

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.

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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

been a terrific asset as we have dealt with these issues of drugs and drug abuse and addiction, or addiction treatment, and trying to find the best paths forward.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding. Mr. Speaker, in 2008 Congress strengthened prohibitions against inappropriately distributing and dispensing controlled substances online by passing the Ryan Haight Online Pharmacy Consumer Protection Act.

The Ryan Haight Act made it illegal for a practitioner to dispense controlled substances through the Internet without at least one in-person patient evaluation. The law included the ability for the Attorney General to issue a special registration to healthcare providers detailing in what circumstances they could prescribe controlled substances via telemedicine in legitimate emergency situations, such as a lack of access to an in-person specialist.

However, the waiver process has never been implemented through regulation. Thus, some patients still do not have access to care that they need.

The Special Registration for Telemedicine Clarification Act directs the Attorney General to promulgate interim final regulations within 1 year after passage of the law. The 62 million Americans living in rural communities are more likely to be older, poorer, and suffer higher rates of chronic disease than their urban counterparts.

Furthermore, a disproportionate number of Americans living in rural communities are struggling with prescription opioid abuse. We must ensure that these individuals are able to access the care that they need.

Mr. Speaker, I urge Members to support this bipartisan legislation co-lead by my colleague across the aisle, Representative BUSTOS, to connect patients with the substance use disorder treatment they need without jeopardizing important safeguards to prevent misuse or diversion.

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

Mr. Speaker, I rise in support of H.R. 5483, legislation that will direct the Drug Enforcement Agency to take action to allow registered healthcare practitioners to practice telemedicine. I want to thank our Democratic sponsor, Mrs. BUSTOS from Illinois.

If we are to end the cycle of opioid abuse and addiction, more must be done to help provide those suffering with access to treatment. However, I am optimistic that the legislation before us now authored by Representatives BUSTOS and CARTER will offer one way forward to providing more individuals suffering from addiction with access to treatment by enabling the use of telemedicine.

Telemedicine offers one opportunity to potentially reach more patients who could not otherwise access treatment, whether due to geographic reasons, provider access issues, financial concerns about in-person treatment, or the stigma of seeking treatment.

While DEA has the authority to establish a special registration pathway for purposes of treating a patient via telemedicine, DEA has not acted to do so to date. The Special Registration for Telemedicine Clarification Act of 2018 would direct the Attorney General to issue regulations establishing a special registration process for engaging in the practice of telemedicine within a year of enactment.

This approach will enable telemedicine to finally be deployed in treating patients with addiction, while still allowing DEA to ensure that there are appropriate safeguards in place to mitigate against the use of telemedicine in any manner that could further exacerbate the opioid crisis.

This is practical legislation that I believe will help open access to treatment, and I urge my colleagues to vote in support of the bill.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Illinois (Mrs. BUSTOS), the sponsor of the bill.

Mrs. BUSTOS. Mr. Speaker, the opioid epidemic has claimed the lives of too many across our Nation. Although no corner of our country has remained unscathed, the crisis is worse in rural America, where drug-related deaths are 45 percent higher.

When I travel around my district, a vast district—7,000 square miles, 14 counties—I am told time and time again that access to treatment remains one of the largest barriers to recovery in many of the small towns and rural communities that I serve. We don't have enough doctors. We don't have enough treatment centers. If we don't have those things, too many people don't have a chance.

That is why I worked with my colleague from Georgia, Congressman BUDDY CARTER, who also happens to be a pharmacist, to introduce the Special Registration for Telemedicine Clarification Act, with Democrats and Republicans working together in this endeavor.

This bill is a commonsense measure that cuts through the red tape to provide more treatment options to underserved communities through the use of telemedicine. Saving our sons, our daughters, our brothers, our sisters, our nieces, and our nephews from this epidemic is a priority for Democrats and for Republicans.

Mr. Speaker, I urge my colleagues from both sides of the aisle to support this legislation.

Mr. WALDEN. Mr. Speaker, Members should support this very important legislation.

Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

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

The SPEAKER pro tempore (Mr. FASO). 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. 5483, 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.

ABUSE DETERRENT ACCESS ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5582) to direct the Secretary of Health and Human Services to conduct a study and submit a report on barriers to accessing abuse-deterrent opioid formulations for individuals enrolled in a plan under part C or D of the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5582

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 "Abuse Deterrent Access Act of 2018".

SEC. 2. STUDY ON ABUSE-DETERRENT OPIOID FORMULATIONS ACCESS BARRIERS UNDER MEDICARE.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a study and submit to Congress a report on the adequacy of access to abuse-deterrent opioid formulations for individuals with chronic pain enrolled in an MA-PD plan under part C of title XVIII of the Social Security Act or a prescription drug plan under part D of such title of such Act, taking into account any barriers preventing such individuals from accessing such formulations under such MA-PD or part D plans, such as cost-sharing tiers, fail-first requirements, the price of such formulations, and prior authorization requirements.

(b) DEFINITION OF ABUSE-DETERRENT OPIOID FORMULATION.—In this section, the term "abuse-deterrent opioid formulation" means an opioid that is a prodrug or that has certain abuse-deterrent properties, such as physical or chemical barriers, agonist or antagonist combinations, aversion properties, delivery system mechanisms, or other features designed to prevent abuse of such opioid.

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 want to commend Mr. CARTER, Mr. LOEBSACK, and Mr. REED,