

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.

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;

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 as much time as he may consume to the gentleman from New York (Mr. FASO), a very capable and able legislator. This is his legislation, in part, and he has been a real leader in this overall effort, and certainly on this piece of legislation.

Mr. FASO. Mr. Speaker, I thank Chairman WALDEN for all of his leadership and Ranking Member PALLONE for the leadership, on a bipartisan basis, for bringing all these bills to the floor today.

Mr. Speaker, I rise today in support of my legislation, H.R. 5685, the Medicare Opioid Safety Education Act. When enacted, this bill will help to combat the opioid crisis by improving efforts to educate seniors on alternatives to traditional opioid pain medication as they use it through the Medicare part D program.

Nearly one-third of seniors on Medicare part D were prescribed an opioid in 2016—nearly one-third of seniors prescribed an opioid on Medicare part D in 2016. That statistic underlines just how pervasive opioid painkillers are among seniors who are often dealing with issues stemming from chronic pain.

Seniors are given an informational booklet entitled “Medicare & You” prior to becoming Medicare eligible that details the services available to them upon enrollment. Currently, the word “opioid” actually only appears once in this booklet, and, given the national crisis that we are facing of opioid addiction among all segments of our society, that is really not enough. My bill would substantially improve Medicare opioid education by adding available opioid alternatives and additional education information to this handbook for every senior to see.

Mr. Speaker, I thank Chairman WALDEN for all of his hard work on this important issue and for working with us on bringing this legislation to the floor today. I urge all of my colleagues to support this important legislation.

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

Mr. Speaker, I rise in support of H.R. 5685, sponsored by Representatives JOHN FASO and PETER WELCH. I commend my colleagues for their work on this important bill.

We know that opioid abuse and misuse is a significant and growing problem in the Medicare population. We know that we need to do more, not only to bring down opioid prescribing, but to make seniors aware of the dangers of opioid addiction and the existence of alternatives.

□ 1730

H.R. 5685 would add educational resources regarding opioid use and nonopioid pain management alternatives to the “Medicare & You” handbook, which is mailed to all Medicare households each fall.

While this is an important bill, I want to underscore that it is incremental and it is limited. I want to reiterate my continuing concern that

while Democrats support working on a legislative package to address the opioid crisis, we must first assure that we do no harm.

The Trump administration and Congressional Republicans' efforts to dismantle the Affordable Care Act would do serious harm to our healthcare system, and to individuals suffering from opioid use disorders specifically.

For instance, the Trump administration continues to undermine the individual market by promoting junk insurance plans, such as short-term limited duration health plans. These plans, which would be medically underwritten and would exclude individuals with preexisting conditions, would make coverage in the Affordable Care Act compliant market much more expensive. This would make coverage for individuals who need comprehensive coverage, such as individuals with opioid use disorders, less affordable and accessible.

The opioids package cannot be considered in a vacuum. Make no mistake, ongoing Republican efforts to sabotage the Affordable Care Act could not only reverse any gains we may make from these efforts today, but will inflict broad, lasting harm to our healthcare system and to our ability to fight the opioid crisis.

Mr. Speaker, I have no additional speakers. I ask my colleagues to support this bill, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I urge my colleagues to support this very important and bipartisan legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CARTER of Georgia). 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. 5685.

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.

EMPOWERING PHARMACISTS IN THE FIGHT AGAINST OPIOID ABUSE ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4275) to provide for the development and dissemination of programs and materials for training pharmacists, health care providers, and patients on indicators that a prescription is fraudulent, forged, or otherwise indicative of abuse or diversion, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4275

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 "Empowering Pharmacists in the Fight Against Opioid Abuse Act".

SEC. 2. PROGRAMS AND MATERIALS FOR TRAINING ON CERTAIN CIRCUMSTANCES UNDER WHICH A PHARMACIST MAY DECLINE TO FILL A PRESCRIPTION.

(a) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with the Administrator of the Drug Enforcement Administration, the Commissioner of Food and Drugs, the Director of the Centers for Disease Control and Prevention, and the Assistant Secretary for Mental Health and Substance Use, shall develop and disseminate programs and materials for training pharmacists, health care providers, and patients on—

(1) circumstances under which a pharmacist may, consistent with section 201 of the Controlled Substances Act (21 U.S.C. 811) and regulations thereunder, including section 1306.04 of title 21, Code of Federal Regulations, decline to fill a prescription for a controlled substance because the pharmacist suspects the prescription is fraudulent, forged, or otherwise indicative of abuse or diversion; and

(2) any Federal requirements pertaining to declining to fill a prescription under such circumstances.

(b) MATERIALS INCLUDED.—In developing materials under subsection (a), the Secretary of Health and Human Services shall include information educating—

(1) pharmacists on how to decline to fill a prescription and actions to take after declining to fill a prescription; and

(2) other health care practitioners and the public on a pharmacist's responsibility to decline to fill prescriptions in certain circumstances.

(c) STAKEHOLDER INPUT.—In developing the programs and materials required under subsection (a), the Secretary of Health and Human Services shall seek input from relevant national, State, and local associations, boards of pharmacy, medical societies, licensing boards, health care practitioners, and patients.

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 material 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, the bill before us today is a product of the chairman's hard work and that of our colleague from California (Mr. DESAULNIER).

As the only pharmacist serving in Congress, Mr. CARTER understands the need to get fraudulent prescriptions off of our streets and give folks on the front line additional tools to combat the opioid crisis. This is why I know he helped author this bipartisan bill, which will require the Secretary of Health and Human Services to develop and disseminate education materials for pharmacists to better detect, and reject, fraudulent prescriptions.

While law enforcement plays a key role in detecting and stopping fraudulent prescriptions, responsibility ultimately lies with pharmacists, who are licensed healthcare professionals. For this reason, we amended the bill at the committee level to originate the materials at the Department of Health and Human Services as opposed to the Justice Department.

As Mr. CARTER has repeatedly said, this bill will complement the DEA's existing efforts, like the Diversion Control Division's Pharmacy Diversion Awareness Conferences held throughout the country, as well as their other meetings, presentations, and seminars.

Mr. Speaker, I urge passage of this legislation, 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 to express my support for H.R. 4275, legislation that would help pharmacists detect fraudulent prescriptions by requiring the Department of Health and Human Services to develop training materials to provide pharmacists, providers, and patients with a greater understanding of the ability and responsibility of pharmacists to refuse to fill potentially fraudulent or forged prescriptions.

Pharmacists serve on the front lines of the fight against the opioid epidemic. H.R. 4275 would provide pharmacists the tools they need when faced with patients suffering from addiction or with other individuals interested in abusing or misusing controlled substances. Combating fraudulent or forged prescriptions is one step in helping to prevent diversion and reducing the number of opioids available in the supply chain.

Once enacted, HHS would work with the Drug Enforcement Administration, the Substance Abuse and Mental Health Services Administration, and other relevant stakeholders including pharmacists, medical societies, licensing boards, health care providers, and patients to draft and disseminate materials to inform about the circumstances under which a pharmacist may decline to fill a prescription and the federal requirements surrounding such a decision. In addition, HHS will offer guidance on how to decline to fill a prescription and actions to take after doing so.

This will ensure that all parties understand when and why a controlled substance prescription may be declined. H.R. 4275 will empower pharmacists to fight back against forged or altered prescriptions and help prevent opioids from entering the hands of people suffering from addiction or who are at risk of becoming addicted.

I want to thank Representatives DESAULNIER and CARTER for their leadership on this legislation, which is also supported by the National Community Pharmacists Association.

Addressing our national opioid crisis requires an all-hands-on-deck approach, and I am pleased that this legislation recognizes the important role pharmacists can play.

I urge my colleagues to vote in support of H.R. 4275.

Madam Speaker, I yield such time as he may consume to the gentleman from California (Mr. DESAULNIER), the sponsor of the bill, and thank him for his work on this important legislation.