

Golden State continues to make the bay area and America proud with their leadership, both on and off the court. Led by the extraordinary Coach Kerr—indestructible, he is—the Warriors honor our American values of equality, fairness, and respect for all with their words and their actions.

It gives me great pride to be a member of Dub Nation. Right, Congresswoman LEE? We are members of Dub Nation, and I extend my invitation to the Warriors. Joining Congresswoman LEE, who represents Oakland, we join in extending an invitation to the Warriors to once more come to the Capitol to celebrate this historic accomplishment.

On behalf of San Francisco, I extend well-deserved congratulations to the Golden State Warriors.

TAX REFORM IS WORKING FOR THE AMERICAN PEOPLE

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

Mr. FERGUSON. Mr. Speaker, I rise today because, after 6 months, it is clear that tax reform is working for the American people.

Since President Trump signed the Tax Cuts and Jobs Act into law in December, we have seen Americans reap the benefits of a growing economy. The numbers don't lie.

Here are just a few of the things that we have seen in the last 6 months: 1 million jobs have been created; the unemployment rate is at its lowest point in 18 years; and consumer confidence is at its highest point in over 17 years.

The naysayers can continue to claim that tax reform isn't working for everyday Americans, but, given these numbers, I find that hard to believe. In reality, tax reform is helping America be the best place in the world to do business, and I look forward to continuing to work here in the House with my colleagues to give all Americans the opportunity to succeed in this thriving economy.

NATIONAL WORLD BLOOD DONOR DAY

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

Mr. PAULSEN. Mr. Speaker, millions of Americans donate blood each year.

Every 2 seconds, someone in America needs blood, and one person's blood donation can save as many as three lives in a crisis. A single car accident victim could require as many as 100 pints of blood. But it can't be manufactured; it can only come from volunteer donors.

Blood donors help patients of all ages, whether they are burn victims, cancer patients, or transplant recipients. My friend and my colleague STEVE SCALISE needed as many as 20 pints of blood on the day that he was shot nearly a year ago.

In fact, he is hosting a blood drive this week, and I would encourage all those who have the opportunity to donate blood this week. He is doing it in honor of World Blood Donor Day on June 14.

Mr. Speaker, I would encourage all of those as well who are eligible to make an effort to donate blood to do so yourselves, because blood donors are lifesavers.

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.

SYNTHETIC DRUG AWARENESS ACT OF 2018

Mr. LATTA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 449) to require the Surgeon General of the Public Health Service to submit to Congress a report on the effects on public health of the increased rate of use of synthetic drugs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 449

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 "Synthetic Drug Awareness Act of 2018".

SEC. 2. REPORT ON EFFECTS ON PUBLIC HEALTH OF SYNTHETIC DRUG USE.

(a) IN GENERAL.—Not later than three years after the date of the enactment of this Act, the Surgeon General of the Public Health Service shall submit to Congress a report on the health effects of new psychoactive substances (including synthetic drugs) used since January 2010 by persons who are at least 12 years of age but no more than 18 years of age.

(b) NEW PSYCHOACTIVE SUBSTANCE DEFINED.—For purposes of subsection (a), the term "new psychoactive substance" means a controlled substance analogue (as defined in section 102(32) of the Controlled Substances Act (21 U.S.C. 802(32))).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Ohio (Mr. LATTA) and the gentleman from New Jersey (Mr. PALLONE) each will control 20 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. LATTA. 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 Ohio?

There was no objection.

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

Mr. Speaker, I rise today to express my strong support for H.R. 449, the Synthetic Drug Awareness Act of 2018. Synthetic drugs, such as synthetic marijuana and bath salts, are produced in the lab and can have chemical structures that are designed to mimic or even enhance those naturally occurring drugs.

Fentanyl, another synthetic drug, a substance that is 50 times more potent than heroin and 100 times more potent than morphine, has numerous analogs.

These drugs are modified to circumvent the Drug Enforcement Administration's scheduling regime and are a serious public health risk. That is why H.R. 449 is so important, because it will require the United States Surgeon General to submit a comprehensive report to Congress on the public health effects of synthetic drug use among youth.

I would like to thank my colleague from New York, Representative HAKEEM JEFFRIES, for his hard work on this important initiative, along with Representatives CHRIS COLLINS, G.K. BUTTERFIELD, and TREY GOWDY.

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

□ 1415

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

Mr. Speaker, the opioid crisis has left no one untouched by its destruction. Every age, sex, race, and socioeconomic class has felt the weight of the opioid epidemic and the disastrous effects it has on the lives of those in our Nation.

As this epidemic continues to grow, we have seen a dramatic increase in the number of children who are suffering opioid overdoses. A study published in Pediatrics earlier this year found that the number of children admitted to hospitals from opioid overdoses has nearly doubled since 2004. Another study found that kids between 12 and 17 accounted for 60 percent of the opioid overdoses in the pediatric population.

In 2016, nearly 4,000 children and young adults between the ages of 5 and 24 years old died from overdose due to opioids, and that is why I support H.R. 449. This bipartisan legislation would require the Surgeon General to report on the public health impacts of synthetic drug use and abuse by adolescents between the ages of 12 and 18.

Surgeon General reports have produced some of the most preeminent public health data available on some of the Nation's most pressing public health crises, from the adverse health consequences of tobacco use to reports on nutrition, HIV/AIDS, and violence. This is an important bill because it will allow the Surgeon General to address the impact of synthetic drug use on the youth population, and highlight the need for increased prevention efforts in the future.

This bill, like so many of the bills we are considering today, helps raise awareness of the opioid crisis, and helps us to continue to chart a path forward in addressing this epidemic.

But, Mr. Speaker, I am concerned that collectively these 57-plus bills we will consider in total, do not go far enough in providing the resources necessary for an epidemic of this magnitude. With 115 Americans dying every day, we must ensure that people have access to treatment. The bills the House will debate this week do not do enough to expand treatment for millions suffering from this crisis.

Additionally, Mr. Speaker, I would be remiss if I did not also acknowledge that the Republicans' ongoing efforts to repeal the Affordable Care Act gut Medicaid and take away critical protections for people with preexisting conditions, and would have a devastating impact on people who suffer from opioid substance abuse.

When discussing the opioid crisis on the floor this week, I urge my colleagues to remember that protecting and expanding access to care is the most critical piece of the puzzle. And any efforts to roll back the Affordable Care Act, such as another Republican-led attempt to repeal the Affordable Care Act and gut Medicaid, will hurt those who need it most.

With that said, I am pleased to support H.R. 449 and the other bills we will consider under suspension of the rules today.

Mr. Speaker, I yield as much time as he may consume to the gentleman from New York (Mr. JEFFRIES), the sponsor of H.R. 449.

Mr. JEFFRIES. Mr. Speaker, I thank the distinguished gentleman, the ranking member, Mr. PALLONE, for yielding and for his leadership on this issue.

I also want to thank Congressman LATTA, as well as Chairman GREG WALDEN and my colleagues: CHRIS COLLINS, TREY GOWDY, and G. K. BUTTERFIELD, who all were sponsors of this legislation.

Mr. Speaker, I rise today in support of H.R. 449, the Synthetic Drug Awareness Act. H.R. 449 addresses a critical and sometimes overlooked threat: the use of synthetic drugs by teenagers. It requires the Surgeon General to prepare a report on the public health effects of synthetic drug use by individuals aged 12 to 18 throughout America.

With the information this study will provide, Congress can work to prevent substance abuse by younger Americans through an enhanced and enlightened lens. The opioid crisis has ravaged families across the country, without regard to ZIP Code, income, race, religion, or gender.

Unfortunately, this public health emergency is now taking hold, in insidious ways, of our Nation's young people. Throughout the country, the drug overdose death rate has more than doubled during the past decade amongst younger Americans. This troubling phenomenon, in part, results from the

rise and availability of potent and dangerous substances like illicit fentanyl, and synthetic marijuana, drugs that fall within the category covered by this legislation.

Fentanyl, for instance, can be 50 to 100 times stronger than opioids, heroin, or morphine. Teenage fentanyl use, for instance, is a vicious cycle. Adolescents have a still-developing prefrontal cortex, which can facilitate drug-seeking behavior. The drug then alters the development of this area of the brain, making that behavior permanent.

The majority of adults who develop a substance abuse disorder or addiction begin using before they are 18 years old. In order to address the multifaceted public health crisis that the opioid epidemic represents, we must consider both the cause and the effect.

Advancing this legislation has been a collaborative process, and I greatly appreciate the hard work of all of my colleagues on both sides of the aisle.

Mr. Speaker, I encourage my colleagues to support H.R. 449.

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

There was no objection.

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

Our work on the House floor today is the culmination of more than a year's effort to craft legislation in the Energy and Commerce Committee that will save lives and help stem the tide of the opioid crisis that has struck at the health of our people wherever they live in America.

In my Oregon district, I have held multiple roundtable discussions with parents, with those addicted, and with those who treat the addicted. I have talked with law enforcement officials and emergency room physicians. I have sought the counsel and the advice of those who are closest to this national problem, and I have worked with my colleagues to carefully craft legislation that responds to the need and to their suggestions.

The headlines—we know they are everywhere—tell the tragic stories of loved ones gone far too soon. We are confronting an addiction that mercilessly seizes control and then destroys. This killer doesn't discriminate—not by age, not by race, not by where you live, or what you believe.

We are here because opioid addiction continues to take the lives of more than 100 people in America each and every day. These are real people in all of our districts—people like Amanda.

Just this past January, Amanda was seeking relief from the pain surrounding her mental illness. She ended up dying from an overdose of fentanyl. Her father bravely shared his family's story with our committee, hoping that their loss would help spur Congress to modernize Federal laws. It is for the young people like Amanda and her parents—people like Amanda who tragically lost their bright futures—that

we come together today to advance so many bipartisan pieces of legislation.

And it is for families like hers, the ones who are left behind with the heartbreak of a loss so many of us could never comprehend, that we will not rest until we have won the fight against opioid addiction.

From passage of the Comprehensive Addiction and Recovery Act, known as CARA, and the 21st Century Cures Act last Congress under the able leadership of Chairman FRED UPTON, to the \$4 billion in new funding passed earlier this year by this Congress, we have worked long and hard to help families and communities in despair.

Last fall, the Health Subcommittee chairman, Mr. BURGESS of Texas, invited all Members of the U.S. House to come before his Health Subcommittee and to share their best ideas on how to combat this crisis. We heard from more than 50 Members—Republicans, and Democrats alike.

This spring, the Energy and Commerce Committee held a series of legislative hearings examining ways to protect our communities, to boost our public health and prevention efforts, and to improve treatment and care for patients of all ages and all backgrounds.

While the work was not always easy, Mr. Speaker, the Energy and Commerce Committee has advanced 57 different pieces of legislation to this House floor, most with unanimous support, that may well be a record for legislating on a single issue.

So while the surge of addiction looms large before us, I believe that we as a Congress and we as the American people are up to this task. The bills before us are not our first efforts in this fight, and you have my word they will not be the last.

But I urge my colleagues today, tomorrow, the rest of this week, and next week to support the legislation before the House. We have an opportunity to save lives. We have a responsibility to our families, friends, communities, our neighbors, and our Nation to lift people out of addiction and to get America on a better path.

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

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

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentlewoman from Virginia (Mrs. COMSTOCK), who has been a real leader on this issue.

Mrs. COMSTOCK. Mr. Speaker, I thank Chairman WALDEN and Ranking Member PALLONE for their leadership in working with us on a bipartisan basis for this important package.

We all know the stories and have heard the stories time and again from our businesses, from our schools, from families visiting us, and we know this epidemic is hitting everybody. So I appreciate the opportunity to join together with my colleagues today to address this important issue.

Mr. Speaker, I rise today in support of my bill, H.R. 5473, the Better Pain

Management Through Better Data Act, and I would like to thank Representative BEN RAY LUJÁN for joining me in making this a bipartisan effort as an introduction as it went through committee, and now here as we are continuing to address this on the floor.

Opioid addiction we know is plaguing our communities all across the country, creating victims, devastating families, and creating economic ruin. Long-term solutions to combating this crisis depend upon safety with existing therapies and deployment of novel next generation therapies.

We need to ensure the policy and regulatory environment allows for greater adoption and use of less addictive treatments. This legislation will facilitate better clinical data on nonopioid alternatives so that doctors have more prescribing options and fewer opioids are prescribed in the first place, lowering the risk of addiction.

The FDA is responsible for protecting public health by ensuring the safety and efficacy of drugs, biological products, and medical devices. While there may be alternatives to opioids for certain patients and conditions, there is a need for additional clarity and flexibility regarding what drug developers need to do to help reduce the need for opioids as part of the pain treatment regimen.

This bill directs the FDA to have public meetings and issue guidance to industry, addressing data collection and labeling for medical products that reduce pain and may replace, delay, or reduce the use of oral opioids. This is one more effort to remove the barriers to investment and unleash the full potential of biomedical expertise to address this growing crisis.

This is the primary reason, I am pleased to say, our bill has the strong support of the Biotechnology Innovation Organization, also known as BIO, which represents more than 1,000 businesses, academic institutions, State biotechnology centers, and related entities.

The experts believe this bill will stimulate renewed research and development, and more effectively prevent abuse. This is a step in the right direction and allows doctors to better meet their commitment to their most vulnerable patients by giving them both diverse and better options for non-addictive treatments for pain.

Mr. Speaker, I thank the House today for addressing this issue, and really the ability to work together and find these solutions that we know are plaguing so many of our families. Everywhere we go we are all hearing about these stories, and I am heartened today we have joined together to provide more solutions.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this bill, so I would encourage support of H.R. 449, and I yield back the balance of my time.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 449, the Synthetic Drug Awareness Act of 2017, which requires the Surgeon General to report to Congress on the public health effects of the increased use since January 2010 by individuals who are 12 to 18 years old of drugs developed and manufactured to avoid control under the Controlled Substances Act.

The term “synthetic drug” means a drug which is developed and manufactured to avoid control under the Controlled Substances Act.

There are more than 200 identified synthetic drug compounds and more than 90 different synthetic drug marijuana compounds.

Many of these synthetic drugs are made in foreign countries and then smuggled into the United States.

These clandestinely-made drugs have no manufacturing safety standards that are normally required by the Food and Drug Administration.

Synthetic opioids have surpassed prescription opioids as the most common drug class involved in overdose deaths in the United States.

According to the Drug Enforcement Administration, fentanyl-related deaths nationwide are up from previous years by 73 percent.

Fentanyl, a synthetic opioid created using man-made chemical components rather than naturally occurring ingredients, is 50-100 times more potent than morphine.

Overall, drug overdose deaths involving fentanyl-type drugs in the United States rose from about 3,000 in 2010 to more than 19,400 in 2016.

The rate of teen drug overdose deaths in the United States climbed 19 percent from 2014 to 2015, from 3.1 deaths per 100,000 teens to 3.7 per 100,000.

The number of American teens to die of a drug overdose leapt by almost a fifth in 2015 after seven years of decline.

The opioid epidemic claimed more than 52,000 lives in 2015.

In Texas, Synthetic opioids account for almost one-fifth of drug related overdoses.

In 2016, there were 1,375 opioid-related overdose deaths in Texas specifically, according to the National Institute on Drug Abuse.

Last year, 364 drug-related overdose deaths happened in Houston.

Synthetic marijuana, methamphetamine, cocaine, and heroin top the list of drug-related problems in the Houston area.

Geographically, death rates from overdoses involving synthetic opioids increased in 21 states, with 10 states doubling their rates from 2016–2017.

No area of the United States is exempt from this epidemic—we all know a friend, family member or loved one devastated by opioids.

H.R. 449 is a positive step in the right direction, I urge my colleagues to vote yes on H.R. 449, the Synthetic Drug Awareness Act of 2017.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Ohio (Mr. LATTA), that the House suspend the rules and pass the bill, H.R. 449, 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 Sur-

geon General of the Public Health Service to submit to Congress a report on the health effects of new psychoactive substances (including synthetic drugs) use.”.

A motion to reconsider was laid on the table.

□ 1430

BETTER PAIN MANAGEMENT THROUGH BETTER DATA ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5473) to direct the Secretary of Health and Human Services to update or issue one or more guidances addressing alternative methods for data collection on opioid sparing and inclusion of such data in product labeling, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5473

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 “Better Pain Management Through Better Data Act of 2018”.

SEC. 2. GUIDANCE ADDRESSING ALTERNATIVE APPROACHES TO DATA COLLECTION AND LABELING CLAIMS FOR OPIOID SPARING.

(a) IN GENERAL.—For purposes of assisting sponsors in collecting and incorporating opioid-sparing data in product labeling, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall conduct a public meeting and update or issue one or more guidances in accordance with subsection (b).

(b) GUIDANCE.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, shall update or issue one or more guidances addressing—

(A) alternative methods for data collection on opioid sparing;

(B) alternative methods for inclusion of such data in product labeling; and

(C) investigations other than clinical trials, including partially controlled studies and objective trials without matched controls such as historically controlled analyses, open-label studies, and meta-analyses, on opioid sparing for inclusion in product labeling.

(2) CONTENTS.—The guidances under paragraph (1) shall address—

(A) innovative clinical trial designs for ethically and efficiently collecting data on opioid sparing for inclusion in product labeling;

(B) primary and secondary endpoints for the reduction of opioid use while maintaining adequate pain control;

(C) use of real world evidence, including patient registries, and patient reported outcomes to support inclusion of opioid-sparing data in product labeling; and

(D) how sponsors may obtain feedback from the Secretary relating to such issues prior to—

(i) commencement of such data collection; or

(ii) the submission of resulting data to the Secretary.

(3) PUBLIC MEETING.—Prior to updating or issuing the guidances required by paragraph