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 Complimentary 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;

(5) the demographic characteristics of patients who were treated with an alternative pain management protocol, including age, sex, race, ethnicity, and insurance status and type;

(6) data on patients who were eventually prescribed opioids after alternative pain management protocols and treatments were employed; and

(7) any other information the Secretary deems necessary.

(g) REPORT TO CONGRESS.—Not later than one year after completion of the demonstration program under this section, the Secretary shall submit a report to the Congress on the results of the demonstration program and include in the report—

(1) the number of applications received and the number funded;

(2) a summary of the reports described in subsection (f), including standardized data; and

(3) recommendations for broader implementation of pain management protocols that limit the use and prescription of opioids in emergency departments or other areas of the health care delivery system.

(h) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $10,000,000 for each of fiscal years 2019 through 2021.

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, I rise today to express my strong support of H.R. 5197, the Alternatives to Opioids in the Emergency Department Act.

Emergency rooms are uniquely positioned to prevent addiction before it starts through the conservative and judicious prescribing of opioids. By establishing a demonstration program to test alternative pain management protocols to limit the use of opioids in hospital emergency departments, H.R. 5197 places emergency rooms on the front lines of defense against this opioid crisis.

Mr. Speaker, I thank Representative PASCRELL and Representative MCKINLEY, along with Representative DEGETTE and Representative TIPTON for leading this important initiative.

Throughout my district in Oregon, I met with victims, families, treatment advocates, medical providers, and law enforcement officers on the front lines of this fight in our communities. That includes Mike Pelfrey of Grants Pass.

The first time I met Mike was at a roundtable in Medford, I think, in southern Oregon. Mike didn't really know anybody in the room. I had invited these folks to come around the table. They were addiction specialists, they were in the treatment programs, and they were law enforcement. I noticed he was there. He had heard the news about our meeting to discuss opioid abuse.

When we had finished going around the table, I said: So what brings you here, sir? And then he told me his family's story.

His son was injured in a school sporting accident and became addicted to the prescription painkillers provided by his medical provider to aid in his recovery.

Eventually, Mike's son made the all-too-familiar transition to a cheaper source. You would know it as heroin. And to this day, his son struggles with his addiction that began with opioid abuse.

Then he went on to talk about his sister, who also suffered from addiction. She was a nurse. His sister found herself with, frankly, a way to get easier access to pills than most. When coworkers and others caught on, she moved and continued her addiction and her ability to procure pills. He said that she died as a result of her addiction.

Mike came to the meeting in hopes that sharing the stories of his son and of his sister could help ensure such tragedies don't happen to other families.

At a more recent meeting I held in southern Oregon, Mike was present once more. During the meeting, Mike urged everyone to make combating the opioid crisis a top priority, saying, ''The only way we are going to do it is address it, do something about it, and make this an everyday part of our thought.''

Well, Mike, this Congress, we have made addressing this scourge an everyday part of our thoughts and efforts, and we will continue to do so no matter how long it takes to rip this terrible menace out of our communities.

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We have an extraordinary opportunity to make important progress in this fight with the legislation before us, all of which reflects the feedback we have heard from people like you and from others at roundtables and meetings in our home districts.

Mr. Speaker, I want to say to Mike: You have been heard. We are acting. We are acting on your behalf and on the behalf of so many other Americans and American families who are dealing with this tragedy.

Mr. Speaker, 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. 5197, the Alternatives to Opioids in the Emergency Department Act, introduced by my colleague from New Jersey, Representative PASCRELL.

This legislation would create a demonstration program to support emergency departments in developing, implementing, enhancing, or studying alternative pain management protocols and treatments that limit the use of prescription opioids in emergency departments.

Supporting the development of additional protocols for alternatives to opioid medications as proposed by this bill can help reduce the number of those put at risk of addiction and lead to fewer fatal and nonfatal overdoses.

Mr. Speaker, I encourage my colleagues to support this legislation.

Mr. Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. PASCRELL), the sponsor of this bill.

Mr. PASCRELL. Mr. Speaker, I rise today in support of H.R. 5197, the Alternatives to Opioids, ALTO, in the Emergency Department Act.

I would like to thank Chairman WALDEN and Ranking Member PALLONE for their work, not only today, but leading up to today. This is moving quickly on us. They have reviewed the legislation very carefully and have offered very, very good advice on all of these pieces of legislation. The leadership here is outstanding.

Mr. Speaker, I want to give a special thank you to my colleague, DAVID MCKINLEY, who sponsored this legislation with me and has been an essential partner.

I am glad to see this body come together in a bipartisan manner to address a problem that is ravaging every corner of our districts.

I believe the bills being considered today should be seen as only a small part of an ongoing discussion and, more importantly, resources needed to reverse the unyielding trend of this epidemic.

Opioids are contributing to 115 people dying a day. If you go back to the HIV epidemic at the end of the 1980s and early 1990s, you will see similar numbers. Until we educated ourselves and people, we still were in the 19th century with that disease. In the 1990s, we had no idea how to solve that epidemic, and we finally did.

Today, we do know how to prevent, how to halt, and how to reverse the horrific trend of substance use disorder, which continues to be on the rise.

We need to make sure the front lines have the resources to address it. I believe a major piece of the equation is prevention. That is why I introduced this Alternatives to Opioids legislation, which enjoys strong bipartisan support.

The ALTO program was pioneered at St. Joseph's Medical Center in the city I have lived in all my life, Paterson, New Jersey. They started in the emergency room, Mr. Speaker, and now they are moving to other departments to use alternatives that are legitimate.

The president of that hospital, Kevin Slavin, and the head of Emergency Medicine, Dr. Mark Rosenberg, implemented innovative protocols to use

nonopioid treatments to address some of the most common painful conditions, like acute backache and headaches.

In its first 2 years, St. Joe's ALTO model has already led to an 82 percent reduction in opioid prescriptions. I think that is a big deal.

St. Joseph's has been replicating this model, as I said, beyond the emergency department to other departments. They are also teaching ALTO to other States and other hospitals that are now seeing similar success.

While ending the opioid epidemic will require a multifaceted approach, the initial success of this program and others like it are worthy of broader study and implementation. I recommend that, Mr. Speaker.

This bill establishes a demonstration program to test alternative pain management. Those protocols should be limited to the use of opioids in emergency departments. The Secretary of Health and Human Services will then report on the results of the program and make recommendations for broader implementation.

This bill will empower healthcare providers to prevent unnecessary opioids from getting into patients' hands and ultimately stop countless overdoses.

My motto for dealing with a zero tolerance, which I taught in the classroom, is the fact that we need to prevent these things from happening: No market, no sale. That is the center of everything I do in terms of drug prevention, because we are not going to pass enough legislation until the culture itself rids our inner sanctums of having to deal with our devils and have to deal with those things that get us off track every day, whether you are a student or an adult.

Mr. Speaker, I thank the gentlemen for their cooperation.

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

I want to commend the gentleman for bringing this to our attention with his colleagues. That was part of what we did back on Member Day. I think it was in October. We had 50 Members. I don't recall specifically whether Mr. PASCRELL brought it to us there or some other time, but we are taking these real-life experiences from our districts, the things that work, and saying: This works. We know it works. It works in our hospital. It works in our town, and we are saying it can work nationwide.

We are taking ideas, like my friend from New Jersey has brought, Mr. Speaker, to our committee and now to this House floor. We are saying, let's apply this nationwide.

Together, we can overcome this epidemic. We must overcome this epidemic. It is in our ability to do this.

Mr. Speaker, I just say to the gentleman and my friend that we are not done, just as we weren't done 2 years ago when we modernized America's mental health laws. At that point, Mr. Murphy of Pennsylvania was here and gave us great counsel about how to do that. We put money in to deal with opioids then, that and 21st Century Cures that Mr. UPTON and Ms. DEGETTE helped lead the effort on.

I know at NIH they are working day and night, as they are in other institutions, to find a nonaddictive pain management medicine. We wish them Godspeed in that effort, Mr. Speaker.

Mr. Speaker, I again thank my friend from New Jersey for bringing this to us. This is the kind of legislation that will save lives, prevent tragedy. We are going to get it passed here in a bipartisan, unanimous way, I do believe, in a matter of seconds.

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

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 5197, the Alternatives to Opioids in the Emergency Department Act, or the ALTO Act.

Mr. Speaker, our nation faces an opioid crisis.

H.R. 5197, the ALTO Act, directs 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 hospitals and emergency departments.

Opioids contributed to the deaths of more than 42,000 people in 2016, more than any year on official record.

Forty percent of all opioid overdose deaths involve a prescription opioid.

The economic burden of prescription opioid misuse in the United States is estimated to be $78.5 billion dollars per year.

This figure includes costs stemming from health care, including addiction treatment, lost productivity, and criminal justice involvement.

Over 200 million opioid prescriptions are written in the United States each year, and 2 million Americans have the symptoms of substance use disorder.

Approximately 21 to 29 percent of patients prescribed opioids for chronic pain misuse them.

In Texas, 4 percent of the population reports using pain relievers for non-medical purposes.

Harris County, which contains my home district, has a pain medication misuse rate of 3.91 percent.

The time for action is now.

H.R. 5197, the ALTO Act, directs Health and Human Services to carry out a 3–year demonstration program which awards grants to hospitals and emergency departments to develop, implement, enhance, or study alternative pain management protocols and treatments that promote the appropriate limited use of opioids.

Emergency departments in several States, including in New Jersey and Colorado, have developed innovative programs to more widely utilize non-opioid pain treatments to reduce the use of opioids.

We must learn from these attempts and initiate a national program to limit the overuse of opioids in emergency settings.

However, it is important to realize that some groups, such as African Americans, are underprescribed pain management medications.

We must balance these new programs that work to reduce over-prescription with our continued efforts to ensure that medically necessary treatment be provided to people in need.

H.R. 5197, the ALTO Act, is especially important for my district and the greater Houston area.

Houston is home to many world-renowned trauma centers including Ben Taub and Memorial Hermann.

These centers have extensive emergency medical services and they, along with hospitals around the state and the nation, will benefit greatly from the support this bill provides.

Mr. Speaker, it is time for Congress to intervene before opioids claim the lives of more Americans.

The Alternatives to Opioids in the Emergency Department Act, or the ALTO Act is a necessary step towards stopping this opioid crisis.

I urge my colleagues to join me in supporting H.R. 5197, the ALTO Act, to prevent opioid addiction at the source and ensure that this crisis is stopped.

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. 5197, 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.

PEER SUPPORT COMMUNITIES OF RECOVERY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5587) to amend the Public Health Service Act to authorize certain recovery services grants to be used to establish regional technical assistance centers, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5587

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 ''Peer Support Communities of Recovery Act''.

SEC. 2. BUILDING COMMUNITIES OF RECOVERY.

Section 547 of the Public Health Service Act (42 U.S.C. 290ee–2) is amended—

(1) in subsection (a)—

(A) in the heading, by striking ''DEFINITION'' and inserting ''DEFINITIONS'';

(B) in the matter preceding paragraph (1), by striking ''In this section, the term 'recovery community organization' means an independent nonprofit organization that—'' and inserting ''In this section:'';

(C) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and moving such subparagraphs (as so redesignated) 2 ems to the right;

(D) by inserting before subparagraph (A) (as so redesignated) the following:

''(1) RECOVERY COMMUNITY ORGANIZATION.—The term 'recovery community organization' means an independent nonprofit organization that—''; and