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.

□ 1515

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 Canter, 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.

(4) A summary of State requirements (such as certification, licensure, and accreditation) applied by each such State to such institutions in order for such institutions to receive payment under the State plan (or waiver) and how each such State determines if such requirements have been met.

(5) A summary of State standards (such as quality standards, clinical standards, and facility standards) that such institutions must meet to receive payment under such State plans (or waivers) and how each such State determines if such standards have been met.

(6) Recommendations for actions by Congress and the Centers for Medicare & Medicaid Services. such as how State Medicaid programs may improve care and improve standards and including a recommendation for how the Centers for Medicare & Medicaid Services can improve data collection from such programs to address any gaps in information.

(b) STAKEHOLDER INPUT.—In carrying out subsection (a), the Medicaid and CHIP Payment and Access Commission shall seek input from State Medicaid directors and stakeholders, including at a minimum the Substance Abuse and Mental Health Services Administration, Centers for Medicare & Medicaid Services, State Medicaid officials, State mental health authorities, Medicaid beneficiary advocates, health care providers, and Medicaid managed care organizations.

(c) DEFINITIONS.—In this section:

(1) REPRESENTATIVE SAMPLE OF STATES.—The term ''representative sample of States'' means a non-probability sample in which at least two States are selected based on the knowledge and professional judgment of the selector.

(2) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, and any commonwealth or territory of the United States.

(3) INSTITUTION FOR MENTAL DISEASES.—The term ''institution for mental diseases'' has the meaning given such term in section 435.1009 of title 42, Code of Federal Regulations, or any successor regulation.

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 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, this bill, sponsored by my colleagues, Representatives UPTON, WALTERS, BLACKBURN, and myself, requires the Medicaid and CHIP Payment and Access Commission, known as MACPAC, to submit to Congress by January 1, 2020, a report about the services furnished to Medicaid enrollees who are patients in an IMD, that is, an institute of mental disease.

As we know, an IMD is a facility of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including treatment for individuals with substance use disorder.

Now, since the 1960s, Medicaid's IMD exclusion has limited the circumstances under which Federal Medicaid matching funds are available for inpatient mental healthcare. This means that Medicaid beneficiaries with mental health or substance use disorders are statutorily barred from receiving care in an IMD.

While Medicaid has the IMD exclusion, there is great need for this care. According to SAMHSA's 2014 National Survey on Drug Use and Health, about 8 million people—8 million, Mr. Speaker—had a mental disorder and a substance use disorder, also known as co-occurring mental and substance use disorders.

So where do Medicaid beneficiaries get the inpatient care they need? That is the question.

First, States can provide Medicaid coverage for services rendered in facilities that do not meet the definition of an IMD, such as facilities with 16 or fewer beds, and facilities that are not primarily engaged in providing care to individuals with mental diseases.

Second, States can get a waiver to allow for IMD services to be reimbursed. However, as we all know, waivers take a lot of time, and not all States have them.

So because of these complications, there is a great variation, and, frankly, little information on IMD services. That information is limited to one GAO report about types of institutional care.

The goal of this legislation is to better help Congress and CMS understand how current Medicaid dollars are being used to provide care for patients with substance use disorder and mental health disease in an IMD. This bill seeks to identify gaps in our knowledge about IMDs and leverage MACPAC's research capabilities to help address these gaps.

Given the broad bipartisan interest in ensuring patients have access to the full continuum of care, we want to ensure Congress and CMS understand how Medicaid dollars for services are being used, whether that is under a waiver, under managed care, or under fee-for-service Medicaid.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. UPTON), the former chairman of the full committee, the chairman of the Energy Subcommittee, who was very instrumental in this legislation.

Mr. UPTON. Mr. Speaker, I thank the chairman for the time, and I will be short.

This bill is important. It is bipartisan, and it ensures that patients will have access to the full continuum of care.

It is important to make sure that Congress and CMS understand how those dollars for Medicaid are being used. Whether that is under a waiver, whether it is under managed care, under fee for service, the goal of this legislation is to identify those gaps in our knowledge and to leverage MACPAC's research capabilities to address those gaps for the betterment of patients not only in Michigan but, obviously, around the country.

So this simply requires that Medicaid and CHIP Payment and Access Commission submit to Congress a report on the information about services furnished to Medicaid enrollees who are patients in an institute of mental disease, IMD, including standards that they must follow, including quality standards and recommendations how they can include the data collection for IMDs. This is going to be better for everybody, which is one of the reasons why it should have no opposition.

I appreciate the leadership of MIKE BURGESS, the chair of the Health Subcommittee, and Chairman WALDEN, and our friends on the other side of the aisle who, again, worked with us to make sure that this could be a reality this afternoon.

I urge all of my colleagues to vote for this bill.

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

Mr. Speaker, I rise today to speak on H.R. 5800, the Medicaid Institutions of Mental Disease ADDITIONAL INFO Act.

This bill would require the Medicaid and CHIP Payment and Access Commission to conduct a comparative study to assess IMD quality in States and issue a report on requirements applicable to and practices of institutions for mental disease under the Medicaid program.

We know that nearly half of all States already have or have applied for 1,115 waivers that allow for IMD services to be provided to patients with substance use disorder. Additional States provide IMD services already to patients in Medicaid through their managed care programs.

It is important to understand the overall quality of institutions of mental disease that exists throughout the country. This cannot be accomplished without data on our current IMDs.

The study will include information on how many institutions for mental disease are within States, coverage limitations, services they provide, whether States have a waiver to provide such coverage through Medicaid, and funding involved with such institutions. Additionally, this study will seek recommendations on how State Medicaid programs can provide the standards of care provided by IMDs.

Additional data is obviously a good goal, particularly on IMD coverage, given the controversy surrounding this issue, and so I support this legislation.

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

Mr. WALDEN. Mr. Speaker, I don't believe I have any other speakers on this legislation, so I would urge its passage.

Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I would also urge my colleagues to support the bill, 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. 5800.

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.

JESSIE'S LAW

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5009) to include information concerning a patient's opioid addiction in certain medical records, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5009

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 ''Jessie's Law''.

SEC. 2. INCLUSION OF OPIOID ADDICTION HISTORY IN PATIENT RECORDS.

(a) BEST PRACTICES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

(C) the process and methods by which the information should be so displayed.

(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

(4) The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, to have access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

(6) All applicable Federal and State laws and regulations.

SEC. 3. COMMUNICATION WITH FAMILIES DURING EMERGENCIES.

(a) PROMOTING AWARENESS OF AUTHORIZED DISCLOSURES DURING EMERGENCIES.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services and the Administrator of the Health Resources and Services Administration, shall annually develop and disseminate written materials (electronically or by other means) to health care providers regarding permitted disclosures under Federal health care privacy law during emergencies, including overdoses, of certain health information to families, caregivers, and health care providers.

(b) USE OF MATERIAL.—For the purposes of carrying out subsection (a), the Secretary of Health and Human Services may use material produced under section 11004 of the 21st Century Cures Act (42 U.S.C. 1320d–2 note).

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 to revise and extend their remarks and to 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 express my strong support for H.R. 5009. This is known as Jessie's Law, and it is written in memory of Michigan resident Jessie Grubb, who tragically died of an opioid overdose in 2016.

This legislation will help ensure medical professionals have access to a consenting patient's complete health information when making treatment decisions. This is critical to ensure that mistakes, such as the one that tragically happened to Jessie Grubb, never ever, ever happen again.

This bill also incorporates the language of H.R. 5695, known as Emmett's Law, which would require the Department of Health and Human Services to develop best practices for healthcare providers on permitted disclosures of medical records during emergencies with families, caregivers, and other healthcare providers.

I thank my colleagues from Michigan, Representatives TIM WALBERG and DEBBIE DINGELL, for leading this important initiative, along with the collaboration and support of Representatives EVAN JENKINS, CAROL SHEA-PORTER, TOM MACARTHUR, VICKY HARTZLER, BOB LATTA, and DAVID MCKINLEY. They have all put a lot of time and effort into this to solve a problem many of us have encountered in our States and our districts.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), an author of this incredibly important piece of legislation.

Mr. WALBERG. Mr. Speaker, I thank the chairman for yielding, and I thank Congresswoman DEBBIE DINGELL for working with me on this bipartisan legislation.

Mr. Speaker, I rise in support of H.R. 5009, Jessie's Law.

Everywhere I go in Michigan, I hear about the opioid crisis. It truly is the crisis next door. For many of our friends and loved ones, the terrifying realities of addiction are difficult to escape.

The story behind Jessie's Law is a tragic one. The bill is named in memory of Jessie Grubb, a young woman living in Michigan at the time she died of an opioid overdose. Jessie was training for a marathon when a running injury required her to undergo surgery.

Before the procedure, Jessie and her parents informed the hospital that she was in recovery from addiction; however, that information never made it to her discharging physician. Jessie was unknowingly discharged from the hospital with a prescription for oxycodone, which ultimately led to her death. If Jessie's history of addiction had been noted on her chart in a manner similar to other potentially lethal medical concerns, like a drug allergy, Jessie might still be here today.

Jessie's tragic story was entirely preventable and is an example of why we need commonsense legislation like Jessie's Law.

Jessie's Law will require the Department of Health and Human Services to establish best practices for hospitals and physicians for sharing information about a patient's past opioid addiction when that information is willingly shared by the patients with their doctor. By ensuring medical professionals are equipped with the right processes and tools to safely treat their patients, we can prevent future overdose tragedies like Jessie's.

Mr. Speaker, the opioid crisis is devastating the dreams of a generation. Let's pass Jessie's Law today and help save lives in our communities.

□ 1530

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

Mr. Speaker, I rise in support of H.R. 5009.

Mr. Speaker, I support H.R. 5009.

As we know, opioid use a disorder is a medical condition that requires lifelong management. Even if someone has completed treatment successfully and is in long-term recovery, the risk of relapse remains.