

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 phy-

sicians, 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 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 col-

laboration and support of Representatives EVAN JENKINS, CAROL SHEA-POR-TER, TOM MACARTHUR, VICKY HARTZLER, BOB LATTI, 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 is 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.

A patient recovering from opioid use disorder may visit a healthcare provider or require medical interventions that typically result in the need to treat pain.

However, for those affected with opioid use disorder, a prescription of an opioid medication could cause individuals to relapse into misuse and lead to an overdose or even death.

H.R. 5009, Jessie's Law, is bipartisan legislation introduced by Rep. WALBERG (R-MI) and Rep. DINGELL (D-MI) that would require the Department of Health and Human Services (HHS) to convene appropriate stakeholders and develop best practices for displaying opioid use disorder history prominently on a patient's medical records, whenever requested by a patient.

This legislation would enable patients suffering from opioid use disorder to choose to share their history with opioids with healthcare providers and have that information prominently displayed in their medical record—allowing for better informed, safer pain management care.

This legislation would also require HHS to annually develop and disseminate written materials to health care providers regarding permitted disclosures of certain information to families, caregivers, and health care providers under Federal health care privacy laws during emergencies.

This will improve the awareness of providers of instances in which they may share information about a patient's overdose with their family.

I urge my colleagues to support this legislation.

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

Mrs. DINGELL. Mr. Speaker, I thank Ranking Member PALLONE for yielding to me, and I again want to thank Chairman WALDEN for bringing this bill to the floor.

Mr. Speaker, I rise in support of H.R. 5009, Jessie's Law, and I am very proud of the work that I have done with my colleague, TIM WALBERG, from Michigan. In Michigan, we are really trying to address this problem together.

This story is personal to me, as it is to Congressman WALBERG and my colleagues who have gotten to know Jessie's story. It has been a moving experience to be part of a process to pass this legislation in her honor.

In March 2016, we lost a brave, young woman named Jessie Grubb. She was a great student, a loving daughter, a sister, and an avid runner. She was, as has been noted, recovering from an opioid addiction issue. She moved to Michigan hoping for a reset and a better future.

When she had surgery for an infection related to a running injury, her parents came to take care of her and made it clear to the doctors at the hospital that she was a recovering addict and should not be prescribed opioids. As you have heard, she was discharged from the hospital with 50 oxycodone pills. Very soon after, she suffered from a fatal overdose.

The story of Jessie breaks your heart, mostly because this death was

preventable. We must ensure that doctors are notified when a patient has consented to sharing information related to an addiction.

Jessie's Law would require that the U.S. Department of Health and Human Services establish best practices for ensuring that medical professionals have full knowledge of their patient's opioid addiction if that patient gives consent.

This is absolutely essential. If a patient has given their consent that their history of substance abuse can be part of their medical record, then it should be displayed prominently. We don't know all of the facts of this case, but we do know that Jessie's parents did tell her doctor that she had a history of substance abuse, and yet they were prescribed anyway. We can't have this kind of information lost in the jumble of a medical record. If a patient consents, it needs to be prominently displayed.

Our legislation convenes a panel of stakeholders to make recommendations as to how to best achieve this change, 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 healthcare provider.

Jessie's death was 100 percent preventable. And today, the House of Representatives is sending a strong message that her loss was not in vain and that no other family should ever have to go through what the Grubb family has gone through. This story is a real tragedy. Hopefully, passing Jessie's Law will bring hope to the Grubbs and others throughout this country.

This legislation represents a commonsense step that deserves our support, and I urge my colleagues to support Jessie's Law.

Mr. WALDEN. Mr. Speaker, I have no further speakers. I encourage my colleagues to support this legislation. I thank the Members from Michigan who brought it to our attention, and worked with the full Energy and Commerce Committee in bringing it to your disposal here on the floor.

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

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

The SPEAKER pro tempore (Mr. ROGERS of Kentucky). 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. 5009, 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.

SAFE DISPOSAL OF UNUSED MEDICATION ACT

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

(H.R. 5041) to amend the Controlled Substances Act to authorize the employees of a hospice program to handle controlled substances in the residence of a deceased hospice patient to assist in disposal, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5041

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 "Safe Disposal of Unused Medication Act".

SEC. 2. DISPOSAL OF CONTROLLED SUBSTANCES OF A DECEASED HOSPICE PATIENT BY EMPLOYEES OF A QUALIFIED HOSPICE PROGRAM.

Subsection (g) of section 302 of the Controlled Substances Act (21 U.S.C. 822) is amended by adding at the end the following:

"(5)(A) In the case of a person receiving hospice care, an employee of a qualified hospice program, acting within the scope of employment, may handle, without being registered under this section, any controlled substance that was lawfully dispensed to the person receiving hospice care, for the purpose of disposal of the controlled substance after the death of such person, so long as such disposal occurs onsite in accordance with all applicable Federal, State, Tribal, and local law.

"(B) For the purposes of this paragraph:

"(i) The terms 'hospice care' and 'hospice program' have the meanings given to those terms in section 1861(dd) of the Social Security Act.

"(ii) The term 'employee of a qualified hospice program' means a physician, nurse, or other person who—

"(I) is employed by, or pursuant to arrangements made by, a qualified hospice program;

"(II)(aa) is licensed to perform medical or nursing services by the jurisdiction in which the person receiving hospice care was located; and

"(bb) is acting within the scope of such employment in accordance with applicable State law; and

"(III) has completed training through the qualified hospice program regarding the disposal of controlled substances in a secure and responsible manner so as to discourage abuse, misuse, or diversion.

"(iii) The term 'qualified hospice program' means a hospice program that—

"(I) has written policies and procedures for assisting in the disposal of the controlled substances of a person receiving hospice care after the person's death;

"(II) at the time when the controlled substances are first ordered—

"(aa) provides a copy of the written policies and procedures to the patient or patient representative and family;

"(bb) discusses the policies and procedures with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe disposal of controlled substances; and

"(cc) documents in the patient's clinical record that the written policies and procedures were provided and discussed; and

"(III) at the time following the disposal of the controlled substances—

"(aa) documents in the patient's clinical record the type of controlled substance, dosage, route of administration, and quantity so disposed; and

"(bb) the time, date, and manner in which that disposal occurred."