

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."

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

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material 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, one of the best ways we can fight the opioid crisis is by decreasing diversion of prescription drugs. This bill does just that, giving hospice employees new tools to dispose of unused medications on-site after a patient's death.

During the committee process, several thoughtful amendments were offered to perfect this language. For example, one clarified that the training will be conducted by the hospice program, not the Federal Government.

Another added a recordkeeping standard for hospice programs to maintain information within patients' clinical charts of the controlled substance dosage, number of pills, and the way it is disposed of.

And finally, a technical amendment incorporated comments from the DEA.

Of note, there is one final technical correction incorporated into the suspension document, which clarifies that hospice employees may handle these unused controlled substances. This specification, obviously, improves the bill.

In closing, Michigan Representative TIM WALBERG and Representative DEBBIE DINGELL should be commended for, once again, their bipartisan and thoughtful work on this legislation. They worked tirelessly to forge an inclusive process, incorporating input from people in Michigan, hospice groups across the country, the agencies who will oversee this program, and others. Even more, their staff showed real initiative and reason as we put this together.

Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), my colleague, to discuss this legislation.

Mr. WALBERG. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, H.R. 5041, the Safe Disposal of Unused Medication Act is a bipartisan, commonsense bill that simply allows trained hospice personnel to dispose of unused medications in a patient's home once the patient has passed away.

For patients in hospice care, opioid medication can be effective in alleviating pain associated with the end-of-life care. Unfortunately, current DEA

regulations restrict visiting home hospice personnel from disposing of leftover medication after the patient has passed away. As a result, hospice staff must leave behind dangerous medications that have a high risk for diversion or misuse.

In my home State of Michigan, we have seen some real challenges with the diversion and misuse of leftover medications that have contributed to the opioid crisis.

Earlier this year, the Energy and Commerce Committee heard testimony that just one hospice, caring for 2,000 patients per year, might be leaving behind tens of thousands of pills in need of disposal each year. According to the Centers for Medicare and Medicaid Services, 1.4 million Medicare beneficiaries were enrolled in hospice care in 2016. This means hospice workers across the country are potentially leaving huge quantities of unused medication in a home after a patient's death.

Mr. Speaker, we must act to curb the diversion of these powerful prescriptions. We know that, tragically, many people begin the cycle of addiction through the misuse of prescription medication. Hospices and hospice personnel could play a key role in stopping that cycle before it begins by ensuring powerful drugs are disposed of in a responsible manner once they are no longer needed by the intended patient.

Mr. Speaker, I thank the chairman and the committee staff for all of their hard work in getting this commonsense bill on the floor today, as well as my good friends Representative DEBBIE DINGELL, who worked closely with me on this legislation, and Representative RICHARD HUDSON, as well, for their support on this important legislation.

Mr. Speaker, again, I urge my colleagues to support H.R. 5041.

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

Mr. Speaker, I rise in support of H.R. 5041, legislation offered by Representative WALBERG, Representative DINGELL, and Representative HUDSON, that will allow hospice workers to safely dispose of controlled substances, thereby reducing the number of unused controlled substances that are at risk of diversion or misuse.

Mr. Speaker, I rise in support of H.R. 5041, legislation offered by Representatives WALBERG, DINGELL, and HUDSON that will allow hospice workers to safely dispose of controlled substances, thereby reducing the number of unused controlled substances that are at risk of diversion or misuse.

The diversion of unused prescription opioids is one of the major contributors to the opioid crisis facing our country. It has been estimated that around 70 percent of those who abuse opioids receive them from a friend or family, making it critical that strategies be put in place that will limit the ability for leftover controlled substances to fall into the wrong hands.

Current regulations prevent hospice personnel from handling or destroying controlled substances following a patient's passing unless a state or locality allows them to do so

under law. As a result, hospice workers have no choice but to leave behind controlled substances that may be at risk for abuse or misuse by those who were never intended to have access to such medications. H.R. 5041 would clarify that hospice workers would have the authority to handle controlled substances for purposes of disposal following a patient's passing.

H.R. 5041 also makes clear that hospice workers tasked with disposing of unneeded controlled substances receive training through a qualified hospice program on how to properly dispose of these substances to ensure they cannot be extracted for purposes of further abuse. In addition, the legislation would also require hospice personnel to keep records on the disposal of the controlled substance, including what controlled substances were destroyed, as well as the time and manner in which the disposal occurred.

I want to thank the sponsors of H.R. 5041, Representatives WALBERG, DINGELL, and HUDSON for their work on this legislation, as well as the National Association for Home Care & Hospice and the National Hospice and Palliative Care Organization for their support and thoughtful input.

Mr. Speaker, I urge Members to support this commonsense legislation, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter, and I reserve the balance of my time.

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.

Mr. Speaker, it is a good bipartisan day for Michigan right now. It shows you that when we want to work together, we can and do and are going to make a difference.

Mr. Speaker, I rise in support of H.R. 5041, the Safe Disposal of Unused Medication Act, which I am proud to sponsor with my colleague from Michigan (Mr. WALBERG). I thank him for all of his good, hard work on this issue as we have learned together about things that are happening.

Hospices perform an essential role in our healthcare system and we need to make every effort to support hospice employees, who do incredible work providing care and comfort in those final days of life. We need to make their jobs as easy as possible.

We also need to make sure that we are doing everything we can to stop opportunities for the diversion of opioids. This is essential if we are going to make a real impact in ending this epidemic, which is so devastating to families in every corner of our country.

This is an important bill, which achieves both goals of supporting hospices and stopping opportunities for diversion. The Safe Disposal of Unused Medication Act closes a critical gap in our laws that prohibits hospice employees from disposing of unused opioids after a patient has, unfortunately, passed away.

Right now, the way the law is, if a patient dies in hospice care and they

have a large vial of unused opioids, the family cannot get any help from the hospice staff to dispose of them. For the family, these are very difficult moments. They have just lost a loved one and they don't need any additional problems, like trying to figure out how to dispose of the unneeded opioids.

This bill amends the Controlled Substances Act to permit hospice employees to handle controlled substances in a patient's residence in order to assist in drug disposal upon a patient's death. This commonsense fix is a win for patients and their families, a win for hospice employees, and a win for public health efforts to crack down on this diversion.

If we continue to improve our efforts to dispose of unused opioids, like what we are doing in this legislation, then we will continue to ensure there are fewer opportunities for those pills to end up in the hands of those who abuse them. By passing this legislation, we can provide for the safe destruction of thousands, literally hundreds of thousands, of unused opioids that might end up otherwise on the street and feed the addiction of too many.

I am pleased, as has been noted, that it has the support of both the National Association for Home Care and Hospice, as well as the National Hospice and Palliative Care Organization.

Mr. Speaker, in closing, I, again, thank my friend and colleague, Mr. WALBERG, for his bipartisan work on this bill and other opioid issues, and I urge all Members to vote in favor of H.R. 5041.

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter. I urge my colleagues to support this legislation, and I yield back the balance of my time.

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Mr. PALLONE. Mr. Speaker, I 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. 5041, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

SUBSTANCE USE DISORDER WORKFORCE LOAN REPAYMENT ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5102) to amend the Public Health Service Act to authorize a loan repay-

ment program for substance use disorder treatment employees, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5102

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 "Substance Use Disorder Workforce Loan Repayment Act of 2018".

SEC. 2. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT EMPLOYEES.

Title VII of the Public Health Service Act is amended—

(1) by redesignating part F as part G; and

(2) by inserting after part E (42 U.S.C. 294n et seq.) the following:

"PART F—SUBSTANCE USE DISORDER TREATMENT EMPLOYEES

"SEC. 781. LOAN REPAYMENT PROGRAM FOR SUBSTANCE USE DISORDER TREATMENT EMPLOYEES.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall carry out a program under which—

"(1) the Secretary enters into agreements with individuals to make payments in accordance with subsection (b) on the principal of and interest on any eligible loan; and

"(2) the individuals each agree to complete a period of service in a substance use disorder treatment job, as described in subsection (d).

"(b) PAYMENTS.—For each year of obligated service by an individual pursuant to an agreement under subsection (a), the Secretary shall make a payment to such individual as follows:

"(1) SERVICE IN A SHORTAGE AREA.—The Secretary shall pay—

"(A) for each year of obligated service by an individual pursuant to an agreement under subsection (a), $\frac{1}{6}$ of the principal of and interest on each eligible loan of the individual which is outstanding on the date the individual began service pursuant to the agreement; and

"(B) for completion of the sixth and final year of such service, the remainder of such principal and interest.

"(2) MAXIMUM AMOUNT.—The total amount of payments under this section to any individual shall not exceed \$250,000.

"(c) ELIGIBLE LOANS.—The loans eligible for repayment under this section are each of the following:

"(1) Any loan for education or training for a substance use disorder treatment job.

"(2) Any loan under part E of title VIII (relating to nursing student loans).

"(3) Any Federal Direct Stafford Loan, Federal Direct PLUS Loan, or Federal Direct Unsubsidized Stafford Loan, or Federal Direct Consolidation Loan (as such terms are used in section 455 of the Higher Education Act of 1965).

"(4) Any Federal Perkins Loan under part E of title I of the Higher Education Act of 1965.

"(5) Any other Federal loan as determined appropriate by the Secretary.

"(d) PERIOD OF SERVICE.—The period of service required by an agreement under subsection (a) shall consist of up to 6 years of full-time employment, with no more than one year passing between any two years of covered employment, in a substance use disorder treatment job in the United States in—

"(1) a Mental Health Professional Shortage Area, as designated under section 332; or

"(2) a county (or a municipality, if not contained within any county) where the

mean drug overdose death rate per 100,000 people over the past 3 years for which official data is available from the State, is higher than the most recent available national average overdose death rate per 100,000 people, as reported by the Centers for Disease Control and Prevention.

"(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No borrower may, for the same service, receive a reduction of loan obligations or a loan repayment under both—

"(1) this subsection; and

"(2) any Federally supported loan forgiveness program, including under section 338B, 338I, or 846 of this Act, or section 428J, 428 L, 455(m), or 460 of the Higher Education Act of 1965.

"(f) BREACH.—

"(1) LIQUIDATED DAMAGES FORMULA.—The Secretary may establish a liquidated damages formula to be used in the event of a breach of an agreement entered into under subsection (a).

"(2) LIMITATION.—The failure by an individual to complete the full period of service obligated pursuant to such an agreement, taken alone, shall not constitute a breach of the agreement, so long as the individual completed in good faith the years of service for which payments were made to the individual under this section.

"(g) ADDITIONAL CRITERIA.—The Secretary—

"(1) may establish such criteria and rules to carry out this section as the Secretary determines are needed and in addition to the criteria and rules specified in this section; and

"(2) shall give notice to the committees specified in subsection (h) of any criteria and rules so established.

"(h) REPORT TO CONGRESS.—Not later than 5 years after the date of enactment of the Substance Use Disorder Workforce Loan Repayment Act of 2018, and every other year thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on—

"(1) the number and location of borrowers who have qualified for loan repayments under this section; and

"(2) the impact of this section on the availability of substance use disorder treatment employees nationally and in shortage areas and counties described in subsection (d).

"(i) DEFINITION.—In this section:

"(1) The term 'municipality' means a city, town, or other public body created by or pursuant to State law, or an Indian Tribe.

"(2) The term 'substance use disorder treatment job' means a full-time job (including a fellowship)—

"(A) where the primary intent and function of the job is the direct treatment or recovery support of patients with or in recovery from a substance use disorder, such as a physician, physician assistant, registered nurse, nurse practitioner, advanced practice registered nurse, social worker, recovery coach, mental health counselor, addictions counselor, psychologist or other behavioral health professional, or any other relevant professional as determined by the Secretary; and

"(B) which is located at a substance use disorder treatment program, private physician practice, hospital or health system-affiliated inpatient treatment center or outpatient clinic (including an academic medical center-affiliated treatment program), correctional facility or program, youth detention center or program, inpatient psychiatric facility, crisis stabilization unit,