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

(E) by adding at the end the following:

''(2) ELIGIBLE ENTITY.—The term 'eligible entity' means—

''(A) a national nonprofit entity focused on substance use disorder with a network of local affiliates and partners that are geographically and organizationally diverse; or

''(B) a nonprofit organization—

''(i) focused on substance use disorder;

''(ii) established by individuals in personal or family recovery; and

''(iii) serving prevention, treatment, recovery, payor, faith-based, and criminal justice stakeholders in the implementation of local addiction and recovery initiatives.'';

(2) in subsection (b)—

(A) by striking ''The Secretary shall award grants to recovery community organizations'' and inserting ''The Secretary—

''(1) shall award grants to recovery community organizations'';

(B) by striking ''services.'' and inserting ''services and allow such organizations to use such grant funds to carry out the activities described in subparagraphs (A) through (C) of subsection (c)(2); and''; and

(C) by adding at the end the following:

''(2) may award grants to eligible entities for purposes of establishing regional technical assistance centers, in accordance with subsection (c)(2)(D).'';

(3) by striking subsection (c);

(4) by redesignating subsections (d) and (e) as subsections (c) and (d), respectively;

(5) in subsection (c) (as so redesignated)—

(A) in paragraph (1), by striking ''shall be used'' and inserting ''to a recovery community organization shall be used'';

(B) in paragraph (2)—

(i) in subparagraph (A), in the matter preceding clause (i), by inserting before ''build'' the following: ''in the case of a grant awarded to a recovery community organization,'';

(ii) in subparagraph (B)—

(I) by inserting before ''reduce'' the following: ''in the case of a grant awarded to a recovery community organization,''; and

(II) by striking ''and'' at the end;

(iii) in subparagraph (C)—

(I) by inserting before ''conduct'' the following: ''in the case of a grant awarded to a recovery community organization,''; and

(II) by striking the period at the end and inserting ''; and''; and

(iv) by adding at the end the following:

''(D) in the case of a grant awarded to an eligible entity, provide for the establishment of regional technical assistance centers to provide regional technical assistance for the following:

''(i) Implementation of regionally driven, peer-delivered addiction recovery support services before, during, after, or in conjunction with addiction treatment.

''(ii) Establishment of recovery community organizations.

''(iii) Establishment of recovery community centers.''; and

(6) in subsection (d) (as so redesignated), by inserting before the period the following: '', and $15,000,000 for each of fiscal years 2019 through 2023''.

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 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 rise today to express my strong support for H.R. 5587. This is the Peer Support Communities of Recovery Act.

This legislation will support the peer support specialist workforce by authorizing the Department of Health and Human Services to award grants to peer support specialist organizations for the development and expansion of recovery services. Peer support specialists, peer recovery coaches, are health workers who provide treatment linkages to individuals suffering from substance use disorder and support services to those newly in recovery.

The gentleman from New Mexico (BEN RAY LUJÁN) and the gentleman from Ohio (Mr. JOHNSON) have helped lead and put this in bipartisan terms and bring it to us today. I appreciate their hard work on this initiative.

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. 5587, the Peer Support Communities of Recovery Act.

I want to thank Mr. LUJÁN for sponsoring this bill, but also for being the major sponsor of many of the pieces of legislation that we have discussed today and we are passing today as part of this opioid package.

This bill would amend the existing Communities of Recovery grant program to allow SAMHSA to provide funding for regional technical assistance centers. These centers would provide technical assistance for the implementation of regionally driven, peer-delivered addiction recovery support services, establishment of recovery community organizations, and establishment of recovery community centers.

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

Mr. Speaker, I yield such time as he may consume to the gentleman from New Mexico (Mr. BEN RAY LUJÁN).

Mr. BEN RAY LUJÁN of New Mexico. Mr. Speaker, I thank Mr. PALLONE for the time and for his leadership. I thank Chairman WALDEN and his team for their work on this important piece of legislation, and, again, special recognition of the work of Mr. JOHNSON and his staff of Ohio for being so willing to work on this important policy and for the incredible team that he has assembled as well.

Mr. Speaker, I rise today in support of the Peer Support Communities of Recovery Act.

Anyone who has heard me speak about opioids knows that I believe strongly that to address this opioid epidemic, we must address our Nation's workforce challenges. We have phenomenal providers in New Mexico, and Mr. JOHNSON has them in Ohio, but what we both know is that we don't have enough of them.

This is a numbers game. Unfortunately, the number of people with substance use disorder far surpasses the number of providers and treatment staff. That is where peer support recovery specialists come in.

For those of you who haven't heard me talk about this or who did not tune in to hear our Energy and Commerce Committee witnesses throughout the hearing process, peer support recovery specialists are people who have lived and experienced, sadly, the challenges with substance abuse, who have fought against their addiction and are in recovery, and who have received training to help others who are in the midst of the fight now. Peer support recovery specialists provide immediate, ongoing support and treatment linkages to individuals in recovery.

As Carlene Deal-Smith, a peer support recovery specialist of the Totah Behavioral Health Authority program in Farmington, New Mexico, testified:

> Being able to connect to our patients both through our shared heritage and shared struggles with addiction has allowed me to function as a bridge between them, the staff, and the community. This work has enabled me to be effective as a community support worker and mentor. Most importantly, I am living proof that recovery can happen.

These people provide an incredibly important service to the community. Peer support programs also mean jobs for individuals who may not otherwise find those opportunities. Ms. Deal-Smith explained to us this job got her through hard times in her own journey with substance use and made her feel proud to serve the community and help her people in such an important way.

I am grateful that the House has acknowledged the importance of these programs, and I am hopeful that the Senate will do the same very soon.

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Mr. WALDEN. Mr. Speaker, I have no further speakers on this matter and would encourage my colleagues to support this legislation.

I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I 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. 5587, the Peer Support Communities of Recovery.

H.R. 5587 provides for the establishment of regional assistance centers to implement addiction recovery support services throughout an individual's treatment.

Everyday, over 100 people in the United States die from opioid related drug overdoses, while over 11.5 million people misuse prescription opioids.

In 2016, the Centers for Disease Control and Prevention (CDC) report cited 63,632 drug overdose deaths in the U.S., with a linearly increasing trend.

In Texas, there were 1,375 opioid-related overdose deaths and within Houston alone, there were 364 drug-related overdose deaths that happened in 2016 according to the Treatment Center.

The U.S. is going through a serious drug abuse epidemic and the resources available for recovering addicts are currently limited in variability.

Peer support services are unique in that they allow for individuals with common experiences to share their stories of recovery with the people who might be seeking help.

Through self-help and shared support, people are able to offer strength and hope to their peers, which allows for personal growth, promotes wellness, and encourages recovery.

Examples of peer support include: peer mentoring or coaching; peer recovery resource connecting; recovery group facilitation; and community building.

In Houston, we have peer support programs that exist for both adults and youth through the Houston Health Department and Houston Recovery Center.

H.R. 5587 authorizes programs, similar to the ones that are having a positive impact in Houston, to be established across the country to serve other communities.

I urge my colleagues to join me in supporting H.R. 5587 to ensure that we are addressing substance abuse in the United States as efficiently as possible.

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. 5587, 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.

CREATING OPPORTUNITIES THAT NECESSITATE NEW AND ENHANCED CONNECTIONS THAT IMPROVE OPIOID NAVIGATION STRATEGIES ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5812) to amend the Public Health Service Act to authorize the Director of the Centers for Disease Control and Prevention to carry out certain activities to prevent controlled substances overdoses, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5812

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 ''Creating Opportunities that Necessitate New and Enhanced Connections That Improve Opioid Navigation Strategies Act of 2018'' or the ''CONNECTIONS Act''.

SEC. 2. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

''SEC. 399V–7. PREVENTING OVERDOSES OF CONTROLLED SUBSTANCES.

''(a) EVIDENCE-BASED PREVENTION GRANTS.—

''(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

''(A) to the extent practicable, carry out any evidence-based prevention activity described in paragraph (2);

''(B) provide training and technical assistance to States, localities, and Indian tribes for purposes of carrying out any such activity; and

''(C) award grants to States, localities, and Indian tribes for purposes of carrying out any such activity.

''(2) EVIDENCE-BASED PREVENTION ACTIVITIES.—An evidence-based prevention activity described in this paragraph is any of the following activities:

''(A) With respect to a State, improving the efficiency and use of the State prescription drug monitoring program by—

''(i) encouraging all authorized users (as specified by the State) to register with and use the program and making the program easier to use;

''(ii) enabling such users to access any updates to information collected by the program in as close to real-time as possible;

''(iii) providing for a mechanism for the program to automatically flag any potential misuse or abuse of controlled substances and any detection of inappropriate prescribing practices relating to such substances;

''(iv) enhancing interoperability between the program and any electronic health records system, including by integrating the use of electronic health records into the program for purposes of improving clinical decisionmaking;

''(v) continually updating program capabilities to respond to technological innovation for purposes of appropriately addressing a controlled substance overdose epidemic as such epidemic may occur and evolve;

''(vi) facilitating data sharing between the program and the prescription drug monitoring programs of neighboring States; and

''(vii) meeting the purpose of the program established under section 399O, as described in section 399O(a).

''(B) Achieving community or health system interventions through activities such as—

''(i) establishing or improving controlled substances prescribing interventions for insurers and health systems;

''(ii) enhancing the use of evidence-based controlled substances prescribing guidelines across sectors and health care settings; and

''(iii) implementing strategies to align the prescription of controlled substances with the guidelines described in clause (ii).

''(C) Evaluating interventions to better understand what works to prevent overdoses, including those involving prescription and illicit controlled substances.

''(D) Implementing projects to advance an innovative prevention approach with respect to new and emerging public health crises and opportunities to address such crises, such as enhancing public education and awareness on the risks associated with opioids.

''(b) ENHANCED SURVEILLANCE OF CONTROLLED SUBSTANCE OVERDOSE GRANTS.—

''(1) IN GENERAL.—The Director of the Centers for Disease Control and Prevention may—

''(A) to the extent practicable, carry out any controlled substance overdose surveillance activity described in paragraph (2);

''(B) provide training and technical assistance to States for purposes of carrying out any such activity;

''(C) award grants to States for purposes of carrying out any such activity; and

''(D) coordinate with the Assistant Secretary for Mental Health and Substance Use to collect data pursuant to section 505(d)(1)(A) (relating to the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs).

''(2) CONTROLLED SUBSTANCE OVERDOSE SURVEILLANCE ACTIVITIES.—A controlled substance overdose surveillance activity described in this paragraph is any of the following activities:

''(A) Enhancing the timeliness of reporting data to the public, including data on fatal and nonfatal overdoses of controlled substances.

''(B) Enhancing comprehensiveness of data on controlled substances overdoses by collecting information on such overdoses from appropriate sources such as toxicology reports, autopsy reports, death scene investigations, and other risk factors.

''(C) Using data to help identify risk factors associated with controlled substances overdoses.

''(D) With respect to a State, supporting entities involved in providing information to inform efforts within the State, such as by coroners and medical examiners, to improve accurate testing and reporting of causes and contributing factors to controlled substances overdoses.

''(E) Working to enable information sharing regarding controlled substances overdoses among data sources.

''(c) DEFINITIONS.—In this section:

''(1) CONTROLLED SUBSTANCE.—The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act.

''(2) INDIAN TRIBE.—The term 'Indian tribe' has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act.

''(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section and section 399O, there is authorized to be appropriated $486,000,000 for each of fiscal years 2019 through 2023.''.

SEC. 3. PRESCRIPTION DRUG MONITORING PROGRAM.

Section 399O of the Public Health Service Act (42 U.S.C. 280g–3) is amended to read as follows:

''SEC. 399O. PRESCRIPTION DRUG MONITORING PROGRAM.

''(a) PROGRAM.—

''(1) IN GENERAL.—Each fiscal year, the Secretary, in consultation with the Director of National Drug Control Policy, acting through the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental Health and Substance Use, and the National Coordinator for Health Information Technology, shall support States for the purpose of improving the efficiency and use of PDMPs, including—

''(A) establishment and implementation of a PDMP;

''(B) maintenance of a PDMP;

''(C) improvements to a PDMP by—

''(i) enhancing functional components to work toward—

''(I) universal use of PDMPs among providers and their delegates, to the extent that State laws allow, within a State;

''(II) more timely inclusion of data within a PDMP;

''(III) active management of the PDMP, in part by sending proactive or unsolicited reports to providers to inform prescribing; and

''(IV) ensuring the highest level of ease in use and access of PDMPs by providers and their delegates, to the extent that State laws allow;

''(ii) improving the intrastate interoperability of PDMPs by—

''(I) making PDMPs more actionable by integrating PDMPs within electronic health records and health information technology infrastructure; and

''(II) linking PDMP data to other data systems within the State, including—

''(aa) the data of pharmacy benefit managers, medical examiners and coroners, and the State's Medicaid program;

''(bb) worker's compensation data; and

''(cc) prescribing data of providers of the Department of Veterans Affairs and the Indian Health Service within the State;