

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 yeas 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 fami-

lies 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 re-

covery 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. LANDEVIN) 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, COM-
MITTEE 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