

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;

“(7) to support and expand the toxicologic expertise within poison control centers; and

“(8) to improve the capacity of poison control centers to answer high volumes of contacts and internet communications, and to sustain and enhance the poison control center’s network capability to respond during times of national crisis or other public health emergencies.

“(c) ACCREDITATION.—Except as provided in subsection (d), the Secretary may award a grant to a poison control center under subsection (a) only if—

“(1) the center has been accredited by a nationally recognized professional organization in the field of poison control, and the Secretary has approved the organization as having in effect standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning; or

“(2) the center has been accredited by a State government, and the Secretary has approved the State government as having in effect standards for accreditation that reasonably provide for the protection of the public health with respect to poisoning.

“(d) WAIVER OF ACCREDITATION REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary may grant a waiver of the accreditation requirements of subsection (c) with respect to a nonaccredited poison control center that applies for a grant under this section if such center can reasonably demonstrate that the center will obtain such an accreditation within a reasonable period of time as determined appropriate by the Secretary.

“(2) RENEWAL.—The Secretary may renew a waiver under paragraph (1).

“(3) LIMITATION.—The Secretary may not, after the date of enactment of the Poison Control Network Enhancement Act of 2018, grant to a poison control center waivers or renewals that total more than 5 years.

“(e) SUPPLEMENT NOT SUPPLANT.—Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State, or local funds provided for such center.

“(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the annual recurring expenditures of the center for its activities at a level that is not less than 80 percent of the average level of such recurring expenditures maintained by the center for the preceding 3 fiscal years for which a grant is received.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$28,600,000 for each of fiscal years 2019 through 2023. The Secretary may utilize an amount not to exceed 6 percent of the amount appropriated pursuant to the preceding sentence for each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions, which are determined by the Secretary to be appropriate for carrying out the program under this section.”.

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 to insert extraneous material 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 support H.R. 5329, the Poison Center Network Enhancement Act. This is legislation that will reauthorize the national network of poison control centers.

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Poison control centers are on the front lines of the opioid crisis. They offer free, confidential, expert medical advice 24 hours a day, 7 days a week. By reauthorizing this essential system resource, we will help reduce visits to the emergency rooms and save countless lives.

I want to thank the leadership of Representative SUSAN BROOKS and ELIOT ENGEL, my colleagues, along with Representatives JOE BARTON and DIANA DEGETTE, who worked hard on this legislation to get it right and get it to the floor in a bipartisan manner and, I would dare say, out of committee in a unanimous vote.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Indiana (Mrs. BROOKS), a leader in this effort.

Mrs. BROOKS of Indiana. Mr. Speaker, I rise today to urge my colleagues to pass H.R. 5329, the Poison Center Network Enhancement Act of 2018, a bill that reauthorizes the national network of poison control centers, as we have heard, that offers free, confidential, expert medical advice 24 hours a day, 7 days a week.

We heard during an Energy and Commerce Health Subcommittee hearing that this past summer the Georgia poison control center was the first public health entity to detect and respond to a deadly opioid outbreak where yellow pills were being sold, stamped with the brand Percocet that, in fact, contained substances chemically similar to fentanyl. Without calls to poison control centers to report this drug, these pills could have gone undetected indefinitely.

Poison control centers are fielding almost 192 cases a day of opioid abuse and misuse. In 1 month alone, there were 9,039 opioid exposures related to poison control centers nationwide. They are essential in combating the opioid crisis because these are the centers that compile the data that can be used to discover hotspots for opioid abuse and misuse and save lives.

I want to thank all my colleagues, especially Representative ENGEL, Representative DEGETTE, and Representative BARTON, who have been strong voices, as well as Chairman WALDEN and Ranking Member PALLONE, for supporting this and so many other impactful bills.

On behalf, most importantly, of the 1,526 Hoosiers who have died of an opioid overdose in 2016, I want to urge my colleagues to pass H.R. 5329.

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

Mr. Speaker, I rise in support of H.R. 5329, the Poison Center Network Enhancement Act.

I want to thank Mr. ENGEL, the Democratic sponsor, for his leadership.

Mr. Speaker, I rise in support of H.R. 5329, the Poison Center Network Enhancement Act.

This legislation reauthorizes the Health Resources and Services Administration’s (HRSA) Poison Control Center program.

Poison control centers provide essential support to the public and healthcare providers nationwide.

They assist with guiding the public to appropriate medical care and advise physicians and other healthcare providers on the appropriate medical management whenever an exposure to a poison has occurred.

There are over 70 Poison control centers in the U.S and U.S. Territories and they serve a vital role in our emergency infrastructure, operating 24 hours a day, 365 days a year.

The centers handle calls concerning over 430,000 different substances, but in recent years have seen a huge increase in calls related to opioid exposure.

Receive nearly 200 consults per day on opioid related exposures alone.

There is no doubt that Poison control centers play a role in fighting the national opioid epidemic.

I support this legislation and continuation of the great work our nation’s Poison Control centers do.

I urge my colleagues to support this bill.

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

Mr. ENGEL. Mr. Speaker, I thank my friend from New Jersey for yielding, and I rise in strong support of H.R. 5329, the Poison Center Network Enhancement Act.

I remember when I was a little boy, my mother used to have a poison control number that she taped to the medicine chest so that, if there was ever a tragedy or a problem, we could call the number quickly. This is obviously along those same lines. That is why it is so important for the American people to have this.

I want to thank Congresswoman SUSAN BROOKS. I coauthored the bill with her. I want to thank her for her hard work. It reauthorizes, for an additional 5 years, as the gentlewoman just said, the nationwide network of poison control centers, which are playing a critical role in the fight to end the opioid crisis.

Our country’s 55 poison centers are staffed by trained toxicologists, pharmacists, physicians, and nurses who are available 24 hours a day, 7 days a week, 365 days a year, to provide real-time, lifesaving assistance via a national toll-free number, which is 1-800-222-1222.

In 2016, someone in this country called the poison center roughly every 12 seconds. So it shows you that it is being utilized and it saves lives. More than 90 percent of those calls were due to a poison exposure in someone’s home. More than half of all cases involved children under the age of 12.

That is why speedy access to poison centers is such an invaluable resource and so important, especially for parents.

Poison centers are also saving hundreds of millions in Federal dollars by helping to avoid the unnecessary use of medical services and shortening the amount of time a person spends in the hospital, if hospitalization due to poisoning becomes necessary.

It is clear that these centers are a smart public health investment, but they are also an integral part of our response to the opioid epidemic.

Since 2011, poison centers have handled nearly 200 cases per day in this country involving opioid misuse. Data from poison centers has helped detect trends in the epidemic, and experts have helped educate Americans about the crisis and ways they could potentially save the lives of their loved ones.

The Upstate New York Poison Center, for instance, used the New York State Fair to educate New Yorkers about proper use of naloxone, the overdose reversal drug. This bill would make sure that activities like this can continue.

Mr. Speaker, I had the privilege of coauthoring the last poison center reauthorization signed into law in 2014, and I am pleased to have worked on this important bill.

Again, I want to thank Congresswoman BROOKS for partnering with me on this legislation, as well as Congresswoman DEGETTE and Congressman BARTON for being original cosponsors. Let me also thank Chairman BURGESS, Ranking Member GREEN, Chairman WALDEN, and Ranking Member PALLONE for their assistance in bringing this bill to the floor today.

As I mentioned earlier, in Westchester County, part of which I represent, 124 people died due to opioids in 2016. In the Bronx, part of which I also represent, more New Yorkers died of overdoses than in any other borough of the city of New York.

We must do more to end this epidemic, and I am proud to see this legislation moving forward as part of that effort, again, in a bipartisan manner. I urge my colleagues to support this bill.

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 important bipartisan legislation moving forward. I have no other speakers. I would encourage passage of the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5329, 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.

## ELIMINATING OPIOID RELATED INFECTIOUS DISEASES ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5353) to amend the Public Health Service Act to reauthorize and expand a program of surveillance and education, carried out by the Centers for Disease Control and Prevention, regarding infections associated with injection drug use, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5353

*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 “Eliminating Opioid Related Infectious Diseases Act of 2018”.

### SEC. 2. REAUTHORIZATION AND EXPANSION OF PROGRAM OF SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

Section 317N of the Public Health Service Act (42 U.S.C. 247b-15) is amended to read as follows:

#### “SEC. 317N. SURVEILLANCE AND EDUCATION REGARDING INFECTIONS ASSOCIATED WITH ILLICIT DRUG USE AND OTHER RISK FACTORS.

“(a) IN GENERAL.—The Secretary may (directly and through grants to public and nonprofit private entities) provide for programs for the following:

“(1) To cooperate with the States and Indian tribes in implementing or maintaining a surveillance system to determine the incidence of infections commonly associated with illicit drug use, including infections commonly associated with injection drug use such as viral hepatitis, human immunodeficiency virus, and infective endocarditis, and to assist the States in determining the prevalence of such infections, which may include the reporting of cases of such infections.

“(2) To identify, counsel, and offer testing to individuals who are at risk of infections as a result of injection drug use, receiving blood transfusions prior to July 1992, or other risk factors.

“(3) To provide appropriate referrals for counseling, testing, and medical treatment of individuals identified under paragraph (2) and to ensure, to the extent practicable, the provision of appropriate follow-up services.

“(4) To develop and disseminate public information and education programs for the detection and control of infections described in paragraph (1), with priority given to high-risk populations as determined by the Secretary.

“(5) To improve the education, training, and skills of health professionals in the detection and control of infections and the coordination of treatment of addiction and infectious diseases described in paragraph (1), with priority given to substance use disorder treatment providers, pediatricians and other primary care providers, obstetrician-gynecologists, infectious diseases clinicians, and HIV clinicians.

“(b) LABORATORY PROCEDURES.—The Secretary may (directly or through grants to public and nonprofit private entities) carry out programs to provide for improvements in the quality of clinical-laboratory procedures regarding infections described in subsection (a)(1).

“(c) DEFINITIONS.—In this section:

“(1) The term ‘Indian tribe’ has the meaning given that term in section 4 of the Indian

Self-Determination and Education Assistance Act.

“(2) The term ‘injection drug use’ means—  
“(A) intravenous administration of a substance in schedule I under section 202 of the Controlled Substances Act;

“(B) intravenous administration of a substance in schedule II, III, IV, or V under section 202 of the Controlled Substances Act that has not been approved for intravenous use under—

“(i) section 505 of the Federal Food, Drug and Cosmetic Act; or

“(ii) section 351 of the Public Health Service Act; or

“(C) intravenous administration of a substance in schedule II, III, IV, or V under section 202 of the Controlled Substances Act that has not been prescribed to the person using the substance.

“(d) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated \$40,000,000 for each of the 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 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 in support of H.R. 5353, Eliminating Opioid Related Infectious Diseases Act, which will authorize the CDC, the Centers for Disease Control, to work with States to improve education, surveillance, and treatment of infections associated with injection drug use.

Injection drug use is a well-known route for the transmission of blood-borne infections, particularly human immunodeficiency virus, or HIV, and hepatitis. By supporting a national elimination initiative, H.R. 5353 will help reduce the serious, costly, and life-threatening infections that can be associated with illicit drug use.

I want to thank my colleague, LEONARD LANCE from New Jersey. He has been a real leader in this effort, bringing this to our attention. He wasn't alone. Representative JOE KENNEDY, CHRIS COLLINS, ANNA ESHOO, JOE BARTON, and DORIS MATSUI also were very much involved in the creation of this legislative initiative.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE) to speak on his legislation.

Mr. LANCE. Mr. Speaker, I rise today to offer legislation to combat another front in our battle against the scourge of opioid addiction.

I commend Chairman WALDEN and Dr. BURGESS, Mr. PALLONE, and Mr.