

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.

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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 dependence 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 meas-

ures. 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,

and Congress must act to protect our most vulnerable communities.

To address this epidemic, I have introduced a bill that would support the Centers for Medicare and Medicaid Services' efforts to monitor and track quality care, especially in behavioral health related to the use of opioids.

Currently, State reporting on these measures is strictly voluntary. H.R. 5583 would make such reporting mandatory. Doing so allows us to better collect data for research purposes.

H.R. 5583 is one of 57 bills that the House Energy and Commerce Committee has brought forward to combat the opioid crisis. Now is the time for House leadership to bring the issue to a vote.

We need data that will help us understand opioid prevalence and incidence trends amongst our most vulnerable populations. We know that the vast majority of people seeking addiction treatment rely on Medicaid. We require quality reporting in our other Federal health programs. Medicaid beneficiaries deserve the same consideration.

This bill is a bipartisan effort with Representatives WALDEN and BLACKBURN, and this crisis goes beyond a rural or urban issue. From coast to coast, the opioid epidemic has raged in our communities. Regardless of where we are from—urban, suburban, or rural communities—we must come together to find a solution to opioid abuse.

H.R. 5583 enables Congress and our Nation's public health agencies to examine and better understand how to support States in treating substance abuse and opioid use disorders.

Mr. Speaker, instead of undermining and sabotaging the ACA and gutting Medicaid, let's think of the American people first. 115 people die every day from opioid-based overdoses. How many hundreds more before Congress takes action?

This is straightforward policy that will give us insight on how to be most effective in helping our most at-risk communities.

Mr. WALDEN. Mr. Speaker, I thank the gentlewoman from New York, my friend, for her leadership. She is a tireless worker on our committee—on this issue, especially.

Mr. Speaker, I encourage passage of the legislation, and I yield back the balance of my time.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5583, a bill to Amend Title XI of the Social Security Act to Require States to Annually Report on Certain Adult Health Quality Measures.

The United States must affirm its role as a leader in domestic care by guaranteeing access to plentiful and accurate information regarding the health of its most vulnerable citizens.

Mr. Speaker, over 67.4 million individuals are enrolled in Medicaid as of March of 2018.

In Texas, Medicaid covers 1 in 14 adults under the age of 65, 1 in 3 low-income individ-

uals, 2 in 5 children, 3 in 5 nursing home residents, and 1 in 3 people with disabilities.

There are currently over 717 thousand open Medicaid cases in Harris County alone.

In addition, to doctor and hospital visits, Medicaid covers long-term services like nursing homes and community-based services that allow people with chronic conditions and disabilities to live independently.

Medicaid covers more than half of all nursing home residents.

H.R. 5583 requires the Centers for Medicare & Medicaid Services to expand its core set of adult health quality measures for Medicaid-eligible adults to include measures specific to behavioral health.

A state Medicaid program must report annually on such measures.

This bill requires States to use all behavioral health measures included in the core set of adult health quality metrics, and any changes to such measures, to be reported regarding the quality of healthcare for Medicaid-eligible adults.

By passing this bill and instituting these reporting requirements, we can ensure equitable attention to healthcare for Medicaid-eligible men and women.

All Americans, no matter their financial circumstances, deserve access to healthcare, and this bill will ensure that discrepancies in care among low-income Americans can be identified and addressed.

Safeguarding the health and healthcare of our citizens is the best way to concretely demonstrate our dedication to their safety and well-being.

It is not only the right thing to do for our citizens; it is the smart thing to do for our nation.

I urge my colleagues to join me in voting for H.R. 5583, a bill that will ensure the healthcare of all Americans can be addressed and improved by requiring annual reports on the health quality of Medicaid-eligible Americans.

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. 5583.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

MEDICARE OPIOID SAFETY EDUCATION ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5685) to amend title XVIII of the Social Security Act to provide educational resources regarding opioid use and pain management as part of the Medicare & You handbook.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5685

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 "Medicare Opioid Safety Education Act of 2018".

SEC. 2. PROVISION OF INFORMATION REGARDING OPIOID USE AND PAIN MANAGEMENT AS PART OF MEDICARE & YOU HANDBOOK.

(a) IN GENERAL.—Section 1804 of the Social Security Act (42 U.S.C. 1395b-2) is amended by adding at the end the following new subsection:

“(d) The notice provided under subsection (a) shall include—

“(1) educational resources, compiled by the Secretary, regarding opioid use and pain management; and

“(2) a description of alternative, non-opioid pain management treatments covered under this title.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to notices distributed prior to each Medicare open enrollment period beginning after January 1, 2019.

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 commend Representatives FASO, WELCH, and RENACCI. They all worked hard to develop this bipartisan bill, and I thank them for their work.

The Medicare Opioid Safety Education Act directs the Centers for Medicare and Medicaid Services to include information about the risk of opioid use, potential nonopioid pain management treatments, and other relevant information in the Medicare & You handbook that is published annually.

The Medicare programs provide healthcare coverage to over 58 million users. We want to empower every person on Medicare to be able to have a thoughtful conversation with his or her provider about their prescriptions and the possible alternatives. Education is a big part of what we are doing here.

The Medicare & You handbook is provided to every beneficiary and represents an education point for those on opioids and those who may, in the future, need to have a discussion about pain treatment options with their physician.

We are rightfully seizing upon this opportunity to inform as many people as possible and educate them about the long-term opioid use and misuse. It is always a good thing to do. It is another tool in the toolbox when it comes to beneficiary outreach and education.

Mr. Speaker, I urge my colleagues to vote “yes” on H.R. 5685.