

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

treat health or substance use disorder are evidence-based. What a concept.

H.R. 5272 will enhance the work of the National Mental Health and Substance Use Policy Laboratory by directing the Substance Abuse and Mental Health Services Administration, SAMHSA, to provide guidance for entities applying for grants, including guidance on how best to explain the rationale for a given program or activity.

By encouraging the funding of evidence-based interventions and the replication of promising or effective practices, we believe we can help ensure that local organizations, health departments, nonprofits, and substance use disorder treatment providers have the tools and evidence necessary to implement solutions that work.

I would like to thank Representatives STEVE STIVERS and ELIOT ENGEL for leading this important and, again, bipartisan initiative.

Mr. Speaker, I yield such time as he may consume to the gentleman from Ohio (Mr. STIVERS), who has been a real advocate on these and other issues dealing with this opioid epidemic.

Mr. STIVERS. Mr. Speaker, I would like to thank the chairman for all of his work to help with this bill.

I speak today on behalf of myself and my colleague Mr. ENGEL in support of our evidence-based treatment for opioid addiction bill, H.R. 5272.

The opioid epidemic is hurting communities all across this country. In 2016, 174 Americans overdosed per day. Ohio had the second highest death rate in the Nation. Overdoses killed 4,329 people in Ohio, according to the National Center for Health Statistics.

For the past 5 years, I have held a roundtable on drugs and opioids in my district with stakeholders, including law enforcement, treatment professionals, government officials, and community leaders from all around. A common concern I have heard in these roundtables and that I hear consistently in my district is that treatment programs exist, but many are not delivering on their promise.

Healthcare professionals and those on the front lines have continuously told me about the lack of evidence-based treatment for those suffering from addiction and substance use disorders, and that can lead to unsuccessful results.

According to the National Institute on Drug Abuse, between 40 and 60 percent of individuals who suffer from drug addiction are known to relapse. It is often estimated that the rehabilitation programs are only about 30 percent effective, although nobody knows the true number. That is why Representative ELIOT ENGEL and I have introduced bipartisan legislation to require grants from the Department of Health and Human Services to treat mental health and substance abuse be awarded to entities that are able to demonstrate that they use evidence-based practices.

Throughout the process of pushing for this, I had conversations with

SAMHSA, the Substance Abuse and Mental Health Services Administration, about what they have been doing under the 21st Century Cures Act to promote and enhance evidence-based practices.

The 21st Century Cures Act created a National Mental Health and Substance Use Policy Laboratory under SAMHSA and tasked it with promoting evidence-based practices through leadership and coordination, data collection, and reviews of current programs and activities. The policy lab has set out to begin this monumental task, and our legislation will make it even better.

Working with the majority and the minority committees' staffs on the Energy and Commerce Committee and working with SAMHSA, Representative ENGEL and I brought forward a bipartisan amendment to our original bill which, instead of placing a requirement on funds, requires SAMHSA to issue guidance to grantees that will help promote funding of evidence-based practices through the policy lab. I think this language will be positive.

It further requires SAMHSA to issue guidance on how to best replicate promising and effective treatments and programs so that future programs and grant applications can take advantage of the lessons learned and best practices.

More importantly, SAMHSA must issue guidance to grantees on how to articulate their rationale for why they should receive Federal funds. I think putting this responsibility on the shoulders of grantees will ensure that more local treatment programs are looking at medical journals and SAMHSA's own policy laboratory for evidence-based practices that will make our treatment more effective.

As I have talked to people affected by the opioid epidemic at our roundtables and people who have come into my office, too many of them have been let down by treatment programs that didn't work. People want their lives back. They want their jobs back. They want their families back. They want their future back. This bill that Representative ENGEL and I have put together will help them in that journey.

If we can take treatment programs and take them from 30 percent effective to even 50 percent effective, millions of Americans will get their lives back, get their families back, and get their jobs back.

This bill, I think, is a moral imperative, and I want to thank Congressman ENGEL. I want to thank the majority and minority staffs from the Energy and Commerce Committee for their work. I want to especially thank the chairman for his work. I also want to thank SAMHSA. They were a pleasure to work with through this effort.

Mr. Speaker, I believe this bill will make a big difference in the lives of Americans and help make sure that those impacted by the opioid epidemic and other drug addiction will get treatment that gives them their lives back.

Mr. Speaker, 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 this bill, H.R. 5272, and I want to thank Mr. ENGEL, the Democratic sponsor.

The purpose of this legislation is to promote the increased uptake of evidence-based treatment by individuals with mental health and substance use disorders.

□ 1630

We know that increasing the utilization of evidence-based treatment for behavioral health disorders results in improved outcomes. This is particularly important for individuals with opioid use disorder, as we know that MAT is the gold standard for treatment and is associated with improved retention in treatment, decreased relapse rates, and decreased fatal and nonfatal overdoses.

Expanding access to and uptake of MAT as well as other evidence-based behavioral health treatments, as promoted by this bill, is a critical piece to combating the tragic opioid epidemic, so I encourage my colleagues to support this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Speaker, I thank the gentleman, my friend from New Jersey, for yielding to me.

Mr. Speaker, I rise in strong support of H.R. 5272, the RESULTS Act, and I urge my colleagues to support it.

This bill that I have coauthored with Congressman STEVE STIVERS will provide needed guidance to applicants seeking Federal funding to treat or prevent mental health or substance use disorders. I thank the gentleman from Ohio (Mr. STIVERS) for working with me in a bipartisan way, and it shows when we work in a bipartisan way good things come out of it.

This legislation builds on the important work we started with the 21st Century Cures Act. Cures created the National Mental Health and Substance Use Policy Laboratory, often referred to as the Policy Lab, with the goal of promoting evidence-based activities to prevent and treat mental health and substance use disorders.

The RESULTS Act will help advance that goal. It directs the Policy Lab to issue new guidance to applicants seeking Federal funding to treat or prevent mental health or substance abuse disorders.

This guidance will ensure that those applying for Federal funds have the information they need to implement evidence-based solutions to the opioid crisis as well as the tools necessary to emulate successful approaches in their communities. I urge my colleagues to support this straightforward bill that will make it easier for those fighting the opioid epidemic in our communities to implement solutions that work.

All of us know how necessary these solutions are. Take my district in Westchester County, part of which I represent, 124 people died due to opioids in the year 2016. In the Bronx, part of which I also represent, more New Yorkers died of overdoses than in any other borough in New York City.

So I am pleased that the House is taking bipartisan action to address the opioid epidemic. But I am also concerned by the Trump administration's announcement last week that they will urge the courts to strike down the Affordable Care Act's provisions preventing insurance companies from denying coverage or charging more for preexisting conditions such as an opioid addiction.

This has to stop. This needs to stop. We can't have those proposals if we are going to really attack and win in this opioid crisis.

The bipartisan actions we take this week and that we will take this week are important, and I support all of them. But they will not occur in a vacuum.

I urge my friends on the other side of the aisle to speak out and end these kinds of attacks on affordable healthcare. Instead, let's work to ensure our communities have the resources they need to turn the tide of this epidemic and bring needed treatment to the men and women who are fighting—literally—fighting for their lives.

I want to, again, thank Congressman STIVERS for his hard work on this bill, as well as Chairman BURGESS, Ranking Member GREEN, Chairman WALDEN, and Ranking Member PALLONE for their assistance in bringing it to the floor today.

Mr. Chairman, I urge my colleagues to support the RESULTS Act.

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

The SPEAKER pro tempore. Without objection, the gentleman from Georgia will control the balance of the time of the majority.

There was no objection.

Mr. CARTER of Georgia. 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. 5272, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to provide additional guidance to grantees seeking funding to treat or prevent mental health or substance use disorders."

A motion to reconsider was laid on the table.

COMPREHENSIVE OPIOID RECOVERY CENTERS ACT OF 2018

Mr. CARTER of Georgia. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5327) to amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5327

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 "Comprehensive Opioid Recovery Centers Act of 2018".

SEC. 2. COMPREHENSIVE OPIOID RECOVERY CENTERS.

(a) IN GENERAL.—Part D of title V of the Public Health Service Act is amended by adding at the end the following new section:

"SEC. 550. COMPREHENSIVE OPIOID RECOVERY CENTERS.

"(a) IN GENERAL.—The Secretary shall award grants on a competitive basis to eligible entities to establish or operate a comprehensive opioid recovery center (referred to in this section as a 'Center').

"(b) GRANT PERIOD.—

"(1) IN GENERAL.—A grant awarded under subsection (a) shall be for a period not less than three years and not more than five years.

"(2) RENEWAL.—A grant awarded under subsection (a) may be renewed, on a competitive basis, for additional periods of time, as determined by the Secretary. In determining whether to renew a grant under this paragraph, the Secretary shall consider the data submitted under subsection (h).

"(c) MINIMUM NUMBER OF CENTERS.—The Secretary shall allocate the amounts made available under subsection (i) in such amounts that not fewer than 10 Centers will be established across the United States.

"(d) APPLICATION.—In order to be eligible for a grant under subsection (a), an entity shall submit an application to the Secretary at such time and in such manner as the Secretary may require. Such application shall include—

"(1) evidence that such entity carries out, or is capable of coordinating with other entities to carry out, the activities described in subsection (g); and

"(2) such other information as the Secretary may require.

"(e) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to eligible entities located in a State or Indian country (as defined in section 1151 of title 18, United States Code)—

"(1) with a high per capita drug overdose mortality rate, as determined by the Director of the Centers for Disease Control and Prevention; or

"(2) based on any other criteria or need, as determined by the Secretary.

"(f) USE OF GRANT FUNDS.—An eligible entity awarded a grant under subsection (a) shall use the grant funds to establish or operate a Center to carry out the activities described in subsection (g).

"(g) CENTER ACTIVITIES AND SERVICES.—Each Center shall, at a minimum, carry out the activities described in this subsection. In the case of a Center that determines that a service described in paragraph (2) cannot reasonably be carried out by the Center, such Center shall contract with such other entities as may be necessary to ensure that patients have access to the full range of services described in such paragraph.

"(1) COMMUNITY OUTREACH.—Each Center shall carry out the following outreach activities:

"(A) Train and supervise outreach staff to work with schools, workplaces, faith-based organizations, State and local health departments, law enforcement, and first responders to ensure that such institutions are aware of the services of the Center.

"(B) Disseminate and make available online evidence-based resources that educate professionals and the public on opioid use disorder and other substance use disorders.

"(2) TREATMENT AND RECOVERY SERVICES.—Each Center shall provide the following treatment and recovery services:

"(A) Ensure that intake evaluations meet the clinical needs of patients.

"(B) Periodically conduct patient assessments to ensure continued and meaningful recovery, as defined by the Assistant Secretary for Mental Health and Substance Use.

"(C) Provide the full continuum of treatment services, including—

"(i) all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act and all biological products licensed under section 351 of this Act, including methadone, to treat substance use disorders, including opioid use disorder and alcohol use disorder;

"(ii) withdrawal management, which shall include medically supervised detoxification that includes patient evaluation, stabilization, and readiness for and entry into treatment;

"(iii) counseling and case management, including counseling and recovery services for any possible co-occurring mental illness;

"(iv) residential rehabilitation;

"(v) recovery housing;

"(vi) community-based and peer recovery support services;

"(vii) job training and placement assistance to support reintegration into the workforce; and

"(viii) other best practices, as determined by the Secretary.

"(D) Administer an onsite pharmacy and provide toxicology services.

"(E) Establish and operate a secure and confidential electronic health information system.

"(F) Offer family support services such as child care, family counseling, and parenting interventions to help stabilize families impacted by substance use disorder.

"(h) DATA REPORTING AND PROGRAM OVERSIGHT.—With respect to a grant awarded under subsection (a) to an eligible entity for a Center, not later than 90 days after the end of the first year of the grant period, and annually thereafter for the duration of the grant period (including the duration of any renewal period for such grant), the entity shall submit data, as appropriate, to the Secretary regarding—

"(1) the programs and activities funded by the grant;

"(2) health outcomes of individuals with a substance use disorder who received services from the Center;

"(3) the effectiveness of interventions designed, tested, and evaluated by the Center; and

"(4) any other information that the Secretary may require for the purpose of—

"(A) evaluating the effectiveness of the Center; and

"(B) ensuring that the Center is complying with all the requirements of the grant, including providing the full continuum of services described in subsection (g)(2)(C) and providing drugs and devices for overdose reversal under such subsection.

"(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated \$10,000,000 for each of fiscal years 2019