

that they are an outlier, to reevaluate their practices and make adjustments before any harm is done.

I encourage my colleagues to support this legislation, and I reserve the balance of my time.

Mr. ROSKAM. Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. KELLY).

Mr. KELLY of Pennsylvania. Madam Speaker, I thank Mr. ROSKAM so much for his time.

Madam Speaker, this opioid epidemic is killing 116 people of all ages every day, and it is horribly impacting western Pennsylvania's families and communities. There isn't a silver bullet to end the suffering. It is going to take communities working together to treat addiction and find lasting methods of prevention.

I am proud of the work that we have done in the people's House to put forward quality, bipartisan solutions to provide better alternatives and treatment for all Americans.

I want to thank Chairman ROSKAM for including my legislation, H.R. 5684, the Protecting Seniors from Opioid Abuse Act, into this package.

This bipartisan bill with my colleagues, Mr. THOMPSON, Mrs. McMORRIS RODGERS, and Mr. DOYLE, will help at-risk seniors manage their medications and avoid prescription drug abuse. This bill gives seniors who are at risk for prescription abuse access to the Medication Therapy Management Program. This successful program allows seniors to sit down with a pharmacist or other health professional and receive expert advice on how to best manage their prescriptions.

I think for most of us, when you go to pick up your prescriptions, oftentimes you are asked: Do you want us to sit down and go over this with you? Oftentimes, there is a line behind you. Or they say: You can just check the box here and go ahead and pick up your prescription. That is not the answer to what we are trying to do.

With the Medication Therapy Management Program, we actually sit down with the seniors and explain the interaction between some of the drugs that they are taking and some of the drugs that have been prescribed for them. So it is critical that they have access to this information.

The Center for Medicare and Medicaid Services has already confirmed that this approach works. To reduce opioid overuse and to avoid dangerous drug interactions, expanding access to medication therapy management for at-risk beneficiaries will ensure that these serious drugs are used properly before it is too late.

This epidemic is devastating our Nation's communities and our families. I hope that we continue to work together as a unified Congress to fight this deadly crisis. I appreciate the chairman's time, and I urge support of this bill.

Ms. JUDY CHU of California. Madam Speaker, I yield myself the balance of my time.

Our country is truly facing a crisis when it comes to opioids, and the Medicare population isn't immune from this. We must be careful in our approach and ensure that the policies we enact in Congress don't leave out those who have a legitimate medical need for these medications, like those with cancer, those in hospice, or those with genetic conditions like sickle cell disease.

H.R. 5773 is a modest step in the right direction, and I look forward to continuing to work with my colleagues on ways to address the opioid crisis within the Medicare program.

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

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

Madam Speaker, I have spent a lot of time, as I know we all have, listening to my own constituency, the west and northwest suburbs of Chicago. I have listened to physicians, police chiefs, educators, caregivers, and others, and I have heard a common theme, and the common theme is: We need legislation that encourages the use of alternative treatments, that increases provider education and assists with detection of those who are at risk. The Preventing Addiction for Susceptible Seniors, PASS Act, will help do this.

I would like to thank my colleagues on the Ways and Means Committee for working together in a bipartisan effort by recognizing this crisis and coming together in offering this solution. I would also like to thank our colleagues on the Energy and Commerce Committee for their commitment to working on this, particularly my counterpart who chairs the Health Subcommittee, Dr. BURGESS, and Chairman WALDEN as well.

This bill was brought through the committee process in a bipartisan fashion, and now, on the floor, I strongly urge my colleagues on both sides of the aisle to vote in favor of H.R. 5773, the PASS Act, to prevent overuse and overprescribing in the Medicare program.

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

Mr. RENACCI. Mr. Speaker, I rise today in support of H.R. 5773, which includes a bill I introduced called the Strengthening Partnerships to Prevent Opioid Abuse Act.

My home state of Ohio has been at the center of the opioid epidemic for years. Too many Ohio families have had their lives shattered by this crisis. The most recent statistics show that nearly 5,200 people died from an opioid overdose in 2017. In my district, multiple counties have seen sharp increases in overdoses and their largest number of annual deaths ever. While Ohio is only the 7th largest state by population, it ranks second in opioid deaths per-capita.

Unlike other drug epidemics, the opioid epidemic is well-known for its prevalence among older populations. This should be no surprise. In fact, one out of every three Medicare beneficiaries is prescribed opioids each year, and 500,000 beneficiaries were prescribed

amounts that are considered dangerous according to the CDC. I find it deeply troubling that a program meant to help seniors with their medications may be an avenue to addiction for some.

My bipartisan bill would create an online information-sharing system through which the Medicare program can partner with Medicare Advantage and Part D drug plans to identify cases in which seniors are being overprescribed and providers are engaging in fraud, waste, and abuse. Currently, neither of these parties knows exactly what the others are doing, which hampers each's ability to adequately address the opioid epidemic and issues related to overprescribing and drug diversion.

By strengthening the partnerships between these actors and requiring information from plan sponsors on the actions they take against providers who are overprescribing or engaging in fraud and abuse, we will be better poised to prevent addiction among America's seniors.

On behalf of the more than 7,000 Ohioans who have died of prescription opioid overdoses since 2006, and the hundreds of thousands of Medicare beneficiaries being overprescribed today, I encourage my colleagues to support H.R. 5773 and help us combat this devastating epidemic.

The SPEAKER pro tempore (Mr. FRANCIS ROONEY of Florida). The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5773, 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 amend title XVIII of the Social Security Act to require electronic prior authorization for covered part D drugs and to provide for other program integrity measures under parts C and D of the Medicare program."

A motion to reconsider was laid on the table.

STOP EXCESSIVE NARCOTICS IN OUR RETIREMENT COMMUNITIES PROTECTION ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5676) to amend title XVIII of the Social Security Act to authorize the suspension of payments by Medicare prescription drug plans and MA-PD plans pending investigations of credible allegations of fraud by pharmacies, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5676

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 "Stop Excessive Narcotics in our Retirement Communities Protection Act of 2018" or the "SENIOR Communities Protection Act of 2018".

SEC. 2. SUSPENSION OF PAYMENTS BY MEDICARE PRESCRIPTION DRUG PLANS AND MA-PD PLANS PENDING INVESTIGATIONS OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.

(a) *IN GENERAL.*—Section 1860D–12(b) of the Social Security Act (42 U.S.C. 1395w–112(b)) is amended by adding at the end the following new paragraph:

“(7) *SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.*—

“(A) *IN GENERAL.*—The provisions of section 1862(o) shall apply with respect to a PDP sponsor with a contract under this part, a pharmacy, and payments to such pharmacy under this part in the same manner as such provisions apply with respect to the Secretary, a provider of services or supplier, and payments to such provider of services or supplier under this title.

“(B) *RULE OF CONSTRUCTION.*—Nothing in this paragraph shall be construed as limiting the authority of a PDP sponsor to conduct postpayment review.”.

(b) *APPLICATION TO MA-PD PLANS.*—Section 1857(f)(3) of the Social Security Act (42 U.S.C. 1395w–27(f)(3)) is amended by adding at the end the following new subparagraph:

“(D) *SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD BY PHARMACIES.*—Section 1860D–12(b)(7).”.

(c) *CONFORMING AMENDMENT.*—Section 1862(o)(3) of the Social Security Act (42 U.S.C. 1395y(o)(3)) is amended by inserting “, section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D)),” after “this subsection”.

(d) *CLARIFICATION RELATING TO CREDIBLE ALLEGATION OF FRAUD.*—Section 1862(o) of the Social Security Act (42 U.S.C. 1395y(o)) is amended by adding at the end the following new paragraph:

“(4) *CREDIBLE ALLEGATION OF FRAUD.*—In carrying out this subsection, section 1860D–12(b)(7) (including as applied pursuant to section 1857(f)(3)(D)), and section 1903(i)(2)(C), a fraud hotline tip (as defined by the Secretary) without further evidence shall not be treated as sufficient evidence for a credible allegation of fraud.”.

(e) *EFFECTIVE DATE.*—The amendments made by this section shall apply with respect to plan years beginning on or after January 1, 2020.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on H.R. 5676, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I stand today in strong support of H.R. 5676, a bipartisan bill centered on protecting Medicare beneficiaries from abusive opioid prescribing, while ensuring appropriate access to medically necessary medications. This bill strikes a balance, which we need.

H.R. 5676, introduced by our colleagues—Mr. MACARTHUR, Mr. BLUMENAUER, Mr. SCHWEIKERT, Mr. COLLINS, Ms. KUSTER, and Mr. Tonko—ex-

tends an existing authority in the Medicare fee-for-service program to Medicare Advantage and prescription drug plans.

According to a recent report released by the Department of Health and Human Services' Office of Inspector General, one-third of Medicare part D beneficiaries received an opioid prescription in 2016, costing the program \$4.1 billion and representing as many as 79.4 million prescriptions. The report found that as many as half a million part D beneficiaries received high amounts of opioids, with almost 70,000 receiving extreme amounts of opioids, many of them as a result of doctor shopping.

For years, the Medicare fee-for-service program has been able to suspend payments to a provider or a supplier pending an investigation of a credible allegation of fraud against the provider or supplier. Extending this authority to the Medicare Advantage and prescription drug plans will help bridge the gap in the care of beneficiaries and halt the fraudulent activity that contributes to the opioid crisis.

I would like to thank my colleagues on both sides of the aisle on the Ways and Means Committee for their commitment to working cooperatively on this, and also our colleagues on the Energy and Commerce Committee, particularly Congressman BURGESS, who chairs the Health Subcommittee, and also Chairman WALDEN. They played a role in laying the groundwork for policies like this that crack down on abusers.

Mr. Speaker, I look forward to continuing to work on this issue on both sides of the aisle and with the administration on policies that will further strengthen the integrity of the Medicare program.

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

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

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on En-

ergy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

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

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

H.R. 5774, Combatting Opioid Abuse for Care in Hospitals (COACH) Act;

H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

H.R. 5776, Medicare and Opioid Safe Treatment (MOST) Act;

H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

I appreciate your acknowledgment that by forgoing formal consideration of these bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within its Rule X jurisdiction. I also appreciate your offer to support the Committee's request for the appointment of conferees in the event of a House-Senate conference involving this legislation.

Thank you for your assistance on this matter.

Sincerely,

GREG WALDEN,
Chairman.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to support H.R. 5676, the SENIOR Communities Protection Act.

The Affordable Care Act granted the Department of Health and Human Services the authority to suspend payments to Medicare's part A and B providers pending investigations into credible allegations of fraud or abuse.

The SENIOR Communities Protection Act would grant that same authority to Medicare part D plans. This bill would only allow plans to suspend these payments if doing so would not cause an access or network adequacy problem for the beneficiaries served by the pharmacies or hinder any law enforcement efforts.

This change would give Medicare an additional tool to help crack down on bad actors who put seniors at risk. For example, this could help plans and Medicare crack down on the practice of

pill dumping, where a small pharmacy receives millions of opioid pills from a distributor that far exceeds the population of patients it serves.

In one case, it was found that a single small town pharmacy received the equivalent of more than 9,000 pills per resident over the course of a decade. In another case, an opioid distributor shipped 9 million pills to a town of 406 residents over just a 2-year period. That is an average of 717 pills per person per year.

While opioid distributors are required to report suspicious activity, congressional investigations have revealed that distributors did not perform sufficient oversight of these shipments. As our communities are flooded with these drugs, it is important that Medicare plans have the ability to stop the bad actors when they are identified.

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

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

Mr. Speaker, I just want to go into a little bit more detail and focus on how it is that we are here today and why there is an urgency to this.

The gentlewoman just mentioned some staggering statistics: 9,000 pills per individual over a decade in a particular town. It tells you that the system has gotten entirely out of balance.

There are a lot of explanations and there are not a lot of clean hands:

We know that there have been government policies that have driven, in part, the opioid crisis by evaluating providers on whether or not pain satisfaction has been completed on the patient side of things;

We know that in some cases there have been healthcare providers that have not gone into the detail of getting to the root of a problem;

We know that we, as a culture, put extraordinary pressure on healthcare providers when we tell them we want them to help us get out of pain; and when we do that, sometimes, Mr. Speaker, unfortunately, we put ourselves at risk, and we know that pharma has a lot to answer for.

All of those things we know are true, and I think what is encouraging to me is this idea of people coming together on both sides and recognizing we don't have to live this way anymore. We don't have to have a system that drives people in this direction.

Let me just go back to this inspector general report from the Department of Health and Human Services that says that 79 million prescriptions involving opioids were prescribed in 2016 alone. That is a staggering number.

And I think that, if we are diligent, if we are forward thinking, and if we continue to work together, both sides of the aisle coming together, Mr. Speaker, I think that, in 10 years, our country will be having a different conversation on opioids. It may take that long, but I think, in 10 years' time, if we do the work, if we are committed to this, we can look back and we can say: That

was a time when the United States came together around a public health crisis; that was a time when people had a general understanding that they needed to get over the normal approaches on things; and that was a time that people came together with holistic approaches.

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

Ms. JUDY CHU of California. Mr. Speaker, I reserve the balance of my time.

□ 1630

Mr. ROSKAM. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. MACARTHUR)

Mr. MACARTHUR. Mr. Speaker, I thank my friend for yielding.

As co-chair of the Bipartisan Heroin Task Force, I have spent a lot of my time working on this opioid crisis. Congress must do everything we can to ensure that our communities have the resources for prevention, treatment, and enforcement.

My district is also home to 140,000 seniors, among the highest in the country. As we work together in a bipartisan way to fight this epidemic, we cannot forget about our seniors and how this crisis affects them.

More than 42 million Americans get their prescription drugs through Medicare. They rely on Medicare part D, the prescription drug program, for the drugs that they need.

A 2017 report by the HHS Office of the Inspector General found that 500,000 Medicare part D beneficiaries received high amounts of opioids. High means in excess of what the manufacturer and CDC recommend—in other words, dangerous amounts.

Too many senior communities are being flooded with opioids. We must protect our seniors, and that means we need to protect Medicare from those who would abuse it. We need to fight the fraudulent abuse of Medicare by people who do not have seniors' best interests at heart.

In some cases, seniors are having their Medicare numbers stolen and then used to fraudulently bill Medicare for opioids. So-called pill dumping has resulted in millions of painkillers flooding small towns across the country through just a few pharmacies, much of it paid for by Medicare.

Last year, the Department of Justice announced the biggest healthcare fraud bust in its history. They arrested 412 defendants for billing the government \$1.2 billion in fraudulent charges, including prescription opioids which were then distributed in our communities.

The SENIOR Communities Protection Act gives Medicare a new tool to crack down on those who would fraudulently use senior Medicare dollars to flood communities with unneeded drugs. The bill gives Medicare part D plan sponsors the ability to suspend payments to a pharmacy that is under investigation due to a credible allegation of fraud or abuse. This should

make it easier to respond to harmful fraud and abusive activity more quickly. This protects Medicare dollars for those whom they are intended—for our seniors.

If a criminal is fraudulently billing Medicare and distributing prescription drugs, Medicare should not have to pay for it while an investigation is underway. Those dollars are for seniors.

This is the same tool available to other programs in Medicare, and this bill simply extends it to the prescription drug program. It is a good and smart tool. It is designed to make sure that seniors keep getting the drugs they do need, while protecting pharmacies that have done nothing wrong.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROSKAM. Mr. Speaker, I yield an additional 1 minute to the gentleman from New Jersey.

Mr. MACARTHUR. The bill is designed to make sure that seniors keep the drugs they do need and protect pharmacies that have done nothing wrong, while allowing us to go after those who abuse Medicare.

I am grateful to the bipartisan sponsors of this bill. I am grateful for the bipartisan support it has received in committee. I would like to just mention those bipartisan Members who lent their support to it: Representatives CHRIS COLLINS, DAVID SCHWEIKERT, ANN KUSTER, EARL BLUMENAUER, and PAUL TONKO.

Mr. Speaker, I urge support of this bill.

Ms. JUDY CHU of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, a 2017 report from the Office of the Inspector General of the Department of Health and Human Services found that about 70,000 seniors on Medicare received prescriptions for what the report described as an extreme amount of opioids during a single year. This means that these seniors were receiving 2.5 times the level the Centers for Disease Control recommends for patients with chronic pain. Another 22,000 beneficiaries were identified as doctor shopping, which means that they received a high number of opioids from multiple prescribers and pharmacies. The opioid crisis is not exclusive to young people.

That same OIG report found that one-third of Medicare part D beneficiaries received an opioid prescription in 2016, which is about 79.4 million prescriptions. While there are certainly individuals who have a legitimate need for these drugs, H.R. 5676 will help Medicare part D plans crack down on the bad actors who are flooding our communities with excessive opioid pills.

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

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

Mr. Speaker, in closing, in a nutshell, I think the gentlewoman from California put it well. What she was arguing was this bill strikes a balance,

which it does. It is designed to focus our time, our attention, and our energies on making sure that the bad actors are weeded out, that the abuse is stopped, and that we can bring balance to the system.

The Stop Excessive Narcotics in Our Retirement Communities Protection Act, or SENIOR Communities Protection Act, is another step in this direction to protect our Nation's seniors. This bill was brought to the floor through a bipartisan committee process, and I urge its passage.

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 Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 5676, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. ROSKAM. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

EXPANDING OVERSIGHT OF OPIOID PRESCRIBING AND PAYMENT ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5723) to require the Medicare Payment Advisory Commission to report on opioid payment, adverse incentives, and data under the Medicare program, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5723

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 "Expanding Oversight of Opioid Prescribing and Payment Act of 2018".

SEC. 2. MEDICARE PAYMENT ADVISORY COMMISSION REPORT ON OPIOID PAYMENT, ADVERSE INCENTIVES, AND DATA UNDER THE MEDICARE PROGRAM.

Not later than March 15, 2019, the Medicare Payment Advisory Commission shall submit to Congress a report on, with respect to the Medicare program under title XVIII of the Social Security Act, the following:

(1) A description of how the Medicare program pays for pain management treatments (both opioid and non-opioid pain management alternatives) in both inpatient and outpatient hospital settings.

(2) The identification of incentives under the hospital inpatient prospective payment system under section 1886 of the Social Security Act (42 U.S.C. 1395ww) and incentives under the hospital outpatient prospective payment system under section 1833(t) of such Act (42 U.S.C. 1395l(t)) for prescribing opioids and incentives under each such system for prescribing non-opioid treatments, and recommendations as the Commission deems appropriate for addressing any of such incentives that are adverse incentives.

(3) A description of how opioid use is tracked and monitored through Medicare claims data and other mechanisms and the identification of any areas in which further data and methods are needed for improving data and understanding of opioid use.

SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentlewoman from California (Ms. JUDY CHU) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5723, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act of 2018, sponsored by my colleague, Representative TENNEY, along with Representatives MCKINLEY and DELBENE. H.R. 5723 is the result of work by Members and staff on both sides of the aisle, and I am pleased to have taken part in these important efforts to address the opioid epidemic.

This legislation responds to a crucial recommendation from the Commission on Combating Drug Addiction and the opioid crisis by directing the Medicare Payment Advisory Commission, or MedPAC, to investigate financial incentives for prescribing opioids. These incentives may discourage providers from prescribing evidence-based nonopioid treatments for pain management that can reduce patients' exposure to opioids and slow the epidemic.

The report will take a close look at these financial incentives, while also examining the use of data to track and monitor opioid use to more fully understand opioid utilization patterns in Medicare so that we may cultivate better solutions to combat the epidemic itself. MedPAC may also make recommendations to address perverse incentives in Medicare's payment systems that may encourage opioid overprescribing.

Mr. Speaker, I encourage all of my colleagues to vote in favor of H.R. 5723, the Expanding Oversight of Opioid Prescribing and Payment Act of 2018.

Opioids took the lives of 42,000 Americans in 2016, and the issue affects countless families in Illinois and in my congressional district, and I know that is true all across the country. This legislation brings us one step closer to providing our communities and fami-

lies with the tools necessary to combat the epidemic.

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

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,

Washington, DC, June 8, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding several opioid bills the Committee on Ways and Means ordered favorably reported to address the opioid epidemic. The following bills were also referred to the Committee on Energy and Commerce.

I ask that the Committee on Energy and Commerce waive formal consideration of the following bills so that they may proceed expeditiously to the House Floor:

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H.R. 5775, Providing Reliable Options for Patients and Educations Resources (PROPER) Act;

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H.R. 5773, Preventing Addition for Susceptible Seniors (PASS) Act;

H.R. 5676, Stop Excessive Narcotics in our Retirement (SENIOR) Communities Protection Act; and

H.R. 5723, Expanding Oversight of Opioid Prescribing and Payment Act.

I acknowledge that by waiving formal consideration of the bills, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House Floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 8, 2018.

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

DEAR CHAIRMAN BRADY: Thank you for your letter regarding the following bills, which were also referred to the Committee on Energy and Commerce:

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I wanted to notify you that the Committee will forgo action on these bills so that they may proceed expeditiously to the House floor.

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