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore (Mr. FASO). Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

HOUR OF MEETING ON TOMORROW

Mr. CALVERT. Mr. Speaker, pursuant to clause 4 of rule XVI, I move that when the House adjourns today, it adjourn to meet at 9 a.m. tomorrow for morning-hour debate and 10 a.m. for legislative business.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California.

The motion was agreed to.

NATIONAL PTSD AWARENESS MONTH

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, during the month of June, we raise awareness for those suffering from post-traumatic stress disorder.

After a trauma or a life-threatening event, it is common to have reactions, such as upsetting memories, increased jumpiness, or trouble sleeping. If these reactions do not go away or if they get worse, you might suffer from PTSD.

There are organizations and resources that can help both individuals and professionals discover ways to identify and to manage PTSD symptoms and explore effective treatments.

PTSD is especially prevalent for those who have served in the military, affecting nearly 30 percent of Vietnam veterans and up to 20 percent of veterans who served during the global war on terror.

A nonservicemember may be exposed to a single trauma—for example, a car accident—that can also cause PTSD.

Mr. Speaker, before I came to Congress, I worked as a rehabilitation therapist, and I have seen incredible strides that people with injuries can make with access to appropriate rehabilitation.

I applaud all of the organizations that raise awareness about this important issue during June. There is help and support for those who have PTSD.

FAMILY SEPARATION

(Mr. LANGEVIN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANGEVIN. Mr. Speaker, this very minute, terrified children are crying in cages, put there by our government at our Nation's borders. Innocent babies, taken from their mothers and fathers, are being held hostage by the President. This is wrong, Mr. Speaker. I never thought I would witness such cruelty in our country.

President Trump could stop this with a phone call, and congressional Republicans could end it with a vote. Their inaction is despicable, and it speaks volumes.

Mr. Speaker, I love this country, but today I am ashamed. I am sickened by the heartlessness of this administration.

These families are refugees fleeing violence, hoping simply to survive. How can we tear them apart and put them in actual cages?

Mr. Speaker, mark my words: This is a turning point in our Nation's history. We must decide what kind of country we want to be, what kind of people we want to be, and what we stand for as a nation.

I am proud to cosponsor the Keep Families Together Act to end this policy and turn the page on one of the saddest chapters in American history.

Mr. Speaker, this isn't over by a long shot.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

THE SULTAN OF TURKEY HAS GONE ROGUE

(Mr. POE of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POE of Texas. Mr. Speaker, Turkish President Erdogan will stop at nothing to spread instability and chaos across the globe. He is funding mosques around the world as a means of supporting Islamic extremism.

These mosques are helping to indoctrinate an increasing number of radicals. These are the very same radicals who have gone on to commit terror attacks in other countries, like France, Belgium, and elsewhere.

In an effort to keep their citizens safe from terrorists, Austria has begun to fight back. Austria closed seven Turkish-funded mosques and expelled several dozen imams from their country because they are a national security risk. This is just the first step in putting the brakes on the new Ottoman Sultan: Erdogan.

Unfortunately, Erdogan has already turned his own country into a full-blown Islamist state. Now he is trying to radicalize other nations by supporting clandestine insurgent extremists. The Sultan of Turkey has gone rogue.

The United States should not sell new F–35s to this dictator until he changes his ways.

And that is just the way it is.

FAMILY SEPARATION

(Mr. KRISHNAMOORTHI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KRISHNAMOORTHI. Mr. Speaker, this past weekend, my family and I spent a wonderful Sunday celebrating Father's Day, just like millions of other families across our country.

During our time together, I couldn't help thinking about the thousands of children who are unable to do the same because they have been separated from their own fathers and mothers by agents of our government. They are scared, they are lonely, and they are confused.

I am horrified by these actions, and I am determined to fight with my colleagues to end this cruel policy. It is our moral obligation to reunite these families, and it is imperative that we make sure this never happens again.

Fifty years from now, how will history judge those more committed to justifying this policy than ending it? We as a nation are better than this, and I urge my colleagues on both sides of the aisle to do what is right and end this policy of separating children from their parents.

CELEBRATING JUNETEENTH

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Mr. Speaker, today is Juneteenth, a day to celebrate the end of slavery in the United States.

The destructive history of slavery in this country flows through the fabric of our social conscience, but much more so during the month of June.

On June 19, 1865—hence, the name Juneteenth—the Union Army took control over Texas. It is on that date, 2½ years after the fact, when slaves in Texas learned about the Emancipation Proclamation. That is how dominant the institution of slavery was. Slave owners were able to keep freedom a secret for 2½ years.

The end of slavery didn't mean freedom came overnight. It took a cultural transformation and the course of a hundred years before African Americans could even vote. And the effects of slavery continue still today.

On Juneteenth, we celebrate the end of slavery and aspire to be fully free.

COMMEMORATING JUNETEENTH

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, I, too, rise to commemorate Juneteenth, as a Texan and one who acknowledges that it was my State, 153 years ago, June 19, 1865, where General Gordon Granger rode into Galveston, Texas, and announced the freedom of the last American slaves, belatedly freeing 250,000 slaves in Texas nearly 2½ years after Abraham Lincoln signed the Emancipation Proclamation.

Having spent 2 days at the border, I know that there are 2,000 children who have been separated from their families who are seeking freedom. I rise today in honor of Juneteenth because it was and is a living symbol of freedom for people who did not have it.

Today, I introduced H. Res. 948, the annual congressional resolution commemorating Juneteenth Independence Day, which is cosponsored by more than 50 of my colleagues. Juneteenth remains the oldest known celebration of slavery's demise.

Mr. Speaker, it is clear that we need to be able to honor the issue of freedom, so I conclude by saying that the Reverend Dr. Martin Luther King, Jr., once said, ''Freedom is never free,'' and African American labor leader A. Phillip Randolph often said, ''Freedom is never given; it is won.''

We must win the freedom for these children, 2,000, who have been separated from their families.

Mr. Speaker, 153 years ago, on June 19, 1865, General Gordon Granger rode into Galveston, Texas and announced the freedom of the last American slaves; belatedly freeing 250,000 slaves in Texas nearly two and a half years after Abraham Lincoln signed the Emancipation Proclamation.

Juneteenth was first celebrated in the Texas state capital in 1867 under the direction of the Freedmen's Bureau.

Juneteenth was and is a living symbol of freedom for people who did not have it.

Today, I introduced H. Res. 948, the annual congressional resolution commemorating Juneteenth Independence Day, which is cosponsored by more than 50 of my colleagues.

Juneteenth remains the oldest known celebration of slavery's demise.

It commemorates freedom while acknowledging the sacrifices and contributions made by courageous African Americans towards making our great nation the more conscious and accepting country that it has become.

It was only after that day in 1865 when General Granger rode into Galveston, Texas, on the heels of the most devastating conflict in our country's history, in the aftermath of a civil war that pitted brother against brother, neighbor against neighbor and threatened to tear the fabric of our union apart forever that America truly became the land of the free and the home of the brave.

The Rev. Dr. Martin Luther King Jr. once said, ''Freedom is never free,'' and African American labor leader A. Phillip Randolph often said ''Freedom is never given. It is won.''

Truer words were never spoken.

We should all recognize the power and the ironic truth of those statements and we should pause to remember the enormous price paid by all Americans in our country's quest to realize its promise.

Juneteenth honors the end of the 400 years of suffering African Americans endured under slavery and celebrates the legacy of perseverance that has become the hallmark of the African American experience in the struggle for equality.

In recent years, a number of National Juneteenth Organizations have arisen to take their place alongside older organizations—all with the mission to promote and cultivate knowledge and appreciation of African American history and culture.

Juneteenth celebrates African American freedom while encouraging self-development and respect for all cultures.

But it must always remain a reminder to us all that liberty and freedom are precious birthrights of all Americans which must be jealously guarded and preserved for future generations.

As it takes on a more national and even global perspective, the events of 1865 in Texas are not forgotten, for all of the roots tie back to this fertile soil from which a national day of pride is growing.

FAMILY SEPARATION

(Ms. ROSEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROSEN. Mr. Speaker, the images we are seeing of children crying alone, calling out for their mothers and fathers, is absolutely heart-wrenching.

Right now, innocent children are being detained at our border, and they are going through unthinkable and life-altering trauma as a result of the Trump administration's cruel decision to separate migrant families.

Let me be crystal clear: There is no law requiring border agents to separate migrant children from their parents, yet this administration has chosen to implement this horrendous policy and deliberately ignore public outcry by refusing to put an end to this madness. They are playing political games instead of doing what is right and true to our American values.

This heartless and inhumane behavior should not have to require action from Congress to be changed. But with the President pledging to continue his heartless policy, we are compelled to act. That is why I am helping introduce legislation that puts an end to this despicable policy and keeps families together, which I urge all of my colleagues on both sides of the aisle to support.

HONORING THE LIFE OF BAILEY SCHWEITZER

(Mr. KIHUEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIHUEN. Mr. Speaker, today, I rise to remember the life of Bailey Schweitzer.

Bailey was a kid at heart who loved playing around at her father's speedway racetrack in Bakersfield, California.

Bailey was at the Route 91 Harvest festival on October 1 in Las Vegas, attending the concert with her mother and other friends. She had a smile that could light up the room and was capable of making everyone laugh.

Bailey was a natural born leader and an amazing aunt to her brother Dakota's two kids. Bailey is remembered as being a master at being friends to everyday people and to everyone she met.

Mr. Speaker, I extend my condolences to Bailey Schweitzer's family and friends. Please know that the city of Las Vegas, the State of Nevada, and the whole country grieve with you.

FAMILY SEPARATION

(Mr. CORREA asked and was given permission to address the House for 1 minute.)

Mr. CORREA. Mr. Speaker, in late May of this year, a 5-year-old boy named Jose and his father arrived in El Paso, Texas. Together, they had braved the dangerous trek from Honduras to the United States in search of freedom from gang violence, poverty, and hardship.

They came as asylum seekers and put themselves at the mercy of American laws. Instead, they were treated like criminals.

They journeyed across the continent for a life free of violence and a life free of crime. It is a human right enshrined in international law.

When Jose arrived at the border, he was ripped away from his father and detained. Neither one of them were told when, or if, they would see each other again.

Jose was assigned to a host family he had never met, taken to a house he had never lived in, and was treated like a prisoner in the land of freedom.

According to his host family, every night he placed a handwritten picture of his family under his pillow, holding out hope that they would someday be reunited.

This is the picture that he drew.

This is immoral, illegal, and an un-American practice that will not go unchallenged.

□ 1930

THE WORLD IS WATCHING

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SHEA-PORTER. Mr. Speaker, America is looking on, indeed the world is looking on with horror as they see pictures of children in cages.

First it was denied. They were saying, No, we weren't separating families. Then they said, Well, we are not putting them in cages.

And now America and the world sees the truth. And it is up to the President. He could change this tonight if he wanted to. I think we have to ask ourselves: Why won't he? Why won't this Congress do something?

The world is watching. We are losing our moral authority as we speak. I beg the President and the Speaker of the House and others in this Congress to stop this now.

WHAT HAS AMERICA BECOME?

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, America, my colleagues, Democrat and Republican, this young girl needs our help. She is crying out for her parents. She needs our help. She needs our help now. She is crying for her mother and her father, who have been taken from her.

This is the picture of America today. This is a picture of our values as Americans. 350 million of us are responsible for this young girl crying for her mother and her father, who have been taken from her.

They came to America, her mother came to America because she feared that in her home country, they would be harmed. They came to America seeking life. This young girl is crying out for our help, and she is not alone.

She is joined by this young girl, who has been separated from her parents, and she is alone in a building foreign to her. She is crying out to America for our basic humanity, for our basic morality, and she is not alone.

She is not alone, and neither are these young children in a cage in America.

What have we become? What has America become that we would take children and their parents who have come here seeking refuge, we take the parents away and we put the children in a cage? What has America become that we would allow this to happen?

Whatever the reason is for their arrival at our border, we know this about them: they came here seeking the very best of America, the promise of this country, and we put them in a cage.

What has America become that we would allow this to happen, that the man in the highest office of this Nation would make it the policy of America to cage children; that the man who occupies the highest office in this land would make it the policy of this Nation, a Nation whose reputation was one of humanity, of concern, and fundamental morality, that the man who occupies the highest office in this land would put in place policies that would make this young girl cry for her parents?

Is this the America that we want? Is this the America that we have come to be? Is this the America who has lost its moral compass, who believes that you could take this young girl or these young men and women, these children, and hold them hostage?

The ransom is a border wall. Is that where we are as Americans that the

price for a border wall is this? Is that where we are as Americans? Is that what we have become?

We can't debate here on the justice or the value of a policy without taking a young child away from its parents and putting them in a cage so that we could somehow use them as ransom for a public policy.

This is not America. This is not what we should expect from the man who occupies the highest office in this land.

Have no doubt about it: this is not about a law. This is about a policy directed from the White House that says a person crossing into this country, whatever their reason; asylum seekers trying to get away from the horrors of the country from which they came, coming to America seeking the benefit of this great country, that they are a criminal and therefore must be separated from their children. Something is terribly, terribly wrong here.

In America, we need to cry out, just as these children are crying out, just as this young girl is crying out. We need to cry out in moral outrage and say to the President, Stop it. Stop it now. It is wrong. It is immoral. And it is un-American. Stop it.

One phone call is all it takes. Change the policy.

There is much to be said. We could talk about the laws, we could talk about how we could change it, we could talk about border control, we could talk about walls, we could talk about new judges, we could talk about lawyers, but at the bottom of this issue is a common issue of morality.

Back away for a moment. Think about your childhood. Think about that moment when you had your mother's hand and you were 4 years old and you were walking in the mall. Think back to your childhood and think of that moment, and there is probably not a one of us who hasn't experienced this, when that hand wasn't there, and we looked around in panic, and we had lost our mother and we were alone and we were in a strange place. Is there one of us anywhere that at some moment in our early life reached out and mother's hand was not there?

Mr. President, your policies did that to this young woman and 2,300 others, crying out for their mother.

This is not American. This is not right. It is immoral and it is un-American at its very heart and its very foundation.

Mr. Speaker, joining me tonight are some of my colleagues who share the same concern. My colleague from the district next to me has joined me.

Mr. Speaker, I yield to the gentleman from California (Mr. MCNERNEY).

Mr. MCNERNEY. Mr. Speaker, I thank the gentleman for yielding. He is a neighbor and a friend and a colleague, and I appreciate his passion tonight, and I think I am going to share that a little bit.

Mr. Speaker, I normally focus on policy. I came here to try to get things done for the people who sent me here to Washington.

You know, I don't bark every time this President sends out an outrageous tweet or makes a ridiculous statement. But when something happens that is absolutely despicable, I am morally obligated to call the President out and hold him publicly accountable for his actions.

Ordering young children to be separated from their parents in order to send a message and then blaming Democrats for the situation, this rises to the level of complete immoral behavior.

Desperate families come to this country fleeing for their very lives. Our history has been to give them shelter.

My wife's grandfather came from Mexico as a political refugee when he and his family were marked for death. America gave him refuge and he was able to bring his two-year-old daughter, my mother-in-law, to safety.

□ 1945

I built a life and raised a family here. Now I have children and grandchildren of my own. What would it be like to have them torn from my arms if I tried to provide them safety?

The American Conference of Catholic Bishops is very clear. It is immoral, and it is wrong. There is no greater moral obligation that we have than to care for the children of this world. Clearly, ripping children from the arms of their parents is completely unacceptable.

This President is too much of a coward to take responsibility for his actions. The President has power to stop this abhorrent policy right now. We, in Congress, will fight to keep families together.

The SPEAKER pro tempore. The gentleman will suspend.

Members are reminded not to engage in personalities toward the President.

Mr. GARAMENDI. Mr. Speaker, I yield to the gentleman from Texas (Mr. CASTRO).

Mr. CASTRO of Texas. Mr. Speaker, I thank Congressman GARAMENDI for his passion and his profound words on this very difficult subject, not only for Members of the United States Congress, but also for many Americans across the country.

I had an opportunity yesterday, along with several other Members of Congress, including BENNIE THOMPSON, the ranking Democratic Member on the Homeland Security Committee; SHEILA JACKSON LEE; FREDERICA WILSON; BEN RAY LUJÁN; and FILEMON VELA, to visit two sites where these young kids are being kept in the Rio Grande Valley in Texas—one of them, Casa Padre; the other one, Casa Presidente.

When we were there, I and a few other Members of Congress met two young children who were being held without their parents. They were separated from their parents.

One of them was named Roger, an 8-month-old boy—8 months old. The administrators told us that his mother is actually deceased, and they believe that he had come to the country with his sister, but she was nowhere to be found.

The other was a young girl named Leah. She was 1 year old, and she was separated from her parents.

These are among the youngest victims of this brutal policy of President Trump in separating young children from their parents.

Most Americans believe that we can enforce our immigration laws and still respect human dignity and human rights. But in going down the road that this President has taken us, he is taking us down a road where we are losing our own humanity. He is taking us down a road that is reminiscent of the worst episodes and moral failures in the country's history, the things that, as Americans, we deeply regret.

Also, we have been asked by many Americans over the last few weeks in particular a common question as Members of Congress: ''What are you doing to stop this?'' We are pushing legislation. We are out on the streets. We are organizing rallies. We are doing every single thing that we can to change this, to end it.

I want to say thank you to my colleagues that were with me yesterday. Thank you also to NANCY PELOSI and the members of the Congressional Hispanic Caucus who visited San Diego; to BETO O'ROURKE and JOE KENNEDY, who were in Tonillo near the tent cities, near El Paso; to FRANK PALLONE, HAKEEM JEFFRIES, and JERRY NADLER who were out in the New York-New Jersey area; and DEBBIE WASSERMAN SCHULTZ and others who were in Florida.

Thank you to the folks in the Senate who also made a trip to McAllen, and to Senator MERKLEY, without whose help and support a few weeks ago in Brownsville, this issue would not nearly have had the same amount of attention.

This year marks 50 years since we lost two titans in American history, Martin Luther King, Jr., and Robert F. Kennedy. Fifty-two years ago, in a famous speech that he gave in South Africa on their Day of Affirmation, Senator Robert F. Kennedy said back then: ''Moral courage is a rarer commodity than bravery in battle or great intelligence. Yet it is the one essential, vital quality for those who seek to change a world that yields most painfully to change.''

What we are asking is for this Congress to have the moral courage to listen to the American people and do right by these immigrants.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman for his comments and would ask him a question. The gentleman said he visited one of the shelters, and there were babies, babies a few months old.

Mr. CASTRO of Texas. Yes, we went into the shelter, and we visited two of them. At one of them, there were about four or five infants. They had something called an infants room. At least

two of those infants—one of them 8 months named Roger, the other one a year old named Leah—had been separated from their family members. They were being taken care of by staff.

But it was jarring to go into a room, to see young babies, and to realize that their parents or their family members were nowhere to be found, and that this is now standard government practice under the Trump administration.

Mr. GARAMENDI. So any age, literally, 4-, 5-, 6-month-old babies taken from their mothers?

Mr. CASTRO of Texas. Absolutely. In fact, when we went into the second center, we asked them: ''Well, who is held here?'' And the administrator said: ''Children between zero and 12 years, and the youngest one we have right now is 8 months.''

Mr. GARAMENDI. There is something incredibly immoral. I thank the gentleman for traveling to bring the reality back to the House of Representatives. It is really important, and I thank him very much for doing that.

Mr. Speaker, I thank the gentleman from New Jersey for joining us this evening. I yield to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, I thank Mr. GARAMENDI, once again, for stepping out and giving Members such as myself the opportunity to express our outrage at what is going on in this great Nation of ours. The gentleman has given me several opportunities to speak on issues pertaining to this country that are at the core of decisions and issues that we need to address, and his passion tonight is warranted.

Let me say, never in my life did I think that I would be on the floor of the United States House of Representatives calling for the President of the United States to stop tearing children away from their parents. Yet here I am.

Perhaps it is fitting that today is Juneteenth, a holiday to commemorate the end of slavery in the United States. Juneteenth is also a stark reminder that our country has a dark history of ripping children away from their parents.

African Americans know all too well that laws and policies can be twisted to evil ends. We know all too well the pain of having our children torn away from us and our families separated. It was a common event during slavery. We know all too well that state-sponsored psychological terror can have lasting effects on generations.

What is going on at our south border is evil. It is a deplorable policy by deplorable people, and it has to stop.

The president of the American Academy of Pediatrics has explained that the practice of ripping children away from their parents at the border is child abuse. Let me emphasize, one of the country's leading pediatricians has said that the United States is engaging in horrible actions that ''disrupt the synapses and the neurological connections that are part of the developing brain'' of these immigrant babies.

Who are we as a nation?

Now, I have heard pundits defending evil by saying that the Trump administration is just following the law, just applying the law. I have heard other pundits wrongly say migrant parents are breaking the law and deserve to have their children taken away.

Attorney General Jeff Beauregard Sessions even trotted out the Bible to defend the family-separation policy, quoting a passage that says ''to obey the laws of the government because God has ordained the government for his purposes.''

That is the same scripture that they used for slave-owners against their slaves, to defend their practice of holding human beings in bondage.

So let me answer Attorney General Beauregard Sessions and the Trump administration's goons: Legal does not mean moral.

Slavery was legal, but it was immoral. Jim Crow was legal, but it was immoral. Forced sterilization was legal, but it was immoral. Apartheid was legal, but it was immoral. Tearing children away from their parents at the border may be legal, but it is immoral.

The President could end this evil with one tweet. Congress can end it with a vote. Let us hope that reasonable people steer the ship of the state onto the right course before the seas of despair consume us all.

Mr. Speaker, I say to the gentleman from California, let me just say that, as I thought about this, the gentleman has been in this body much longer than I and has seen people come and go, great people on both sides of the aisle that the gentleman has worked with. Well, let me just say, what has happened? What has happened to that side of the aisle? What is going on with our colleagues on the other side of the aisle that they do not speak up? They all have children.

I would die for my triplets getting here if I was in a position where I thought that my life and my children's lives were in danger where I was. You had better believe I would come up here and try to get into this Nation. We would all do that for our children.

Yet these people are criminals? It baffles the mind.

I know that time is fleeting, but I have seen the GOP come up with a new nonprofit through this whole endeavor. They have created a new nonprofit, sir. It is called ''Cage the Children.''

Mr. GARAMENDI. Mr. Speaker, the gentleman speaks about the laws and about the potential, and every member of the Democratic Caucus has now signed on to be a coauthor of the legislation, Keep the Families Together Act. It would end immediately the separation of families that has now taken 2,300 children away from their parents.

Mr. Speaker, joining us tonight is the Representative from the city of Las Vegas, Nevada. I thank him for joining us and yield to the gentleman from Nevada (Mr. KIHUEN).

Mr. KIHUEN. Mr. Speaker, I thank the gentleman from California (Mr. GARAMENDI) for organizing this hour to discuss a humanitarian issue that we are confronted with right now here in the United States of America. I thank him for his leadership.

Mr. Speaker, I just came back from the border this morning, and I am heartbroken. I am emotionally drained, and I am saddened for this country, the United States of America. Who would have ever thought, in the greatest, most powerful, richest country in the world, that we would be tearing kids apart from their mother and their father and putting them in cages?

□ 2000

That is not the America that I know. I came to this country when I was 8 years old. I crossed that same border that I visited. My parents came here in pursuit of the American Dream. They came here because they knew if they worked hard and sacrificed that they would have a shot at the American Dream.

That is all these kids and these families want, and just being there at the border and looking at those mothers straight in the eyes and them looking back at you with watery eyes, asking for help, this is not a Republican or Democrat issue. This is a humanitarian issue. This is about the future of America. This is about humanity. This is about kids. And it hurts me to see that in the United States of America we are putting these same kids in cages.

We made a call to the President to rescind this zero tolerance policy because we want to keep these families together. These are not criminals. These are innocent families who are leaving persecution, who are trying to achieve a better life for their kids.

Any family, any parent in the country or anywhere else seeking a better life for their kids would do everything and anything to pursue a better life for their kids.

So I am disappointed in our President. I am disappointed in my colleagues who refuse to speak up when we are seeing these images on TV of children in cages being treated like animals. That is not the America that I know. That is not the America that gave me and my family an opportunity to succeed.

So, Mr. Speaker, I got emotional yesterday being there at the border and remembering very vividly those moments when my family crossed the border. I remember it as if it was just yesterday. And I couldn't help but think that if somebody were to take me away from my father and mother at that precise moment, what would I do? Who would I trust? Where would I go? I couldn't even speak a word of English. I was 8 years old. I needed that love and those hugs from my mother and my father.

So today I came back and I made a promise that I would fight for these

families, that I would fight for these kids, that I would fight for the future of America; the principles and the values that make this country strong. That is the reason why I ran for office in the first place. That is the reason why we are serving in office in the first place.

So I am here to call on the President to rescind the zero tolerance policy that is cruel, inhumane, and un-American.

Mr. GARAMENDI. Mr. KIHUEN, I don't want you to stop. I want you to stay strong. I want your voice to be heard. I want your experiences to be known.

Eight years old, coming to America with your parents. In this room, there are very few who would share such an experience, who could understand first the excitement of being in America, and then the potential terror of being taken from your parents.

I want you to make your voice heard because it is the voice of experience. It is the voice of a recent family coming to America.

So as we go through these days, please come to the floor, tell the experience again, not only of your family, but also what you saw in those shelters, in those cages.

Will the gentleman do that?

Mr. KIHUEN. I will.

Mr. GARAMENDI. I am quite certain that across this country, every one of the 430-some Members of Congress saw this photo. Probably most have heard the audio recording of young children just like this calling out for their mommy or daddy, papa.

I suspect many of us have seen the pictures of young children, 3, 4, 5 with a Sharpie telephone number on their chest so that if somehow they were separated, there would be someone to contact.

I am certain that every Member, 430-plus of us, plus the Senate, that was a child, that at some point in their life, when they were young, 3, 4, 5 years of age, they were separated from their parent. And I am absolutely certain that each one of us knows the terror of that moment.

And most of us are now parents. Most of us are now parents, and we know the terror of a child who has disappeared, wandered off.

I don't believe there is one of us that knows the terror of this mother whose child was taken away by American police; the awesome power of this government imposed upon that young woman, a mother, taken from her child.

Is there one of us? Is there one of us that has endured that police power?

Okay. I get emotional about this because I am a parent.

No. I don't know the terror of the police state taking my child away. I don't know that. But I know the terror of that child who has wandered off.

This is a policy that has been imposed upon parents and their children by the President. This is not a law that requires this kind of cruelty. There is no such law that requires this kind of cruelty. There is no law that requires the American government to cage children. There is no law that requires this. This is the policy of the President of the United States. This is his policy. Zero tolerance. His policy that cages children as though they were animals. His policy that puts the fear into a child.

It is the President's policy, not the law, that caused this young child to cry out for her mother and for the police to stand over her.

The Attorney General says it is the law. It is not the law. It is his policy, together with the President's policy, that has created this humanitarian crisis in the United States of America. It must end.

Martin Luther King—who was killed, murdered, assassinated 50 years ago—from the Birmingham jail spoke about justice and the law in his letter from the Birmingham jail.

So, Mr. Attorney General Beauregard Sessions, listen to what he had to say. He said: ''A just law is a manmade code that squares with the moral law or the law of God.''

He went on to argue: ''An unjust law is a code that is out of harmony with the moral law.''

And how should justice be defined? He answered this way: ''Any law that uplifts human personality is just. Any law that degrades human personality is unjust.''

Mr. Attorney General, by the words of Martin Luther King, your defense of what you say is the law is unjust, it is immoral, and it is not the law of God.

My wife, Patty, has what she calls cradle songs, songs that she sung to our children as they were young and growing.

One of those was written by Bobby Dylan, Blowin' in the Wind:

Yes, and how many times can a man turn his head
Pretending that he just doesn't see?
Yes, and how many ears must one man have
Before he can hear people cry?

And, Mr. President and Mr. Attorney General, the opening line of that song is this:

How many roads must a man walk down
Before you call him a man?

Mr. Speaker, I yield back.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

SUCCESS OF THE TAX CUTS AND JOBS ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Minnesota (Mr. LEWIS) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Mr. LEWIS of Minnesota. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. LEWIS of Minnesota. Mr. Speaker, I am here today to bring good news. Good news that often in this 24/7 media cycle goes unnoticed, unremarked.

□ 2015

It is the good news of legislation that works. It is the good news that creates a growing and rising tide of economic prosperity for all families, including, most importantly, the children of families who rely on their parents' income in a growing economy.

I am here tonight to talk about the unheralded success of something called the Tax Cuts and Jobs Act. Rarely has one piece of legislation been so successful so quickly, and rarely have so many, at least on one side of the aisle, predicted its success with so much accuracy.

We are now, according to a number of analysts, including the Atlanta Federal Reserve, set to grow at over 4 percent the next quarter. Consider that over the last decade, if not longer, we have barely been able to scratch the surface at 2 percent GDP growth.

Now, after the Tax Cuts and Jobs Act, after more investment in America, after more repatriation of profits coming home to invest, after labor and capital coming together because our Tax Code now incentivizes labor and capital to come together, we are seeing wages going up.

We are seeing more capital investment. We are seeing bigger paychecks. We are seeing economic growth over 4 percent. We are seeing utility companies offer rebates under the Tax Cuts and Jobs Act because they have to pass through the savings they got from tax reform to customers.

It is remarkable how so many of our friends in the fourth estate seem to have forgotten all the warnings about tax reform and tax relief. Oh, I remember it well, Mr. Speaker. Last fall, last winter: This is going to be crumbs. It is going to be Armageddon. It is going to be a disaster if we pass the greatest tax reform in over 3 decades.

Now, some of us on the other side of the aisle, the Republican side of the aisle, said: ''Wait a minute.'' Secretary of the Treasury Andrew Mellon under Calvin Coolidge in the 1920s first embarked on increasing the return for labor for capital investment, for economic growth. What happened in the Roaring Twenties? It led to a balanced budget. Then, of course, in the 1960s—and this is what my colleagues on the other side of the aisle seem to forget—old-school Democrats like John F. Kennedy went to The Economic Club of New York in 1962 and said:

What this economy needs in 1962 to break out of the doldrums is a tax cut.

JFK said in that famous speech: ''Our practical choice is not between a tax-cut deficit and a budgetary surplus. It is between two kinds of deficits: a

chronic deficit of inertia, as the unwanted result of inadequate revenues and a restricted economy, or a temporary deficit of transition, resulting from a tax cut designed to boost the economy, increase tax revenues, and achieve, I believe—and I believe this can be done—a budget surplus. The first type of deficit,'' Kennedy warned, ''is the sign of waste and weakness. The second reflects an investment in the future.''

Well, Mr. Speaker, if there ever was an investment in the future, it is the Tax Cuts and Jobs Act. So JFK got his tax cut enacted after his tragic death, and what happened in the 1960s? We had lower rates, but we had more revenue. Now, how is that possible?

Our critics of our tax reform say: Oh, you can't cut rates and have more revenue.

It is amazing how many people know so little about modern business. If you are sitting in your local hardware store, if you have unwanted inventory, what is the first thing you do to move product? You lower the price. Why? Because you lower the price to sell more goods and services, albeit at a lower price, but a volume increase for more revenue.

It happened during the 1978 capital gains tax cut, the Steiger amendment, when we cut capital gains rates and, actually, revenue went up. Every single time we have cut tax rates in the modern era, the ''revenue loss'' has been nowhere near the predictions.

So in the 1960s, what happened? We had lower rates, and we had a balanced budget by 1969. Higher revenues grew.

Fast forward to the 1980s. We had the doldrums of the Carter-malaise era when we were told that the era of prosperity was over. We had to put on our cardigan sweaters, button them up, and turn down the thermostat because the good times were not coming back. Get used to it.

Ronald Reagan comes on board. He is pushed by the supply side movement of 1970s and 1980s, and the Kemp-Roth tax cut. And he enacts in 1981—in those days, a Democratic Congress when Democrats realized that economic growth was actually a good thing and you want to celebrate it, they enact Kemp-Roth, bringing the top rate down from 70 to 50 percent.

Now, there was a delay in 1982, you might recall, but then the tax cuts finally kicked in, in 1983. By 1984, it was morning in America again.

Revenues when Ronald Reagan took office were about $580 billion. By the time the 1980s were over, Federal revenues were almost $1 trillion. How could it be? How could it be that you cut tax rates and you almost double revenue?

This is an amazing phenomenon that our critics of tax reform just won't heed. They won't understand. They don't want to see it. They don't want to hear it. But it is ironic. What is the first thing that folks who say they want to reduce teenage smoking advocate? Mr. Speaker, they advocate raising the taxes on cigarettes. Why? Because when you raise taxes on something, you get less of it. You get less activity.

Why is it that if you buy a bond, a 30-year bond or a bond in the open market that is taxable, you demand a higher interest rate, but if you buy a tax-exempt bond you will take a lower rate? Because people do not work for pretax income. They work for after-tax income. And when you lower the marginal tax rates and you increase after-tax income, more people work. More people invest.

It happened in the 1920s. It happened in the 1960s. It happened in the 1980s. And guess what? It is happening right now.

We have a 4.8 percent growth, 4.5 percent growth. Who knows, it may just be 4 percent growth, but considering that we have been at 1.9 percent growth for so long, this is the miracle that keeps on giving and yet won't be acknowledged.

Mr. Speaker, I will tell you why it won't be acknowledged by the other side, because not one of them voted for it. Imagine, a tax bill that doubles the childcare tax credit; a tax bill that lowers the tax rates for mom-and-pop pass-through businesses by letting them deduct the first 20 percent of income; a tax bill that says you don't have to itemize any more to get a bigger deduction, and we are going to double your standard deduction; a tax bill that puts America's corporations in line with the rest of the world, not penalizing America's corporations compared to the rest of the world.

Now we have foreign profits coming back. We have more mom-and-pop businesses expanding. And we have a rising tide of economic growth, a rising tide that lifts all boats.

I thought that is what this body was here to do. We are not here to pick out groups, pick out winners and losers, to have some sort of industrial policy where a command-and-control central government decides who wins and who doesn't. You only gain if you are a political entrepreneur.

The folks out in the real world, businesses and capitalists, they invest for an economic return. But government all too often invests for a political return. We have seen that form of crony capitalism, and it gave us 1.9 percent economic growth. Now, instead of carve-outs and loopholes, instead of favoring some States that like to tax their citizens over States that don't, we have lower rates, broader but lower rates for everyone, and loopholes for fewer, which means economic growth is going to be determined by an economic return.

I don't know how else to describe this. It is an amazing success story in the 115th Congress. Yet you would never know it listening to the other side, listening to our friends in the fourth estate. It is the story they don't want you to know.

But I am here to give you good news. The economic growth that is occurring will keep occurring because people now have confidence. The green shoots are back. The animal spirits are back. People are excited to be in America. They feel good about their country. They feel this is a place where they can fly as high as their wings can take them without being hindered by the strong arm of the state.

That is what the American Dream is about. That is what the Tax Cuts and Jobs Act is about. And that is what believing in America is about.

I am proud to have played a part in it, however small, and I am proud of Congress for passing the Tax Cuts and Jobs Act.

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

ISSUES OF THE DAY

The SPEAKER pro tempore (Mr. FERGUSON). Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, it is great to hear my friend Congressman LEWIS. He does a great job explaining such matters.

We had an interesting combined hearing today in the Judiciary Committee and the Oversight and Government Reform Committee. We heard from the inspector general of the Department of Justice, Mr. Horowitz. It was interesting testimony.

But having reviewed the record, it is interesting, because he quoted prosecutor one, prosecutor two, agent one, agent two, agent three, these different people, different prosecutors, different agents that he was relying on; their comments, their opinions, their suggestions; the SSA, Supervisory Special Agent, recommendation and comments on things that should have been and should have not been; and things that were proper and improper. But we had no information who these people were.

The whole reason for the inspector general investigation was because of the massive amount of clear bias that had been unearthed within the Department of Justice, including the FBI that is, of course, under the Department of Justice.

So we are being asked to accept all this information from the inspector general when so much of it depends on the opinions and the comments and the assessments of people whose identity we didn't even know.

So not only did we not know their identity, we don't know if they have texts and emails that are just as condemning of Donald Trump and laudatory of Hillary Rodham Clinton. We don't know what their positions are. And we found out from the inspector general that he didn't make any inquiry. He didn't check on them.

But I know from my days trying cases as a prosecutor, or as a felony judge in Texas, the lawyers, when they are picking a jury, as to who will sit in judgment on their case, they have a

right to know the biases and prejudices, or potential biases and prejudices, of anyone who may be sitting in judgment on their case. So that is why voir dire, as we say in Texas, is allowed, questions of the potential jurors.

Normally, how one votes is completely inappropriate to ask about. That is a secret ballot for a good reason. However, if one of the people on the ballot is the defendant in the case, is a civilian party in a civil case, then the attorneys are going to want to find out: Were you for or against this person? Did you have a bumper sticker for this person or against this person? Did you have a sign in your yard? Did you go around doing block walks trying to push for this candidate?

And as a judge, I know defendants' attorneys. If it were a defendant who had been a candidate, they would be pushing to ask those questions, to find out those questions, and it could lead to challenges for cause in Texas courts—I think in Federal courts as well.

□ 2030

Even if it didn't, I have heard defense attorneys argue many times: We cannot adequately exercise our preemptory strikes if we don't know about potential biases. So we need to know: Did they support this candidate? Were they against this candidate?

I know initially the response of one of my Democratic friends was: Gee, we never ask about how somebody voted.

No, we don't. It is not appropriate—unless someone who is on the ballot is being judged in that court. The same should be true for a grand jury. The same should be true for anybody who is going to pass judgment, and that should also include the people who are charged with bringing forth justice, not the concept of ''just us'' we have experienced during the recent two terms, but the concept of true justice.

Proverbs talks about the blessed nature of a government that doesn't judge because somebody is rich, doesn't judge because somebody is poor, doesn't give more favor to somebody who is rich, and isn't biased for somebody because they are poor, but does make just decisions based on the case, not on someone's social standing, be it rich or poor. Some are tempted to be biased for the poor, some biased for the rich. But real justice is just following the law regardless of someone's background.

So it is a bit of an anathema, it seems, that you have got an inspector general report based on people who may have worse biases than the people whom they are judging. We don't even know. So I was a little surprised by that.

We had a record of over 500 pages that was just full of some of the worst illustrations of biases ever imaginable. It was interesting. I didn't realize, but apparently back, I believe it was in 2012, there was a case that was lost that the Justice Department was prosecuting during the Eric Holder days. I had never seen this information until today and didn't see it until after the hearing, but apparently it was even one case where the jurors found somebody not guilty because information came in about the same kind of texting and emails that we were seeing regarding the hatred by some in the Justice Department and the FBI against Donald Trump and for Hillary Clinton.

There was a time when the Federal Department of Justice and the FBI were considered the best law enforcement, the best at providing justice anywhere in the world. That time is not now. In fact, we know that under Eric Holder and Attorney General Lynch, the U.S. Department of Justice went after police departments, local law enforcement, and using the power and almost unlimited money of the Department of Justice, they could overwhelm and force a local law enforcement office into agreeing to a consent decree where the U.S. Department of Justice got to basically supervise whatever they did.

Based on the kind of prejudice, bias, and outrageous actions within the United States Department of Justice and the FBI, it looks like some of those police departments that ended up agreeing to consent judgments might be better off suing the U.S. Department of Justice, exposing how biased and prejudiced they were during the period during which the Department of Justice came after them and was trying to supervise them, show how biased and prejudiced they were. So maybe the local police department should end up getting to tell the Department of Justice when they are acting appropriately and when they are not.

For heaven's sake, it is just incredible how such a great justice organization has been not just compromised, but devastated like a cancerous prejudice and bias, incapable of rendering fair, blind decisions without regard for any bias in favor of or against a litigant.

What a change. What a difference. President Obama is right. He did fundamentally transform America. I really would never have thought we would see the Justice Department after those 8 years end up like it is.

It didn't come out in the hearing, but I was given to understand that after the shock subsided somewhat of Donald Trump winning November 2016 that there was a massive effort just at a rapid pace to try to move people who had been politically appointed by the Obama administration in the Department of Justice and the Department of State, but especially DOJ, Homeland Security, political appointees, trying to get them into civil service jobs so that the Trump administration would not be easily able to get rid of them as every other administration does.

When a new administration comes in, the political appointees tender their resignations. Most are accepted, some are not. But instead of doing something like that, what we were hearing was that the Obama administration was trying to put them into cubbyhole civil service jobs, so that basically they could still utilize the prejudices and biases that were built up during the Obama administration.

It is just such a dangerous time. As I was sitting there for the hearing, it dawned on me that the kind of bias, just rabid prejudice and hatred not only for a candidate, but the disgust that was on parade in the texts, the email messages, just extraordinary, but that that kind of bias and prejudice may very well be the second biggest threat to Federal justice in America.

It is a cancerous bias. It is probably a cancerous bias in stage IV where it just is eating its way through, creating big holes where there was once a solid Justice Department.

What occurred to me was that that may be the second biggest threat to Federal justice in America, that cancerous bias. But perhaps the biggest threat to Federal justice in America is that I think for the first time in American history, you have one of two major political parties has about half of the country's support without anybody being horribly offended that this kind of bias and prejudice was driving a Justice Department.

I keep going back to when President George W. Bush was in the White House, and when we found out about the abuses of the National Security Letters, FBI agents just sending them out willy-nilly, just sending them out on fishing expeditions. That was not authorized. That was not lawful. Somebody needed to pay a price.

In retrospect, it is directly, as Robert Mueller said, that was his responsibility, his fault. Yes, it was. He should have been fired. He should never have been allowed to get close to anything attempting to pervert justice in America.

Unfortunately, he wormed his way in through his joined-at-the-hip buddy, Comey, leaking information in order to get a second counsel, that second counsel being his joined-at-the-hip buddy, Mr. Mueller. He should never have allowed that to happen. If it was a fair and just Justice Department, Rosenstein would have recused himself, Mueller would have recused himself and said: I am not the proper person to do this special counsel job because of my strong friendship, maybe even mentorship—whatever you want to call it—with James Comey; and also the fact that I was FBI Director working with the U.S. Attorney named Rosenstein, and my go-to guy, Weissmann, and we were the ones who were investigating Russia's illegal efforts to obtain United States uranium.

Of course, they helped quash information about that so that the Commission on Foreign Investment in the United States could approve the sale, that would open the way for beneficiaries of that sale to donate $145 million to the Clinton Foundation as well

as paying off Bill Clinton to make speeches for a short amount of time. There is just so much that stinks to high heaven here in Washington.

We don't even know anything about the biases and prejudices of those people on whom Mr. Horowitz was relying to reach his conclusions. But it is worth looking at some of the things that were recommended.

For example, you had a man named Pagliano—and this is according to the Horowitz report—Pagliano was a critical witness because he set up the server that Clinton used during her tenure.

In other words, he set up the unsecured server which we now know was hacked. And I think my friend Andrew McCarthy makes a great point in an article today when he points out the mere setting up of that unsecured server out from under the government watch for the purpose, according to James Carville—he may have been trying to make a joke, but it actually was an indication of the mindset of the Clintons, when he said: Hillary didn't want LOUIE GOHMERT rifling through her emails.

She didn't want proper oversight, so she intentionally and knowingly had a server set up that was not secure, was out from under government protection and control, also knowing she might be able to get away with not turning in emails because they were not under government control.

How there could be 500-plus pages of bias shown in this report, and then a conclusion that there is no evidence of any bias in the investigation? My gosh, that is a lay-down, slam-dunk prosecution right there. You could have indicted Mr. Pagliano, who was certainly far more responsible for potential crime than Mr. Manafort is, clearly.

In the Horowitz report he says: The supervising special agent told us that the FBI did not consider Pagliano a subject or someone they would prosecute in connection with the midyear—talking about the Hillary Clinton investigation. The FBI believed his testimony was very important and providing immunity was an effective way to secure his testimony.

So this guy sets up the unsecured server, and it carried we now know for certain classified information.

□ 2045

We knew there was going to be a good chance he would have had to have known that. But if that supervising special agent and the Horowitz team had not been so favorably inclined not to find any wrongdoing, then certainly they would have recognized that this is a guy who could and should have been indicted.

Of course, I don't advocate that people be unfairly treated as Paul Manafort was, where you go busting down his door in the early morning hours when you know he is not a threat; there is no reason to bust down a door in those early morning hours, no reason to ransack a house, other than trying to intimidate.

But nobody tried to do anything, not even indicting or bringing him before a grand jury to potentially pursue him, because the prosecutors, many of them have told me: Man, this is a real easy one, much easier than organized crime. All you have to do is go after Pagliano, go after a couple of these other people, and once they see they are looking at years in prison, yes, they will tell you exactly what Hillary Clinton told them and others told them. And then you go to the next one and make the case that that testimony gives you.

None of that was done. It was all done in a way to protect Hillary Clinton, no question.

That report talks about Combetta. It says Paul Combetta is the one that later wiped emails from that private server in March of 2015. The report says that the investigation's team members told the inspector general Combetta was an important witness for several reasons, including his involvement with the culling process and the deletion of emails and his interactions with several people who worked for Clinton.

Several of the midyear—they call them midyear; it is the Clinton team members—stated that, after conducting two voluntary interviews of Combetta, they believe Combetta had not been forthcoming about, among other things, his role in deleting emails from the PRN server following the issues of a congressional preservation order.

The witness further stated that Combetta's truthful testimony was essential for assessing criminal intent for Clinton and other individuals because he would be able to tell them whether Clinton's attorneys, Mills, Samuelson, or Kendall, had instructed him to delete the emails.

So this is the way you work up through a prosecution. They didn't indict Combetta. This says the supervising special agent told us he believed Combetta should have been charged with false statements for lying multiple times. Well, if that had happened, then you go to him and you say: This is how many years you are looking at.

I have seen incredibly professional FBI agents in the field do just that: Here is what you are looking at. You are going to talk to your lawyer. You are going to decide what to do. We want you to see the evidence we have.

Then they would lay out the evidence: Here is evidence that might help. You might think it is exculpatory, but we here is the evidence that we have that we believe will overwhelm that. It is incriminating. We are not wanting you to make a statement now. You talk to your lawyer. See if you would like to assist us.

Then when you realize that, wow, their evidence is overwhelming, I am dead meat, I am going to prison, then let's see what kind of deal we can make.

Then you make a proffer: Here is what my client will say if you will give us this plea agreement or this agreement, maybe an immunity agreement, you work that out. That is how you go about proving a case.

None of that was done. The FBI and the Department of Justice attorneys, people who absolutely loved and worshiped Hillary Clinton and absolutely despised and hated Donald Trump didn't do any of that. They protected the people who would have been critical witnesses.

We get around to Mr. John Bentel. He worked at the State Department for 39 years. Here is what the IG report said:

Both agents who interviewed Bentel told us that he was uncooperative and the interview was unproductive. However, they attributed these problems to nervousness and fear of being found culpable.

Agent three—whoever that was, with whatever biases he had—told us that he did not believe that immunity was necessary and it did not help the investigation because Bentel was not forthcoming during his interview.

That makes no sense. That is the kind of guy where you go ahead and you have got enough evidence, you indict him, and then he gets a little more cooperative through his lawyer. The guy helped commit crimes, apparently. Then you see about getting more cooperation when he is looking at being convicted and doing a long time in prison.

But he did not have any of that done. There was not even a threat of prosecution. He wasn't prosecuted because bias affected the outcome of the Hillary Clinton email investigation. If he had been prosecuted, he would likely have been quite cooperative as a witness in establishing what really happened. But he knew he was guilty. He had a guilty conscience, which is obvious from what these people said in their statements.

So what about Cheryl Mills? She was treated as if she were an attorney for Hillary Clinton. She was allowed to sit in on the interview of Hillary Clinton that was not recorded, and, basically, she was assured in advance that she would be given a pass.

But Cheryl Mills is one who actually went through the Clinton emails. Because of her position, she was in a position to make sure they did not turn over any emails that would have incriminated Cheryl and Hillary Clinton. And instead of doing anything that would have brought that to light, they give her an immunity deal. They let her consult.

There is a massive question here of conspiring to obstruct justice, yet they gave them a pass.

Mr. Speaker, Mr. Horowitz really did appear as if he were trying to do something so that he could kind of say he was placating two different sides. On the one hand, over 500 pages absolutely documenting the horrendous bias and prejudice that permeated an actually cancerous kind of bias that was eating through the Department of Justice and FBI, then turns around and gave Democrats what they would hope to have:

Oh, no, there was no evidence that bias affected the investigation.

Well, how about the fact that there is no attorney-client privilege if an attorney and a client are conspiring to obstruct justice or are absolutely obstructing justice?

In such a case, you don't give immunity to the attorney, the counselor, potential codefendant, and say: Here, you go through the evidence and you tell us what you are going to let us have, and then you destroy anything at all that you think might not be helpful to you and Mrs. Clinton and give us what you think will be safe to give us.

It is absolutely incredible. The very fact that that was done, that she was allowed to sit in on the interview, she was allowed to go through and screen the emails for her and her client that could have shown any possible crimes there is an outrage.

We need a second special counsel, and we need it now.

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

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 6, SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT; PROVIDING FOR CONSIDERATION OF H.R. 5797, INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 6082, OVERDOSE PREVENTION AND PATIENT SAFETY ACT

Mr. BURGESS (during the Special Order of Mr. GOHMERT), from the Committee on Rules, submitted a privileged report (Rept. No. 115–766) on the resolution (H. Res. 949) providing for consideration of the bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes; providing for consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases; and providing for consideration of the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. STIVERS (at the request of Mr. MCCARTHY) for today on account of his flight being canceled.

Mr. CLYBURN (at the request of Ms. PELOSI) for today.

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today on account of travel delay due to weather.

Mrs. NAPOLITANO (at the request of Ms. PELOSI) for today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 2652. An act to award a Congressional Gold Medal to Stephen Michael Gleason; to the Committee on Financial Services.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 56 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, June 20, 2018, at 9 a.m. for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first and second quarters of 2018, pursuant to Public Law 95–384, are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, JONAS W. MILLER, EXPENDED BETWEEN APR. 30 AND MAY 5, 2018

Name of Member or employee	Date		Country	Per diem [1]		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]	Foreign currency	U.S. dollar equivalent or U.S. currency [2]
Jonas Miller	4/30	5/5	Kuwait		1,746.66		12,539.01				14,285.67
	5/2	5/3	Iraq		66.00		4,650.00				4,716.00
Committee total											19,001.67

[1] Per diem constitutes lodging and meals.
[2] If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

JONAS W. MILLER, May 24, 2018.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

5213. A letter from the Director, Office of Management and Budget, Executive Office of the President, transmitting the status of FY 2018 Rescission Proposals, pursuant to 2 U.S.C. 685(e); Public Law 93-344, Sec. 1014(e); (88 Stat. 335) (H. Doc. No. 115—134); to the Committee on Appropriations and ordered to be printed.

5214. A letter from the Under Secretary, Personnel and Readiness, Department of Defense, transmitting a letter authorizing three officers to wear the insignia of the grade of brigadier general, pursuant to 10 U.S.C. 777(b)(3)(B); Public Law 104-106, Sec. 503(a)(1) (as added by Public Law 108-136, Sec. 509(a)(3)); (117 Stat. 1458); to the Committee on Armed Services.

5215. A letter from the Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General William D. Beydler, United States Marine Corps, and his advancement to the grade of lieutenant general on the retired list, pursuant to 10 U.S.C. 1370(c)(1); Public Law 96-513, Sec. 112 (as amended by Public Law 104-106, Sec. 502(b)); (110 Stat. 293); to the Committee on Armed Services.

5216. A letter from the Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General Robert L. Caslen, Jr., United States Army, and his advancement to the grade of lieutenant general on the retired list, pursuant to 10 U.S.C. 1370(c)(1); Public Law 96-513, Sec. 112 (as amended by Public Law 104-106, Sec. 502(b)); (110 Stat. 293); to the Committee on Armed Services.

5217. A letter from the Assistant Secretary (Civil Works), Department of the Army, Department of Defense, transmitting the 2018 Corrosion Prevention Report, pursuant to 33 U.S.C. 2350(d); Public Law 113-121, Sec. 1033(d) (as amended by Public Law 114-322, Sec. 1142); (130 Stat. 1658); to the Committee on Armed Services.

5218. A letter from the Administrator, Rural Housing Service, Department of Agriculture, transmitting the Department's proposed rule — Single Family Housing Guaranteed Loan Program (RIN: 0575-AD10) received June 18, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

5219. A letter from the Assistant General Counsel for Regulatory Services, Office of General Counsel, Department of Education, transmitting the Department's interim final requirement — State Fiscal Stabilization Fund Program [Docket ID: ED-2011-OS-0010] (RIN: 1894-AA03) received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

5220. A letter from the Regulations Coordinator, Office of the Assistant Secretary for Health, Department of Health and Human Services, transmitting the Department's final rule — Federal Policy for the Protection of Human Subjects: Six Month Delay of the General Compliance Date of Revisions While Allowing the Use of Three Burden-Reducing Provisions during the Delay Period (RIN: 0937-AA05) received June 18, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5221. A letter from the Administrator, Environmental Protection Agency, transmitting a report entitled, ''FY 2017 Superfund Five-Year Review Report to Congress'', pursuant to Sec. 121(c) of the Comprehensive Environmental Response, Compensation and Liability Act; to the Committee on Energy and Commerce.

5222. A letter from the Director, Office of Congressional Affairs, U.S. Nuclear Regulatory Commission, transmitting the Commission's final rule — Enforcement Guidance Memorandum — Interim Guidance for Dispositioning Apparent Violations of 10 CFR Parts 34, 36, and 39 Requirements Resulting from the Use of Direct Ion Storage Dosimetry During Licensed Activities [EGM-18-001] received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5223. A letter from the Director, Office of Congressional Affairs, U.S. Nuclear Regulatory Commission, transmitting the Commission's final rule — NRC Regulatory Issue Summary 2002-22, Supplement 1, Clarification on Endorsement of Nuclear Energy Institute Guidance in Designing Digital Upgrades in Instrumentation and Control Systems received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5224. A letter from the Director, Office of Congressional Affairs, U.S. Nuclear Regulatory Commission, transmitting the Commission's NUREG Revision — Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Possession Licenses for Manufacturing and Distribution [NUREG-1556, Volume 12, Revision 1] received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

5225. A letter from the Assistant Director for Regulatory Affairs, Office of Foreign Assets Control, Department of the Treasury, transmitting the Department's final rule — Rough Diamonds Control Regulations received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Foreign Affairs.

5226. A letter from the Officer, Office for Civil Rights and Civil Liberties, Department of Homeland Security, transmitting the Department's FY 2017 No FEAR Act report, pursuant to 5 U.S.C. 2301 note; Public Law 107-174, 203(a) (as amended by Public Law 109-435, Sec. 604(f)); (120 Stat. 3242); to the Committee on Oversight and Government Reform.

5227. A letter from the Secretary, Department of Housing and Urban Development, transmitting the Department's Semiannual Report of the Office of Inspector General for the 6-month period of October 1, 2017, to March 31, 2018, pursuant to the Inspector General Act of 1978, as amended, (Public Law 95-452); to the Committee on Oversight and Government Reform.

5228. A letter from the President and Chief Executive Officer, Federal Home Loan Bank of Pittsburgh, transmitting the Federal Home Loan Bank of Pittsburgh's 2017 Statement on the System of Internal Controls and 2017 audited financial statements, pursuant to 31 U.S.C. 9106(a)(1); Public Law 97-258 (as amended by Public Law 101-576, Sec. 306(a)) (104 Stat. 2854); to the Committee on Oversight and Government Reform.

5229. A letter from the Senior Procurement Executive, Office of Acquisition Policy, General Services Administration, transmitting the Administration's summary presentation of interim rules — Federal Acquisition Regulation: Federal Acquisition Circular 2005-99; Introduction [Docket No.: FAR 2018-0001, Sequence No.: 3] received June 15, 2018, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Oversight and Government Reform.

5230. A letter from the Associate General Counsel for General Law, Office of the General Counsel, Department of Homeland Security, transmitting an action on nomination and a designation of an acting officer, pursuant to 5 U.S.C. 3349(a); Public Law 105-277, 151(b); (112 Stat. 2681-614); to the Committee on Oversight and Government Reform.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. BISHOP of Utah: Committee on Natural Resources. H.R. 200. A bill to amend the Magnuson-Stevens Fishery Conservation and Management Act to provide flexibility for fishery managers and stability for fishermen, and for other purposes; with an amendment (Rept. 115–758). Referred to the Committee of the Whole House on the state of the Union.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5676. A bill to amend title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA–PD plans pending investigations of credible allegations of fraud by pharmacies; with an amendment (Rept. 115–759, Pt. 1). Ordered to be printed.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5723. A bill to require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program; with an amendment (Rept. 115–760, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5773. A bill to amend title XVIII of the Social Security Act to require Medicare prescription drug plans to establish drug management programs for at-risk beneficiaries, require electronic prior authorization for covered part D drugs, and to provide for other program integrity measures under parts C and D of the Medicare program; with an amendment (Rept. 115–761, Pt. 1). Ordered to be printed.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5774. A bill to require the Secretary of Health and Human Services to develop guidance on pain management and opioid use disorder prevention for hospitals receiving payment under part A of the Medicare program, provide for opioid quality measures development, and provide for a technical expert panel on reducing surgical setting opioid use and data collection on perioperative opioid use, and for other purposes; with an amendment (Rept. 115–762, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5775. A bill to amend title XVIII of the Social Security Act to require Medicare Advantage plans and part D prescription drug plan to include information on the risks associated with opioids, coverage of certain nonopioid treatments used to treat pain, and on the safe disposal of prescription drugs, and for other purposes; with an amendment (Rept. 115–763, Pt. 1). Referred to the Committee of the Whole House on the state of the Union.

Mr. BRADY of Texas: Committee on Ways and Means. H.R. 5776. A bill to amend title XVIII to provide for Medicare coverage of certain services furnished by opioid treatment programs, and for other purposes; with amendments (Rept. 115–764, Pt. 1). Ordered to be printed.

Mr. CALVERT: Committee on Appropriations. H.R. 6147. A bill making appropriations for the Department of the Interior, environment, and related agencies for the fiscal year ending September 30, 2019, and for other purposes (Rept. 115–765). Referred to the Committee of the Whole House on the state of the Union.

Mr. BURGESS: Committee on Rules. House Resolution 949. Resolution providing for consideration of the bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes; providing for consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases; and providing for consideration of the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records (Rept. 115–766). Referred to the House Calendar.

DISCHARGE OF COMMITTEE

Pursuant to clause 2 of rule XIII, the Committee on Energy and Commerce discharged from further consideration. H.R. 5723 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Energy and Commerce discharged from further consideration. H.R. 5774 referred to the Committee of the Whole House on the state of the Union.

Pursuant to clause 2 of rule XIII, the Committee on Energy and Commerce discharged from further consideration. H.R. 5775 referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. BORDALLO (for herself and Ms. PLASKETT):

H.R. 6132. A bill to provide for parity for Guam and the United States Virgin Islands under the Richard B. Russell National School Lunch Act and the Child Nutrition Act, and for other purposes; to the Committee on Education and the Workforce.

By Mr. MEADOWS:

H.R. 6133. A bill to deter opioid abuse and addiction through the development of high-

quality, evidence-based opioid analgesic prescribing guidelines, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MEADOWS:

H.R. 6134. A bill to clarify standards of family detention and the treatment of unaccompanied alien children, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NADLER (for himself, Ms. LOFGREN, Mr. TED LIEU of California, Ms. JAYAPAL, Mr. GUTIÉRREZ, Mr. PANETTA, Ms. PELOSI, Mr. HOYER, Mr. CLYBURN, Mr. CROWLEY, Ms. SÁNCHEZ, Mr. CUMMINGS, Mr. TAKANO, Ms. DELAURO, Mr. MCGOVERN, Mr. O'ROURKE, Ms. MCCOLLUM, Mr. SMITH of Washington, Ms. BASS, Mr. CORREA, Ms. PINGREE, Mr. CARBAJAL, Mr. YARMUTH, Ms. JACKSON LEE, Mrs. DINGELL, Mr. QUIGLEY, Mr. PAYNE, Mr. RYAN of Ohio, Ms. SCHAKOWSKY, Mr. DEUTCH, Mr. ESPAILLAT, Mr. RUPPERSBERGER, Ms. NORTON, Ms. VELÁZQUEZ, Mr. CASTRO of Texas, Ms. WILSON of Florida, Ms. MENG, Mr. POCAN, Mr. LANGEVIN, Mr. GOMEZ, Mr. RUSH, Mr. SCHNEIDER, Mr. HASTINGS, Mrs. WATSON COLEMAN, Mr. HIGGINS of New York, Ms. DEGETTE, Mr. COOPER, Mr. WELCH, Mr. RICHMOND, Mr. GENE GREEN of Texas, Mr. SIRES, Mr. BLUMENAUER, Mr. CICILLINE, Mr. MOULTON, Ms. LEE, Mrs. CAROLYN B. MALONEY of New York, Mr. DELANEY, Ms. SPEIER, Ms. ROSEN, Mr. THOMPSON of California, Ms. MATSUI, Ms. WASSERMAN SCHULTZ, Mr. LARSEN of Washington, Mr. SCHIFF, Mr. PETERS, Mr. BEYER, Mr. POLIS, Mr. KILDEE, Ms. TITUS, Mr. JOHNSON of Georgia, Mr. LEWIS of Georgia, Mrs. TORRES, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. CÁRDENAS, Mr. KRISHNAMOORTHI, Mr. VISCLOSKY, Ms. CASTOR of Florida, Mr. CAPUANO, Mr. THOMPSON of Mississippi, Mr. PERLMUTTER, Mrs. MURPHY of Florida, Mr. SERRANO, Mr. PALLONE, Ms. MOORE, Ms. BARRAGÁN, Ms. DELBENE, Mr. EVANS, Mr. JEFFRIES, Mr. CARTWRIGHT, Ms. BLUNT ROCHESTER, Mr. HUFFMAN, Mr. HIMES, Miss RICE of New York, Ms. HANABUSA, Mr. ENGEL, Mr. BEN RAY LUJÁN of New Mexico, Ms. BORDALLO, Ms. BROWNLEY of California, Mr. COSTA, Mr. GALLEGO, Mr. SEAN PATRICK MALONEY of New York, Mrs. BUSTOS, Mr. BERA, Ms. SEWELL of Alabama, Mr. COURTNEY, Mr. DOGGETT, Mr. AGUILAR, Ms. SHEA-PORTER, Mr. MCNERNEY, Mr. WALZ, Mr. VARGAS, Ms. CLARKE of New York, Mr. BROWN of Maryland, Mr. COHEN, Mr. SHERMAN, Mr. SARBANES, Mr. BRADY of Pennsylvania, Mr. SOTO, Mr. SWALWELL of California, Mrs. NAPOLITANO, Mr. MCEACHIN, Ms. BONAMICI, Mr. CRIST, Mr. KIND, Mr. O'HALLERAN, Ms. TSONGAS, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. ELLISON, Mr. AL GREEN of Texas, Ms. FRANKEL of Florida, Ms. ROYBAL-ALLARD, Ms. ESHOO, Mrs. DEMINGS, Mr. RASKIN, Mr. NEAL, Mr. KIHUEN, Mr. CONNOLLY, Ms. FUDGE, Mr. SCHRADER, Mr. CARSON of Indiana, Mr. LYNCH, Mr. SCOTT of Virginia, Ms. KUSTER of New Hampshire, Mr. DEFAZIO, Mr. RUIZ, Mr. SUOZZI, Mr. BUTTERFIELD, Mr. NORCROSS, Mr. LEVIN, Mr. KENNEDY, Mr. GRIJALVA, Mr. KEATING, Mr. PRICE of North Carolina, Mr. DESAULNIER, Mrs. BEATTY, Ms. ADAMS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. HECK, Ms. JUDY CHU of California, Ms. MAXINE WATERS of California, Mr. MEEKS, Mr. TONKO, Mr. LARSON of Connecticut, Ms. PLASKETT, Ms. CLARK of Massachusetts, Ms. KAPTUR, Mr. PASCRELL, Mrs. LOWEY, Mr. GARAMENDI, Mr. FOSTER, Mr. KHANNA, Mr. DANNY K. DAVIS of Illinois, Mr. NOLAN, Mr. LOWENTHAL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. ESTY of Connecticut, Mr. LOEBSACK, Mr. BISHOP of Georgia, Mr. CLAY, Mr. GONZALEZ of Texas, Mr. SABLAN, Ms. GABBARD, Mr. CLEAVER, Ms. KELLY of Illinois, Mrs. LAWRENCE, Mrs. DAVIS of California, Mr. KILMER, Mr. LIPINSKI, Mr. VELA, Mr. LAMB, and Mr. LAWSON of Florida):

H.R. 6135. A bill to limit the separation of families at or near ports of entry; to the Committee on the Judiciary, and in addition to the Committee on Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GOODLATTE (for himself, Mr. CURBELO of Florida, Mr. MCCAUL, and Mr. DENHAM):

H.R. 6136. A bill to amend the immigration laws and provide for border security, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Homeland Security, Agriculture, Natural Resources, Transportation and Infrastructure, Ways and Means, Energy and Commerce, Armed Services, Foreign Affairs, the Budget, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. VELÁZQUEZ (for herself, Ms. WILSON of Florida, Mr. MEEKS, Ms. JACKSON LEE, Ms. CLARKE of New York, Mr. SERRANO, Mr. ENGEL, Mr. ELLISON, Mr. THOMPSON of Mississippi, Mr. VELA, Mr. NADLER, Mr. ESPAILLAT, Ms. TITUS, Mr. JEFFRIES, Mr. PAYNE, Mr. MCGOVERN, Mr. SCHIFF, Mr. CARSON of Indiana, Mr. CICILLINE, Mr. HASTINGS, Mrs. CAROLYN B. MALONEY of New York, Mr. CROWLEY, Ms. MENG, Mr. TONKO, Mr. QUIGLEY, Mr. SEAN PATRICK MALONEY of New York, Mrs. LOWEY, Mr. CLAY, Mr. GENE GREEN of Texas, Mr. KILMER, Ms. MCCOLLUM, Ms. SHEA-PORTER, Mr. LANGEVIN, Mr. REICHERT, Ms. MATSUI, Ms. NORTON, Ms. PINGREE, and Mr. PALLONE):

H.R. 6137. A bill to amend the Elementary and Secondary Education Act of 1965 to expand access to school-wide arts and music programs, and for other purposes; to the Committee on Education and the Workforce.

By Mr. NUNES (for himself and Mr. LARSON of Connecticut):

H.R. 6138. A bill to amend title XVIII of the Social Security Act to provide for ambulatory surgical center representation during the review of hospital outpatient payment rates under part B of the Medicare program, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HUIZENGA (for himself and Ms. MAXINE WATERS of California):

H.R. 6139. A bill to require the Securities and Exchange Commission to carry out a study to evaluate the issues affecting the provision of and reliance upon investment research into small issuers; to the Committee on Financial Services.

By Mr. FLORES (for himself and Mr. MCNERNEY):

H.R. 6140. A bill to require the Secretary of Energy to establish and carry out a program to support the availability of HA-LEU for domestic commercial use, and for other purposes; to the Committee on Energy and Commerce.

By Mr. WILSON of South Carolina (for himself, Mr. NORCROSS, Mr. HUDSON, and Mr. PETERS):

H.R. 6141. A bill to require the Secretary of Energy to develop a report on a pilot program to site, construct, and operate microreactors at critical national security locations, and for other purposes; to the Committee on Armed Services.

By Mr. DOGGETT:

H.R. 6142. A bill to authorize a joint action plan and report on drug waste; to the Committee on Energy and Commerce.

By Mr. DOGGETT:

H.R. 6143. A bill to ensure that health insurance issuers and group health plans do not prohibit pharmacy providers from providing certain information to enrollees; to the Committee on Energy and Commerce.

By Mr. DOGGETT:

H.R. 6144. A bill to amend title XVIII of the Social Security Act to prohibit health plans and pharmacy benefit managers from restricting pharmacies from informing individuals regarding the prices for certain drugs and biologicals; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. SCOTT of Virginia (for himself, Mr. NADLER, Mr. CUMMINGS, and Ms. JACKSON LEE):

H.R. 6145. A bill to provide safeguards with respect to the Federal Bureau of Investigation criminal background checks prepared for employment purposes, and for other purposes; to the Committee on the Judiciary.

By Mr. GOSAR (for himself, Mrs. LESKO, Ms. SINEMA, Mr. SCHWEIKERT, and Mr. GALLEGO):

H.R. 6146. A bill to authorize, direct, expedite, and facilitate a land exchange in Yavapai County, Arizona, and for other purposes; to the Committee on Natural Resources.

By Mr. CARTWRIGHT (for himself and Ms. NORTON):

H.R. 6148. A bill to require reporting of bullying to appropriate authorities and assist with equal protection claims against entities who fail to respond appropriately to bullying, and for other purposes; to the Committee on Education and the Workforce.

By Ms. CLARKE of New York (for herself, Mr. SIMPSON, and Mr. GOSAR):

H.R. 6149. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income certain Federally-subsidized loan repayments for dental school faculty; to the Committee on Ways and Means.

By Mr. CRAMER (for himself and Mr. PETERSON):

H.R. 6150. A bill to establish the Rural Export Center, and for other purposes; to the Committee on Foreign Affairs.

By Mr. DONOVAN:

H.R. 6151. A bill to direct the Secretary of Veterans Affairs to notify qualifying veterans of a covered change of service reducing or eliminating a medical service provided at a medical facility of the Department of Veterans Affairs, and for other purposes; to the Committee on Veterans' Affairs.

By Ms. NORTON:

H.R. 6152. A bill to provide that an individual who uses marijuana in compliance with State law may not be denied occupancy of federally assisted housing, and for other purposes; to the Committee on Financial Services.

By Ms. NORTON:

H.R. 6153. A bill to amend the National Capital Revitalization and Self-Government Improvement Act of 1997 to repeal a specific criminal penalty on a person in the District of Columbia for obstructing a bridge between the District of Columbia and the Commonwealth of Virginia; to the Committee on Oversight and Government Reform.

By Mrs. TORRES:

H.R. 6154. A bill to establish a pilot program for emergency medical systems, and for other purposes; to the Committee on Energy and Commerce.

By Mrs. TORRES:

H.R. 6155. A bill to amend the Investment Advisers Act of 1940 to require investment advisers who advise a private fund that owns an emergency services company to disclose to the Securities and Exchange Commission the average response times of emergency vehicles deployed by such company in response to 9-1-1 calls, and for other purposes; to the Committee on Financial Services.

By Mrs. ROBY (for herself, Mr. ROGERS of Alabama, Mr. ADERHOLT, Mr. BROOKS of Alabama, Ms. SEWELL of Alabama, Mr. BYRNE, and Mr. PALMER):

H. Res. 947. A resolution expressing support for the designation of July 9 as ''Warrant Officer Day''; to the Committee on Armed Services.

By Ms. JACKSON LEE (for herself, Mr. LEWIS of Georgia, Mr. NADLER, Mrs. BEATTY, Mr. KHANNA, Ms. WILSON of Florida, Ms. JAYAPAL, Mr. VELA, Mr. MCGOVERN, Mr. PALLONE, Mr. BISHOP of Georgia, Mr. VEASEY, Mr. CARSON of Indiana, Mr. JOHNSON of Georgia, Ms. MOORE, Mr. RICHMOND, Mr. CLAY, Mrs. DEMINGS, Mr. HASTINGS, Mr. LAWSON of Florida, Mr. PAYNE, Mr. BROWN of Maryland, Mr. DANNY K. DAVIS of Illinois, Ms. NORTON, Mr. COHEN, Ms. FUDGE, Mr. SCOTT of Virginia, Mr. ELLISON, Mr. DAVID SCOTT of Georgia, Ms. LEE, Ms. CLARKE of New York, Mr. RUSH, Mr. BUTTERFIELD, Ms. BASS, Mr. BRENDAN F. BOYLE of Pennsylvania, Ms. MAXINE WATERS of California, Mrs. WATSON COLEMAN, Ms. PLASKETT, Ms. SEWELL of Alabama, Mr. CLEAVER, Mr. EVANS, Mr. MCEACHIN, Mr. ESPAILLAT, Mr. CUMMINGS, Ms. KELLY of Illinois, Mr. MEEKS, Mrs. LAWRENCE, Ms. ADAMS, Mr. AL GREEN of Texas, Mr. JEFFRIES, Mr. CLYBURN, Mr. THOMPSON of Mississippi, Mr. SOTO, and Ms. BLUNT ROCHESTER):

H. Res. 948. A resolution recognizing June 19, 2018, as this year's observance of the historical significance of Juneteenth Independence Day; to the Committee on Oversight and Government Reform.

By Mr. ROE of Tennessee (for himself and Mr. WALZ):

H. Res. 950. A resolution expressing support for the designation of the week of June 18 through June 22, 2018, as National GI Bill Commemoration Week; to the Committee on Veterans' Affairs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Ms. BORDALLO:

H.R. 6132.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18; and Article IV, Section 3, Clause 2.

By Mr. MEADOWS:

H.R. 6133.

Congress has the power to enact this legislation pursuant to the following :

Article 1, Section 8, Clause I

By Mr. MEADOWS:

H.R. 6134.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 4

By Mr. NADLER:

H.R. 6135.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 4 provides Congress with the power to establish a ''uniform rule of Naturalization.''

By Mr. GOODLATTE:

H.R. 6136.

Congress has the power to enact this legislation pursuant to the following:

Clause 4 of Section 8 of Article I of the Constitution—The Congress shall have Power to establish a uniform Rule of Naturalization, and uniform Laws on the subject Bankruptcies throughout the United States.

By Ms. VELÁZQUEZ:

H.R. 6137.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have Power to . . . provide for the . . . general Welfare of the United States; . . .

By Mr. NUNES:

H.R. 6138.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of section 8 of article I of the Constitution of the United States.

By Mr. HUIZENGA:

H.R. 6139.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8, clause 1 (relating to the general welfare of the United States); and Article I, section 8, clause 3 (relating to the power to regulate interstate commerce).

By Mr. FLORES:

H.R. 6140.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 of the Constitution of the United States.

By Mr. WILSON of South Carolina:

H.R. 6141.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constutition

By Mr. DOGGETT:

H.R. 6142.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the United States Constitution.

By Mr. DOGGETT:

H.R. 6143.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I of the United States Constitution.

By Mr. DOGGETT:

H.R. 6144.

Congress has the power to enact this legislation pursuant to the following:

Clause 1 of Section 8 of Article I ofthe United States Constitution.

By Mr. SCOTT of Virginia:

H.R. 6145.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 14 & Clause 18 of the Constitution

By Mr. GOSAR:

H.R. 6146.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, Clause 2 (the Property Clause).

Under this clause, Congress has the power to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States. By virtue of this enumerated power, Congress has governing authority over the lands, territories, or other property of the United States- and with this authority Congress is vested with the power to all owners in fee, the ability to sell, lease, dispose, exchange, convey, or simply preserve land. The Supreme Court has described this enumerated grant as one ''without limitation'' Kleppe v New Mexico, 426 U.S. 529, 542–543 (1976) (''And while the furthest reaches of the power granted by the Property Clause have not been definitely resolved, we have repeatedly observed that the power over the public land thus entrusted to Congress is without limitation.'')

Historically, the federal government transferred ownership of federal property to either private ownership or the states in order to pay off large Revolutionary War debts and to assist with the development of infrastructure. The transfers codified by this legislation are thus constitutional.

Mr. CALVERT:

H.R. 6147.

Congress has the power to enact this legislation pursuant to the following:

The principal constitutional authority for this legislation is clause 7 of section 9 of article I of the Constitution of the United States (the appropriation power), which states: ''No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law. . . .'' In addition, clause 1 of section 8 of article I of the Constitution (the spending power) provides: ''The Congress shall have the Power . . . to pay the Debts and provide for the common Defence and general Welfare of the United States. . . .'' Together, these specific constitutional provisions establish the congressional power of the purse, granting Congress the authority to appropriate funds, to determine their purpose, amount, and period of availability, and to set forth terms and conditions governing their use.

By Mr. CARTWRIGHT:

H.R. 6148.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Ms. CLARKE of New York:

H.R. 6149.

Congress has the power to enact this legislation pursuant to the following:

the power granted to Congress under Article I of the United States Constitution and it subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Mr. CRAMER:

H.R. 6150.

Congress has the power to enact this legislation pursuant to the following:

The constitutional authority on which this bill rests is in clause 18 of section 8 of article I of the Constitution.

By Mr. DONOVAN:

H.R. 6151.

Congress has the power to enact this legislation pursuant to the following:

Section 8 of Article 1 of the Constitution

By Ms. NORTON:

H.R. 6152.

Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to the following: clause 3 of section 8 of article I of the Constitution.

By Ms. NORTON:

H.R. 6153.

Congress has the power to enact this legislation pursuant to the following:

clause 17 of section 8 of article I of the Constitution.

By Mrs. TORRES:

H.R. 6154.

Congress has the power to enact this legislation pursuant to the following:

According to Article 1: Section 8: Clause 18: of the United States Constitution, seen below, this bill falls within the Constitutional Authority of the United States Congress.

Article 1: Section 8: Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mrs. TORRES:

H.R. 6155.

Congress has the power to enact this legislation pursuant to the following:

According to Article 1: Section 8: Clause 18: of the United States Constitution, seen below, this bill falls within the Constitutional Authority of the United States Congress.

Article 1: Section 8: Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 6: Mr. SESSIONS, Mr. GUTHRIE, and Ms. SINEMA.

H.R. 99: Ms. WASSERMAN SCHULTZ.

H.R. 173: Mr. KRISHNAMOORTHI, Ms. CASTOR of Florida, and Mr. BROWN of Maryland.

H.R. 200: Mr. DUNCAN of South Carolina, Mr. AUSTIN SCOTT of Georgia, and Mr. VEASEY.

H.R. 303: Mr. FITZPATRICK.

H.R. 445: Ms. NORTON.

H.R. 592: Mr. EVANS.

H.R. 632: Mr. VISCLOSKY.

H.R. 671: Mr. SUOZZI.

H.R. 712: Mr. POLIS.

H.R. 795: Mr. KRISHNAMOORTHI.

H.R. 858: Ms. DELAURO, Ms. WILSON of Florida, Ms. BASS, and Mr. SMITH of Washington.

H.R. 936: Mr. SEAN PATRICK MALONEY of New York.

H.R. 959: Mr. CÁRDENAS and Mrs. WATSON COLEMAN.

H.R. 1038: Mr. WILLIAMS.

H.R. 1150: Mr. KNIGHT, Mr. NORMAN, and Mr. STIVERS.

H.R. 1171: Ms. KUSTER of New Hampshire.

H.R. 1204: Mrs. WAGNER and Mr. ALLEN.

H.R. 1223: Mrs. WATSON COLEMAN.

H.R. 1270: Mr. KILMER, Mr. PRICE of North Carolina, and Mrs. COMSTOCK.

H.R. 1316: Mr. ABRAHAM.

H.R. 1318: Mr. KILMER and Mrs. WATSON COLEMAN.

H.R. 1511: Mr. POSEY.

H.R. 1516: Ms. JAYAPAL.

H.R. 1661: Ms. KAPTUR.

H.R. 1683: Mr. ZELDIN.

H.R. 1734: Mr. PRICE of North Carolina and Mr. CORREA.

H.R. 1817: Mr. SCHIFF.

H.R. 1824: Mr. RASKIN.

H.R. 1832: Mr. CLEAVER.

H.R. 1847: Mr. GIANFORTE.

H.R. 1876: Mr. GRAVES of Georgia, Mr. MOONEY of West Virginia, Mr. PALAZZO, and Mrs. WALORSKI.

H.R. 1881: Mrs. NOEM and Mr. ABRAHAM.

H.R. 2043: Mrs. MURPHY of Florida, Ms. DELAURO, and Mr. SMITH of Washington.

H.R. 2230: Mr. BANKS of Indiana.

H.R. 2234: Mr. CORREA.

H.R. 2315: Ms. JENKINS of Kansas, Mr. SHUSTER, Mr. WEBER of Texas, Mr. BYRNE, and Mr. BACON.

H.R. 2345: Mr. HUNTER, Mr. LOWENTHAL, Ms. LOFGREN, Mr. BISHOP of Michigan, Mr. GIANFORTE, Mrs. BLACKBURN, Mr. SWALWELL of California, Mr. ROSS, Mr. BROWN of Maryland, Mrs. DINGELL, and Mrs. DEMINGS.

H.R. 2417: Mr. JOHNSON of Georgia.

H.R. 2452: Mr. WALDEN.

H.R. 2495: Mr. HIMES and Mrs. DEMINGS.

H.R. 2508: Ms. CLARKE of New York.

H.R. 2572: Mr. KIHUEN, Mr. BLUMENAUER, Mrs. MURPHY of Florida, Mr. MCGOVERN, and Mr. DESAULNIER.

H.R. 2583: Mr. PASCRELL.

H.R. 2846: Ms. SINEMA.

H.R. 2913: Mrs. DEMINGS.

H.R. 3136: Mr. BANKS of Indiana.

H.R. 3148: Mrs. DEMINGS and Mr. BISHOP of Georgia.

H.R. 3273: Mr. MICHAEL F. DOYLE of Pennsylvania and Mr. CAPUANO.

H.R. 3635: Mr. WENSTRUP.

H.R. 3742: Ms. LOFGREN.

H.R. 3923: Mr. LARSEN of Washington, Mr. KILMER, Mr. HECK, Ms. ESHOO, and Ms. EDDIE BERNICE JOHNSON of Texas.

H.R. 3941: Mr. POCAN.

H.R. 3960: Ms. LOFGREN, Mr. MACARTHUR, Mr. LOWENTHAL, and Ms. ESHOO.

H.R. 3976: Mr. ABRAHAM.

H.R. 3987: Ms. NORTON.

H.R. 4025: Ms. NORTON.

H.R. 4099: Mr. SCHIFF, Mr. POSEY, Mr. MOONEY of West Virginia, and Mr. NEAL.

H.R. 4253: Mr. CARBAJAL and Mrs. BEATTY.

H.R. 4256: Mr. DESANTIS, Mr. COHEN, Mr. ZELDIN, and Mr. YARMUTH.

H.R. 4391: Mr. MICHAEL F. DOYLE of Pennsylvania.

H.R. 4473: Mr. POLIS.

H.R. 4490: Ms. ESHOO.

H.R. 4516: Ms. SCHAKOWSKY.

H.R. 4518: Mrs. BEATTY.

H.R. 4548: Mr. KENNEDY.

H.R. 4571: Mr. THOMPSON of California.

H.R. 4647: Ms. GRANGER and Mr. SIMPSON.

H.R. 4665: Mr. O'HALLERAN.

H.R. 4704: Mr. MCGOVERN, Mr. GARAMENDI, and Ms. JUDY CHU of California.

H.R. 4779: Ms. JAYAPAL and Ms. NORTON.

H.R. 4835: Mr. HECK.

H.R. 4940: Ms. KUSTER of New Hampshire.

H.R. 4983: Mr. ADERHOLT.

H.R. 4985: Mr. OLSON and Mr. GONZALEZ of Texas.

H.R. 5011: Mr. ELLISON.

H.R. 5107: Mr. BANKS of Indiana.

H.R. 5138: Mr. LEWIS of Minnesota.

H.R. 5161: Mr. KHANNA and Ms. SCHAKOWSKY.

H.R. 5162: Ms. NORTON, Mr. GRIJALVA, Mr. LANGEVIN, and Ms. MAXINE WATERS of California.

H.R. 5163: Mr. KHANNA.

H.R. 5199: Mr. BILIRAKIS.

H.R. 5288: Mr. ZELDIN.

H.R. 5321: Mr. BANKS of Indiana.

H.R. 5343: Mr. COURTNEY, Mr. ABRAHAM, and Mr. GRAVES of Georgia.

H.R. 5358: Mr. WALBERG.

H.R. 5402: Mr. GIANFORTE.

H.R. 5414: Mr. KIHUEN.

H.R. 5542: Mr. SIRES.

H.R. 5564: Mr. WELCH.

H.R. 5588: Ms. JUDY CHU of California and Mrs. DAVIS of California.

H.R. 5606: Mr. HUFFMAN.

H.R. 5626: Mr. YOHO.

H.R. 5634: Mr. O'ROURKE.

H.R. 5671: Mr. POLIS, Mr. MEADOWS, Mr. GAETZ, Mr. KILMER, Mr. COSTELLO of Pennsylvania, and Mr. SOTO.

H.R. 5697: Mr. ROYCE of California.

H.R. 5701: Mr. BILIRAKIS and Mr. POLIQUIN.

H.R. 5709: Mrs. BLACKBURN.

H.R. 5732: Mr. MARCHANT.

H.R. 5763: Mr. BLUMENAUER and Mr. HUFFMAN.

H.R. 5774: Mr. BUCHANAN, Mr. PAULSEN, Mr. GOTTHEIMER, and Mr. HIGGINS of New York.

H.R. 5885: Ms. LOFGREN and Mr. HUFFMAN.

H.R. 5912: Mr. HECK and Mr. GIANFORTE.

H.R. 5942: Mr. POCAN, Mr. BUTTERFIELD, and Mr. BLUMENAUER.

H.R. 5948: Mrs. MCMORRIS RODGERS, Mr. YOUNG of Iowa, Mr. NORMAN, Ms. TENNEY, and Mr. WEBSTER of Florida.

H.R. 5949: Mr. YOUNG of Iowa, Ms. TENNEY, and Mr. WEBSTER of Florida.

H.R. 5950: Mr. KIHUEN, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. GARAMENDI, Mr. EVANS, Mr. BLUMENAUER, Mr. LARSEN of Washington, Mrs. MURPHY of Florida, Mr. MOULTON, Ms. MOORE, Mr. SEAN PATRICK MALONEY of New York, Mr. CARBAJAL, Mr. CONNOLLY, Mr. DESAULNIER, Ms. BASS, Mrs. LOWEY, Mr. FOSTER, and Mr. SMITH of Washington.

H.R. 5965: Ms. WILSON of Florida.

H.R. 6012: Mr. CICILLINE.

H.R. 6015: Mr. POCAN.

H.R. 6018: Mr. MAST.

H.R. 6031: Ms. CHENEY, Mr. PERLMUTTER, Mr. CRAMER, and Mr. BYRNE.

H.R. 6042: Mr. WALDEN.

H.R. 6046: Mr. RICHMOND, Mr. CUMMINGS, Ms. LOFGREN, and Ms. JACKSON LEE.

H.R. 6048: Ms. BORDALLO, Mr. CAPUANO, Mr. WELCH, Mr. ENGEL, Mrs. CAROLYN B. MALONEY of New York, Mr. KHANNA, Mr. BRADY of Pennsylvania, Mrs. NAPOLITANO, Ms. WASSERMAN SCHULTZ, Ms. CLARKE of New York, and Mr. ELLISON.

H.R. 6059: Mr. MCGOVERN, Ms. CLARK of Massachusetts, and Mr. CAPUANO.

H.R. 6075: Mr. BLUMENAUER, Ms. SCHAKOWSKY, Mr. JOHNSON of Georgia, Ms. BASS, Mr. TAKANO, and Mr. KHANNA.

H.R. 6079: Mr. RATCLIFFE and Mr. BISHOP of Georgia.

H.R. 6080: Mr. RYAN of Ohio, Mr. VISCLOSKY, and Mr. BEN RAY LUJÁN of New Mexico.

H.R. 6081: Ms. SEWELL of Alabama.

H.R. 6089: Mrs. BLACK.

H.R. 6103: Mr. NADLER, Mr. CAPUANO, Mr. SEAN PATRICK MALONEY of New York, Mr. WELCH, Mr. ENGEL, Mrs. CAROLYN B. MALONEY of New York, Mr. BRADY of Pennsylvania, Mrs. NAPOLITANO, Ms. WASSERMAN SCHULTZ, Ms. CLARKE of New York, and Mr. ELLISON.

H.R. 6108: Mr. COOK.

H.R. 6117: Ms. CLARKE of New York.

H.R. 6124: Mr. SCHWEIKERT, Mr. GALLEGO, and Mr. O'HALLERAN.

H.J. Res. 129: Mrs. DEMINGS.

H.J. Res. 135: Ms. STEFANIK and Mr. KING of New York.

H. Con. Res. 8: Mr. GOODLATTE.

H. Con. Res. 123: Mr. KIHUEN.

H. Res. 15: Mr. PEARCE.

H. Res. 349: Mr. KHANNA.

H. Res. 395: Mr. DIAZ-BALART, Mr. CAPUANO, Mr. DESAULNIER, Mr. COHEN, Mr. JOHNSON of Georgia, Ms. BARRAGÁN, Mr. KIHUEN, Mr. PANETTA, Mr. BROWN of Maryland, and Ms. MATSUI.

H. Res. 401: Ms. MOORE and Mr. PAULSEN.

H. Res. 405: Ms. MAXINE WATERS of California, Ms. ADAMS, Ms. ROSEN, and Ms. ROS-LEHTINEN.
H. Res. 593: Mr. CASTRO of Texas.
H. Res. 907: Mr. NORMAN.
H. Res. 913: Mrs. CAROLYN B. MALONEY of New York and Mr. SOTO.
H. Res. 926: Mr. RYAN of Ohio.
H. Res. 927: Mr. LARSEN of Washington, Mr. CARBAJAL, Mr. HASTINGS, Mr. COOPER, Ms. BORDALLO, Mr. SERRANO, Mr. HIGGINS of New York, Mr. SCHRADER, Mr. LIPINSKI, Mr. GOTTHEIMER, Ms. FUDGE, Ms. SEWELL of Alabama, Mr. VEASEY, Mr. MOULTON, Ms. PLASKETT, Mr. DELANEY, and Ms. MAXINE WATERS of California.
H. Res. 943: Ms. GABBARD and Ms. JAYAPAL.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. GOODLATTE

The provisions that warranted a referral to the Committee on Judiciary in H.R. 6, the ''Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act,'' do not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

The Manager's amendment to be offered to H.R. 6, Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, by Representative WALDEN of Oregon, or a designee, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

The amendment to be offered by Representative RUSH (IL) or a designee to H.R. 5797, the IMD CARE Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

PETITIONS, ETC.

Under clause 3 of rule XII,

111. The SPEAKER presented a petition of Mr. Gregory D. Watson, a citizen of Austin, TX, relative to urging Congress to propose an amendment to the United States Constitution, pursuant to Article V, that would prohibit a President of the United States from pardoning himself or herself for any high crime or misdemeanor that he or she might have committed; which was referred to the Committee on the Judiciary.