

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.

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

Mr. Speaker, I rise in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act of 2018, introduced by Representative CHU.

This bill would require the Department of Health and Human Services to work with stakeholders, including individuals with substance use disorders and recovery housing groups, to develop best practices for operating recovery housing.

The Energy and Commerce Committee's bipartisan investigation into disreputable sober homes and associated patient brokers and treatment facilities has made clear that we must do more to ensure that individuals with an opioid use disorder are not being taken advantage of by entities seeking to treat such individuals as commodities rather than people in need of treatment.

In fact, in far too many instances, these homes and providers offered no treatment at all. In other instances, where treatment is offered, it is only provided to increase the provider's profits. In the worst instances, these rogue providers go so far as to help individuals stop their illicit use of opioids for the duration of their insurance limit for a given treatment service, only to supply opioids to these same individuals after they are released so they can relapse and their insurance once again can be milked for the duration of the benefit limit.

Such providers are not only harmful to patients trying to stop their illicit use of opioids and enter recovery, this substandard treatment also costs many individuals their lives.

Mr. Speaker, our investigation also has revealed that individuals with opioid use disorder and their families are particularly susceptible to such schemes, because there is not adequate information available to help them determine whether a facility is a quality provider of recovery housing or to detect the fraudulent intent of such actors. Many rely on bad information obtained through internet searches or questionable referrals from individuals who are actually patient brokers and paid to deliver patients to the highest bidding sober home or treatment provider.

The bill before us, the Ensuring Access to Quality Sober Living Act, aims to prevent the often tragic consequences of the patient brokering schemes that send individuals to low-quality sober homes and treatment providers.

I want to thank Ms. CHU for all she has done to move this bill. This legislation requires Health and Human Services, in coordination with the Department of Housing and Urban Development, and with stakeholders, to establish best practices that will aid States in establishing standards for the recovery houses, help recovery housing providers in establishing and maintaining housing that meets the highest quality

of service delivery, and help individuals and their families identify what to look for in a quality provider of recovery housing.

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

The SPEAKER pro tempore. Without objection, the gentleman from Texas will control the remainder of the time for the majority.

There was no objection.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, we heard about this issue in both the Health Subcommittee that I chair as well as the Oversight and Investigations Subcommittee on Energy and Commerce chaired by Mr. GREGG HARPER.

We had a roundtable of family members who had lost family due to the opioid crisis. They spoke very eloquently about this issue. Two in particular stand out, Gail Smith and Lisa Daniels, both mothers who had lost sons to the opioid crisis. Both sons had been brokered into recovery homes that really didn't have their best interests at heart and ultimately succumbed to their disease of addiction.

This is significantly important legislation. I obviously encourage all of my colleagues to be supportive.

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

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. JUDY CHU), the sponsor of the legislation.

Ms. JUDY CHU of California. Mr. Speaker, I rise today to urge support for H.R. 4684, the Ensuring Access to Quality Sober Living Act.

As we work to address our Nation's opioid crisis, it is important that we address recovery, in addition to treatment and prevention. Addiction is a lifelong condition. After seeking treatment, individuals suffering from addiction need stable living environments, mental health services, and peer support to maintain their sobriety. Recovery is what this bill seeks to address.

I introduced this bill because of my constituent, Ryan Hampton. Ryan was once a promising White House intern who was succeeding in college and who had his whole life ahead of him. But in his early twenties, he broke his knee hiking and was prescribed opiates for the pain. He soon became dependent on prescription drugs. He was labeled a drug seeker and was discharged from medical care.

Unfortunately, this did nothing to address his addiction. Without seeing any other options, he turned to heroin. Within a few months, Ryan was homeless and living on the streets. It wasn't until after he overdosed that Ryan got the help he needed.

After he recovered, Ryan eventually was able to be in a treatment center. He told me that he considered himself one of the lucky ones. By the time I met Ryan, he was a year and a half

sober and an active advocate for the recovery community. He used his second chance to speak on behalf of others battling this devastating addiction—people like his friend, Tyler. Tyler was living in a sober living home, or a recovery residence, when he died of a heroin overdose.

Sober homes are great a resource for those newly out of treatment. They provide a safe and stable living environment to help people transition back into their lives without addiction. Sober homes have an added responsibility because the risk of overdose for those individuals can be the highest while in recovery.

Unfortunately, some sober homes can be unequipped to handle at-risk patients or do not employ staff with specialty training for individuals in recovery. Sadly, some of these facilities are bad actors that do not encourage recovery, but exploit vulnerable individuals recently released from treatment in order to collect insurance payments.

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For example, Tyler's home didn't have naloxone on site, which is a drug that can counteract an overdose. Outraged and heartbroken, Ryan came to me to seek a solution. People like Tyler, who do everything right to get themselves sober, should know that they can trust the sober living homes and others on whom they rely for support.

Together, we worked on a bill that I introduced to create best practices as well as standards for sober living facilities. I cannot express my pride enough when, just a few years after addiction forced him onto the streets, Ryan appeared before Congress this spring to testify in front of the Energy and Commerce Subcommittee on Health to share his story and to encourage investment in recovery the way that we are investing in prevention and treatment.

That is exactly what H.R. 4684 would do. It would allow the Department of Health and Human Services to establish a set of best practices that sober homes could adopt so that individuals in treatment and their families can help differentiate the bad actors from the good. These benchmarks would take into account existing standards developed by the National Alliance for Recovery Residences, such as requiring that all fees and charges be explained to residents and that naloxone be available and accessible for use in emergency. As Ryan said in his congressional testimony, not having naloxone on hand is like not having lifeboats on a ship.

H.R. 4684 would also provide technical assistance to States that wish to adopt or implement these standards so that the recovery community has the support it needs.

Unfortunately, Tyler's story is not unique. I have heard from advocates in Arizona, Pennsylvania, Missouri, Ohio, and countless others who are concerned

for their friends and neighbors living in unregulated sober living facilities. That is why I am so thrilled to have H.R. 4684 on the floor here today. We need to stand behind those who have done the difficult task of seeking and completing treatment and ensure that the homes in which they live are able to meet their needs.

I would like to thank Representatives RUIZ, WALTERS, and BILIRAKIS for joining me as original cosponsors of this bill and for supporting it during their work on the Energy and Commerce Committee.

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

Mr. BURGESS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Mrs. MIMI WALTERS), a valuable member of the Energy and Commerce Committee and cosponsor of the bill before us.

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act.

Mr. Speaker, as the opioid epidemic grows, so does the need for legitimate addiction treatment facilities. Southern California is home to more than 1,100 licensed facilities and countless unlicensed sober living homes, many of which have engaged in activities that exploit patients and endanger communities. Some facilities engage in patient brokering while others fail to treat the underlying cause of addiction, putting patients at risk of relapse.

Mr. Speaker, the Ensuring Access to Quality Sober Living Act would require the Department of Health and Human Services to establish best practices for sober living homes to ensure patients receive high-quality care. This bill would put an end to fraudulent behavior and unethical practices conducted by some sober living homes while helping those struggling with addiction rebuild and reclaim their lives.

I thank my fellow Californian, Congresswoman CHU, for her work on this important issue, and I urge my colleagues to support this legislation.

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

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

Mr. BURGESS. Mr. Speaker, I urge support, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 4684, the Ensuring Access to Quality Sober Living Act.

Patient brokering is and continues to be an issue in Florida and across our nation. In light of the Nation's opioid crisis, an increased demand for recovery from substance use disorder has sadly attracted bad actors into the recovery space in order to make a quick buck by taking advantage of patients and families in crisis.

Currently, regulations for addiction recovery providers vary from state-to-state and are virtually non-existent in some states. As a result, patients and families are unable to confidently identify quality sober living environments.

Upon learning that various mental health and substance use disorder facilities were making payments to individuals for the referral of patients identified in Alcoholics Anonymous meetings, homeless shelters, and other similar environments, Florida's legislature passed The Patient Brokering Act to prevent it by making the perverse practice a third-degree felony punishable by up to 5 years in prison. However, monitoring and enforcement continue to pose a challenge.

As communities and states, like Florida, crack down, these parasites simply relocate, rebrand, and victimize a new community—leaving broken patients and families searching for quality recovery in their wake. Unfortunately, the lack of and adherence to an industry-wide standard in the addiction recovery space has led to the industry becoming an incubator for fraud, waste, and abusive practices.

Law enforcement cannot solve this problem alone. It is vital that we work in a bipartisan manner to address laws and regulations, or lack thereof, which exacerbates this national crisis. H.R. 4684, the Ensuring Access to Quality Sober Living Act does just that. H.R. 4684 authorizes the Substance Abuse and Mental Health Services Administration to develop best practices for sober living facilities in addition to providing technical assistance and support to states providing renewed confidence to families whose loved ones are in recovery in sober homes across this country.

Mr. Speaker, in crafting the opioid legislation that the House will be considering this week, Members of the Energy and Commerce Committee took the time to hear directly from those who have lost loved ones to this crisis. H.R. 4684 represents an important step in addressing concerns voiced by these courageous advocates.

Ryan Hampton's testimony reminds us that no one should have to learn their friend died of an overdose in a sober living facility due to a lack of basic operational training.

Lisa Daniels' and Gail Smith's testimony reminds us that no one should lose a child and learn later that their child was a victim of patient brokering and only ended up in a substandard recovery facility due to criminal business practices.

I urge my colleagues to support this critical, common-sense bill to improve patient safety in sober homes across our country.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4684, the Ensuring Access to Quality Sober Living Act of 2018.

Opioid abuse has become a public health crisis with devastating consequences, including; overdoses, rising incidence of neonatal abstinence syndrome, homelessness, and unemployment.

H.R. 4684 ensures that the Substance Abuse and Mental Health Service Administration has the resources to provide the best practices for operating recovery houses and to distribute the information to states, and to provide technical assistance to states seeking to adopt such practices.

It is undeniable that, to ensure their path to recovery, victims of substance abuse are in need of proper recovery housing that is free from alcohol and drug use.

People suffering from addiction are in dire need of healthy living environments to ensure a successful transition.

Recovering addicts coming from an environment that does not provide the proper assist-

ance, face many challenges and problems when they later reenter society.

Every day, over 115 Americans die after overdosing on opioids, with more than 64,000 deaths reported in the year 2016.

In 2015, 2,588 opioid overdose related deaths were reported in my home state of Texas with Harris County accounting for 318 of those deaths.

It has been reported that 91 percent of victims in recovery will experience a relapse, 59 percent of those will experience a relapse within the first two weeks of sobriety, and 80 percent within a month after discharging from a detox facility.

H.R. 4684 will not only provide addicts with qualified recovery homes but healthy family oriented settings.

Medical research suggests that recovery residences should be structured like a family home, a community living environment which is centered on peer support and connection to services.

These provisions of the bill will provide victims of opioid addiction with much needed guidance.

I urge my colleagues to join me in supporting H.R. 4684 to show their support in this extremely critical moment in time and ensure that those who have fallen victim to the opioid epidemic are provided with qualified recovery housing.

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. 4684, 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 direct the Secretary of Health and Human Services to identify or facilitate the development of best practices for operating recovery housing, and for other purposes."

A motion to reconsider was laid on the table.

ADVANCING CUTTING EDGE RESEARCH ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5002) to expand the unique research initiatives authority of the National Institutes of Health.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5002

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Advancing Cutting Edge Research Act" or the "ACE Research Act".

SEC. 2. UNIQUE RESEARCH INITIATIVES.

Section 402(n)(1) of the Public Health Service Act (42 U.S.C. 282(n)(1)) is amended—

- (1) in subparagraph (A), by striking "or";
- (2) in subparagraph (B), by striking the period and inserting "or"; and
- (3) by adding at the end the following: