

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.

Mr. DESAULNIER. Madam Speaker, I thank Mr. PALLONE for yielding.

Madam Speaker, I rise today to support the Empowering Pharmacists in the Fight Against Opioid Abuse Act.

In 2016, over 53,000 people died of a drug overdose involving an opioid. These are more deaths in one year than the total number of Americans who died in the entire Vietnam war.

According to the CDC, on average, 115 people die every day in America from an opioid overdose. The United States is facing a clear opioid epidemic. We have a little over 4 percent of the world's population, but we consume over 80 percent of the opioids in the world.

There is no simple solution to this growing problem, but the Empowering Pharmacists in the Fight Against Opioid Abuse Act is a step towards addressing it.

This bipartisan bill will require the Department of Health and Human Services and the DEA to develop materials to increase the amount of education done to ensure that pharmacists, physicians, and the public understand that pharmacists have both a right and a responsibility to deny possibly fraudulent prescriptions.

Pharmacists are often the last line of defense in the fight against drug abuse. Pharmacists are currently allowed to exercise sound professional judgment when deciding whether a prescription is legitimate and should be filled. This bill would make sure that everyone in the prescribing chain, from doctors to pharmacists to patients, know what a pharmacist can and should do.

By empowering pharmacists to the fullest extent, we can help reduce the number of opioids on the streets, slow the flow of fraudulent prescriptions, and help fight back against one of the causes of this epidemic.

Madam Speaker, I thank my colleague, Mr. CARTER, from Georgia for his support and expertise as the only pharmacist serving in Congress, in making this bill a reality.

Additionally, I thank the National Community Pharmacists Association for their support, insight and help throughout the process of drafting this bill.

I also thank Chairman WALDEN and Ranking Member PALLONE for their support of this legislation.

Mr. WALDEN. Madam Speaker, I am honored to yield such time as he may consume to the gentleman from Georgia (Mr. CARTER), a co-author of this legislation, and, as you have heard, our only resident pharmacist. He knows this firsthand, and has brought incredible knowledge and skill to the legislative process.

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

Madam Speaker, deaths from drug overdoses have risen in nearly every county across the United States, with 47,055 Americans being lost each year due to overdose, the equivalent of about 115 people every day.

Pharmacists are the last line of defense in the fight against prescription drug abuse.

Under current law, pharmacists are required to exercise sound professional judgment when making a determination about the legitimacy of a controlled substance prescription. While the proper prescribing of controlled substances is a responsibility of the prescribing practitioner, pharmacists have a corresponding responsibility to ensure that controlled substances are only dispensed pursuant to a valid prescription issued for a legitimate medical purpose by a practitioner acting in the usual course of his professional practice.

Even though pharmacists are not law enforcement officers, they play an important role in preventing the use of fraudulent prescriptions at the pharmacy counter.

The Empowering Pharmacists in the Fight Against Opioid Abuse Act would require the Department of Health and Human Services, the Drug Enforcement Administration, and other Federal agencies responsible for combating the opioid epidemic to produce and disseminate materials to pharmacists that provide guidance on when and how to refuse to fill a prescription that the pharmacist believes to be fraudulent.

I urge Members to support this commonsense legislation led by my colleague across the aisle, Representative DESAULNIER, and myself that will help improve the last line of defense against prescription drug abuse in our communities.

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

Mr. WALDEN. Mr. Speaker, I encourage my colleagues to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARTON). 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. 4275, 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.

ALTERNATIVES TO OPIOIDS IN THE EMERGENCY DEPARTMENT ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5197) to direct the Secretary of Health and Human Services to conduct a demonstration program to test alternative pain management protocols to limit the use of opioids in emergency departments, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5197

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 "Alternatives to Opioids in the Emergency Department Act" or the "ALTO Act".

SEC. 2. EMERGENCY DEPARTMENT ALTERNATIVES TO OPIOIDS DEMONSTRATION PROGRAM.

(a) DEMONSTRATION PROGRAM GRANTS.—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall carry out a demonstration program under which the Secretary shall award grants to hospitals and emergency departments, including freestanding emergency departments, to develop, implement, enhance, or study alternative pain management protocols and treatments that limit the use and prescription of opioids in emergency departments.

(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), a hospital or emergency department shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) GEOGRAPHIC DIVERSITY.—In awarding grants under this section, the Secretary shall seek to ensure geographical diversity among grant recipients.

(d) USE OF FUNDS.—Grants under subsection (a) shall be used to—

(1) target common painful conditions, such as renal colic, sciatica, headaches, musculoskeletal pain, and extremity fractures;

(2) train providers and other hospital personnel on protocols and the use of treatments that limit the use and prescription of opioids in the emergency department; and

(3) provide alternatives to opioids to patients with painful conditions, not including patients who present with pain related to cancer, end-of-life symptom palliation, or complex multisystem trauma.

(e) CONSULTATION.—The Secretary shall implement a process for recipients of grants under subsection (a) to consult (in a manner that allows for sharing of evidence-based best practices) with each other and with persons having robust knowledge, including emergency departments and physicians that have successfully deployed alternative pain management protocols, such as non-drug approaches studied through the National Center for Complementary and Integrative Health including acupuncture that limit the use of opioids. The Secretary shall offer to each recipient of a grant under subsection (a) technical support as necessary.

(f) REPORT TO THE SECRETARY.—Each recipient of a grant under this section shall submit to the Secretary (during the period of such grant) annual reports on the progress of the program funded through the grant. These reports shall include, in accordance with State and Federal statutes and regulations regarding disclosure of patient information—

(1) a description of and specific information about the alternative pain management protocols employed;

(2) data on the alternative pain management protocols and treatments employed, including—

(A) during a baseline period before the program began, as defined by the Secretary;

(B) at various stages of the program, as determined by the Secretary; and

(C) the conditions for which the alternative pain management protocols and treatments were employed;

(3) the success of each specific alternative pain management protocol;

(4) data on the opioid prescriptions written, including—

(A) during a baseline period before the program began, as defined by the Secretary;

(B) at various stages of the program, as determined by the Secretary; and

(C) the conditions for which the opioids were prescribed;