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

(II) have a demonstrable plan to hire a sufficient number of full-time licensed health care professionals who have waivers described in subclause (I) to administer such treatment onsite;

(iv) have in place an agreement with a sufficient number and range of entities certified under applicable State and Federal law, such as pursuant to registration or a waiver under section 303(g) of the Controlled Substances Act (21 U.S.C. 823(g)) or certification as described in section 8.2 of title 42 of the Code of Federal Regulations, to provide treatment for substance use disorder such that the entity or the resulting network of entities with an agreement with the hospital cumulatively are capable of providing all evidence-based services for the treatment of substance use disorder, as medically appropriate for the individual involved, including—

(I) medication-assisted treatment;

(II) withdrawal and detoxification services that include patient evaluation, stabilization, and readiness for and entry into treatment; and

(III) counseling;

(v) deploy onsite peer recovery specialists to help connect patients with treatment and recovery support services; and

(vi) include the provision of overdose reversal medication in discharge protocols for opioid overdose patients.

(C) HEALTH CARE SITE COORDINATORS.—To be eligible for a grant under this section, a health care site coordinator shall—

(i) be an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 (and exempt from tax under section 501(a) of such Code) or a State, local, or Tribal government;

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

(iii) have an agreement with multiple eligible health care sites described in subparagraph (B).

(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible entities described in paragraph (2) that meet either or both of the following criteria:

(A) The eligible health care site is, or the eligible health care site coordinator has an agreement described in paragraph (2)(C)(iii) with a site that is, a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act (42 U.S.C. 1395x(mm)(1))), a low-volume hospital (as defined in section 1886(d)(12)(C)(i) of such Act (42 U.S.C. 1395ww(d)(12)(C)(i))), or a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of such Act (42 U.S.C. 1395ww(d)(5)(D)(iii))).

(B) The eligible health care site or the eligible health care site coordinator is located in a geographic area with a drug overdose rate that is higher than the national rate, or in a geographic area with a rate of emergency department visits for overdoses that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

(4) MEDICATION-ASSISTED TREATMENT DEFINED.—For purposes of this section, the term ''medication-assisted treatment'' means the use of a drug approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) or a biological product licensed under section 351 of the Public Health Service Act (42 U.S.C. 262), in combination with behavioral health services, to provide an individualized approach to the treatment of substance use disorders, including opioid use disorders.

(c) PERIOD OF GRANT.—A grant awarded to an eligible entity under this section shall be for a period of at least 2 years.

(d) GRANT USES.—

(1) REQUIRED USES.—A grant awarded under this section to an eligible entity shall be used for both of the following purposes:

(A) To establish policies and procedures that address the provision of overdose reversal medication, prescription and dispensing of medication-assisted treatment to an emergency department patient who has had a non-fatal overdose or who is at risk of a drug overdose, and the subsequent referral to evidence-based treatment upon discharge for patients who have experienced a non-fatal drug overdose or who are at risk of a drug overdose.

(B) To develop best practices for treating non-fatal drug overdoses, including with respect to care coordination and integrated care models for long term treatment and recovery options for individuals who have experienced a non-fatal drug overdose.

(2) ADDITIONAL PERMISSIBLE USES.—A grant awarded under this section to an eligible entity may be used for any of the following purposes:

(A) To hire emergency department peer recovery specialists; counselors; therapists; social workers; or other licensed medical professionals specializing in the treatment of substance use disorder.

(B) To establish integrated models of care for individuals who have experienced a non-fatal drug overdose which may include patient assessment, follow up, and transportation to treatment facilities.

(C) To provide for options for increasing the availability and access of medication-assisted treatment and other evidence-based treatment for individuals with substance use disorders.

(D) To offer consultation with and referral to other supportive services that help in treatment and recovery.

(e) REPORTING REQUIREMENTS.—

(1) REPORTS BY GRANTEES.—Each eligible entity awarded a grant under this section shall submit to the Secretary an annual report for each year for which the entity has received such grant that includes information on—

(A) the number of individuals treated at the site (or, in the case of an eligible health care site coordinator, at sites covered by the agreement referred to in subsection (b)(2)(C)(iii)) for non-fatal overdoses in the emergency department;

(B) the number of individuals administered each medication-assisted treatment at such site or sites in the emergency department;

(C) the number of individuals referred by such site or sites to other treatment facilities after a non-fatal overdose, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

(D) the frequency and number of patient readmissions for non-fatal overdoses and substance use disorder;

(E) for what the grant funding was used; and

(F) the effectiveness of, and any other relevant additional data regarding, having an onsite health care professional to administer and begin medication-assisted treatment for substance use disorders.

(2) REPORT BY SECRETARY.—Not less than one year after the conclusion of the Program, the Secretary shall submit to Congress a report that includes—

(A) findings of the Program;

(B) overall patient outcomes under the Program, such as with respect to hospital readmission;

(C) what percentage of patients treated by a site funded through a grant under this section were readmitted to a hospital for non-fatal or fatal overdose;

(D) an evaluation determining the effectiveness of having a practitioner onsite to administer and begin medication-assisted treatment for substance use disorder; and

(E) a compilation of voluntary guidelines and best practices from the reports submitted under paragraph (1).

(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this Act $50,000,000 for the period of fiscal years 2019 through 2023.

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 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. 5176, the Preventing Overdoses While in Emergency Rooms Act, or the POWER Act. This legislation will provide needed resources to help hospitals, health departments, and health systems to develop discharge protocols for patients who have had an opioid overdose, such as the provision of naloxone upon discharge, and referrals to treatment and other services that best fit the patients' needs.

By putting rapid referral systems in place, we can better place those presenting with an overdose in evidence-based treatment and get patients on the road to recovery.

I want to thank my colleagues, Representatives DAVID MCKINLEY of West Virginia and MIKE DOYLE of Pennsylvania, for leading this initiative. I am going to yield to my colleague from West Virginia, but before I do, I just want to say what a leader DAVID MCKINLEY has been on this issue involving opioids.

We have met on countless occasions. He has brought many initiatives to our committee. While he is the lead on this bill, he has been instrumental on nearly all the bills that we have considered and has been a tireless advocate for the people of West Virginia in this matter.

Mr. Speaker, I yield such time as he may consume to the gentleman from West Virginia (Mr. MCKINLEY).

Mr. MCKINLEY. Mr. Speaker, I thank the chairman for those kind remarks. This is not just West Virginia, but it is all across this country. I think we are speaking for all and trying to give a voice all across the country.

Mr. Speaker, I rise in support of H.R. 5176, the Preventing Overdoses While in the Emergency Room Act. The demand

for these substance abuse services in America's emergency rooms far exceeds their availability. Treatment is particularly scarce in rural counties, in spite of having an average overdose rate that is 45 percent higher than more urban areas.

In March, the Centers for Disease Control reported that the emergency room visits for opioid overdoses had risen 30 percent since July of 2016, in less than 2 years, a 30 percent increase.

That is why I am honored to be joined by Congressman DOYLE in introducing this bipartisan act, also known as the POWER Act. This legislation will provide competitive grants to ensure that overdose patients receive the treatment they need while still in the emergency room, giving them a better shot at recovery. This bill, hopefully, is intended to reduce repeat overdoses and thereby save lives.

I want to thank the cosponsor of this bill, Mr. DOYLE, and particularly our chairman, Mr. WALDEN, for their work on this important issue. I urge my colleagues to support this legislation.

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

I rise in support of H.R. 5176, Preventing Overdoses While in Emergency Rooms Act. This legislation would provide grant funding for emergency departments to develop protocols for treating and discharging patients who have presented with an opioid overdose or are at increased risk for overdose.

These protocols will help increase the uptake of evidence-based treatment services by promoting the initiation of medication-assisted treatment in emergency departments, as well as referral to community-based providers for treatment and recovery support services.

This is particularly important since an individual's willingness to seek substance use disorder treatment often increases immediately following a nonfatal overdose.

The protocols also will help reduce the risk of future fatal overdoses by such individuals by requiring the provision of naloxone at discharge. This helps ensure that these individuals at high risk of overdose have this lifesaving drug available if it is needed to reverse a potentially fatal overdose.

So I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I just want to, again, thank our leaders on this effort, Mr. DOYLE and certainly Mr. MCKINLEY. I would encourage passage of the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FRANCIS ROONEY of Florida). 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. 5176, 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.

STOP COUNTERFEIT DRUGS BY REGULATING AND ENHANCING ENFORCEMENT NOW ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5228) to strengthen the authorities of the Food and Drug Administration to address counterfeit drugs, illegal and synthetic opioids, and opioid-like substances, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5228

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act'' or the ''SCREEN Act''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. DETENTION, REFUSAL, AND DESTRUCTION OF DRUGS OFFERED FOR IMPORTATION.

(a) INCREASING THE MAXIMUM DOLLAR AMOUNT OF DRUGS SUBJECT TO DESTRUCTION.—The sixth sentence in section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended by striking ''except that the Secretary'' and all that follows through the two periods at the end and inserting ''except that the Secretary of Health and Human Services may destroy, without the opportunity for export, any drug refused admission under this section, if such drug is declared to be valued at an amount that is $2,500 or less (or such higher amount as the Secretary of the Treasury may set by regulation pursuant to section 498(a)(1) of the Tariff Act of 1930 or such higher amount as the Commissioner of Food and Drugs may set based on a finding by the Commissioner that the higher amount is in the interest of public health), or if such drug is entering the United States by mail, and was not brought into compliance as described under subsection (b).''.

(b) DESTRUCTION OF ARTICLES OF CONCERN.—The sixth sentence of section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)), as amended by subsection (a), is further amended by inserting before the period at the end the following: ''; and the Secretary of Health and Human Services may destroy, without the opportunity for export, any article refused admission under clause (6) of the third sentence of this subsection''.

(c) TECHNICAL AMENDMENTS.—The seventh, eighth, and ninth sentences of section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) are amended—

(1) by striking ''a drug'' each place it appears and inserting ''an article''; and

(2) by striking ''the drug'' each place it appears and inserting ''the article''.

(d) RULE OF CONSTRUCTION.—The last sentence in section 801(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 381(a)) is amended to read as follows: ''Clauses (2), (5), and (6) of the third sentence of this subsection shall not be construed to prohibit the admission of narcotic or nonnarcotic drugs or other substances, the importation of which is permitted under the Controlled Substances Import and Export Act.''.

SEC. 3. NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUG PRODUCTS.

(a) PROHIBITED ACTS.—Section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331) is amended by adding at the end the following:

''(eee) The failure to comply with any order issued under section 569D.''.

(b) NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUGS.—Subchapter E of chapter V of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bbb et seq.) is amended by adding at the end the following:

''SEC. 569D. NOTIFICATION, NONDISTRIBUTION, AND RECALL OF ADULTERATED OR MISBRANDED DRUGS.

''(a) ORDER TO CEASE DISTRIBUTION AND RECALL.—

''(1) IN GENERAL.—Upon a determination that the use or consumption of, or exposure to, a drug may present an imminent or substantial hazard to the public health, the Secretary shall issue an order requiring any person who distributes the drug to immediately cease distribution of the drug.

''(2) HEARING.—An order under paragraph (1) shall provide the person subject to the order with an opportunity for an informal hearing, to be held not later than 10 days after the date of issuance of the order, on—

''(A) the actions required by the order; and

''(B) whether the order should be amended to require a recall of the drug.

''(3) INADEQUATE GROUNDS.—If, after providing an opportunity for a hearing under paragraph (2), the Secretary determines that inadequate grounds exist to support the actions required by the order, the Secretary shall vacate the order.

''(4) AMENDMENT TO ORDER TO REQUIRE RECALL.—If, after providing an opportunity for an informal hearing under paragraph (2), the Secretary determines that the order should be amended to include a recall of the drug with respect to which the order was issued, the Secretary shall—

''(A) amend the order to require a recall; and

''(B) after consultation with the drug sponsor, specify a timetable in which the recall will occur.

''(5) NOTICE TO PERSONS AFFECTED.—An order under this subsection shall require any person who distributes the drug to provide for notice, including to individuals as appropriate, to persons who may be affected by the order to cease distribution of or recall the drug, as applicable.

''(6) ACTION FOLLOWING ORDER.—Any person who is subject to an order under paragraph (1) or (4) shall immediately cease distribution of or recall, as applicable, the drug and provide notification as required by such order.

''(b) NOTICE TO CONSUMERS AND HEALTH OFFICIALS.—The Secretary shall, as the Secretary determines to be necessary, provide notice of a recall order under this section to—

''(1) consumers to whom the drug was, or may have been, distributed; and

''(2) appropriate State and local health officials.