described in the matter following paragraph (2) of section 1944(b) of the Social Security Act, as added by subsection (a), for the following purposes:

(A) Monitoring and preventing fraud, waste, and abuse.

(B) Improving health care for individuals enrolled in a State plan under title XIX of such Act (or waiver of such plan) who—

(i) transition in and out of coverage under such title;

(ii) may have sources of health care coverage in addition to coverage under such title; or

(iii) pay for prescription drugs with cash.

(C) Any other purposes specified by the Secretary.

(2) ELEMENTS OF MODEL PRACTICES.—The model practices described in paragraph (1)—

(A) shall include strategies for assisting States in allowing the medical director or pharmacy director (or designees of such a director) of managed care organizations or pharmaceutical benefit managers to access information with respect to all covered individuals served by such managed care organizations or pharmaceutical benefit managers to access as a single data set, in an electronic format; and

(B) shall include any appropriate beneficiary protections and privacy guidelines.

(3) CONSULTATION.—In developing model practices under this subsection, the Secretary shall consult with the National Association of Medicaid Directors, managed care entities (as defined in section 1932(a)(1)(B) of the Social Security Act) with contracts with States pursuant to section 1903(m) of such Act, pharmaceutical benefit managers, physicians and other health care providers, beneficiary advocates, and individuals with expertise in health care technology related to prescription drug monitoring programs and electronic health records.

(d) REPORT BY COMPTROLLER GENERAL.—Not later than October 1, 2020, the Comptroller General of the United States shall issue a report examining the operation of prescription drug monitoring programs administered by States, including data security and access standards used by such programs.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. 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 in the RECORD on the bill.

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

There was no objection.

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

Mr. Speaker, this bill, cosponsored by myself, Representative GRIFFITH, Representative FITZPATRICK, and Representative BLACKBURN, requires Medicaid providers to check the prescription drug history of a beneficiary through a qualified prescription drug monitoring program, or PDMP, before prescribing a schedule II controlled substance. This is a crucial step in helping us get a grip on the crisis we are facing.

Currently, 49 States have a PDMP program, and the final State, Missouri, has begun creating a PDMP program. However, only 13 States require the prescribers check the patient's prescribing history prior to prescribing controlled substances, despite the fact that studies show that mandatory PDMP access laws are effective in reducing prescription drug abuse and, in particular, opioid abuse.

For example, evidence from New York suggests that PDMPs are associated with a 75 percent decrease in the number of beneficiaries who got a prescription drug from more than one prescriber and dispenser. Implementation of Florida's PDMP was associated with a 25 percent decrease in mortality related to oxycodone.

Both the current and past administrations have noted that PDMPs should be leveraged in the opioid crisis and are most effective when they are used by all clinicians.

This bill requires that States have a qualified PDMP by October 1, 2021, and provides enhanced matching funds from fiscal years 2018 to 2021 for States to establish data-sharing agreements with bordering States.

Finally, the bill requires CMS to publish best practices for how States and covered providers can use PDMPs to reduce the abuse of controlled substances.

Medicaid patients are especially vulnerable to being harmed by the opioid epidemic. This bill is an important step and one that I believe will help us address the scourge that is the opioid crisis.

Mr. Speaker, I thank Mr. GRIFFITH for his leadership on this issue, which has been invaluable.

Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, I rise to speak on H.R. 5801, the Medicaid PARTNERSHIP Act.

This legislation requires Medicaid providers to have a program that requires providers to check a qualified prescription drug monitoring program, a PDMP, before prescribing a schedule II controlled substance and encourages integration of the PDMP into a provider's clinical work flow.

Today, Mr. Speaker, more than 30 States have some form of mandated provider PDMP check. This legislation would require all Medicaid programs to have such a policy in place.

Integrating PDMPs with Medicaid is a critical tool in this crisis for our providers to be able to prevent opioid addiction.

Research has demonstrated that these types of mandates can encourage registration and use of a State's PDMP by providers. That is why I support investing in our PDMPs so that they are good realtime systems that our providers can actually check easily.

Importantly, this legislation preserves the ability of States to work with providers to design a mandate that best meets the needs of all involved.

State flexibility and proper financing of our PDMPs is critical to achieving the intent of this legislation, which, if enacted, I will closely monitor going forward.

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

Mr. GUTHRIE. Mr. Speaker, I urge my colleagues to vote for this bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GIANFORTE). The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 5801, 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.

OPIOID ADDICTION ACTION PLAN ACT

Mr. GUTHRIE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5590) to require the Secretary of Health and Human Services to provide for an action plan on recommendations for changes under Medicare and Medicaid to prevent opioids addictions and enhance access to medication-assisted treatment, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5590

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 ''Opioid Addiction Action Plan Act''.

SEC. 2. ACTION PLAN ON RECOMMENDATIONS FOR CHANGES UNDER MEDICARE AND MEDICAID TO PREVENT OPIOIDS ADDICTIONS AND ENHANCE ACCESS TO MEDICATION-ASSISTED TREATMENT.

(a) IN GENERAL.—Not later than January 1, 2019, the Secretary of Health and Human Services (in this section referred to as the ''Secretary''), in collaboration with the Pain Management Best Practices Inter-Agency Task Force convened under section 101(b) of the Comprehensive Addiction and Recovery Act of 2016 (Public Law 114–198), shall develop an action plan that provides recommendations described in subsection (b).

(b) ACTION PLAN COMPONENTS.—Recommendations described in this subsection are, based on an examination by the Secretary of potential obstacles to an effective response to the opioid crisis, recommendations, as determined appropriate by the Secretary, on the following:

(1) Recommendations on changes to the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act that would enhance coverage and payment under such programs of all medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction, including recommendations on changes to the Medicare prospective payment system for hospital inpatient department services under section 1886(d) of

such Act (42 U.S.C. 1395ww(d)) and the Medicare prospective payment system for hospital outpatient department services under section 1833(t) of such Act (42 U.S.C. 1395l(t)) that would allow for separate payment for such therapies, if medically appropriate and if necessary to encourage development and adoption of such therapies.

(2) Recommendations for payment and service delivery models to be tested by the Center for Medicare and Medicaid Innovation and other federally authorized demonstration projects, including value-based models, that may encourage the use of appropriate medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treat and minimize risk of opioid addiction.

(3) Recommendations for data collection that could facilitate research and policy making regarding prevention of opioid addiction and coverage and payment under the Medicare and Medicaid programs of appropriate opioid addiction treatments.

(4) Recommendations for policies under the Medicare program and under the Medicaid program that can expand access for rural, or medically underserved communities to the full range of medication-assisted treatment approved by the Food and Drug Administration for the treatment of opioid addiction and other therapies that manage chronic and acute pain and treatment and minimize risk of opioid addiction.

(5) Recommendations on changes to the Medicare program and the Medicaid program to address coverage or payment barriers to patient access to medical devices that are non-opioid based treatments approved by the Food and Drug Administration for the management of acute pain and chronic pain, for monitoring substance use withdrawal and preventing overdoses of controlled substances, and for treating substance use disorder.

(c) STAKEHOLDER MEETINGS.—

(1) IN GENERAL.—Beginning not later than 3 months after the date of the enactment of this Act, the Secretary shall convene a public stakeholder meeting to solicit public comment on the components of the action plan recommendations described in subsection (b).

(2) PARTICIPANTS.—Participants of meetings described in paragraph (1) shall include representatives from the Food and Drug Administration and National Institutes of Health, biopharmaceutical industry members, medical researchers, health care providers, the medical device industry, the Medicare program, the Medicaid program, and patient advocates.

(d) REQUEST FOR INFORMATION.—Not later than 3 months after the date of the enactment of this section, the Secretary shall issue a request for information seeking public feedback regarding ways in which the Centers for Medicare & Medicaid Services can help address the opioid crisis through the development of and application of the action plan.

(e) REPORT TO CONGRESS.—Not later than June 1, 2019, the Secretary shall submit to Congress, and make public, a report that includes—

(1) a summary of recommendations that have emerged under the action plan;

(2) the Secretary's planned next steps with respect to the action plan; and

(3) an evaluation of price trends for drugs used to reverse opioid overdoses (such as naloxone), including recommendations on ways to lower such prices for consumers.

(f) DEFINITION OF MEDICATION-ASSISTED TREATMENT.—In this section, the term ''medication-assisted treatment'' includes opioid treatment programs, behavioral therapy, and medications to treat substance abuse disorder.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from Massachusetts (Mr. KENNEDY) each will control 20 minutes.

The Chair recognizes the gentleman from Kentucky.

GENERAL LEAVE

Mr. GUTHRIE. 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 in the RECORD on the bill.

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

There was no objection.

□ 1530

Mr. GUTHRIE. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I want to commend Representative KINZINGER, Representative CLARKE, Representative LAHOOD, and Representative DAVIS for their work on this important bipartisan bill.

H.R. 5590 requires the Department of Health and Human Services to develop an opioid addiction plan to evaluate what HHS is doing across the department to address the opioid crisis and how it can be improved. This action plan will include an evaluation of coverage and reimbursement rates for nonopioid pain treatments, the potential role of medical devices in addressing this crisis, and the availability of treatment for rural and medically underserved communities, among other components.

In addition, Medicare and Medicaid are on the front lines of this epidemic, and we need to be sure that they are not creating adverse incentives that can harm beneficiaries with coverage and reimbursement decisions.

The issues addressed in this bill will also provide an informative review of how CMS can continue to fight this national crisis.

Mr. Speaker, I urge my colleagues to support and pass this bipartisan bill, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 7, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN BRADY: On May 9 and 17, 2018, the Committee on Energy and Commerce ordered favorably reported over 50 bills to address the opioid epidemic facing communities across our nation. Several of the bills were also referred to the Committee on Ways and Means.

I ask that the Committee on Ways and Means not insist on its referral of the following bills so that they may be scheduled for consideration by the Majority Leader:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

This concession in no way affects your jurisdiction over the subject matter of these bills, and it will not serve as precedent for future referrals. In addition, should a conference on the bills be necessary, I would support your request to have the Committee on Ways and Means on the conference committee. Finally, I would be pleased to include this letter and your response in the bill reports and the Congressional Record.

Thank you for your consideration of my request and for the extraordinary cooperation shown by you and your staff over matters of shared jurisdiction. I look forward to further opportunities to work with you this Congress.

Sincerely,

GREG WALDEN
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Ways and Means, Washington, DC.

DEAR CHAIRMAN WALDEN: Thank you for your letter concerning several bills favorably reported out of the Committee on Energy and Commerce to address the opioid epidemic and which the Committee on Ways and Means was granted an additional referral.

As a result of your having consulted with us on provisions within these bills that fall within the Rule X jurisdiction of the Committee on Ways and Means, I agree to waive formal consideration of the following bills so that they may move expeditiously to the floor:

H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017;

H.R. 3331, To amend title XI of the Social Security Act to promote testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology;

H.R. 3528, Every Prescription Conveyed Securely Act;

H.R. 4841, Standardizing Electronic Prior Authorization for Safe Prescribing Act of 2018;

H.R. 5582, Abuse Deterrent Access Act of 2018;

H.R. 5590, Opioid Addiction Action Plan Act;

H.R. 5603, Access to Telehealth Services for Opioid Use Disorder;

H.R. 5605, Advancing High Quality Treatment for Opioid Use Disorders in Medicare Act;

H.R. 5675, To amend title XVIII of the Social Security Act to require prescription drug plan sponsors under the Medicare program to establish drug management programs for at-risk beneficiaries;

H.R. 5684, Protecting Seniors from Opioid Abuse Act;

H.R. 5685, Medicare Opioid Safety Education Act;

H.R. 5686, Medicare Clear Health Options in Care for Enrollees (CHOICE) Act;

H.R. 5715, Strengthening Partnerships to Prevent Opioid Abuse Act;

H.R. 5716, Commit to Opioid Medical Prescriber Accountability and Safety for Seniors (COMPASS) Act;

H.R. 5796, Responsible Education Achieves Care and Healthy Outcomes for Users' Treatment (REACH OUT) Act of 2018;

H.R. 5798, Opioid Screening and Chronic Pain Management Alternatives for Seniors Act;

H.R. 5804, Post-Surgical Injections as an Opioid Alternative Act; and

H.R. 5809, Postoperative Opioid Prevention Act of 2018.

The Committee on Ways and Means takes this action with the mutual understanding that we do not waive any jurisdiction over the subject matter contained in this or similar legislation, and the Committee will be appropriately consulted and involved as the bill or similar legislation moves forward so that we may address any remaining issues that fall within our jurisdiction. The Committee also reserves the right to seek appointment of an appropriate number of conferees to any House-Senate conference involving this or similar legislation and requests your support for such a request.

Finally, I would appreciate your commitment to include this exchange of letters in the bill reports and the Congressional Record.

Sincerely,

KEVIN BRADY,
Chairman.

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

Mr. Speaker, I rise in support of H.R. 5590 sponsored by Representatives KINZINGER and CLARKE. I commend my colleagues for their hard work on this legislation.

We know that there is more that the Department of Health and Human Services needs to do to address the opioid crisis. We know that we need to do more not only to bring down opioid prescribing, but to expand access to medication-assisted treatment for opioid use disorders.

H.R. 5590 would direct the Secretary of HHS to examine potential obstacles to an effective response to the opioid crisis and issue recommendations for addressing them. It directs the Secretary to look at barriers to both wider use of nonopioid alternatives to manage pain, as well as therapies that treat opioid addiction.

Mr. Speaker, while this is an important bill, I want to underscore that it is incremental.

I also want to reiterate my continuing concern that while Democrats support working on a legislative package to address the opioid crisis, as we have over the course of the day-to-day and over the course of the past several weeks with our Republican colleagues, we must also assure that we first do no harm.

The Trump administration and Republican efforts to dismantle the Affordable Care Act would do serious harm to our healthcare system and to individuals suffering from opioid use disorders specifically.

For instance, the Trump administration continues to undermine the individual market by promoting junk insurance plans, such as short-term, limited duration health plans.

These plans would allow insurers to once again exclude individuals with preexisting conditions, such as opioid use disorder, and charge individuals more based on their health status. It would make coverage for individuals who need comprehensive health coverage, such as individuals with opioid use disorders, less affordable and accessible.

Moreover, apparently Republicans are not done with their efforts to repeal the ACA. Despite public backlash to repeal efforts last year and despite statements today expressing concern about the opioid crisis, news reports indicate that Republicans are once again planning to make another effort to try to repeal the Affordable Care Act.

The opioids package cannot be considered in a vacuum. Ongoing efforts to sabotage and repeal the ACA will not only reverse the gains that we make from these efforts today, but will inflict lasting harm to our healthcare system and our ability to fight the opioid crisis.

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

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

Ms. CLARKE of New York. Mr. Speaker, let me take this time to express my appreciation to Chairman WALDEN and Ranking Member PALLONE, for their leadership in addressing the opioid epidemic in the U.S. House of Representatives.

On April 24th of this year, I had the opportunity to work across the aisle in introducing bipartisan legislation with my Energy and Commerce colleague, Congressman ADAM KINZINGER of Illinois.

We were joined by two additional colleagues as original co-sponsors, who sit on the House Ways and Means Committee—Rep. DARRIN LAHOOD, my Republican colleague from Illinois and Rep. DANNY K. DAVIS, my CBC Colleague who hails from Illinois as well.

Our bill, The Opioid Addiction Action Plan of 2018, is a roadmap to not only abating the opioid epidemic, but to engaging industry to be innovative in the development of new pain management therapies.

There are many players and much is at stake.

According to the National Institutes of Drug Abuse, there are more than 115 opioid related deaths per day.

The CDC estimates that the economic burden of prescription opioid misuse is roughly $78.5 billion a year—and that's in the U.S. alone.

Since we know the enormity of this issue plaguing our country, passing H.R. 5590 would require that the Centers for Medicare and Medicaid Services (CMS) seeks stakeholder feedback as well as public comment, before producing an Opioid Addiction Act Plan report to Congress.

It is going to take all of us to tackle this national opioid epidemic.

And Mr. Speaker, with the opioid crisis at epic levels, government cannot do this alone.

That is why we are calling on all of our partners to aide in the fight against opioid addiction in our communities—for both addiction to prescription painkillers and addiction to synthetics, including heroin and fentanyl.

Overdose deaths that were once perceived as largely a rural white problem have now become widespread among black Americans in urban communities who are dying from horrific rates of fentanyl overdoses.

While white Americans die at greater rates of overdose deaths, overdose death rates have been steadily increasing among black Americans since 2011—at the time that fentanyl and heroin, as well as other synthetics began to climb.

One of the solutions to the ever-growing problem to the opioid crisis in the black community is access to addiction care treatment.

Traditionally, African Americans have had unequal access to quality health care in comparison to our white counterparts.

This legislation would also mandate improved data collection to better understand the opioid crisis.

H.R. 5590 directs the CMS to develop an Opioid Addiction Action Plan to address challenges for treatment of substance abuse disorders.

Additionally, this bill also identifies nonopioid pain management options and make considerations for Medicare and Medicaid coverage and reimbursement of medication-assisted treatment (MAT) for opioid use disorders.

In addition to making sure our communities have access to medication-assisted treatment, it is important that we help them in the event someone is in the midst of an overdose.

Mr. Speaker, we cannot leave those behind who need us most.

We are our brother's and our sister's keepers.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Kentucky (Mr. GUTHRIE) that the House suspend the rules and pass the bill, H.R. 5590, 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.

DR. TODD GRAHAM PAIN MANAGEMENT, TREATMENT, AND RECOVERY ACT OF 2018

Mrs. WALORSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6110) to amend title XVIII of the Social Security Act to provide for the review and adjustment of payments under the Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments, and for other purposes.