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-led 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 at 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,

bipartisan Members working together on legislation to develop the bipartisan bill.

This Medicare program provides healthcare coverage to more than 58 million of our citizens. Serving the over-age-65 population, Medicare accounts for a large share of total opioid prescriptions, as you might imagine. While many Medicare beneficiaries with serious and very real pain-related conditions are being properly prescribed opioids, we have to be mindful of the potential dangers of diversion and misuse of these very prescriptions.

There is no silver bullet in stopping the opioid crisis in this country, but this legislation before us now will study one potential tool for slowing misuse and diversion of opioids prescribed to the chronic care population. Abuse-deterrent formulations have proven to the Food and Drug Administration that they are harder to abuse because of certain properties they contain.

While no abuse-deterrent formulation is 100 percent resistant to abuse, I think we need to know what policies may be in place that would limit patient access to these drugs for when they are the right option.

I believe this bill is important to inform future discussions on these technologies, and I urge my colleagues to vote ''yes'' and pass H.R. 5582.

I know Mr. CARTER, again, our resident pharmacist, has been very active in this effort.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act; o H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,
Chairman.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), an incredibly important member of our committee.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, each year, approximately 4½ million Americans use prescription pain medications for nonmedical purposes, contributing to 89 deaths per day. Of those who misuse prescription pain relievers, 53 percent reported obtaining them from friends or relatives.

Although past legislative efforts have encouraged innovation in prescription drug regulation, law enforcement, and education, there are still individuals who have severe, legitimate chronic pain and need access to opioids.

Abuse-deterrent formulations, ADFs, represent a breakthrough technology for these individuals that helps prevent the crushing, the snorting, and the injection of painkillers. Currently, many prescription drug plans present barriers to ADFs, including cost-sharing tiers, fail-first requirements, pricing, and prior authorization requirements, all limiting patient access to abuse-deterrent formulations.

This legislation directs the Secretary of Health and Human Services to conduct a study on barriers to accessing abuse-deterrent formulations for chronic pain patients enrolled in Medicare. Solutions to this public health crisis must balance the need to preserve access to effective pain medications for legitimate patients living with pain while minimizing the risk of

opioid misuse and abuse that occurs in our communities.

I am proud to introduce this legislation with my colleague across the aisle, Representative LOEBSACK, and my Ways and Means colleague, Representative REED. I urge Members' support.

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

Mr. Speaker, this bill would require the Department of Health and Human Services to 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 Medicare Advantage or part D.

□ 1715

While I am hesitant about the true impact abuse-deterrent formulations can have in addressing this crisis, especially given that these formulations can still lead to opioid dependance and misuse, I also recognize that we must be utilizing every tool available to combat this epidemic.

I am especially glad that this bill includes language to address the price of abuse-deterrent formulations as well. It is critical, when evaluating the adequacy of access, to also study the price of such drug formulations, as cost is a critical component of access.

Mr. Speaker, I support the bill, and I urge my colleagues to support the bill.

I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I urge the same, 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. 5582, 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.

MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5583) to amend title XI of the Social Security Act to require States to annually report on certain adult health quality measures, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5583

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. MANDATORY REPORTING WITH RESPECT TO ADULT BEHAVIORAL HEALTH MEASURES.

Section 1139B of the Social Security Act (42 U.S.C. 1320b–9b) is amended—

(1) in subsection (b)—

(A) in paragraph (3)—

(i) by striking ''Not later than January 1, 2013'' and inserting the following:

''(A) VOLUNTARY REPORTING.—Not later than January 1, 2013''; and

(ii) by adding at the end the following:

''(B) MANDATORY REPORTING WITH RESPECT TO BEHAVIORAL HEALTH MEASURES.—Beginning with the State report required under subsection (d)(1) for 2024, the Secretary shall require States to use all behavioral health measures included in the core set of adult health quality measures and any updates or changes to such measures to report information, using the standardized format for reporting information and procedures developed under subparagraph (A), regarding the quality of behavioral health care for Medicaid eligible adults.''; and

(B) in paragraph (5), by adding at the end the following new subparagraph:

''(C) BEHAVIORAL HEALTH MEASURES.—Beginning with respect to State reports required under subsection (d)(1) for 2024, the core set of adult health quality measures maintained under this paragraph (and any updates or changes to such measures) shall include behavioral health measures.''; and

(2) in subsection (d)(1)(A)—

(A) by striking ''the such plan'' and inserting ''such plan''; and

(B) by striking ''subsection (a)(5)'' and inserting ''subsection (b)(5) and, beginning with the report for 2024, all behavioral health measures included in the core set of adult health quality measures maintained under such subsection (b)(5) and any updates or changes to such measures (as required under subsection (b)(3))''.

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 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 would point out to my colleagues, this is the 20th bill in a row we have brought to the floor so far, with a few more to go today. This bill is sponsored by Representatives CLARKE, BLACKBURN, and myself, and it requires States to report on the behavioral health quality measures in CMS' core set of adult health measures.

Now, these measures were created as part of the CHIPRA legislation back in 2009. States have had almost a decade to understand the measures and to report them. So now it is time to make sure that information gets reported so Congress can have a complete view on behavioral healthcare in Medicaid.

You see, these behavioral health measures focus on important issues, such as initiation and adherence to medication and treatment, smoking cessation, screening, and follow-up after hospitalizations.

This legislation is certainly in alignment with our recent efforts to expand mandatory reporting of quality measures. As a reminder, in the recent Children's Health Insurance Program 10-year—record 10-year—extension, States are now required to report on the pediatric core measures. Now, this legislation before us will provide some parity in requiring the reporting of important behavioral health measures as well.

Mr. Speaker, I urge support of this measure, and 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. 5583, which would require all Medicaid programs to report on behavioral health quality measures in Medicaid, and I thank the sponsor, Ms. CLARKE.

The Medicaid behavioral health core set of measures contains 16 key measures used by CMS to measure and evaluate the quality of behavioral healthcare that is being provided by State Medicaid and CHIP agencies. Recently, CMS added two additional measures related to opioids.

The core set is designed to help ensure that those with behavioral healthcare needs are receiving appropriate screening management and follow-up for their mental health conditions, such as substance abuse disorder, including opioid use disorders, ADHD, depression, or schizophrenia.

Currently, the behavioral health core set is a quality measure. However, given the expanse of the opioid epidemic and need to improve mental healthcare quality and coordination for those with substance abuse disorders and all patients, mandatory reporting will ensure we have a standard nationwide dataset on the quality of behavioral health treatment that our beneficiaries receive under Medicaid.

Quality treatment is vital to assist in bolstering our Nation's mental health and substance abuse care and in improving our healthcare system's ability to fight the opioid epidemic. I urge my colleagues to support this legislation.

Mr. Speaker, I yield as much time as she may consume to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Speaker, I thank the ranking member for yielding me this time.

Mr. Speaker, I rise today in support of H.R. 5583, which I introduced together with the Representative from Oregon, GREG WALDEN, chairman of our committee, and the Representative from Tennessee, MARSHA BLACKBURN.

As you have heard throughout today's floor debate, more than 115 people die every day from an opioid overdose, and in my hometown of New York City, someone dies every 7 hours from an opioid overdose.

The African American community, in particular, is dying at an alarming rate from opioid abuse. The overdose death rate among African Americans in urban counties rose by 41 percent in 2016.

Mr. Speaker, this is more than an epidemic. This is a full-blown crisis,