

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.

GREEN for their leadership in bringing 26 bills to the floor addressing the many sides of the far-reaching opioid crisis. This epidemic has challenged every community and every walk of life in this Nation.

Today, I offer the Eliminating Opioid Related Infectious Diseases Act, legislation I have had the honor of authoring. My cosponsor is our colleague on the Energy and Commerce Committee, Congressman JOSEPH P. KENNEDY III of Massachusetts.

We must do more to stop the spread of infectious diseases resulting from opioid abuse. I know this is a difficult subject because we are discussing HIV and other related topics, but we need to be honest and realistic about these public health challenges because this is not just about helping those with addiction. Families, including children, are being exposed to terrible infections at an alarming rate.

The Centers for Disease Control and Prevention must implement a plan to turn this tide and combat the public health consequences of these deadly trends. According to surveillance data released last month by the CDC, new cases of hepatitis C rose by a staggering 350 percent nationwide between 2010 and 2016. The time to move, obviously, is now.

This bipartisan endeavor makes sure that the CDC has the tools it needs and that those facing an opioid addiction are educated for the safety of themselves and their families. Our efforts provide the CDC with \$40 million, annually, to carry out this mission.

The Energy and Commerce Committee has produced results for the American people in response to many public health challenges, but especially recently against opioid addiction. The Opioid State Targeted Response grants created by the 21st Century Cures Act delivered \$13 million to my home State of New Jersey and additional resources across the United States. The Comprehensive Addiction and Recovery Act was one of the most important pieces of legislation last Congress.

This bill and the others we are discussing today are in the public health interest of the American people. This is the way Congress should operate: in a bipartisan capacity.

I am very proud to have been involved in this effort. Those who have fallen victim to addiction must be able to reclaim their lives. Stopping the spread of deadly infections will mean one fewer hurdle to overcome.

I urge a "yes" vote on this piece of legislation.

Mr. PALLONE. 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.

As the opioid epidemic has grown, so have infectious diseases related to intravenous opioid drug abuse. These infectious diseases include serious blood-borne illnesses such as HIV, hepatitis B, and hepatitis C, which have dev-

astating health consequences and require long-term treatment.

In 2015, a community in Indiana experienced an outbreak of HIV in over 200 individuals related to intravenous use of oxymorphone. These infections also include infections from skin flora such as MRSA.

Last week, CDC released a report finding that people who inject drugs are more than 16 times more likely to develop invasive MRSA infections. In the midst of an opioid epidemic, it is more important than ever to bolster national surveillance and education efforts on the infectious diseases related to use of IV drugs.

The Eliminating Opioid Related Infectious Diseases Act of 2018, the bill before us, authorizes the CDC to improve surveillance of infections associated with intravenous drug use, such as HIV, infective endocarditis, and MRSA. The CDC can help reduce the rate of infectious diseases from intravenous drug use through the development and distribution of public educational materials on risks associated with intravenous drug use.

This legislation, Mr. Speaker, would also help by improving the education and training of healthcare professionals on how to detect and treat intravenous drug use-associated infections, leading to better management, fewer complications, and overall improved quality of care for those suffering from IV-related infectious diseases.

Mr. Speaker, I urge my colleagues to support this legislation. I have no further speakers, and I yield back the balance of my time.

□ 1700

Mr. WALDEN. Mr. Speaker, I have no other speakers as well. I thank our colleagues for their good work on this bipartisan 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. 5353, 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.

SPECIAL REGISTRATION FOR TELEMEDICINE CLARIFICATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5483) to impose a deadline for the promulgation of interim final regulations in accordance with section 311(h) of the Controlled Substances Act (21 U.S.C. 831(h)) specifying the circumstances in which a special registration may be issued to a practitioner to engage in the practice of telemedicine, and for other purposes, as amended.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 5483

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 "Special Registration for Telemedicine Clarification Act of 2018".

SEC. 2. DEADLINE FOR INTERIM FINAL REGULATIONS FOR A SPECIAL REGISTRATION TO ENGAGE IN THE PRACTICE OF TELEMEDICINE.

Section 311(h)(2) of the Controlled Substances Act (21 U.S.C. 831(h)(2)) is amended by striking "The Attorney General shall, with the concurrence of the Secretary, promulgate regulations" and inserting "Not later than 1 year after the date of enactment of the Special Registration for Telemedicine Clarification Act of 2018, the Attorney General shall, with the concurrence of the Secretary, promulgate interim final regulations".

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, many patients have limited access to mental health and substance use disorder services, particularly Americans who live outside of metropolitan areas. To increase access to specialized care, this legislation requires the Attorney General to issue waivers to healthcare providers to prescribe medication-assisted treatment, or MAT, for emergency situations, like the lack of access to an in-person specialist.

Under a previous version of the bill, the DEA would have had up to 90 days to complete this task. At their request, this committee favorably reported an amendment extending this window to 1 year.

Finalizing the rules for the special waiver process is on the unified agenda of the Justice Department at DEA. That is a signal that they understand the need to implement this provision of law.

We have the opportunity to consider this bill today because of the faithful dedication and thoughtful legislating of Representatives BUDDY CARTER of Georgia and CHERI BUSTOS of Illinois.

Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER) to speak on this legislation, our resident pharmacist, the only one, I believe, in the entire U.S. House of Representatives, who has