

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:

“(C) high impact cutting-edge research that fosters scientific creativity and increases fundamental biological understanding leading to the prevention, diagnosis, or treatment of diseases and disorders, or research urgently required to respond to a public health threat.”.

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

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. 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 Texas?

There was no objection.

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

Mr. Speaker, today I rise to express my support for H.R. 5002, the Advancing Cutting Edge Research Act.

This important bill gives the National Institutes of Health a critical tool to help combat the opiate crisis by giving the National Institutes of Health director more flexibility to conduct innovative research and to spur urgently needed research on new, non-addictive pain medications.

By providing these authorities, the National Institutes of Health will be able to more easily partner with innovative companies with cutting-edge technology to address the opiate crisis and other public health threats.

I do want to thank colleagues from Michigan, Representatives DINGELL and former Chairman FRED UPTON, for leading this important initiative.

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. 5002, the Advancing Cutting Edge, or ACE, Research Act.

This bill would grant NIH other transactions authority that allows NIH flexibility in entering into agreements for cutting-edge research that can lead to increased understanding of prevention, diagnosis, or treatment of diseases or disorders, including substance use disorder, as well as research that is urgently needed to respond to a public health threat, such as the opioid crisis.

I urge my colleagues to support this legislation.

Mr. Speaker, I commend Representative DINGELL for her leadership on this bill, and I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. UPTON), the principal author on the bill.

Mr. UPTON. Mr. Speaker, I rise today in support of this bipartisan bill and in strong support of our continued

efforts to combat this terrible opioid epidemic that has ravaged virtually every community across the country and so many families as well.

We all know someone who is impacted and affected by this epidemic, and certainly my corner of the State is no different than any other part of the country. We are struggling.

There have been real bipartisan efforts, wins, in recent years, to address the problem. CARA, as Chairman WALDEN said a little bit earlier, as part of 21st Century Cures, provided billions of dollars for communities across the country and is delivering real results to those who are suffering. Clearly, more work is demanded and remains.

This bill, the ACE Research Act, is part of that work. It is a bipartisan bill that I have had the pleasure to work on with my good colleague and friend from Michigan, DEBBIE DINGELL. It is a balanced bill that better allows the National Institutes of Health to partner with innovative companies doing cutting-edge research to get nonaddictive pain medication to those in need. That is what this bill does. It is essential in combating the opioid epidemic.

During the hearings that we held in the Energy and Commerce Committee, Francis Collins, the director of the NIH, requested that the NIH be given more flexibility to pursue these new avenues. I know that my colleague DEBBIE DINGELL and I both had dinner last week with Francis Collins, and he was very excited to hear that it was scheduled for the House floor today. We look forward to its passage.

The advances in innovation can offer real hope to those who are suffering. Folks in Michigan and across the country are counting on the power of innovation to help us solve the opioid crisis. Let's give them what they deserve and pass this legislation. I look forward to getting it to the President's desk.

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I thank Ranking Member PALLONE for yielding and thank both Chairman WALDEN and Chairman BURGESS for their leadership in bringing this bill to the floor.

Mr. Speaker, I rise in support of my legislation, H.R. 5002, the ACE Research Act, which I am proud to author with my dear friend and colleague from Michigan, FRED UPTON.

I have lived on all sides of the opioid epidemic. My father was addicted to opioids before anyone knew what it was or before anybody talked about it. My sister died of a drug overdose. My husband lives in chronic pain, and because there are no alternative drugs that are safe for him to take, he requires opioids for his debilitating pain.

We cannot let the pendulum swing too far in either direction, and we need to find medication for those who need it. Mr. Speaker, 25 million Americans suffer from pain every single day.

While pain may not be the fifth vital sign, it is still a major issue that needs to be addressed in modern medicine.

We cannot stigmatize people who legitimately suffer from real pain. That will only make the opioid epidemic worse.

If you have lived with someone in chronic pain like I have, you know how complicated this is. People in chronic pain are being stigmatized now for seeking treatment that will allow them to live a decent life. People are coming up to me with metastatic cancer, concerned that they are not going to be able to get medicine to take care of their pain.

Unfortunately, here is a reality none of us talk about: Nonopioid pain medicines, like Tylenol or Motrin, come with serious side effects, especially for those who take them every day.

One thing on which we can all agree is that we need more alternatives to opioids in this country. This way, we can give people the relief that they need from crippling pain while not subjecting them to the risk of addiction.

This is going to require a lot of work and a lot of research to accomplish, which is why it is so essential that this work begin now. The ACE Research Act accomplishes this goal by spurring innovative research into nonopioid pain medications at NIH, which will ultimately lead to the next big breakthrough and bring benefits to patients.

This bill gives the NIH director what is known as Other Transaction Authority, so the NIH will be able to more easily partner with innovative companies who are working with cutting-edge technology to address the opioid drug crisis and other public health threats.

In congressional testimony earlier this year, NIH Director Francis Collins said that giving the agency this authority would improve their ability to do the research into nonopioid drug alternatives. We heard that, and that is what we are trying to do today. It is what we are delivering on.

There are so many people focused on the opioid epidemic these days, but many small startup companies are hesitant to partner with the Federal Government on research because the terms of a grant or a contract are too rigid and no other options are available to them.

The ACE Research Act will ensure that NIH is able to partner with real innovators on research. You never know where that next breakthrough might lie, and this bill will ensure that we leave no stone uncovered. By funding research on new treatments quicker, we are ensuring that we are going to reach patients faster.

A future with more effective nonopioid, nonaddictive drugs is a future that we all want. That is something on which we all agree.

I want to thank my friend and colleague, FRED UPTON, for working with me on this. This is a first step toward ensuring we are doing the best research in the country on alternatives to

opioids for pain medication. I also want to thank our chairman and our ranking member, and all the members, for making today the first step.

I know too well what the pain is across this country, and what we are doing today is a beginning. We need to work together in a bipartisan way to address what is hurting families across this country.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 5002.

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Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I want to wholeheartedly agree with the comments we just heard from the gentlewoman from Michigan. It is imperative that we guard against the pendulum swinging too far in either direction.

One of the very first hearings I attended as the newest member of the Energy and Commerce Subcommittee on Health in 2005 was a hearing on why doctors do not prescribe adequate pain relief for their patients who are in pain.

Now we fast-forward today, to the significant number of drug overdose deaths, many of those attributed to opiates that this country has seen in the past several years, and, clearly, it is important that the committee do something. It is important that in doing something, we do not further damage those people who are stable and depending upon a pain medication regimen that works for them. But going forward, we need to find, if we can, a way out of this predicament in the future for future patients.

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

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

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

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5002, the ACE Research Act.

It is undeniable that more money, resources, and research needs to go into solving the many addictions, diseases, and disorders that face our society today.

H.R. 5002 amends the Public Health Service Act by augmenting the National Institutes of Health's research initiatives, by introducing more critical research that will strengthen the understanding and yield cures to the myriad of health problems that are facing Americans today.

The ACE Research Act will provide the National Institutes of Health with the necessary authority, resources and support it needs to further research and increase the fundamental biological understanding of the prevention, diagnosis, and treatment of diseases and disorders.

Additionally, the research initiatives undertaken by the National Institutes of Health may be supported through transactions other than contracts, grants, or cooperative agreements under the ACE Research Act.

The ACE Research Act will provide the National Institutes of Health with the measures to implement high impact, cutting-edge research necessary to combat public health threats.

Further, the National Institutes of Health will be able to partner with companies that have the technology and resources to administer this cutting-edge research.

National Institutes of Health conducts tremendous, groundbreaking research that investigates the causes and remedies of diseases, addictions, ailments, and other public health areas for all people.

Moreover, the National Institutes of Health is the leading government agency that is responsible for essential public health and biomedical research, which helps Americans combat the health concerns that arise daily.

The ACE Research Act will support the National Institutes of Health's research initiatives in finding cures to the growing opioid addiction in America today.

Opioid addiction, which includes the overuse of illicit and prescription drugs, is taking the lives of Americans across our nation each day.

A Centers for Disease Control and Prevention (CDC) report cited 63,632 drug overdose deaths in 2016 in America, 42,249 of which were related to opioid overdoses.

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

In the city of Houston, there were 364 drug-related overdose deaths alone that happened in 2016 according to the Treatment Center, a highly respected drug and alcohol addiction treatment service center.

Therefore, it is vital that research is done concerning drug abuse and addictions, as it has been a long-term problem in our society.

According to the American Society of Addiction Medicine, addiction is "a primary, chronic disease of brain reward, motivation, memory and related circuitry."

Addiction is not a choice, a moral feeling, or a lack of will-power; it is a disease of the brain that requires proper treatment.

Addiction is a longstanding mental and physical illness that many Americans are facing today, leading to their lives being compromised, and in some cases even leading to their death.

The National Institutes of Health (NIH) is overseeing important research to respond to this epidemic, and this bill responds favorably to its request for more flexibility in conducting research on treatments for opioid addiction and other disease areas.

This research may lead to scientific advances that may find solutions to the opioid crisis, as well as solutions to other addictions and public health threats.

I urge my colleagues to join me in supporting H.R. 5002, which will expand the National Institutes of Health's research initiatives to include valuable research that will address the multitude of health concerns facing Americans today.

The SPEAKER pro tempore (Mr. WALBERG). The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 5002.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

MEDICAID INSTITUTES FOR MENTAL DISEASE ARE DECISIVE IN DELIVERING INPATIENT TREATMENT FOR INDIVIDUALS BUT OPPORTUNITIES FOR NEEDED ACCESS ARE LIMITED WITHOUT INFORMATION NEEDED ABOUT FACILITY OBLIGATIONS ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5800) to require the Medicaid and CHIP Payment and Access Commission to conduct an exploratory study and report on requirements applicable to and practices of institutions for mental diseases under the Medicaid program.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5800

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 "Medicaid Institutes for Mental Disease Are Decisive in Delivering Inpatient Treatment for Individuals but Opportunities for Needed Access are Limited without Information Needed about Facility Obligations Act" or the "Medicaid IMD ADDITIONAL INFO Act".

SEC. 2. MACPAC EXPLORATORY STUDY AND REPORT ON INSTITUTIONS FOR MENTAL DISEASES REQUIREMENTS AND PRACTICES UNDER MEDICAID.

(a) IN GENERAL.—Not later than January 1, 2020, the Medicaid and CHIP Payment and Access Commission established under section 1900 of the Social Security Act (42 U.S.C. 1396) shall conduct an exploratory study, using data from a representative sample of States, and submit to Congress a report on at least the following information, with respect to services furnished to individuals enrolled under State plans under the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.) (or waivers of such plans) who are patients in institutions for mental diseases and for which payment is made through fee-for-service or managed care arrangements under such State plans (or waivers):

(1) A description of such institutions for mental diseases in each such State, including at a minimum—

(A) the number of such institutions in the State;

(B) the facility type of such institutions in the State; and

(C) any coverage limitations under each such State plan (or waiver) on scope, duration, or frequency of such services.

(2) With respect to each such institution for mental diseases in each such State, a description of—

(A) such services provided at such institution;

(B) the process, including any timeframe, used by such institution to clinically assess and reassess such individuals; and

(C) the discharge process used by such institution, including any care continuum of relevant services or facilities provided or used in such process.

(3) A description of—

(A) any Federal waiver that each such State has for such institutions and the Federal statutory authority for such waiver; and

(B) any other Medicaid funding sources used by each such State for funding such institutions, such as supplemental payments.