

Mr. Speaker, one way the nation can express its concern for our citizens' health is by addressing the issue regarding counterfeit drugs and synthetic opioids.

Among other things, H.R. 5228 will strengthen the ability of the Food and Drug Administration to combat counterfeit drugs, illegal and synthetic opioids, and opioid-like substances.

Because the capabilities of counterfeit drugs and opioids are rapidly and continuously evolving, there is no "single" technology that provides long-term assurance of drug security.

H.R. 5228 will implement new, holistic technology to better protect our drug supply.

Opioids are a class of drugs that include the illegal drug heroin.

All opioids are chemically related and interact with opioid receptors on nerve cells in the body and brain.

According to a recent study, Centers for Disease Control and Prevention (CDC) report there were 63,632 drug overdose deaths in 2016 in America, 42,249 of which were related to opioid overdoses.

This issue directly affects my state of Texas, because in 2016, there were 1,375 opioid-related overdose deaths, according to the National Institute on Drug Abuse.

In the city of Houston alone, there were 364 drug-related overdose deaths.

Another issue that H.R. 5228 will address is the prevalence of counterfeits, or fake medicines which are produced and sold with the intent to deceptively represent its authenticity or effectiveness.

Fake medicine may contain harmful or inactive ingredients that harm users, or might have the right active ingredient but at the wrong dosage.

Counterfeit drugs are illegal and can be harmful to your health.

Mr. Speaker, critics of the FDA say the entire screening system is underutilized and filled with incomplete and late information.

By enacting H.R. 5228, the FDA will have the authority to combat the scourge of opioids and counterfeit drugs.

I urge my colleagues to join me in supporting H.R. 5228.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 5228, the Stop Counterfeit Drugs by Regulating and Enhancing Enforcement Now Act, or SCREEN Act.

I am proud to champion an important provision that was added to the SCREEN Act during the Energy and Commerce Committee's markup that clarifies the U.S. Food and Drug Administration's authority to consider the potential for misuse and abuse as part of the approval process.

In March, the Health Subcommittee received testimony from FDA Commissioner Scott Gottlieb that opioid misuse and abuse is one of the agency's highest priorities.

Last year, the FDA acted when it requested the withdrawal of the opioid pain medication Opana ER, finding, "the benefits of the drug may no longer outweigh its risks."

Clarifying the FDA's authority to examine the potential risks for abuse and misuse as a consideration in the approval process is an important step in combatting the opioid crisis.

I thank our committee's chairman, GREG WALDEN, and our Ranking Member, FRANK PALLONE, for supporting the inclusion of this important provision.

I ask my colleagues to join me in supporting the underlining bill, which will strengthen the

FDA's authority to stop and destroy illicit substances identified through international mail facilities, and my misuse and abuse language which will help protect Americans from opioid and substance use abuse.

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. 5228, 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.

#### TREATMENT, EDUCATION, AND COMMUNITY HELP TO COMBAT ADDICTION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5261) to amend the Public Health Service Act to provide for regional centers of excellence in substance use disorder education, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5261

*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 "Treatment, Education, and Community Help to Combat Addiction Act of 2018" or the "TEACH to Combat Addiction Act of 2018".

#### SEC. 2. ESTABLISHMENT OF REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

Part D of title V of the Public Health Service Act is amended by inserting after section 549 (42 U.S.C. 290ee-4) the following new section:

#### "SEC. 550. REGIONAL CENTERS OF EXCELLENCE IN SUBSTANCE USE DISORDER EDUCATION.

"(a) IN GENERAL.—The Secretary, in consultation with such other agencies as are appropriate, shall, subject to the availability of appropriations, establish a solicitation process and award cooperative agreements to eligible entities for the designation of such entities as Regional Centers of Excellence in Substance Use Disorder Education and support of such regional centers of excellence to enhance and improve how health professionals are educated in substance use disorder prevention, treatment, and recovery through development, evaluation, and distribution of evidence-based curricula for health profession schools. An eligible entity designated by the Secretary as a Regional Center of Excellence in Substance Use Disorder Education shall carry out the activities described in subsection (b).

"(b) SELECTION OF CENTERS OF EXCELLENCE.—

"(1) ELIGIBLE ENTITIES.—To be eligible to receive a cooperative agreement under subsection (a), an entity shall—

"(A) be an entity specified by the Secretary that offers education to students in various health professions, which may include—

"(i) a health system;

"(ii) a teaching hospital;

"(iii) a medical school;

"(iv) a certified behavioral health clinic; or

"(v) any other health profession school, school of public health, or Cooperative Ex-

tension Program at institutions of higher education engaged in an aspect of the prevention, treatment, or recovery of substance use disorders;

"(B) be accredited by the appropriate educational accreditation body;

"(C) demonstrate an existing strategy, and have in place a plan for continuing such strategy, or a proposed strategy to implement a curriculum based on best practices for substance use disorder prevention, treatment, and recovery;

"(D) demonstrate community engagement and participation through community partners, including other health profession schools, mental health counselors, social workers, peer recovery specialists, substance use treatment programs, community health centers, physicians' offices, certified behavioral health clinics, law enforcement, and the business community; and

"(E) provide to the Secretary such information, at such time, and in such manner, as the Secretary may require.

"(2) DIVERSITY.—In awarding cooperative agreements under subsection (a), the Secretary shall take into account regional differences among eligible entities and shall make an effort to ensure geographic diversity.

"(c) DISSEMINATION OF INFORMATION.—

"(1) PUBLIC POSTING.—The Secretary shall make information provided to the Secretary under subsection (b)(1)(E) publicly available on the Internet website of the Department of Health and Human Services.

"(2) EVALUATION.—The Secretary shall evaluate each project carried out by a Regional Center of Excellence in Substance Use Disorder Education under this section and shall disseminate the findings with respect to each such evaluation to appropriate public and private entities.

"(d) FUNDING.—There is authorized to be appropriated to carry out this section, \$4,000,000 for each 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.

□ 1615

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, I rise today to express my strong support for H.R. 5261. This is the Treatment, Education, and Community Help to Combat Addiction Act, or more easily known as the TEACH to Combat Addiction Act. This legislation will designate and support centers of excellence or institutions of learning that have championed substance use disorder treatment.

Improving how professionals are taught to effectively teach substance use disorder will also increase access to evidence-based treatment, in other

words, treatments that will work and that we can prove will work.

I want to thank my colleagues, Representative BILL JOHNSON and PAUL TONKO, for leading this bipartisan and really important initiative.

Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. JOHNSON), the leader on our committee, to talk more about his legislation.

Mr. JOHNSON of Ohio. Mr. Speaker, our Nation's healthcare providers are in a unique position to recognize and start to address a patient suffering from addiction. It is vital that their training fully equips them to play that very important role.

Currently, fewer than 10 percent of U.S. medical schools require a dedicated course on addiction, and only a handful have a robust curriculum on the diagnosis and treatment of substance use disorder. The TEACH to Combat Addiction Act seeks to increase the amount of education health professional students receive specific to substance use disorder and addiction by recognizing and supporting institutions that focus on these areas and holding them up as a model for other programs.

I know from talking with schools in Ohio like the University of Cincinnati and The Ohio State University that the medical education community is eager to be a part of the solution to the opioid crisis. This legislation gives them the additional tools with which to pursue innovative strategies and community partnerships that advance their students' knowledge and understanding of substance use disorder and addiction.

Mr. Speaker, the work we are doing in this House to combat the opioid epidemic is important. Too many of our families, friends, and neighbors have been lost for us to delay any longer.

I urge my colleagues to support this legislation.

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

Mr. Speaker, I rise in support of H.R. 5261, the TEACH to Combat Addiction Act, and I want to thank Mr. TONKO, the Democratic sponsor of the bill.

While the evidence is clear that medication-assisted treatment is the gold standard for treatment of opioid use disorder, many healthcare providers know little about this lifesaving treatment. Providers' limited knowledge of and training on substance use disorder treatment and recovery support services, such as MAT, harms efforts to respond to patients who suffer from such conditions.

The TEACH to Combat Addiction Act will help improve providers' knowledge and training on such services by establishing centers of excellence and substance use disorder education. These centers will support the development, evaluation, and distribution of evidence-based curricula for health professional schools on substance use disorder prevention, treatment, and recovery. Such curricula can be used to

help ensure that we get the right curriculum and training to all different kinds of healthcare providers.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I don't have any other speakers, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TONKO), our Democratic sponsor.

Mr. TONKO. Mr. Speaker, I thank Representative PALLONE for yielding.

Mr. Speaker, I rise in support of the TEACH to Combat Addiction Act, which I joined with my friend from Ohio, Representative BILL JOHNSON, in introducing.

One of the biggest challenges that is facing us in the midst of this opioid epidemic is the lack of high-quality addiction treatment in many parts of our country.

Only one in five individuals with opioid use disorder is able to access any type of treatment. In many instances, individuals struggling with addiction can be placed on waiting lists for months or years before they are able to see an addiction professional. That is simply not right.

When we place barriers and roadblocks between patients and their care, we know that these delays can be deadly. We need to move toward a system of treatment on demand so that, when an individual is crying out for assistance, when that person has that moment of clarity, there is a helping hand ready to meet them.

This legislation helps us in a way that moves us in that direction by investing in our addiction infrastructure. The TEACH to Combat Addiction Act would create centers of excellence in substance use disorder education that would be charged with developing and disseminating model curricula to train our next generation of medical professionals on the practice of addiction.

Empowering our healthcare workforce to better understand and effectively prevent and treat substance use disorder will yield dividends in our fight against the opioid epidemic.

I am proud to work with Representative JOHNSON on this critical legislation that will strengthen the tools and information we use to educate the next generation of healthcare professionals, and I strongly urge all Members to support this critical legislation.

Mr. PALLONE. Mr. Speaker, I have no additional speakers.

I urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I, too, want to commend our colleagues for bringing this matter to our attention and commend them on the legislation we are moving forward today in a bipartisan way. I encourage our colleagues to vote for it.

Mr. Speaker, 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. 5261, 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.

#### ENSURING EVIDENCE-BASED MENTAL HEALTH AND SUBSTANCE USE DISORDER PROGRAMS AND ACTIVITIES FUNDED BY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5272) to ensure that programs and activities that are funded by a grant, cooperative agreement, loan, or loan guarantee from the Department of Health and Human Services, and whose purpose is to prevent or treat a mental health or substance use disorder, are evidence-based, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5272

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

#### SECTION 1. GUIDANCE FROM NATIONAL MENTAL HEALTH AND SUBSTANCE USE POLICY LABORATORY.

Section 501A(b) of the Public Health Service Act (42 U.S.C. 290aa-0(b)) is amended—

(1) in paragraph (5), by striking “and” at the end;

(2) in paragraph (6), by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(7) issue and periodically update guidance for entities applying for grants from the Substance Abuse and Mental Health Services Administration in order to—

“(A) encourage the funding of evidence-based practices;

“(B) encourage the replication of promising or effective practices; and

“(C) inform applicants on how to best articulate the rationale for the funding of a program or activity.”.

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

The Chair recognizes the gentleman from Oregon.

GENERAL LEAVE

Mr. WALDEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous materials into the RECORD on this 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, today I rise in strong support of H.R. 5272. This is a bill that helps ensure that federally funded programs and activities that prevent or