

Ms. BONAMICI. Madam Speaker, I yield such time as he may consume to the gentleman from Pennsylvania (Mr. CARTWRIGHT), the cosponsor of this important legislation.

Mr. CARTWRIGHT. Madam Speaker, I rise in support of H.R. 5892, a bill I am proud to have cosponsored with Representative LEWIS.

I thank Congressman LEWIS, as well as the Education and the Workforce Committee, for their hard work on this bill.

Madam Speaker, Pennsylvania has the fourth highest rate of death due to drug overdoses in the Nation, and northeastern Pennsylvania, where I represent, has one of the highest rates of fatal drug overdoses in our State. Beyond the statistics are stories of broken families and broken dreams, due to the addiction to and the abuse of these drugs.

In fact, the Centers for Disease Control and Prevention estimate that approximately 91 deaths from opioid overdoses occur every day in our Nation. This epidemic breaks our hearts. But it also hurts our economy. An estimated 20 percent of men's and 25 percent of women's decline in labor force participation between 1999 and 2015 can be attributed to the increase in opioid prescriptions. This is a public health and economic crisis that we have to address right now.

That is why I am so pleased to see the House taking up this legislation. Establishing this advisory council to study the impacts of opioid abuse on the workplace is essential to understanding how damaging this epidemic is, both to individuals and communities.

We know that we must confront this epidemic on all fronts. It is a bill that is an important step towards helping those dealing with substance abuse remain in the workforce.

Our work on opioids has to continue after this week. Our communities have not yet healed from the traumatic losses they have suffered, and we have to continue to focus on this issue if we are to have any hope of adequately addressing the harm to public health that opioid abuse has caused.

Again, I thank Congressman LEWIS for his work on this bill, I am proud to join him in that work, and I urge my colleagues in the House of Representatives to support it.

Mr. LEWIS of Minnesota. Madam Speaker, I am prepared to close, and I, again, reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield myself the remainder of my time.

Madam Speaker, once again, I thank Congressman LEWIS and Congressman CARTWRIGHT for their work on H.R. 5892. As we continue with this work, we must recognize that it is much harder for people to be successful in their recovery if they do not have a job. Let's work with our employers and look at the results of this bill that the advisory council will advise us. Let's follow their recommendations.

Madam Speaker, I urge passage of this bill, and I yield back the balance of my time.

Mr. LEWIS of Minnesota. Madam Speaker, I yield myself the remainder of my time.

Madam Speaker, I also thank my Democratic colleagues for their efforts on behalf of this bill as well.

At a time when businesses, large and small, are noticing the effects of this crisis, opioid abuse, on employee health and economic productivity, the active coordination between the Department of Labor and private stakeholders, prompted by this bill, is vital to securing the continued safety of the American workplace.

Madam Speaker, I urge my colleagues to vote in favor of H.R. 5892, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. LEWIS) that the House suspend the rules and pass the bill, H.R. 5892.

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.

SUPPORTING GRANDPARENTS RAISING GRANDCHILDREN ACT

Mr. LEWIS of Minnesota. Madam Speaker, I move to suspend the rules and pass the bill (S. 1091) to establish a Federal Task Force to Support Grandparents Raising Grandchildren, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1091

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 "Supporting Grandparents Raising Grandchildren Act".

SEC. 2. FINDINGS.

Congress finds the following:

(1) More than 2,500,000 grandparents in the United States are the primary caretaker of their grandchildren, and experts report that such numbers are increasing as the opioid epidemic expands.

(2) Between 2009 and 2016, the incidence of parental alcohol or other drug use as a contributing factor for children's out-of-home placement rose from 25.4 to 37.4 percent.

(3) When children cannot remain safely with their parents, placement with relatives is preferred over placement in foster care with nonrelatives because placement with relatives provides stability for children and helps them maintain family connections.

(4) The number of foster children placed with a grandparent or other relative increased from 24 percent in 2006 to 32 percent in 2016, according to data from the Department of Health and Human Services.

(5) Grandparents' lives are enhanced by caring for their grandchildren; the overwhelming majority of grandparents report experiencing significant benefits in serving as their grandchildren's primary caregivers.

(6) Providing full-time care to their grandchildren may decrease grandparents' ability

to address their own physical and mental health needs and personal well-being.

(7) Grandparents would benefit from better coordination and dissemination of information and resources available to support them in their caregiving responsibilities.

SEC. 3. ADVISORY COUNCIL TO SUPPORT GRANDPARENTS RAISING GRANDCHILDREN.

(a) ESTABLISHMENT.—There is established an Advisory Council to Support Grandparents Raising Grandchildren.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The Advisory Council shall be composed of the following members, or their designee:

(A) The Secretary of Health and Human Services.

(B) The Secretary of Education.

(C) The Administrator of the Administration for Community Living.

(D) The Director of the Centers for Disease Control and Prevention.

(E) The Assistant Secretary for Mental Health and Substance Use.

(F) The Assistant Secretary for the Administration for Children and Families.

(G) A grandparent raising a grandchild.

(H) An older relative caregiver of children.

(I) As appropriate, the head of other Federal departments, or agencies, identified by the Secretary of Health and Human Services as having responsibilities, or administering programs, relating to current issues affecting grandparents or other older relatives raising children.

(2) LEAD AGENCY.—The Department of Health and Human Services shall be the lead agency for the Advisory Council.

(c) DUTIES.—

(1) IN GENERAL.—

(A) INFORMATION.—The Advisory Council shall identify, promote, coordinate, and disseminate to the public information, resources, and the best practices available to help grandparents and other older relatives—

(i) meet the health, educational, nutritional, and other needs of the children in their care; and

(ii) maintain their own physical and mental health and emotional well-being.

(B) OPIOIDS.—In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of those affected by the opioid crisis.

(C) NATIVE AMERICANS.—In carrying out the duties described in subparagraph (A), the Advisory Council shall consider the needs of members of Native American tribes.

(2) REPORT.—

(A) IN GENERAL.—Not later than 180 days after the date of enactment of this Act, the Advisory Council shall submit a report to—

(i) the appropriate committees;

(ii) the State agencies that are responsible for carrying out family caregiver programs; and

(iii) the public online in an accessible format.

(B) REPORT FORMAT.—The report shall include—

(i) best practices, resources, and other useful information for grandparents and other older relatives raising children identified under paragraph (1)(A) including, if applicable, any information related to the needs of children who have been impacted by the opioid epidemic;

(ii) an identification of any gaps in items under clause (i); and

(iii) where applicable, identification of any additional Federal legislative authority necessary to implement the activities described in clause (i) and (ii).

(3) FOLLOW-UP REPORT.—Not later than 2 years after the date on which the report required under paragraph (2)(A) is submitted, the Advisory Council shall submit a follow-

up report that includes the information identified in paragraph (2)(B) to—

- (A) the appropriate committees;
- (B) the State agencies that are responsible for carrying out family caregiver programs; and
- (C) the public online in an accessible format.

(4) PUBLIC INPUT.—

(A) IN GENERAL.—The Advisory Council shall establish a process for public input to inform the development of, and provide updates to, the best practices, resources, and other information described in paragraph (1) that shall include—

(i) outreach to States, local entities, and organizations that provide information to, or support for, grandparents or other older relatives raising children; and

(ii) outreach to grandparents and other older relatives with experience raising children.

(B) NATURE OF OUTREACH.—Such outreach shall ask individuals to provide input on—

(i) information, resources, and best practices available, including identification of any gaps and unmet needs; and

(ii) recommendations that would help grandparents and other older relatives better meet the health, educational, nutritional, and other needs of the children in their care, as well as maintain their own physical and mental health and emotional well-being.

(d) FACA.—The Advisory Council shall be exempt from the requirements of the Federal Advisory Committee Act (5 U.S.C. App.).

(e) FUNDING.—No additional funds are authorized to be appropriated to carry out this Act.

(f) SUNSET.—The Advisory Council shall terminate on the date that is 3 years after the date of enactment of this Act.

SEC. 4. DEFINITIONS.

In this Act:

(1) ADVISORY COUNCIL.—In this Act, the term “Advisory Council” means the Advisory Council to Support Grandparents Raising Grandchildren that is established under section 3.

(2) APPROPRIATE COMMITTEES.—In this Act, the term “appropriate committees” means the following:

(A) The Special Committee on Aging of the Senate.

(B) The Committee on Health, Education, Labor, and Pensions of the Senate.

(C) The Committee on Education and the Workforce of the House of Representatives.

(D) The Committee on Energy and Commerce of the House of Representatives.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. LEWIS) and the gentleman from Oregon (Ms. BONAMICI) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota.

□ 1545

GENERAL LEAVE

Mr. LEWIS of Minnesota. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 1091, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota?

There was no objection.

Mr. LEWIS of Minnesota. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, I rise today in support of the amendment to S. 1091, the

Supporting Grandparents Raising Grandchildren Act.

As the opioid public health emergency continues to unfold, it has become clear that the epidemic is not contained to a single generation. Rather, it affects everyone, from infants who have been left behind by an addicted parent or a guardian, to seniors who have stepped into the role of primary caregiver to take care of their grandchildren.

At present, there are more than 2.5 million grandparents in the United States who are the primary caretaker of their grandchildren. Experts believe this number is increasing in large part due to the rise of the opioid epidemic.

A child going to live with his or her grandparent is often the best outcome in a difficult situation, as it allows for important family connections to remain intact and can reduce the trauma a child feels. However, it can present certain challenges to grandparents who lack the necessary information and tools to provide their grandchildren with loving attention and proper care.

The House amendment to S. 1091, the Supporting Grandparents Raising Grandchildren Act, will help to support these grandparents in their caregiving responsibilities. The bill directs the creation of an advisory council, led by the Department of Health and Human Services, to identify and disseminate useful information to grandparents who are primary caretakers of their grandchildren, placing a special emphasis on those families who have been impacted by the opioid epidemic.

The advisory council will focus on disseminating information to help grandparents meet the health, educational, nutritional, and other needs of the children they are caring for.

The House amendment ensures the council will solicit input from State and local entities and grandparents themselves to inform the best practices, and ensure the most useful information is in circulation. It also terminates the council after 3 years, to ensure the information is disseminated in a timely manner.

Madam Speaker, with so many parents struggling with addiction, grandparents are increasingly coming to the rescue. It is important that we provide these grandparents with the information they need to care for their grandchildren.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of S. 1091, as amended, the Supporting Grandparents Raising Grandchildren Act.

This bill will provide support to the millions of grandparents and other older caregivers across the country who are raising children. As my colleague, Mr. LEWIS, mentioned, more than 2.5 million grandparents are rais-

ing their grandchildren across the Nation today.

Child welfare experts agree that substance use disorders, especially addiction to opioids, are behind much of the growing number of grandparents raising their grandchildren.

Raising grandchildren can dramatically alter the lives of these grandparents, who can sometimes be overwhelmed by the unique challenges they face as they adapt to their new roles and responsibilities.

The Supporting Grandparents Raising Grandchildren Act would create an advisory council charged with identifying best practices, resources, and other tools to help grandparents and other older caregivers address common challenges when raising children. This might include how to navigate a school system or access healthcare.

This information is vital and will prove to be lifesaving to grandparents striving to care both for themselves and for their families.

Madam Speaker, I thank Senator SUSAN COLLINS and Senator BOB CASEY for their work on this bill, and I thank Congressman MCGOVERN, Congressman KING, and Congressman LEWIS for their leadership in the House.

This bipartisan, bicameral effort is a testament to the importance of this growing and important issue. I urge my colleagues to support S. 1091.

Madam Speaker, I reserve the balance of my time.

Mr. LEWIS of Minnesota. Madam Speaker, I reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield such time as he may consume to the gentleman from Massachusetts (Mr. MCGOVERN), the cosponsor of this House legislation.

Mr. MCGOVERN. Madam Speaker, I thank Congresswoman BONAMICI for yielding time.

First, let me say how proud I am to have introduced the House companion to an important bipartisan, bicameral bill.

Madam Speaker, one of the most heartbreaking aspects of the opiate epidemic is that a tremendous strain is placed not only on those who are struggling with addiction or dealing with substance use disorders, but also on their families, their friends, and their support networks.

Oftentimes when parents are struggling with addiction and unable to raise a child, that responsibility falls to a grandparent. Right now, as has been said, over 2.5 million children are being raised by their grandparents, and we only expect that number to grow.

These grandparent-led households often face unique challenges. They may not have time to plan financially for raising another child. They may not have the resources to ensure their home or their car is ready to raise a child. There may be barriers for them to access the child's medical or school information. It may be difficult for them to navigate the complex school

requirements in many communities to ensure that their grandchild does not fall behind during a move. They may need to spend down their savings or refinance a home in order to provide for their grandchildren, putting their own financial future in jeopardy.

This bill, the Supporting Grandparents Raising Grandchildren Act, will help us bring to the forefront the resources that grandparents need to raise their grandchildren. It will create an important new Federal advisory council focused on developing and disseminating information designed to help grandparents.

The advisory council would examine information about how to address mental health issues, how to navigate school systems, and how to build social and support networks that create the best possible environment for children.

Madam Speaker, we are so grateful that these grandparents have stepped in to care for grandchildren, and we need to do everything we can to support and sustain them.

Madam Speaker, I thank especially Senator SUSAN COLLINS of Maine for her leadership on this issue, along with Senator CASEY from Pennsylvania, and I am grateful to my colleague, Congressman PETER KING of New York, for his work and help getting this legislation passed.

As we deal with the opiate crisis, we have to deal with many different issues. There is not just one issue. There are multiple issues, and this is one of them.

Madam Speaker, I appreciate the bipartisan support for my bill, and I appreciate the gentlewoman for yielding me the time.

Mr. LEWIS of Minnesota. Madam Speaker, I am prepared to close if the gentlewoman is, and I reserve the balance of my time.

Ms. BONAMICI. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, again, I support this legislation, the Supporting Grandparents Raising Grandchildren Act, and other efforts of my colleagues to address the opioid crisis, but these policies will only be a drop in the bucket if the administration continues undermining access to affordable, comprehensive healthcare that includes robust Affordable Care Act protections for preexisting conditions like substance use disorder.

If we are to stem the tide of this epidemic, Medicare, Medicaid, and private insurers must fully cover addiction treatment and safer alternatives to opioids for pain.

One thing is clear: Changing policy alone won't stop this crisis. We also need more resources for prevention, treatment, and innovative solutions.

The urgent need for more funding is wide and varied. Prevention programs need to be able to reach more people. Researchers need additional funding to gather data that will drive effective solutions. Overstretched public health departments need to be able to coordi-

nate a comprehensive response. Treatment facilities need more beds and more staff. Healthcare providers need further education and training.

We must increase the resources to match the scale of this problem, this crisis, and focus on making smart investments to adequately address the opioid crisis.

Madam Speaker, once again, I thank Senators COLLINS and CASEY, as well as Congressmen MCGOVERN and KING, for their work on this legislation, and I urge its passage.

Madam Speaker, I yield back the balance of my time.

Mr. LEWIS of Minnesota. Madam Speaker, I yield myself the balance of my time.

Madam Speaker, I thank my colleagues across the aisle for their efforts in this regard.

I too agree that, absolutely, we need healthcare reform to ensure that people have the kind of coverage that covers things like opioid and substance abuse. Part of that effort means that people can afford a good insurance policy and choose the kind of coverage they want so that they are not priced out of the market and go without any insurance at all, which is really a problem with some of these people suffering through this epidemic.

Madam Speaker, in conclusion, I urge my colleagues to vote in favor of S. 1091, and I yield back the balance of my time.

Mr. KING of New York. Madam Speaker, I rise today in support of the Supporting Grandparents Raising Grandchildren Act. I am proud to be a lead cosponsor of this legislation.

Grandparents play a crucial and increasingly significant role in the lives of their grandchildren. There are approximately 2.6 million grandparents who are raising their grandchildren in the United States.

Unlike parents or foster parents who plan for months or years to care for a child, grandparents often step in to raise the children unexpectedly with little to no support. This has become more prevalent in the wake of the opioid crisis. As a result, many grandparents are left without adequate information on available resources to help them with their caregiving duties.

This legislation will enable the federal government to provide much needed support to grandparents. Specifically, this bill will establish a federal advisory council to identify, promote, coordinate, and disseminate information and resources in order to help grandparents meet the health, educational, nutritional, and other needs of the children in their care. The task force will also help identify resources to help grandparents meet their own physical and mental health needs.

I thank Senator COLLINS, Senator CASEY, and Congressman MCGOVERN for working with me on this important legislation. I urge my colleagues to join me in supporting this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. LEWIS) that the House suspend the rules and pass the bill, S. 1091, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read: "A bill to establish a Federal Advisory Council to Support Grandparents Raising Grandchildren".

A motion to reconsider was laid on the table.

VETERANS TREATMENT COURT IMPROVEMENT ACT OF 2018

Mr. ROE of Tennessee. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2147) to require the Secretary of Veterans Affairs to hire additional Veterans Justice Outreach Specialists to provide treatment court services to justice-involved veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2147

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 "Veterans Treatment Court Improvement Act of 2018".

SEC. 2. HIRING BY DEPARTMENT OF VETERANS AFFAIRS OF ADDITIONAL VETERANS JUSTICE OUTREACH SPECIALISTS.

(a) *HIRING OF ADDITIONAL VETERANS JUSTICE OUTREACH SPECIALISTS.—*

(1) *IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall hire not fewer than 50 Veterans Justice Outreach Specialists and place each such Veterans Justice Outreach Specialist at an eligible Department of Veterans Affairs medical center in accordance with this section.*

(2) *REQUIREMENTS.—The Secretary shall ensure that each Veterans Justice Outreach Specialist employed under paragraph (1)—*

(A) *serves, either exclusively or in addition to other duties, as part of a justice team in a veterans treatment court or other veteran-focused court; and*

(B) *otherwise meets Department hiring guidelines for Veterans Justice Outreach Specialists.*

(b) *ELIGIBLE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.—For purposes of this section, an eligible Department of Veterans Affairs medical center is any Department of Veterans Affairs medical center that—*

(1) *complies with all Department guidelines and regulations for placement of a Veterans Justice Outreach Specialist;*

(2) *works within a local criminal justice system with justice-involved veterans;*

(3) *maintains an affiliation with one or more veterans treatment courts or other veteran-focused courts; and*

(4) *either—*

(A) *regularly provides Veterans Justice Outreach Specialists to serve as part of a justice team in a veterans treatment court or other veteran-focused court; or*

(B) *establishes a plan that is approved by the Secretary to provide Veterans Justice Outreach Specialists employed under subsection (a)(1) to serve as part of a justice team in a veterans treatment court or other veteran-focused court.*

(c) *PLACEMENT PRIORITY.—The Secretary shall prioritize the placement of Veterans Justice Outreach Specialists employed under subsection (a)(1) at eligible Department of Veterans Affairs medical centers that have or intend to establish an affiliation, for the purpose of carrying out the Veterans Justice Outreach Program, with a veterans treatment court, or other veteran-focused court, that—*