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.

''(b) CONTROLLED SUBSTANCE DEFINED.—In this section, the term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).''.

SEC. 3. INTERAGENCY SUBSTANCE USE DISORDER COORDINATING COMMITTEE.

(a) ESTABLISHMENT.—Not later than three months 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, in consultation with the Director of National Drug Control Policy, establish a committee, to be known as the Interagency Substance Use Disorder Coordinating Committee (in this section referred to as the ''Committee''), to coordinate all efforts within the Department of Health and Human Services concerning substance use disorder.

(b) MEMBERSHIP.—

(1) FEDERAL MEMBERS.—The following individuals shall be the Federal members of the Committee:

(A) The Secretary, who shall service as the Chair of the Committee.

(B) The Attorney General of the United States.

(C) The Secretary of Labor.

(D) The Secretary of Housing and Urban Development.

(E) The Secretary of Education.

(F) The Secretary of Veterans Affairs.

(G) The Commissioner of Social Security.

(H) The Assistant Secretary for Mental Health and Substance Use.

(I) The Director of the Centers for Disease Control and Prevention.

(J) The Director of the National Institutes of Health and the Directors of such national research institutes of the National Institutes of Health as the Secretary determines appropriate.

(K) The Administrator of the Centers for Medicare & Medicaid Services.

(L) The Director of National Drug Control Policy.

(M) Representatives of other Federal agencies that serve individuals with substance use disorder.

(2) NON-FEDERAL MEMBERS.—The Committee shall include a minimum of 17 non-Federal members appointed by the Secretary, of which—

(A) at least two such members shall be an individual who has received treatment for a diagnosis of an opioid use disorder;

(B) at least two such members shall be an individual who has received treatment for a diagnosis of a substance use disorder other than an opioid use disorder;

(C) at least two such members shall be a State Alcohol and Substance Abuse Director;

(D) at least two such members shall be a representative of a leading research, advocacy, or service organization for adults with substance use disorder;

(E) at least two such members shall—

(i) be a physician, licensed mental health professional, advance practice registered nurse, or physician assistant; and

(ii) have experience in treating individuals with opioid use disorder or other substance use disorders;

(F) at least one such member shall be a substance use disorder treatment professional who is employed with an opioid treatment program;

(G) at least one such member shall be a substance use disorder treatment professional who has research or clinical experience in working with racial and ethnic minority populations;

(H) at least one such member shall be a substance use disorder treatment professional who has research or clinical mental health experience in working with medically underserved populations;

(I) at least one such member shall be a State-certified substance use disorder peer support specialist;

(J) at least one such member shall be a drug court judge or a judge with experience in adjudicating cases related to substance use disorder;

(K) at least one such member shall be a law enforcement officer or correctional officer with extensive experience in interacting with adults with a substance use disorder; and

(L) at least one such member shall be an individual with experience providing services for homeless individuals and working with adults with a substance use disorder.

(c) TERMS.—

(1) IN GENERAL.—A member of the Committee appointed under subsection (b)(2) shall be appointed for a term of three years and may be reappointed for one or more three-year terms.

(2) VACANCIES.—A vacancy on the Committee shall be filled in the same manner in which the original appointment was made. Any individual appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term and may serve after the expiration of such term until a successor has been appointed.

(d) MEETINGS.—The Committee shall meet not fewer than two times each year.

(e) DUTIES.—The Committee shall—

(1) monitor opioid use disorder and other substance use disorder research, services, and support and prevention activities across all relevant Federal agencies, including coordination of Federal activities with respect to opioid use disorder and other substance use disorders;

(2) identify and provide to the Secretary recommendations for improving Federal grants and programs for the prevention and treatment of, and recovery from, opioid use disorder and other substance use disorders;

(3) review substance use disorder prevention and treatment strategies in different regions and populations in the United States and evaluate the extent to which Federal substance use disorder prevention and treatment strategies are aligned with State and local substance use disorder prevention and treatment strategies;

(4) make recommendations to the Secretary regarding any appropriate changes with respect to the activities and strategies described in paragraphs (1) through (3);

(5) make recommendations to the Secretary regarding public participation in decisions relating to opioid use disorder and other substance use disorders and the process by which public feedback can be better integrated into such decisions; and

(6) make recommendations to ensure that opioid use disorder and other substance use disorder research, services, and support and prevention activities of the Department of Health and Human Services and other Federal agencies are not unnecessarily duplicative.

(f) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter for the life of the Committee, the Committee shall publish on the public information dashboard established under section 2(a) a report summarizing the activities carried out by the Committee pursuant to subsection (e), including any findings resulting from such activities.

(2) RECOMMENDATION FOR COMMITTEE EXTENSION.—After the publication of the second report of the Committee under paragraph (1), the Secretary shall submit to Congress a recommendation on whether or not the operations of the Committee should continue after the termination date described in subsection (i).

(g) WORKING GROUPS.—The Committee may establish working groups for purposes of carrying out the duties described in subsection (e). Any such working group shall be composed of members of the Committee (or the designees of such members) and may hold such meetings as are necessary to enable the working group to carry out the duties delegated to the working group.

(h) FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Committee only to the extent that the provisions of such Act do not conflict with the requirements of this section.

(i) SUNSET.—The Committee shall terminate on the date that is six years after the date on which the Committee is established under subsection (a).

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 on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today to express my strong support for H.R. 4284, the Indexing Narcotics, Fentanyl, and Opioid Act of 2018, more easily known as the INFO Act.

This legislation will facilitate the linking of all nationwide health efforts and strategies to combat the opioid crisis into one place, as well as create an interagency substance abuse disorder coordinating committee to review and coordinate research, services, and prevention activities across all relevant Federal agencies. This is going to be a tremendous resource for patients, families, and local communities and their leaders. I want to thank my colleague from Ohio (Mr. LATTA) for leading this important initiative.

I think all of us in our districts, Mr. Speaker, have heard directly from people saying: I don't know what resources are there at the Federal level. I don't know where to go access it. Can't you do something?

That is why Mr. LATTA, who chairs our Subcommittee on Digital Commerce and Consumer Protection, rose to the challenge and put together this piece of legislation.

Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. LATTA) to discuss the importance of this legislation.

Mr. LATTA. Mr. Speaker, I thank the chairman of the committee for all his hard work and for especially shepherding these 57 bills that we got through committee on the opioid crisis

that we have in this country. I thank him for that and for helping on this piece of legislation today.

Mr. Speaker, I rise today in support of H.R. 4284, the INFO Act, the Indexing Narcotics, Fentanyl, and Opioids Act.

In Ohio, we have experienced some of the worst of the crisis. In a 12-month period ending June 30 of last year, 5,232 lives were lost due to overdoses. That is a 39 percent increase from the previous year and three times the national average.

In talking with my constituents across the district, I have learned that to make a real difference in the lives of those who are struggling with addiction, we need to get more data, information, and funding into the hands of the right people. That is exactly what the INFO Act does.

My bill creates a public dashboard consisting of comprehensive information and data on nationwide efforts to combat the opioid crisis. Establishing a one-stop shop makes it easier for advocates, healthcare providers, and State and local governments to access Federal funding, data on opioid abuse, and the best practices for treatment.

Due to this crisis, we are losing 115 Americans a day across this Nation. The time to act is now. I urge my colleagues to support the passage of this legislation.

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

Mr. Speaker, I rise in support of H.R. 4284, the Indexing Narcotics, Fentanyl, and Opioids Act, or INFO Act.

The opioid crisis is a complex issue that requires an all-hands-on-deck approach. Communities across the Nation are being ravaged by this crisis, and many are working hard to find ways to stop it.

With 115 people dying every day from opioid overdoses, communities could benefit from sharing effective interventions to decrease opioid use disorder and overdose deaths and having one-stop access to Federal resources, including grant funding announcements, available to support their efforts.

The INFO Act would create a central repository for information on programs within HHS related to the reduction of opioid abuse and other substance use disorders, as well as how communities nationwide are tackling the opioid epidemic. In this way, folks across the country can work together and learn from one another.

This easily accessible, electronic public dashboard would allow for strategies to combat this crisis to be shared and served as a resource to patients, loved ones of those with opioid use disorder, and local communities.

The INFO Act also would establish an interagency substance use disorder coordinating committee to help coordinate response efforts to the opioid epidemic within HHS.

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

Mr. WALDEN. Mr. Speaker, I, too, would encourage our colleagues to support this fine piece of legislation and, again, commend its authors for doing the good work that will help so many in our districts.

Mr. Speaker, I urge support, 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. 4284, 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 establish a substance use disorder information dashboard within the Department of Health and Human Services, and for other purposes.''.

A motion to reconsider was laid on the table.

ENSURING ACCESS TO QUALITY SOBER LIVING ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4684) to direct the Secretary of Health and Human Services, acting through the Director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, to publish and disseminate best practices for operating a recovery housing, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4684

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 ''Ensuring Access to Quality Sober Living Act of 2018''.

SEC. 2. NATIONAL RECOVERY HOUSING BEST PRACTICES.

Part P of title III of the Public Health Service Act is amended by adding at the end the following new section:

''SEC. 399V–7. NATIONAL RECOVERY HOUSING BEST PRACTICES.

''(a) BEST PRACTICES.—The Secretary of Health and Human Services, in consultation with the Secretary for Housing and Urban Development, patients with a history of opioid use disorder, and other stakeholders, which may include State accrediting entities and reputable providers, analysts, and stakeholders of recovery housing services, such as the National Alliance for Recovery Residences, shall identify or facilitate the development of best practices, which may include model laws for implementing suggested minimum standards, for operating recovery housing.

''(b) DISSEMINATION.—The Secretary shall disseminate the best practices identified or developed under subsection (a) to—

''(1) State agencies, which may include the provision of technical assistance to State agencies seeking to adopt or implement such best practices;

''(2) recovery housing entities; and

''(3) the public, as appropriate.

''(c) DEFINITIONS.—In this section:

''(1) The term 'recovery housing' means a shared living environment free from alcohol and illicit drug use and centered on peer support and connection to services, including medication-assisted treatment services, that promote sustained recovery from substance use disorders.

''(2) The term 'State' includes any of the several States, the District of Columbia, each Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), and any territory or possession of the United States.

''(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $3,000,000 for the period of fiscal years 2019 through 2021.''.

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 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 rise today to express my strong support for H.R. 4684, Ensuring Access to Quality Sober Living Act of 2018.

This legislation will require the Department of Health and Human Services to develop and disseminate best practices for operating recovery housing.

We heard a lot about these issues in the course of our investigation and in our legislative work. Recently, an increasing number of reports have revealed the nefarious practice of patient brokering. This is where individuals known as ''patient brokers'' treat men and women with a substance use disorder as a commodity. They push them to seek treatment at certain outpatient facilities and to live at affiliated recovery residences while undergoing treatment.

In exchange for steering patients towards specific facilities and housing, patient brokers then receive generous financial kickbacks. Oftentimes, the residence and the treatment center involved in the kickback scheme lack any oversight, transparency, or accountability. This legislation will help ensure that recovery residences maintain safe and supportive environments for those who are in recovery.

I would like to thank my California colleagues, JUDY CHU, MIMI WALTERS, and RAUL RUIZ, along with Florida Representative GUS BILIRAKIS, for addressing this important issue and bringing this legislation to the committee and to the floor.

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