

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.

□ 1545

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,

community health center, community mental health or other specialty community behavioral health center, recovery center, school, community-based organization, telehealth platform, migrant health center, health program or facility operated by a tribe or tribal organization, Federal medical facility, or any other facility as determined appropriate for purposes of this section by the Secretary.

“(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$25,000,000 for each of fiscal years 2019 through 2028.”

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. I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials into the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Oregon?

There was no objection.

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

Mr. Speaker, I rise today to express my strong support for H.R. 5102. This is the Substance Use Disorder Workforce Loan Repayment Act. It is legislation that would create a loan repayment program for substance use disorder treatment providers.

Serious workforce shortages exist for all health professions across the United States. We know that. But a delay in addiction treatment for a patient with substance use disorder can be a life-or-death situation.

By offering student loan repayment for those who agree to work as a substance use disorder treatment professional in an underserved area, this bill encourages more people to enter the substance use disorder treatment field and get critical services to areas that are seriously in dire need of treatment.

I would like to thank my colleagues, Representatives KATHERINE CLARK, HAL ROGERS, JOHN SARBANES, and BRETT GUTHRIE, for leading this important initiative. It is brought to you from your Energy and Commerce Committee with a unanimous vote.

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. 5102, the Substance Use Disorder Workforce Loan Repayment Act. This bill would create a loan repayment program to provide loan repayment assistance to substance use disorder providers in exchange for providing substance use disorder treatment and recovery support services in areas with high need for such services.

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

I thank the main sponsor, Representative CLARK, for her leadership and Representative SARBANES.

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

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

Mr. PALLONE. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Massachusetts (Ms. CLARK).

Ms. CLARK of Massachusetts. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act.

As families at home know too well, our country is in the midst of a devastating public health crisis. The opioid epidemic claims more than 115 lives every day, and in 2016 alone, more than 42,000 people lost their lives to opioid-related drug overdoses, and more than 64,000 died from drug overdoses overall. Every one of those lives lost left heartbroken families, friends, and communities.

Part of addressing this epidemic is making sure that everyone who is looking for help can access effective treatment and ongoing management of this chronic condition. To date, however, we have failed in this endeavor. The Surgeon General's 2016 report on addiction estimates that only 10 percent of Americans living with substance use disorder receive any treatment.

There are a range of barriers to accessing treatment, but one of the most significant is a shortage in the workforce needed to provide it. Between the rising cost of education, low salaries, and a high burnout rate from the stressful and emotional work, it is a struggle to attract new people to the treatment field and keep those who work in it long term.

In my district, I have heard time and again from families and providers that there simply aren't enough treatment specialists available to help the growing number of people who desperately need treatment. I have heard from families who have tried to get their loved ones into treatment and lost them to an overdose before they were able to get them the help they needed.

No one should have to live with that heartbreak. That is why I authored this legislation with my esteemed colleague from Kentucky, Chairman HAL ROGERS. This bill will help recruit and retain more treatment experts by offering up to \$250,000 in student loan repayment for participants who agree to work in the treatment field for up to 6 years.

The program will cover professionals who represent the whole spectrum of treatment, from physicians to nurses, to social workers, to recovery coaches, promoting the kind of wraparound treatment approach that we know gives patients the best chance for success.

By providing a portion of loan repayment for each year of service, the program encourages treatment professionals to stay in the field longer.

Further, this legislation is designed to send help where it is needed the most. Participants in the program must work in a county or municipality with either a shortage of mental health professionals or an above-average rate of overdose deaths. Whether you live in an urban or rural area, from Massachusetts to Kentucky, more need will mean more available treatment.

Mr. Speaker, I thank Chairman ROGERS for his partnership on this important legislation and the other original cosponsors, as well as the Energy and Commerce Committee and their staff for their work throughout this process.

We need to make significant long-term investments in the professionals who make recovery possible. People's lives depend on it. Mr. Speaker, I urge my colleagues to vote in favor of this legislation.

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

Before I recognize my colleague from Kentucky, I just want to say, Mr. ROGERS has spent many, many years leading nationally not only here in the Congress, but nationally and in Kentucky on this issue of addiction and the scourge of opioids as they have flooded into our area. His leadership has been very, very valuable in this endeavor.

Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. ROGERS).

Mr. ROGERS of Kentucky. Mr. Speaker, I thank Chairman WALDEN for those words.

This is a fight that is critical to the country, and I want to thank the chairman of the committee, Mr. WALDEN, and Mr. PALLONE and the other members of the Energy and Commerce Committee for reporting out for consideration today this multipronged assault on this cruel epidemic that is ravaging the country. The committee has responded, and I thank Chairman WALDEN for all of these bills that are here with us today, especially the bill that we are debating now, and that is the Substance Use Disorder Workforce Loan Repayment Act.

We have invested billions of dollars in treatment and recovery services. As the gentlewoman from Massachusetts has just said, only 10 percent of Americans with a disorder actually receive treatment; 90 percent go without treatment.

That situation is even more dire in small communities. Far too often, when our rural constituents recognize their addiction, they are not able to find treatment or recovery services anywhere close to home or at all.

Those who do enter the treatment profession often don't stay long due to the stress of the job. They don't work in areas most in need of their services, or they have difficulty repaying these sizeable student loans. If we want to maximize our downpayment for the future, these professionals are the key.

H.R. 5102 creates a substantial student loan repayment benefit for a

broad spectrum of medical professionals who enter this noble vocation. It also ensures that these individuals serve in areas most in need of their services for the long haul, offering periodic payments over 6 years.

With these incentives in place, more of our constituents suffering from addiction will receive the quality treatment they so desperately need.

Mr. Speaker, I thank Ms. CLARK for her genuine concern about the problem and her partnership, and also Dr. BURGESS and his team for their guidance on this bill.

Mr. Speaker, I again thank Chairman WALDEN for bringing this bill forward and all of the others that have been reported out today, and I thank Mr. PALLONE and the rest of the committee for the great work that they are doing in a bipartisan fashion.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. Mr. Speaker, I thank Congressman PALLONE for yielding.

I rise in support of H.R. 5102, the Substance Use Disorder Workforce Loan Repayment Act of 2018.

Mr. Speaker, I thank the authors of the bill, my colleagues KATHERINE CLARK and HAL ROGERS, for putting this together. It is a very carefully crafted bill to address the problem which it discovered, really, which is there is this serious shortage of substance use disorder professionals across the country.

We are experiencing shortages in a lot of areas of the healthcare workforce, that is true, but if we are going to address the opioid crisis that we face, this epidemic across the country, we have to bring particular attention to the workforce shortages with respect to substance use disorder professionals.

According to SAMHSA, which is the agency which deals with these issues, in 2012, the turnover rates in the addiction services workforce ranged from 18.5 to over 50 percent. So there is a huge turnover there that has to be addressed.

In a recent survey, nearly half of clinical directors in agencies that specialize in substance use disorder treatment acknowledged that they have real difficulty filling these open positions.

In my district, I have heard from many of the community health centers—Baltimore Medical System, Health Care for the Homeless, and others—that said they can't hire enough of these folks and they can't keep enough of these folks to address the opioid crisis.

We need this workforce to address the millions of people who require this important treatment, and this bill does that. It is a very, very important step forward. It will create this loan repayment program for professionals who are in this area of substance use disorder treatment. They can receive up

to \$250,000 if they agree to work as a treatment professional in this area and in a geographical area of high need.

Again, carefully crafted, this treatment can take place in a number of different facilities, community health centers, hospitals, recovery programs, correctional facilities, et cetera.

So the idea was to figure out where those shortages are and direct the bill's support to those areas: a broad range of direct care providers, physicians, registered nurses, social workers, and other behavioral health providers.

This is going to help address the problem of recruitment, attracting new people to the field, as well as help with retention of those people. It is a very, very important bill.

Mr. Speaker, I was proud to join my colleagues, KATHERINE CLARK, HAL ROGERS on our committee, BRETT GUTHRIE, and others, in supporting this. I hope all of my colleagues here today will support this important bill.

□ 1600

Mr. PALLONE. Mr. Speaker, I have no additional speakers, so I urge support for the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I would do the same, urge passage of the bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5102, the "Substance Use Disorder Workforce Loan Repayment Act of 2018."

H.R. 5102 would establish a loan repayment program for mental health professionals practicing in areas with few mental health providers or with high death rates from overdose.

Mr. Speaker, this bill will amend the Public Health Service Act to create a loan repayment program for individuals who complete a period of service in a substance use disorder treatment job in a mental health professional shortage area and counties where the drug overdose death rate is higher than the national average.

This bill authorizes \$25 million per year over fiscal years 2019–2028.

H.R. 5102 will strengthen America's substance abuse treatment workforce and provide for greater access to care for patients who need it the most.

Mr. Speaker, the current trends of substance abuse in the U.S. are startling.

A Columbia University study found that over 40 million Americans age 12 and over meet the clinical criteria for drug addiction and abuse.

As substance abuse rates and death from overdose rates increase, studies project a shortage of 85,000 physicians in 2020—the impact of which will be the most devastating in rural communities.

In my home state of Texas, 10.1 people die per 100,000 in the population from drug overdoses.

In 2016, in Houston there were 364 drug overdose related deaths reported.

H.R. 5102 addresses these critical issues by providing an additional path for health care providers to practice in rural and underserved communities, ultimately giving greater access to care for those suffering from substance use disorder.

This piece of legislation will strengthen rural health care systems and will improve access to care for patients in these rural communities.

Mr. Speaker, the "Substance Use Disorder Workforce Loan Repayment Act of 2018" will help build a well-equipped workforce to combat the current rise in substance use disorders.

The SPEAKER pro tempore (Mr. WALBERG). 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. 5102.

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.

## PREVENTING OVERDOSES WHILE IN EMERGENCY ROOMS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5176) to require the Secretary of Health and Human Services to provide coordinated care to patients who have experienced a non-fatal overdose after emergency room discharge, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5176

*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 "Preventing Overdoses While in Emergency Rooms Act of 2018".

### SEC. 2. PROGRAM TO SUPPORT EMERGENCY ROOM DISCHARGE AND CARE COORDINATION FOR DRUG OVERDOSE PATIENTS.

(a) IN GENERAL.—The Secretary of Health and Human Services shall establish a program (in this Act referred to as the "Program") to develop protocols for discharging patients who have presented with a drug overdose and enhance the integration and coordination of care and treatment options for individuals with substance use disorder after discharge.

(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 20 eligible entities described in paragraph (2).

(2) ELIGIBILITY.—

(A) IN GENERAL.—To be eligible for a grant under this subsection, an entity shall be—

(i) a health care site described in subparagraph (B); or

(ii) a health care site coordinator described in subparagraph (C).

(B) HEALTH CARE SITES.—To be eligible for a grant under this section, a health care site shall—

(i) submit an application to the Secretary at such time, in such manner, and containing such information as specified by the Secretary;

(ii) have an emergency department;

(iii) (I) have a licensed health care professional onsite who has a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) to dispense or prescribe covered drugs; or