guaranteed mental health care or substance use disorder treatment. We have guaranteed that treatment for Americans covered by Medicaid, private insurance, and employer-sponsored insurance. It is time we do so for low-income families and babies as well.

In our efforts to confront an opioid epidemic that cares for no age, no income, no race—nothing at all—this bill is a crucial piece of our response.

With that, Mr. Speaker, I would like to thank everyone at the Legislative Counsel's Office, at CMS, and the staff on both sides of the aisle from the Energy and Commerce Committee, and, in particular, Rachel Pryor, for putting up with my relentless and sometimes misguided questions.

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

Mr. WALDEN. Mr. Speaker, I have no other speakers on this matter. I know the gentleman has yielded back. I will do the same after calling on our colleagues to support this important and meaningful legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3192, the "CHIP Mental Health Parity Act."

H.R. 3192 would ensure access to mental health and substance use disorder prevention and treatment services for children under the Children's Health Insurance Program (CHIP).

Beginning in infancy and continuing through adolescence, children need access to mental health screening and assessment and a complete array of evidence-based therapeutic services.

Around 1 in 5 children in the U.S. suffers from a diagnosable mental disorder, but only 20 to 25 percent of affected children will receive treatment.

Untreated mental health and substance use disorders are associated with family dysfunction, school expulsion, poor school performance, juvenile incarceration, unemployment, and suicide.

CHIP has been an essential source of children's health coverage, ensuring that families have access to high quality, affordable, pediatric health care for children in working families whose parents earn too much to qualify for Medicaid but too little to purchase private health insurance on their own.

Given the prevalence of mental health and substance use disorders in children and the nationwide opioid epidemic, it is essential now more than ever that all children and adolescents enrolled in CHIP have access to mental health and substance use disorder screening and treatment.

There are currently over 400,000 CHIP recipients in Texas.

This figure is significantly less than in 2014, when nearly half of all children in Texas were enrolled in CHIP or Medicaid.

Mr. Speaker, I strongly support H.R. 3192 and the estimated 8.9 million children across the United States who rely on CHIP for their necessary health services.

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. 3192, 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.

MEDICAID REENTRY ACT

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4005) to amend title XIX of the Social Security Act to allow for medical assistance under Medicaid for inmates during the 30-day period preceding release from a public institution, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4005

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 ''Medicaid Reentry Act''.

SEC. 2. PROMOTING STATE INNOVATIONS TO EASE TRANSITIONS INTEGRATION TO THE COMMUNITY FOR CERTAIN INDIVIDUALS.

(a) STAKEHOLDER GROUP DEVELOPMENT OF BEST PRACTICES; MEDICAID INNOVATION ACCELERATOR PROGRAM.—

(1) STAKEHOLDER GROUP BEST PRACTICES.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall convene a stakeholder group of representatives of managed care organizations, Medicaid beneficiaries, health care providers, the National Association of Medicaid Directors, and other relevant representatives from local, State, and Federal jail and prison systems to develop best practices (and submit to the Secretary and Congress a report on such best practices) for States—

(A) to ease the health care-related transition of an individual who is an inmate of a public institution from the public institution to the community, including best practices for ensuring continuity of health insurance coverage or coverage under the State Medicaid plan under title XIX of the Social Security Act, as applicable, and relevant social services; and

(B) to carry out, with respect to such an individual, such health care-related transition not later than 30 days after such individual is released from the public institution.

(2) STATE MEDICAID PROGRAM INNOVATION.—The Secretary of Health and Human Services shall work with States on innovative strategies to help individuals who are inmates of public institutions and otherwise eligible for medical assistance under the Medicaid program under title XIX of the Social Security Act transition, with respect to enrollment for medical assistance under such program, seamlessly to the community.

(b) GUIDANCE ON INNOVATIVE SERVICE DELIVERY SYSTEMS DEMONSTRATION PROJECT OPPORTUNITIES.—Not later than one year after the date of the enactment of this Act, the Secretary of Health and Human Services, through the Administrator of the Centers for Medicare & Medicaid Services, shall issue a State Medicaid Director letter, based on best practices developed under subsection (a)(1), regarding opportunities to design demonstration projects under section 1115 of the Social Security Act (42 U.S.C. 1315) to improve care transitions for certain individuals who are soon-to-be former inmates of a public institution and who are otherwise eligible to receive medical assistance under title XIX of such Act, including systems for, with respect to a period (not to exceed 30 days) immediately prior to the day on which such individuals are expected to be released from such institution—

(1) providing assistance and education for enrollment under a State plan under the Medicaid program under title XIX of such Act for such individuals during such period; and

(2) providing health care services for such individuals during such period.

(c) RULE OF CONSTRUCTION.—Nothing under title XIX of the Social Security Act or any other provision of law precludes a State from reclassifying or suspending (rather than terminating) eligibility of an individual for medical assistance under title XIX of the Social Security Act while such individual is an inmate of a public institution.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Oregon (Mr. WALDEN) and the gentleman from Massachusetts (Mr. KENNEDY) 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, this bill, sponsored by Representative TONKO of New York, Representative TURNER of Ohio, and myself, requires the Secretary of Health and Human Services to convene a stakeholder group that will publish a report on best practices for how States can address the health considerations of incarcerated individuals as they transition back in our communities.

Mr. Speaker, the Kaiser Family Foundation reports that, in States such as Connecticut and Massachusetts, 60 to 70 percent of inmates are eligible for enrollment in Medicaid upon release.

According to 2002 data from the Department of Justice, about 68 percent of incarcerated individuals met the criteria for substance dependence or abuse.

This bill requires CMS to issue best practices for improving transitions back to the community, including systems for enrollment support, substance use treatment, and related services for individuals who are inmates of a public institution and who are eligible for Medicaid, and CMS has to do that within a year after this bill is enacted.

These best practices should help both Congress and the States get a handle on how to help these incarcerated individuals get back on their feet. That is our goal.

Mr. Speaker, my thanks to Mr. TONKO for his leadership on this issue, and I reserve the balance of my time.

Mr. KENNEDY. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Mr. Speaker, I thank the gentleman from Massachusetts for yielding.

Mr. Speaker, I rise in strong support of the Medicaid Reentry Act, and I urge all Members to support its swift passage in the House.

This bill is about saving lives, pure and simple. 64,000 Americans died of a drug overdose in 2016, more than were lost at the peak of the HIV/AIDS crisis. Based on data from the States, we can estimate that as many as 10,000 of those deaths annually are individuals who have had some interaction with the criminal justice system in the previous year. This is a national emergency that demands immediate action.

Individuals who are returning to society after a stay in a corrections facility are particularly vulnerable to overdose deaths. Research has found that formerly incarcerated individuals reentering society are 129 times more likely to die of an overdose during their first 2 weeks back into the community than the general population.

The risk of overdose is elevated during this period due to reduced physiological tolerance for opioids among the incarcerated population, a lack of effective addiction treatment options while incarcerated, and perhaps poor care transitions back into their given community.

According to the Bureau of Justice Statistics, roughly 60 percent of our incarcerated population has a substance use disorder, yet only around one-quarter of those are receiving any type of treatment.

Even for those receiving treatment, out of the roughly 5,000 jails and prisons in our country, fewer than 40 provide medication-assisted addiction treatment using methadone or buprenorphine, which, along with naltrexone, is considered the gold standard in treating opioid use disorder.

□ 1445

Those that do offer full-scale MAT services are seeing results. I have seen firsthand the success of a MAT program called SHARP at the Albany County Correctional Facility in upstate New York where individuals shared anecdotes with me about how access to treatment has transformed their lives for the better.

We have seen even more compelling data from the State of Rhode Island, where a comprehensive addiction treatment program offering access to all FDA-approved forms of medication-assisted treatment in State corrections facilities was able to lower deaths in the first year post-release by a staggering 61 percent.

My legislation would open the door to more of these success stories and is designed to increase State flexibility in the Medicaid program to address the vulnerable population during the 30 days prior to an individual's release.

As amended, the Medicaid Reentry Act would require the Secretary of Health and Human Services to release guidance to State Medicaid Directors on demonstration opportunities that would allow States to waive the current Medicaid inmate payment restriction during this prerelease period so that individuals could better access mental health and addiction care and have an improved care transition back into the community.

By passing this bill, we can allow States to expand innovative approaches to reentry that are already underway in places such as New York, Ohio, New Mexico, and Rhode Island.

I thank Energy and Commerce Chair GREG WALDEN and Ranking Member PALLONE and their staffs for the constructive collaboration on this bill. I also thank my Republican colleague Representative MIKE TURNER for his efforts to help shine a light on this vulnerable population.

In closing, Mr. Speaker, while I would have liked to have gone even further with this effort, I believe that this smart-on-crime legislation will plant the seeds for meaningful change and will help to give individuals reentering society a fighting chance to live a healthier, drug-free life.

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

Mr. WALDEN. Mr. Speaker, I have no other speakers, and I reserve the balance of my time.

Mr. KENNEDY. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I also endorse H.R. 4005, the Medicaid Reentry Act.

One particularly vulnerable population for overdose is individuals reentering society post-incarceration. Incarcerated individuals, as my colleague, Mr. TONKO, indicated, are far more likely to suffer from substance use disorder. And without proper transition planning and treatment, former inmates are at extremely high risk of dying from an overdose after release. This legislation seeks to get at that problem.

Mr. Speaker, over the course of the hearings we have had on all of these bills, there has not been a more dedicated, poignant, or powerful speaker than Mr. TONKO. This is an issue that he cares passionately about and that he has dedicated much of his time in Congress addressing. He has put that effort into text in this bill.

Mr. Speaker, I urge the House to adopt it, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I have no further speakers on this bill. I support it and encourage our colleagues to do the same.

Mr. Speaker, 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. 4005, 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 promote State innovations to ease transitions to the community for individuals who are inmates of a public institution and eligible for medical assistance under the Medicaid program.''.

A motion to reconsider was laid on the table.

SECURING OPIOIDS AND UNUSED NARCOTICS WITH DELIBERATE DISPOSAL AND PACKAGING ACT OF 2018

Mr. WALDEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5687) to amend the Federal Food, Drug, and Cosmetic Act to require improved packaging and disposal methods with respect to certain drugs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5687

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 ''Securing Opioids and Unused Narcotics with Deliberate Disposal and Packaging Act of 2018'' or the ''SOUND Disposal and Packaging Act''.

SEC. 2. IMPROVED TECHNOLOGIES, CONTROLS, OR MEASURES WITH RESPECT TO THE PACKAGING OR DISPOSAL OF CERTAIN DRUGS.

(a) IN GENERAL.—Chapter V of the Federal Food, Drug, and Cosmetic Act is amended by inserting after section 505–1 (21 U.S.C. 355–1) the following new section:

''SEC. 505–2. SAFETY-ENHANCING PACKAGING AND DISPOSAL FEATURES.

''(a) ORDERS.—

''(1) IN GENERAL.—The Secretary may issue an order requiring the holder of a covered application to implement or modify one or more technologies, controls, or measures with respect to the packaging or disposal of one or more drugs identified in the covered application, if the Secretary determines such technologies, controls, or measures to be appropriate to help mitigate the risk of abuse or misuse of such drug or drugs, which may include by reducing the availability of unused drugs.

''(2) PRIOR CONSULTATION.—The Secretary may not issue an order under paragraph (1) unless the Secretary has consulted with relevant stakeholders, through a public meeting, workshop, or otherwise, about matters that are relevant to the subject of the order.

''(3) ASSURING ACCESS AND MINIMIZING BURDEN.—Technologies, controls, or measures required under paragraph (1) shall—

''(A) be commensurate with the specific risk of abuse or misuse of the drug listed in the covered application;

''(B) considering such risk, not be unduly burdensome on patient access to the drug, considering in particular any available evidence regarding the expected or demonstrated public health impact of such technologies, controls, or measures; and

''(C) reduce the risk of abuse or misuse of such drug.

''(4) ORDER CONTENTS.—An order issued under paragraph (1) may—

''(A) provide for a range of options for implementing or modifying the technologies, controls, or measures required to be implemented by such order; and

''(B) incorporate by reference standards regarding packaging or disposal set forth in an official compendium, established by a nationally or internationally recognized standard development organization, or described