(1), the Secretary shall consult with stakeholders, including representatives of regulated industry, academia, patients, and provider organizations, through a public meeting to be held not later than 12 months after the date of enactment of this Act.

(4) TIMING.—The Secretary shall—

(A) not later than 12 months after the date of the public meeting required by paragraph (3), update or issue the one or more draft guidances required by paragraph (1); and

(B) not later than 12 months after the date on which the public comment period for such draft guidances closes, finalize such guidances.

(c) DEFINITION.—In this section:

(1) The terms ''opioid sparing'' and ''opioid-sparing'' refer to the use of drugs or devices (as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321)) that reduce pain while enabling the reduction, replacement, or avoidance of oral opioids.

(2) The term ''Secretary'' means the Secretary of Health and Human Services.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) 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 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 rise today to speak in favor of this legislation, and I want to thank Representatives COMSTOCK and LUJÁN for their leadership on it.

This bill would take steps to facilitate the development of products that reduce, replace, or prevent the use of opioids. Specifically, this legislation will direct the FDA to hold a public meeting and update the agency's guidance on opioid sparing data that can be used to support updated product labeling and claims.

For many Americans, Mr. Speaker, dealing with chronic or acute pain, there are limited alternatives to opioids, but for some patients, there may be therapeutic alternatives which do not share the same risks inherent in opioid use. This bill will facilitate the process of getting information to providers and patients at a critical juncture in their treatment.

By reducing the need to start an opioid, we can stop addiction before it starts, and we can save countless lives in the process. So I urge my colleagues to vote in favor of this narrowly tailored, commonsense, and noncontroversial measure.

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

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

Mr. Speaker, I rise in support of H.R. 5473, legislation offered by my colleagues, Representatives LUJÁN and COMSTOCK.

H.R. 5473 would provide greater clarity to drug and device manufacturers regarding the studies that should be conducted for purposes of making claims on the labeling of medical products that they may replace, delay, or reduce the use of opioids.

This is practical legislation, Mr. Speaker, that I believe will help to encourage manufacturers to do the necessary work to determine how we can identify for providers and patients medical products that can serve as alternatives to the use of opioids for purposes of pain treatment.

Mr. Speaker, I urge my colleagues to vote in support of H.R. 5473, and I reserve the balance of my time.

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

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN), who is one of the sponsors of this bill.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I rise in support of the Better Pain Management Through Better Data Act.

Current data collection models used by the Food and Drug Administration to measure clinical effectiveness are not ideally suited to accelerate development of opioid-sparing products. This bipartisan legislation will better allow the FDA to obtain the data they need to more quickly approve label claims for nonaddictive pain medications.

I think I have said this at least 100 times at this point, but we must work with our pharmaceutical partners and the FDA to make sure that patients across the country have nonaddictive pain management options.

I come from a blue-collar district with ironworkers and ranchers and a whole lot of jobs where wear and tear on the body is inevitable. It is simply unrealistic to think that we won't have people who need access to pain therapy. That is where nonaddictive therapies come in. This bill is another step forward in making sure that everyone has more options to treat pain.

While we are talking about nonaddictive pain medications and how important they are to break the cycle of addiction back home, I want to take a second to direct my comments toward all the pharmaceutical manufacturers who are developing or plan to develop drugs in this space: This is important. We need you to be innovative, and we need you to be aggressive.

That being said, Mr. Speaker, I am already starting to be concerned regarding the cost of these drugs. Let me put this in plain English. I am worried that the people living in different parts of America may be able to afford these drugs but families who are struggling and worrying about how to make that family budget work are going to be left out. If people can't afford these therapies and these treatments, they are not going to make a bit of difference.

We cannot create another layer of people who can afford medications and therapies and people who cannot, especially not when this issue is so important. All nonaddictive pain medications must be affordable, accessible, and of high quality.

I appreciate the hard work of the committee staff, Chairman WALDEN, Ranking Member PALLONE, and all the stakeholders who helped get this bill to the finish line.

This epidemic is affecting too many New Mexicans, too many Americans, to not think about long-term strategies for preventing opioid use disorder in the future.

I appreciate Chairman WALDEN's remarks. I thank him for acknowledging that this is not the end of our work.

This committee has much work to do not just with this package, but into the future, until we are able to help everyone who is fighting addiction in America. I look forward to working with our colleagues, with the administration, and with anyone and everyone out there to make a difference when it comes to addiction in our country.

Mr. WALDEN. Mr. Speaker, I have no further speakers on this legislation. I urge my colleagues to support it.

I commend the gentleman from New Mexico (Mr. BEN RAY LUJÁN) and the gentlewoman from Virginia (Mrs. COMSTOCK) for their tireless work on this legislation.

Mr. Speaker, I urge my colleagues to vote in favor of it, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also ask that my colleagues support this bipartisan legislation, 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. 5473, 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.

TESTING INCENTIVE PAYMENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR ADOPTION AND USE OF CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (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, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3331

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

SECTION 1. TESTING OF INCENTIVE PAYMENTS FOR BEHAVIORAL HEALTH PROVIDERS FOR ADOPTION AND USE OF CERTIFIED ELECTRONIC HEALTH RECORD TECHNOLOGY.

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 clause:

''(xxv) Providing, for the adoption and use of certified EHR technology (as defined in section 1848(o)(4)) to improve the quality and coordination of care through the electronic documentation and exchange of health information, incentive payments to behavioral health providers (such as psychiatric hospitals (as defined in section 1861(f)), community mental health centers (as defined in section 1861(ff)(3)(B)), hospitals that participate in a State plan under title XIX or a waiver of such plan, treatment facilities that participate in such a State plan or such a waiver, mental health or substance use disorder providers that participate in such a State plan or such a waiver, clinical psychologists (as defined in section 1861(ii)), nurse practitioners (as defined in section 1861(aa)(5)) with respect to the provision of psychiatric services, and clinical social workers (as defined in section 1861(hh)(1))).''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from New Jersey (Mr. PALLONE) 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.

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 JENKINS, who is here and going to speak in a moment; Representative MATSUI, who is also here and going to speak in a moment; Representative MULLIN; and others who are working together on this bill.

H.R. 3331 will open an opportunity to accelerate the use of electronic health records for behavioral health providers. Behavioral health providers were left out of the HITECH incentives, leading to a lower rate of adoption and creating a gap in continuity of care at a point when it is most needed.

If there is one place you don't want a data-drop in care provided it is with those who have sought care, but their doctors don't know about it because they don't have the technology they need. No patient should face the risks of being rerouted to opioids because their provider did not have the full picture of a patient's history.

During the thorough legislative process the Energy and Commerce Committee has engaged in to get here today, we have heard from several witnesses and stakeholders on the importance of better utilizing technology. So it is a natural step to let CMMI test the impact of connecting behavioral health providers with the rest of the healthcare community.

Mr. Speaker, I urge my colleagues to support the passage of H.R. 3331.

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 3 minutes to the gentlewoman from Kansas (Ms. JENKINS), who has been a real leader on this legislation.

Ms. JENKINS of Kansas. Mr. Speaker, I thank the gentleman for yielding and his leadership.

Mr. Speaker, I rise today to express strong support for the Improving Access to Behavioral Health Information Technology Act, H.R. 3331. Our Nation finds itself in a mental health and opioid crisis, and Congress must do all it can to ensure providers have the tools they need to effectively treat their patients.

Toward that end, together with Representatives MATSUI and MULLIN, I introduced this bipartisan legislation, which would authorize the Center for Medicare and Medicaid Innovation to incentivize health IT demonstrations for behavioral health providers. By utilizing electronic health records, they can better coordinate care, support delivery of treatment, and help to fully integrate recovery and prevention services for all Americans.

This legislation takes the critical step of bringing mental health and addiction treatment into the 21st century while reducing health spending and expanding access for these treatments to underserved communities, including rural areas in my home State of Kansas.

Mr. Speaker, I urge my colleagues to vote in favor of H.R. 3331. It is my hope we will get this bill to the President's desk as quickly as possible.

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

Mr. Speaker, I rise in support of H.R. 3331, sponsored by Representative LYNN JENKINS and Representative DORIS MATSUI, and I commend my colleagues for their work on the bill.

One of the reasons why the opioid crisis is so intractable is the lack of access to behavioral health services in all of our communities, and the continued segregation of behavioral health from physical health.

For decades, we have neglected our behavioral health infrastructure, and siloed behavioral health from our broader healthcare system. The lack of integration between behavioral and physical health has had serious consequences for patients, including poor to nonexistent coordination of care, severe provider shortages, and poor health outcomes.

One barrier in addressing true integration has been that behavioral health providers in large part don't have access to electronic health records, and were left out of the push to update electronic health records systems. That is an unfortunate legacy that we are still dealing with today.

H.R. 3331 takes an important step in addressing this problem. It is a bipartisan bill that would incentivize behavioral health providers to adopt electronic health record technology, through the Centers for Medicare & Medicaid Innovation.

While this is an important bill, I want to underscore that it is incremental and it is limited. I want to reiterate my continuing concern that while Democrats support working on a legislative package to address the opioid crisis, we must first assure that we do no harm.

And I must remind everyone that Republican efforts to dismantle and sabotage the ACA would do serious harm to our healthcare system, and to folks with substance use disorders specifically.

Just last week, the Trump Administration requested that a federal court eliminate the protections in the ACA for people with preexisting conditions. That includes people with opioid use disorders, whose access to health insurance and vital treatment for opioid use disorders would be taken away if the Trump Administration is successful.

The opioids package cannot be considered in a vacuum. Mark my words—Republican efforts to tear down the ACA and the Medicaid program will not only reverse any gains we may make from these efforts today, but will to inflict broad, lasting harm to our healthcare system, and to our ability to fight the opioid crisis.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I thank Mr. PALLONE for yielding to me and for his leadership.

Mr. Speaker, while I believe that we need to do a lot more to combat the opioid and addiction epidemic, I am pleased with some of the specific steps being taken today to help communities. I specifically rise in support of legislation I coauthored with Congresswoman LYNN JENKINS on H.R. 3331.

In order to solve the root cause of addiction, we need more access to behavioral health in our communities, and we need to treat mental health and substance use disorder like diseases. That means integrating care and services for those conditions into the healthcare system. It means treating a person as a whole person.

Physical and mental health conditions interplay and should be treated as such. We cannot have a truly integrated system with the care coordination we envision if behavioral health providers don't have electronic health records. We must work to harness the power of technology to improve the accessibility of behavioral health treatment, particularly in underserved communities.

This bipartisan bill will incentivize behavioral health providers to adopt electronic health record technology. The Senate version of the bill, led by Senators WHITEHOUSE and PORTMAN, passed by unanimous consent last month, so I hope that we can continue the momentum around this legislation with the passage of H.R. 3331 today.

Before I close, I want to reiterate how important it is for my Republican colleagues to join us in doing more. We need to protect and expand Medicaid, build on ACA successes in terms of access to behavioral healthcare, and fund treatment and prevention efforts in our local communities. We have a long way to go. This is a really good start, and I implore my colleagues to work with us as we move forward.

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

Mr. PALLONE. Mr. Speaker, I have no other speakers.

I urge support of the legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I thank Members on both sides for their good work on this legislation. I urge passage, 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. 3331, 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.

INDEXING NARCOTICS, FENTANYL, AND OPIOIDS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4284) to establish a Federal Coordinator within the Department of Health and Human Services, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4284

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 ''Indexing Narcotics, Fentanyl, and Opioids Act of 2018'' or the ''INFO Act''.

SEC. 2. ESTABLISHMENT OF SUBSTANCE USE DISORDER INFORMATION DASHBOARD.

Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by adding at the end the following new section:

''SEC. 1711. ESTABLISHMENT OF SUBSTANCE USE DISORDER INFORMATION DASHBOARD.

''(a) IN GENERAL.—Not later than six months after the date of the enactment of this section, the Secretary of Health and Human Services shall, in consultation with the Director of National Drug Control Policy, establish and periodically update a public information dashboard that—

''(1) coordinates information on programs within the Department of Health and Human Services related to the reduction of opioid abuse and other substance use disorders;

''(2) provides access to publicly available data from other Federal agencies; State, local, and Tribal governments; nonprofit organizations; law enforcement; medical experts; public health educators; and research institutions regarding prevention, treatment, recovery, and other services for opioid use disorder and other substance use disorders;

''(3) provides comparable data on substance use disorder prevention and treatment strategies in different regions and population of the United States;

''(4) provides recommendations for health care providers on alternatives to controlled substances for pain management, including approaches studied by the National Institutes of Health Pain Consortium and the National Center for Complimentary and Integrative Health; and

''(5) provides guidelines and best practices for health care providers regarding treatment of substance use disorders.