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;

''(iii) improving the interstate interoperability of PDMPs through—

''(I) sharing of dispensing data in near-real time across State lines; and

''(II) integration of automated queries for multistate PDMP data and analytics into clinical workflow to improve the use of such data and analytics by practitioners and dispensers; or

''(iv) improving the ability to include treatment availability resources and referral capabilities within the PDMP.

''(2) STATE LEGISLATION.—As a condition on the receipt of support under this section, the Secretary shall require a State to demonstrate that the State has enacted legislation or regulations—

''(A) to provide for the implementation of the PDMP; and

''(B) to permit the imposition of appropriate penalties for the unauthorized use and disclosure of information maintained by the PDMP.

''(b) PDMP STRATEGIES.—The Secretary shall encourage a State, in establishing, improving, or maintaining a PDMP, to implement strategies that improve—

''(1) the reporting of dispensing in the State of a controlled substance to an ultimate user so the reporting occurs not later than 24 hours after the dispensing event;

''(2) the consultation of the PDMP by each prescribing practitioner, or their designee, in the State before initiating treatment with a controlled substance, or any substance as required by the State to be reported to the PDMP, and over the course of ongoing treatment for each prescribing event;

''(3) the consultation of the PDMP before dispensing a controlled substance, or any substance as required by the State to be reported to the PDMP;

''(4) the proactive notification to a practitioner when patterns indicative of controlled substance misuse by a patient, including opioid misuse, are detected;

''(5) the availability of data in the PDMP to other States, as allowable under State law; and

''(6) the availability of nonidentifiable information to the Centers for Disease Control and Prevention for surveillance, epidemiology, statistical research, or educational purposes.

''(c) DRUG MISUSE AND ABUSE.—In consultation with practitioners, dispensers, and other relevant and interested stakeholders, a State receiving support under this section—

''(1) shall establish a program to notify practitioners and dispensers of information that will help to identify and prevent the unlawful diversion or misuse of controlled substances; and

''(2) may, to the extent permitted under State law, notify the appropriate authorities responsible for carrying out drug diversion investigations if the State determines that information in the PDMP maintained by the State indicates an unlawful diversion or abuse of a controlled substance.

''(d) EVALUATION AND REPORTING.—As a condition on receipt of support under this section, the State shall report on interoperability with PDMPs of other States and Federal agencies, where appropriate, intrastate interoperability with health information technology systems such as electronic health records, health information exchanges, and e-prescribing, where appropriate, and whether or not the State provides automatic, up-to-date, or daily information about a patient when a practitioner (or the designee of a practitioner, where permitted) requests information about such patient.

''(e) EVALUATION AND REPORTING.—A State receiving support under this section shall provide the Secretary with aggregate nonidentifiable information, as permitted by State law, to enable the Secretary—

''(1) to evaluate the success of the State's program in achieving the purpose described in subsection (a); or

''(2) to prepare and submit to the Congress the report required by subsection (i)(2).

''(f) EDUCATION AND ACCESS TO THE MONITORING SYSTEM.—A State receiving support under this section shall take steps to—

''(1) facilitate prescribers and dispensers, and their delegates, as permitted by State law, to use the PDMP, to the extent practicable; and

''(2) educate prescribers and dispensers, and their delegates on the benefits of the use of PDMPs.

''(g) ELECTRONIC FORMAT.—The Secretary may issue guidelines specifying a uniform electronic format for the reporting, sharing, and disclosure of information pursuant to PDMPs.

''(h) RULES OF CONSTRUCTION.—

''(1) FUNCTIONS OTHERWISE AUTHORIZED BY LAW.—Nothing in this section shall be construed to restrict the ability of any authority, including any local, State, or Federal law enforcement, narcotics control, licensure, disciplinary, or program authority, to perform functions otherwise authorized by law.

''(2) ADDITIONAL PRIVACY PROTECTIONS.—Nothing in this section shall be construed as preempting any State from imposing any additional privacy protections.

''(3) FEDERAL PRIVACY REQUIREMENTS.—Nothing in this section shall be construed to supersede any Federal privacy or confidentiality requirement, including the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033) and section 543 of this Act.

''(4) NO FEDERAL PRIVATE CAUSE OF ACTION.—Nothing in this section shall be construed to create a Federal private cause of action.

''(i) PROGRESS REPORT.—Not later than 3 years after the date of enactment of the CONNECTIONS Act, the Secretary shall—

''(1) complete a study that—

''(A) determines the progress of States in establishing and implementing PDMPs consistent with this section;

''(B) provides an analysis of the extent to which the operation of PDMPs has—

''(i) reduced inappropriate use, abuse, diversion of, and overdose with, controlled substances;

''(ii) established or strengthened initiatives to ensure linkages to substance use disorder treatment services; or

''(iii) affected patient access to appropriate care in States operating PDMPs;

''(C) determine the progress of States in achieving interstate interoperability and intrastate interoperability of PDMPs, including an assessment of technical, legal, and financial barriers to such progress and recommendations for addressing these barriers;

''(D) determines the progress of States in implementing near real-time electronic PDMPs;

''(E) provides an analysis of the privacy protections in place for the information reported to the PDMP in each State receiving support under this section and any recommendations of the Secretary for additional Federal or State requirements for protection of this information;

''(F) determines the progress of States in implementing technological alternatives to centralized data storage, such as peer-to-peer file sharing or data pointer systems, in PDMPs and the potential for such alternatives to enhance the privacy and security of individually identifiable data; and

''(G) evaluates the penalties that States have enacted for the unauthorized use and disclosure of information maintained in PDMPs, and the criteria used by the Secretary to determine whether such penalties qualify as appropriate for purposes of subsection (a)(2); and

''(2) submit a report to the Congress on the results of the study.

''(j) ADVISORY COUNCIL.—

''(1) ESTABLISHMENT.—A State may establish an advisory council to assist in the establishment, improvement, or maintenance of a PDMP consistent with this section.

''(2) LIMITATION.—A State may not use Federal funds for the operations of an advisory council to assist in the establishment, improvement, or maintenance of a PDMP.

''(3) SENSE OF CONGRESS.—It is the sense of the Congress that, in establishing an advisory council to assist in the establishment, improvement, or maintenance of a PDMP, a State should consult with appropriate professional boards and other interested parties.

''(k) DEFINITIONS.—For purposes of this section:

''(1) The term 'controlled substance' means a controlled substance (as defined in section 102 of the Controlled Substances Act) in schedule II, III, or IV of section 202 of such Act.

''(2) The term 'dispense' means to deliver a controlled substance to an ultimate user by, or pursuant to the lawful order of, a practitioner, irrespective of whether the dispenser uses the internet or other means to effect such delivery.

''(3) The term 'dispenser' means a physician, pharmacist, or other person that dispenses a controlled substance to an ultimate user.

''(4) The term 'interstate interoperability' with respect to a PDMP means the ability of the PDMP to electronically share reported information with another State if the information concerns either the dispensing of a controlled substance to an ultimate user who resides in such other State, or the dispensing of a controlled substance prescribed by a practitioner whose principal place of business is located in such other State.

''(5) The term 'intrastate interoperability' with respect to a PDMP means the integration of PDMP data within electronic health records and health information technology infrastructure or linking of a PDMP to other data systems within the State, including the State's Medicaid program, workers' compensation programs, and medical examiners or coroners.

''(6) The term 'nonidentifiable information' means information that does not identify a practitioner, dispenser, or an ultimate user and with respect to which there is no reasonable basis to believe that the information can be used to identify a practitioner, dispenser, or an ultimate user.

''(7) The term 'PDMP' means a prescription drug monitoring program that is State-controlled.

''(8) The term 'practitioner' means a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which the individual practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research.

''(9) The term 'State' means each of the 50 States, the District of Columbia, and any commonwealth or territory of the United States.

''(10) The term 'ultimate user' means a person who has obtained from a dispenser, and who possesses, a controlled substance for the

person's own use, for the use of a member of the person's household, or for the use of an animal owned by the person or by a member of the person's household.

''(11) The term 'clinical workflow' means the integration of automated queries for prescription drug monitoring programs data and analytics into health information technologies such as electronic health record systems, health information exchanges, and/or pharmacy dispensing software systems, thus streamlining provider access through automated queries.''.

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 in which to revise and extend their remarks and insert extraneous materials into 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, this is our last bill of the day on opioids. This is the 25th piece of legislation that we have worked through, not only our committee, but also now the House floor.

I rise in strong support of H.R. 5812, the CONNECTIONS Act. Now, this legislation enhances and improves state-run prescription drug monitoring programs. These are really, really important. Prescription drug monitoring programs or, as they are known, PDMPs, are useful tools in helping identify and deter drug misuse and diversion. They allow health prescribers to identify patients exhibiting risky behaviors and assist those individuals in getting help.

By strengthening the current efforts of the Centers for Disease Control and Prevention, in coordination with the Substance Abuse and Mental Health Services Administration, and the Office of the National Coordinator for Health Information Technology, the CONNECTIONS Act will help make state-run PDMPs more easily accessible, more user-friendly, more accurate, and better integrated across the country.

So I want to thank my colleague from Virginia, Representative Morgan Griffith, a terrific member of our committee, Vice Chair of the Oversight and Investigations Subcommittee, who has done a lot of work investigating pill dumping and patient brokering and the kind of abuses we have seen that have helped to inform our legislation they have done over on the Oversight and Investigations Subcommittee. He will speak in just a minute.

I want to thank my colleague from New Jersey, Representative FRANK PALLONE as well, and Representative BRIAN FITZPATRICK from Pennsylvania. They have all worked together on this really, really important improvement.

Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. GRIFFITH).

Mr. GRIFFITH. Mr. Speaker, I thank the chairman and Ranking Member PALLONE for his help on this bill.

The CONNECTIONS Act, as the chairman has stated, deals with state-run prescription drug monitoring programs which are widely recognized as an important tool in fighting the opioid epidemic. These programs enable providers to better identify patients who may be at risk for abuse of opioid prescriptions. This is a critical first step in preventing abuse by those who may be vulnerable.

The bill will improve Federal support for state-run prescription drug monitoring programs to empower those States to successfully implement improvements and build off of their existing programs.

Now, the legislation facilitates more widespread use by the providers. So what we are trying to do is, right now we have 49 of 50 States that have PDMPs or prescription drug monitoring programs. They all are trying to talk to each other.

And particularly, when you have a district like mine, which kind of forms a sort of a triangle in the southwest corner of Virginia, you can get to West Virginia, Kentucky, North Carolina, and Tennessee all within a single day, without any problem. And if you are a physician in those areas, you need to know if your patient may have driven a few miles across the line in an attempt to get more prescription drugs than maybe they ought to be taking.

So what the PDMPs are supposed to do is to let the physician know what is going on. But if our State prescription drug monitoring programs don't have the ability to talk to one another or interact efficiently, that creates a delay or a dilemma for the physician who is trying to do the right thing and monitor what is going on and see about those who may be vulnerable or about to step into an arena that they really don't want to get into, but they are suffering pain and they think this is the way to go. We want to stop that. We want to help the physicians.

What this bill does is it allows the physicians and allows the PDMPs run by the States to have more interactivity between the two or between the three or four or five, as the case may be, as it would be in my district.

So the PDMPs are especially valuable for districts like mine, as we have discussed; and the pharmacies and doctors in other States who are just a stone's throw away who can come back in and check to see what is going on. This legislation will give these States that ability. It is a good, bipartisan bill, and I do appreciate Ranking Member PALLONE for working on this with me in a bipartisan fashion.

I also appreciate greatly the leadership of our chairman, Chairman WALDEN, for making this a major issue and allowing us to put forward so many bills, both this week and next, that deal with this very serious concern; and this is one step in the right direction to making sure that we try to ensure that folks don't go down the path of abuse.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume; and I rise in support of H.R. 5812, the CONNECTIONS Act.

I was pleased to work with Representative GRIFFITH on this bipartisan legislation. This bill authorizes funding to enhance and improve State prescription drug monitoring programs, among other prevention efforts. This legislation codifies CDC's Prevention for States program, which includes funding to improve State prescription drug monitoring programs, or PDMPs.

As part of that program, the CDC will implement the activities described in the National All Schedules Prescription Electronic Reporting, or NASPER Act, which I was pleased to see receive funding this year. As the original Democratic sponsor of NASPER, I have been a longtime champion of PDMPs as public health tools that can prevent and respond to opioid abuse.

The role of PDMPs in the current opioid epidemic has proven why our longtime interests and push for investments in this space is so critical.

As the technology has matured, we have moved from working toward the goal of ensuring the interstate sharing of PDMP data, to now aiming to make PDMPs more interconnected real-time, and usable for public health surveillance and clinical decisionmaking.

Continuing to strengthen PDMPs will improve our ability to prevent addiction from occurring in the first place and help identify individuals who could benefit from treatment for opioid use disorder.

I wanted to urge my colleagues, obviously, to support this legislation.

Mr. Speaker, I know we have been here, I guess, for about 4 hours now, and we are done with these suspension bills that are part of this opioid package, and I don't mean to negate in any way this package, I do think it is important. But I still want to say, as we conclude today, I want to express my concern that collectively these bills that we are considering do not go far enough in providing the resources necessary for an epidemic of this magnitude. There are 115 Americans dying every day, and we have to ensure that people have access to treatment. The bills the House is debating and will pass this afternoon and over the next 2 weeks do not do enough to expand treatment for millions suffering from this crisis.

I would also be remiss, again, if I did not also mention the Republicans' ongoing efforts to repeal the Affordable Care Act and gut Medicaid and take away critical protections for people with preexisting conditions.

The Justice Department just announced, under President Trump and

Attorney General Sessions, that they are not going to defend a lawsuit that is being brought by Republican attorneys general in many States that would basically say that the Affordable Care Act does not have to protect people anymore from preexisting conditions.

When discussing the opioid crisis on the floor this week and next, I urge my colleagues to remember that protecting and expanding access to care is the most critical piece of the puzzle, and any efforts to roll back the Affordable Care Act, such as another Republican-led attempt to repeal the ACA or gut Medicaid, will hurt those people who need it most.

I am pleased to support this bill in this package and the other bills that we considered on suspension today, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. CARTER), our resident pharmacist, to speak on the legislation.

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

I would also like to thank my colleague, Mr. GRIFFITH, for all his work on this very important legislation. I would also like to thank him for including language that requires a report on the impact of PDMPs on patient access to appropriate care. This is critical for epilepsy patients that can face barriers to accessing their Schedule V non-narcotic drugs necessary to control their seizures.

Several epilepsy medications are classified as Schedule V and, therefore, fall under monitoring requirements, despite the fact that they are non-opioid, non-narcotic, and there is no evidence to indicate that these medications are being abused by people with epilepsy. This has led to unnecessary delays in access to their prescribed therapy.

A handful of States have passed legislation that removes non-narcotic drugs from reporting requirements. As we work through legislation intended to combat the opioid crisis, we need to ensure that we do not limit access to legitimate care, especially to non-narcotic drugs.

Mr. WALDEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. FITZPATRICK), who is a co-author of this very important piece of legislation.

Mr. FITZPATRICK. Mr. Speaker, the opioid epidemic is devastating communities within my district and across the country. In the last year alone, Bucks County, Pennsylvania, has lost 232 individuals in drug-related deaths; a staggering 26 percent increase from 2016.

As vice-chair of the Bipartisan Heroin Task Force, I am proud to rise today in strong support of H.R. 5812, the CONNECTIONS Act.

While my district is just one area in the Nation that is struggling to cope with the opioid crisis, I believe the CONNECTIONS Act will provide officials on the ground the necessary training techniques and resources they need to turn the tide on this epidemic.

As a longtime proponent of States fully utilizing prescription drug monitoring programs to track controlled substance purchases, I am proud of the PDMP enhancements in this bipartisan bill.

Our Nation's drug epidemic is a complicated issue, Mr. Speaker, and our response must be multifaceted. This means a reduction in the unnecessary dispensing of prescriptions, which could be accomplished by tracking and reporting information that allows physicians, pharmacists, and other health professionals to make informed clinical decisions and to identify troubling trends.

I would like to thank my colleague from Virginia, Mr. GRIFFITH, for his leadership on this important piece of legislation, and I urge my colleagues on both sides of the aisle to support the passage of the CONNECTIONS Act.

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

In conclusion, I just want to thank my colleagues on both sides of the aisle for their incredible tenacity, their hard work, bringing from their districts and from the people they represent these ideas to formulate solutions that we are now going to enact into law and move over to the Senate. We will pass them here and move them over to the Senate and eventually into law.

I would also point out that, starting in 2016, 2017, Republicans in this Congress passed CARA, and the 21st Century Cures Act, putting over $1.2 billion into the efforts to combat the opioid epidemic. And then we doubled down, literally and figuratively, and even more than that, I think we have got $4 billion in the latest spending bill directed specifically at opioids, and another couple of billion at mental health services. Both of these are big needs for our communities and for our citizens, both led by Republicans and the Trump administration in terms of this most latest investment in the fight on opioids.

And I know President Trump and the administration do a lot of work on their own through using their executive powers, their administrative powers to address the problems of the opioid epidemic through the various agencies of the Federal Government. Not only are they leading on that, but they are also partnering with our States and our local communities.

We have got to make sure the money that we appropriate gets all the way to the ground, gets into these community organizations that are on the front lines of helping people get into treatment, helping them get the services that they need.

□ 1815

It has record funding going in. It helps when we change these laws to modernize them so that people can get access to the care they need and they deserve, and together, we are going to solve this problem.

It is a big step forward, 25 bills today. We will have more later in this week and another 25 or 30 next week. We know that this is an ongoing challenge for our country. It will be an ongoing effort for our committee.

Mr. Speaker, I urge passage of this particular piece of legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. WALDEN) that the House suspend the rules and pass the bill, H.R. 5812.

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.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 6 o'clock and 16 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DUNN) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Suspending the rules and passing H.R. 5327;

Suspending the rules and passing H.R. 5041; and

Agreeing to the Speaker's approval of the Journal, if ordered.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

COMPREHENSIVE OPIOID RECOVERY CENTERS ACT OF 2018

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5327) to amend title V of the Public Health Service Act to establish a grant program to create comprehensive opioid recovery centers, and for other purposes, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. CARTER) that the House suspend the rules and pass the bill, as amended.