

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

through 2023 for purposes of carrying out this section.”.

(b) REPORTS TO CONGRESS.—

(1) PRELIMINARY REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a preliminary report that analyzes data submitted under section 550(h) of the Public Health Service Act, as added by subsection (a).

(2) FINAL REPORT.—Not later than one year after submitting the preliminary report required under paragraph (1), the Secretary of Health and Human Services shall submit to Congress a final report that includes—

(A) an evaluation of the effectiveness of comprehensive opioid recovery centers established or operated pursuant to section 550 of the Public Health Service Act, as added by subsection (a);

(B) recommendations on whether the grant program established under such section 550 should be reauthorized and expanded; and

(C) standards and best practices for the treatment of substance use disorders, as identified through such grant program.

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

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. CARTER of Georgia. 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 in the RECORD on the bill.

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

There was no objection.

Mr. CARTER of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to express my strong support for H.R. 5327, the Comprehensive Opioid Recovery Centers Act. This legislation will help support the establishment of Comprehensive Opioid Recovery Centers to serve as models for comprehensive treatment and recovery. These centers will provide substance use disorder patients with a wide range of treatment options for integrated care. By treating the whole person and utilizing the full range of FDA-approved medications and evidence-based treatments, these centers will dramatically improve the outcomes for individuals with substance use disorder and serve as models for evidence-based treatment across the country.

I would like to thank the vice chairman of the Health Subcommittee Vice Chairman BRETT GUTHRIE, Health Subcommittee Ranking Member GENE GREEN, and Representatives LARRY BUCSHON and BEN RAY LUJÁN for leading this important initiative.

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. 5327, the Comprehensive Opioid Recovery Centers Act.

Mr. Speaker, I rise in support of H.R. 5327, the Comprehensive Opioid Recovery Centers Act.

More than 21 million individuals in this country need substance abuse treatment, but we know there are numerous barriers to accessing help for substance abuse disorder.

One of the many barriers that exists is the gap in healthcare providers available to treat opioid use disorder.

Worsening the situation, our current healthcare system and the methods of treating substance abuse disorders is often fragmented, leading to incomplete patient care.

Without a standardized way of approaching screening or treatment for opioid use disorder, treatment centers use a range of methods to manage opioid use disorder, some are more successful than others.

H.R. 5327, bipartisan legislation which would require SAMHSA to provide grants to develop comprehensive opioid recovery centers will begin to address some of the deficits in opioid use disorder care.

These centers will provide outreach to help educate the communities about opioid and other substance use disorders, assist with coordination of treatment, and offer recovery activities.

The comprehensive opioid recovery centers will use best practices, to deliver integrated opioid use disorder care, giving other treatment centers a model to look towards, improving the quality of OUD treatment.

Improving access to evidence-based substance use disorder treatments is critical for ensuring patients get the care that they need.

I urge my colleagues to support this bill.

Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. GENE GREEN), who is the ranking member of our Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my ranking member.

Mr. Speaker, I rise in support of H.R. 5327, the Comprehensive Opioid Recovery Centers Act.

The opioid epidemic is harming Americans in communities throughout our great country, including my hometown of Houston, Texas. In 2016 alone, over 42,000 Americans died due to an opioid-related overdose, based on data from the Centers for Disease Control and Prevention.

More must be done to give Americans access to treatment and the full continuum of care they need to recover from substance abuse and live a full and healthy life.

For these reasons, I was proud to introduce the Comprehensive Opioid Recovery Centers Act with Representatives BRETT GUTHRIE, BEN RAY LUJÁN, and LARRY BUCSHON in March.

This legislation will fund the designated treatment centers where Americans suffering from opioid abuse can receive comprehensive patient-centered care. Our bill would allow designated treatment centers to provide a wider variety of treatment options tailored to the specific needs of its clients.

Covered services under this bill would include mental health, medication-assisted treatment, counseling, re-

covery housing, peer support, and job training and placement to support reintegration into the workforce. These wraparound services have been shown to help many Americans who have successfully overcome opioid addiction. It is our intention that this bill will help develop world-class models for treatment and recovery that can be duplicated nationwide.

I would like to thank Congressmen GUTHRIE, LUJÁN, and BUCSHON for their hard work on this bill. I would also like to thank our ranking member, FRANK PALLONE, and our chair, GREG WALDEN, for their support of our bill and their assistance moving this legislation through committee and on to the House floor today.

Mr. Speaker, I ask my colleagues to join me and vote in support of this important legislation.

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

There was no objection.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Kentucky (Mr. GUTHRIE), who is the vice chair of our Health Subcommittee and has been a leader on this opioid issue along with other healthcare issues to improve the lives of American citizens and especially those in his home State and district.

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

Mr. Speaker, I rise today in support of my bill, the Comprehensive Opioid Recovery Centers Act, a bipartisan bill that will establish treatment centers that offer a full range of treatment for people suffering from opioid use disorder.

Over the past several months, I have been holding public events in each of the 21 counties in my district. In every county I continue to hear about the awful effects of our Nation's opioid crisis. Each story is a little different, but they are all heart-wrenching due to the deadly effects of opioid use disorder and addiction.

Right now, most patients are going to the center that is most convenient to them, but those centers might offer only one type of treatment. What if that treatment doesn't work for that person?

That is why I introduced the Comprehensive Opioid Recovery Centers Act, so that people can show up at one facility and have full wraparound treatment services and succeed in beating addiction.

I want to especially thank my friends, Congressman GENE GREEN, Congressman BEN RAY LUJÁN of New Mexico, and LARRY BUCSHON of Indiana for introducing this bill with me. This is a bipartisan bill. It will make a difference in people's lives, and I urge my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN), who is one of the Democratic sponsors.

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I thank Mr. GUTHRIE and Dr. BUCSHON for working with myself and Mr. GENE GREEN of Texas on this bill.

I rise today in support of the Comprehensive Opioid Recovery Centers Act. This bill would fund at least 10 comprehensive opioid centers across America. These centers will focus on community engagement, prevention, treatment, and also recovery services.

They can be newly established centers or can build upon existing infrastructure. They will be located in areas hit hardest by this epidemic, and they will serve those who need help the most.

Since 2008, New Mexico has had one of the highest rates of drug overdose deaths in the country. According to the CDC, New Mexico had the third highest drug overdose death rate in the Nation in 2013 and the second highest in 2014.

Almost every county in New Mexico has a higher rate than the national average. In some of the most hard-hit New Mexico counties, the overdose death rates were more than five times the national rate.

Now, we know 10 centers across 50 States will not solve this problem. Still, we hope that these centers can stand as examples for what substance use disorder facilities could strive to be.

I hope that these comprehensive centers will give families hope, researchers data, and communities across this country the resources that they so desperately need.

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, this is more good, bipartisan work here attacking this opioid epidemic. I would encourage my colleagues to support this piece of legislation.

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 Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, H.R. 5327, 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.

POISON CENTER NETWORK ENHANCEMENT ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5329) to amend the Public Health Service Act to reauthorize and enhance the poison center national toll-free

number, national media campaign, and grant program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5329

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 “Poison Center Network Enhancement Act of 2018”.

SEC. 2. REAUTHORIZATION OF POISON CONTROL CENTERS NATIONAL TOLL-FREE NUMBER.

Section 1271 of the Public Health Service Act (42 U.S.C. 300d-71) is amended to read as follows:

“SEC. 1271. ESTABLISHMENT AND MAINTENANCE OF THE NATIONAL TOLL-FREE NUMBER AND ENHANCED COMMUNICATIONS CAPABILITIES.

“(a) IN GENERAL.—The Secretary shall provide coordination and assistance to poison control centers for—

“(1) the development, establishment, implementation, and maintenance of a nationwide toll-free phone number; and

“(2) the enhancement of communications capabilities, which may include text capabilities.

“(b) CONSULTATION.—The Secretary may consult with nationally recognized professional organizations in the field of poison control to determine the best and most effective means of achieving the goals described in paragraphs (1) and (2) of subsection (a).

“(c) RULE OF CONSTRUCTION.—In assisting with public health emergencies, responses, or preparedness, nothing in this section shall be construed to restrict the work of poison control centers or the use of their resources by the Secretary or other governmental agencies.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$700,000 for each of fiscal years 2019 through 2023.”.

SEC. 3. REAUTHORIZATION OF NATIONWIDE PUBLIC AWARENESS CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION.

Section 1272 of the Public Health Service Act (42 U.S.C. 300d-72) is amended to read as follows:

“SEC. 1272. NATIONWIDE PUBLIC AWARENESS CAMPAIGN TO PROMOTE POISON CONTROL CENTER UTILIZATION AND THEIR PUBLIC HEALTH EMERGENCY RESPONSE CAPABILITIES.

“(a) IN GENERAL.—The Secretary shall—

“(1) carry out, and expand upon, a national public awareness campaign to educate the public and health care providers about—

“(A) poisoning, toxic exposure, and drug misuse prevention; and

“(B) the availability of poison control center resources in local communities; and

“(2) as part of such campaign, highlight the nationwide toll-free number and enhanced communications capabilities supported under section 1271.

“(b) CONSULTATION.—In carrying out and expanding upon the national campaign under subsection (a), the Secretary may consult with nationally recognized professional organizations in the field of poison control response for the purpose of determining the best and most effective methods for achieving public awareness.

“(c) CONTRACT WITH ENTITY.—The Secretary may carry out subsection (a) by entering into contracts with one or more public or private entities, including nationally recognized professional organizations in the field of poison control and national media firms, for the development and implementa-

tion of the awareness campaign under subsection (a), which may include—

“(1) the development and distribution of poisoning and toxic exposure prevention, poison control center, and public health emergency awareness and response materials;

“(2) television, radio, internet, and newspaper public service announcements; and

“(3) other means and activities to provide for public and professional awareness and education.

“(d) EVALUATION.—The Secretary shall—

“(1) establish baseline measures and benchmarks to quantitatively evaluate the impact of the nationwide public awareness campaign carried out under this section; and

“(2) on a biennial basis, prepare and submit to the appropriate committees of Congress an evaluation of the nationwide public awareness campaign.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$800,000 for each of fiscal years 2019 through 2023.”.

SEC. 4. REAUTHORIZATION OF THE POISON CONTROL CENTER GRANT PROGRAM.

Section 1273 of the Public Health Service Act (42 U.S.C. 300d-73) is amended to read as follows:

“SEC. 1273. MAINTENANCE OF THE POISON CONTROL CENTER GRANT PROGRAM.

“(a) AUTHORIZATION OF PROGRAM.—The Secretary shall award grants to poison control centers accredited under subsection (c) (or granted a waiver under subsection (d)) and nationally recognized professional organizations in the field of poison control for the purposes of—

“(1) preventing, and providing treatment recommendations for, poisonings and toxic exposures including opioid and drug misuse;

“(2) assisting with public health emergencies, responses, and preparedness; and

“(3) complying with the operational requirements needed to sustain the accreditation of the center under subsection (c).

“(b) ADDITIONAL USES OF FUNDS.—In addition to the purposes described in subsection (a), a poison center or professional organization awarded a grant under such subsection may also use amounts received under such grant—

“(1) to research, establish, implement, and evaluate best practices in the United States for poisoning prevention, poison control center outreach, opioid and drug misuse information and response, and public health emergency, response, and preparedness programs;

“(2) to research, develop, implement, revise, and communicate standard patient management guidelines for commonly encountered toxic exposures;

“(3) to improve national toxic exposure and opioid misuse surveillance by enhancing cooperative activities between poison control centers in the United States and the Centers for Disease Control and Prevention and other governmental agencies;

“(4) to research, improve, and enhance the communications and response capability and capacity of the Nation’s network of poison control centers to facilitate increased access to the centers through the integration and modernization of the current poison control centers communications and data system, including enhancing the network’s telephony, internet, data, and social networking technologies;

“(5) to develop, support, and enhance technology and capabilities of nationally recognized professional organizations in the field of poison control to collect national poisoning, toxic occurrence, and related public health data;

“(6) to develop initiatives to foster the enhanced public health utilization of national poison data collected by such organizations;