tighter sense of community between military and civilian communities not only in Bay County, but throughout Florida and the Nation.

Mr. Speaker, please join me in congratulating Tom Neubauer on receiving this prestigious award and thanking him for his work for military communities throughout this country.

KEEP FAMILIES TOGETHER

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Georgia. Mr. Speaker, as I speak, the Trump Republicans wrestle another child from the arms of a refugee parent at our southern border, but I still rise today to honor World Refugee Day.

Every year, thousands of refugees journey to the United States of America in search of safety, be it from human rights violations, warfare, natural disasters, or the war on drugs.

We pride ourselves on being a nation of immigrants. I am proud that Clarkston, Georgia, known as the Ellis Island of the South, is in my district. But Trump Republicans have lain waste to our custom of welcoming asylum seekers as they commit the inhumane practice of separating children from their parents at the border.

America is weakened in the eyes of the world, and separating families is our national shame. That is why I am a proud cosponsor of the Keep Families Together Act. Congress must act now on this important legislation.

CONGRATULATING MICKI ELLIOTT TUCKER ON HER RETIREMENT

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to congratulate Ms. Micki Elliott Tucker on her retirement. She is the nursing home administrator at Sweden Valley Manor in Coudersport, Pennsylvania.

Micki has been a dedicated leader, and she is well loved by the residents and staff alike. She has been instrumental in the development of the Charles Cole Transitions of Care Committee in Potter, McKean, and Cameron Counties. Micki was the liaison between the transitional care team and the implementation of the PenTec LPN Clinical Program at Sweden Valley Manor.

The nursing home also received numerous awards over the years with Micki at the helm. In 2014, the American Health Association awarded Sweden Valley with a National Bronze Commitment of Quality award. In 2008, Sweden Valley Manor was named Coudersport Business of the Year. In 1994, it received the Outstanding Employer award from the Pennsylvania Department of Labor.

Mr. Speaker, these are just some of the highlights of a long-spent career caring for others. To say she will be missed is an understatement.

Mr. Speaker, I wholeheartedly wish Micki Elliott Tucker the best in her well-deserved retirement.

KEEP FAMILIES TOGETHER

(Mr. RYAN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RYAN of Ohio. Mr. Speaker, I think about my wife, Andrea, and I when we go to take a couple days away from the kids and we leave our 4-year-old with his grandparents, how heartbreaking it is to even leave that kid when you are leaving him with grandparents.

I think about my great-grandparents, who came here from Italy as immigrants. I think about the 13 years of Catholic school that I attended. I think about the conversations in Washington, D.C., about family values.

And then I think about how, in the most powerful country in the world, our governmental policy is to strip kids—babies, toddlers, infants—from their parents. The most powerful country in the world has resorted to this nonsense. This is a joke.

It is by choice, Mr. Speaker. This is a choice that the most powerful men in the most powerful country are choosing to take poor kids away from their parents.

It is time for this most powerful President to act immediately and stop the American carnage.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, June 20, 2018.

Hon. PAUL D. RYAN,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on June 20, 2018, at 9:37 a.m.:

That the Senate passed S. 2269.

Appointment:

United States Capitol Preservation Commission.

With best wishes, I am
Sincerely,

KAREN L. HAAS.

□ 1015

PROVIDING FOR CONSIDERATION OF H.R. 6, SUBSTANCE USE-DISORDER PREVENTION THAT PROMOTES OPIOID RECOVERY AND TREATMENT FOR PATIENTS AND COMMUNITIES ACT; PROVIDING FOR CONSIDERATION OF H.R. 5797, INDIVIDUALS IN MEDICAID DESERVE CARE THAT IS APPROPRIATE AND RESPONSIBLE IN ITS EXECUTION ACT; AND PROVIDING FOR CONSIDERATION OF H.R. 6082, OVERDOSE PREVENTION AND PATIENT SAFETY ACT

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 949 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 949

Resolved, That at any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 6) to provide for opioid use disorder prevention, recovery, and treatment, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. An amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-76, modified by Rules Committee Print 115-78 and the amendment printed in part A of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in part B of the report of the Committee on Rules. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. At any time after adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 5797) to amend title XIX of the Social Security Act to allow

States to provide under Medicaid services for certain individuals with opioid use disorders in institutions for mental diseases. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. The amendment in the nature of a substitute recommended by the Committee on Energy and Commerce now printed in the bill, modified by the amendment printed in part C of the report of the Committee on Rules accompanying this resolution, shall be considered as adopted in the House and in the Committee of the Whole. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the five-minute rule and shall be considered as read. All points of order against provisions in the bill, as amended, are waived. No further amendment to the bill, as amended, shall be in order except those printed in part D of the report of the Committee on Rules. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such further amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill, as amended, to the House with such further amendments as may have been adopted. The previous question shall be considered as ordered on the bill, as amended, and any further amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 3. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6082) to amend the Public Health Service Act to protect the confidentiality of substance use disorder patient records. All points of order against consideration of the bill are waived. An amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-75 shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

SEC. 4. In the engrossment of H.R. 6, the Clerk shall—

(a) add the respective texts of H.R. 2851, H.R. 5735, and H.R. 5797, as passed by the House, as new matter at the end of H.R. 6;

(b) assign appropriate designations to provisions within the engrossment; and

(c) conform cross-references and provisions for short titles within the engrossment.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 949 provides for the consideration of three important bills aimed at curbing the deadly opioid epidemic plaguing this country and providing Americans with the tools to overcome their addictions: H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, or the SUPPORT Act; H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act; and H.R. 6082, the Overdose Prevention and Patient Safety Act.

The three bills included in today's rule all seek to accomplish one goal: assist Americans struggling with opioid addiction in controlling their addictions and moving forward in achieving productive and healthy lives.

The rule provides for 1 hour of debate on H.R. 6, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. The rule makes in order eight amendments offered by both Republicans and Democrats. Further, the rule provides the minority with one motion to recommit with or without instructions.

The resolution also provides for a structured rule for H.R. 5797, allowing 1 hour of debate to be divided and controlled between the chair and ranking minority member of the Energy and Commerce Committee. The rule also provides for debate on an amendment by Mrs. MIMI WALTERS of California, an active member of the Energy and Commerce Committee. Finally, the rule provides the minority with the customary motion to recommit with or without instructions.

The final bill included in today's resolution, H.R. 6082, will also receive 1 hour of debate on the House floor, equally divided and controlled by the chair and ranking member of the Energy and Commerce Committee. As the Committee on Rules received no germane amendments to H.R. 6082, no amendments were made in order in today's rule. The minority does receive the customary motion to recommit with or without instructions.

The statistics that many of us have heard on numerous occasions—at our district townhalls, in opioid roundtables with stakeholders, constituent meetings in our offices, and in our committee hearings—are truly heartbreaking stories, with more than 115 people dying in the United States every day from an opioid overdose. That is five people per hour.

According to national reports, emergency room visits and opioid overdose deaths have more than quadrupled in the last 15 years, and a preliminary analysis indicates those numbers are to rise. The misuse of and addiction to opioids—including prescription pain medications, heroin, and synthetic opioids such as fentanyl—is, indeed, an urgent national crisis that continues to threaten our public health, social fabric, and economic welfare. Both community hospitals and local paramedics are frequently coming across people overdosing on an opioid drug or a drug laced with fentanyl.

The opioid epidemic has affected families not only in my district in north Texas, but in communities large and small from Maine to California. It has also impacted American employers and businesses due to lost productivity and difficulty finding qualified candidates for employment. President Trump is right to call this epidemic the ''crisis next door.''

The efforts of the Energy and Commerce Committee in the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act in the previous Congress were a good start, delivering critical funding and resources to communities hit most hard by the opioid epidemic. But there was much more we still could do.

To start this process, the Energy and Commerce Health Subcommittee, which I chair, held a Member Day last October, where more than 50 bipartisan Members of this body, both on and off the committee, shared their personal stories from their districts and offered their solutions. This was followed by a series of three legislative hearings with markups where nearly 60 bills were considered and advanced to the full Energy and Commerce Committee that acted on these bills shortly thereafter.

The culmination of the work from the Energy and Commerce Committee and other House committees has brought us to consider many of these policies over the course of the last 2 weeks on the House floor. It required an all-hands-on-deck approach, and I believe the American people will see that, by this week's end, we did, indeed, come together in a bipartisan fashion and worked to address this crisis.

Today's rule provides for consideration of three important bills that will expand treatment options, deliver lifesaving services, and make necessary public health reforms, including Medicare and Medicaid, to bolster prevention and recovery efforts.

First, H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act, the IMD CARE Act, allows State Medicaid programs to remove the institutions for mental diseases exclusion for beneficiaries aged 21 to 64 with an opioid use disorder for 5 years' time. The bill provides the continuum of care

by removing a barrier of care under current law, so Medicaid can cover up to a total of 30 days of care in an institute for mental disease during a 12-month period, and eligible enrollees can get the care that they actually need.

The IMD exclusion is one of the treatment barriers consistently identified by State Medicaid directors, health policy experts, and many provider groups. Currently, this exclusion under Medicaid significantly limits the circumstances under which Federal Medicaid matching funds are available for inpatient services or for outpatient treatments.

Unfortunately, this policy has barred individuals with an opioid use disorder and mental illness from accessing short-term, acute care in psychiatric hospitals, or receiving treatment in residential substance use disorder treatment facilities. A 2017 Medicaid and CHIP Payment and Access Commission report stated that the Medicaid IMD exclusion is one of the few examples in the Medicaid program where Federal financial participation cannot be used for medically necessary and otherwise covered services for a specific Medicaid population receiving treatment in a specific setting.

In the midst of the opioid crisis, States must leverage all available tools to combat this epidemic. Section 1115 demonstration waivers are an important tool, but, so far, less than half of the States have sought or received an appropriate waiver from the Centers for Medicare and Medicaid Services to help patients with substance use disorder.

The IMD CARE Act also allows States the option to use the State plan amendment process, which is generally faster than using waivers. Under this process, once a State plan amendment is submitted, the Centers for Medicare and Medicaid Services has 90 days to decide or the proposed change will automatically go into effect.

H.R. 5797 amends an outdated law that has been in effect since the enactment of the Medicaid program in 1965. Since that time, there have been advances in behavioral health, and there have been advances in addiction treatment services where more, improved treatment options now exist.

It is long overdue to revisit this policy so that State Medicaid programs can better meet patients' needs and physicians can determine the most appropriate setting for care based on an individual's treatment plan.

Next, H.R. 6082, the Overdose Prevention and Patient Safety Act, makes timely reforms to a privacy law that affects patient access to healthcare and creates barriers to treatment. Specifically, the bill updates the Public Health Service Act to permit substance use disorder records to be shared among covered entities and 42 CFR part 2 programs by aligning part 2 with the Health Insurance Portability and Accountability Act of 1996 for the purposes of treatment, payment, and healthcare operations.

□ 1030

As a physician, I believe it is vital that when making clinical decisions, I have all of the appropriate information to make the correct determination in the treatment of a particular patient. Those suffering from substance use disorder should receive the same level of treatment and care as other individuals.

Patients afflicted with substance use disorder deserve to be treated by physicians who are armed with all of the necessary information to provide the best possible care.

I certainly do understand and respect that patient privacy protection is paramount and should be held in the highest regard.

The Overdose Prevention and Patient Safety Act maintains the original intent of the 1970s statute behind 42 CFR part 2 by protecting patients and improving care coordination. In fact, this bill increases protections for those seeking treatment by more severely penalizing those who share patient data to noncovered entities and nonpart 2 programs than under the current statute, with certain exceptions.

Lastly, it requires the Secretary of Health and Human Services to, among other things, issue regulations prohibiting discrimination based on disclosed health data and requiring covered entities to provide written notice of privacy practices.

The issue of the stigma associated with substance use disorder has been a constant in many of the discussions members of the Energy and Commerce Committee and the stakeholders have had in both our offices and in our hearings.

This carefully crafted legislation seeks to help break the stigma and help individuals with this complex disease gain access to healthcare and support services critical to getting them on the road to recovery.

We should not continue to silo the substance use disorder treatment information of a select group of patients if we want to ensure that these patients are indeed receiving quality care. This information should be integrated into our medical records and comprehensive care models to prevent situations where physicians, not knowing a patient's substance use disorder, may prescribe medications that have significant drug interactions, or worse, may prescribe a controlled substance that makes their patient's substance use disorder worse.

As it currently stands, 42 CFR part 2 is actively prohibiting physicians from ensuring proper treatment and patient safety and, paradoxically, it is perpetuating that stigma.

Providing high quality healthcare is a team effort, but physicians leading the team must have the necessary information to adequately coordinate care. We must align payment, operations, and treatment to allow coordination of both behavioral and physical health services for individuals with substance use disorder.

There is a reason why the Substance Abuse and Mental Health Services Administration and most of the health stakeholder community are asking for this change. Clearly, there is an issue here that must be addressed. H.R. 6082 achieves the goal and contributes to Congress' effort in trying to stem the current crisis.

Finally, Mr. Speaker, H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act, is a package of bills that reform Medicare, Medicaid, and other health provisions to further combat this crisis by advancing many critical initiatives.

As we all know, this opioid epidemic is in our hospitals, but it is also in our living rooms and on our streets. Our partners at Federal agencies must rise to the challenge and deliver vital resources for States and communities most devastated by the crisis. The SUPPORT for Patients and Communities Act will provide our Department of Health and Human Services, including the Centers for Medicare and Medicaid Services and the Food and Drug Administration, with the necessary tools to address this crisis.

Title I of H.R. 6 addresses the ways in which Medicaid can be used to increase access to quality care and management for individuals suffering from substance use disorders. Some of these changes in Medicaid reflect the success of our State Medicaid programs by implementing State successes at the Federal level.

Section 101 under title I will expand protection for at-risk youth by requiring State Medicaid programs to restore Medicaid coverage of a juvenile following their release from incarceration. The next section also allows former foster youth to maintain their Medicaid coverage across State lines until they turn 26 years of age. These are vulnerable populations of individuals that will greatly benefit from increased access to treatment.

Section 105 builds on the current State Medicaid drug utilization review, which saves money and promotes patient safety. This section will require State Medicaid programs to have safety edits in place for opioid refills, monitor concurrent prescribing of opioids and certain other drugs, and monitor antipsychotic prescribing for children.

Care for mothers suffering from substance use disorder and their babies who are born with neonatal abstinence syndrome is a growing problem in the face of this epidemic. Section 106 requires HHS to improve care for these infants with neonatal abstinence syndrome and their mothers. It also requires that the General Accountability Office study the gaps in Medicaid coverage for pregnant and postpartum women with substance use disorders.

Section 107 of the bill provides additional incentives for Medicaid health homes for patients with substance use disorder.

Mr. Speaker, these health homes will allow States to create a comprehensive person-centered system of care coordination for primary care, acute and behavioral healthcare, including mental health and substance use. As our healthcare system moves towards caring for the whole person, it is important that we enable our physicians and our payers to provide that comprehensive care.

The SUPPORT for Patients and Communities Act also enables better pain management for our Nation's Medicare beneficiaries, ranging from increased access to substance use disorder treatment, including through the use of telehealth, to modification of physician payment for certain nonopioid treatments in Ambulatory Surgery Centers.

Title II of the bill contains Medicare provisions that encourage the use of nonopioid analgesics where appropriate and also aims to decrease fraud and abuse regarding prescriptions by requiring e-prescribing for the coverage of Medicare Part D controlled substances.

H.R. 6 strives to provide support for at-risk beneficiaries who might fall victim to substance use disorder. Section 206 of the bill accelerates the development and the use of drug management programs for at-risk beneficiaries. While this program is currently voluntary, by plan year 2021, it will become a mandatory program.

Lastly, the bill expands Medicare coverage to include opioid treatment programs for the purpose of providing medication-assisted treatment. Opioid treatment programs are not currently Medicare providers, which forces Medicare beneficiaries who need medication-assisted treatment to pay out-of-pocket costs for those services. These efforts should provide improved access to treatment for Medicare beneficiaries who have substance use disorders while also incentivizing the use of opioid alternatives, which hopefully will prevent the development of substance use disorders.

Even though an estimated 46,000 Americans died from opioid overdoses from October 2016 to October 2017, there is a lack of innovation and a lack of investment in the development of nonaddictive pain and addiction treatment.

A bill that I introduced, H.R. 5806, the 21st Century Tools for Pain and Addiction Treatments, is included in section 301 on H.R. 6 and requires the Food and Drug Administration to hold at least one public meeting to address the challenges and the barriers of developing nonaddictive medical products intended to treat pain or addiction.

The Food and Drug Administration is also required to issue or update existing guidance documents to help address challenges to developing nonaddictive medical products to treat pain or addiction.

Mr. Speaker, I did work closely with the Food and Drug Administration to get the policy in this section correct and to ensure that it will clarify those pathways for products that, in fact, are so desperately needed by America's patients.

I have remaining concerns about the language in section 303 that will allow nonphysician providers to prescribe buprenorphine. While I understand and greatly appreciate the intent to increase access to medication-assisted treatment, as a physician, I also respect how complicated the treatment of patients suffering from substance use disorder may be.

The Hippocratic Oath, we all know, is to first, do no harm. Patient safety should be our highest priority.

This is a complex patient population, Mr. Speaker. On average, people with substance use disorder die 20 years sooner than other Americans.

Additionally, buprenorphine is a schedule III drug that can be misused and could exacerbate the underlying problem. I am unsure about expanding these authorities to additional nonphysician providers at the risk of making the problem worse. I have worked to strengthen the reporting requirements of this section of H.R. 6 and look forward to reviewing that report on this particular policy.

Taken together, H.R. 6, the SUPPORT for Patients and Communities Act, will improve access to care for individuals suffering from substance use disorder, provide our healthcare system with tools and resources that it needs to care for patients, and to help prevent future misuse of opioids.

Before I close, I would like to share a quote from President Trump. He said: ''Together, we will face this challenge as a national family with conviction, with unity, and with a commitment to love and support our neighbors in times of dire need. Working together, we will defeat this opioid epidemic.''

The number of bills and policies advanced on the House floor in the last 2 weeks illustrates our shared commitment, and I am confident that we will make significant progress in defeating this epidemic.

Mr. Speaker, I urge my colleagues to support today's rule and the three underlying bills that are critical to our Nation's effort to stem the opioid crisis.

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

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

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I thank the gentleman from Texas (Mr. BURGESS) for yielding me the customary 30 minutes.

Mr. Speaker, my Republican colleagues are rushing to congratulate themselves for finally addressing opioid addiction. But, Mr. Speaker, what took them so long? This is an epidemic that fueled more drug overdoses in America in 2016 than died in the Vietnam war. In fact, opioids now kill more people every year than breast cancer. 115 Americans are dying from them every single day.

These statistics aren't new. They have been staring the Republicans in the face for months. The public has been pushing this Congress to act. Democrats have been pushing measure after measure after measure to address opioid addiction, but the majority has used their restrictive amendment process to block them from even getting a vote on the House floor.

More than a dozen amendments dealing with opioids have been blocked by the majority from even getting a debate. One of these amendments had bipartisan support, but it was blocked all the same.

This from a Republican majority that has already turned this Congress into the most closed Congress in history. Let me say that again. These guys, my Republican colleagues, have presided over the most closed Congress in history. There have already been 86 completely closed rules during the 115th Congress, and it is only June.

That number is expected to grow later this week as the majority considers their partisan immigration bills under a closed process.

Mr. Speaker, as well-intentioned as these bills may be, we aren't considering them in a vacuum. And here is the deal: We are taking them up at a time when Republicans are continuing their crusade against the Affordable Care Act, a law that has helped millions of Americans suffering from substance use disorders.

The Trump administration is refusing to defend the ACA. And get this: its Justice Department recently asked in a legal filing for the courts to invalidate this law's protections for preexisting conditions.

Mr. Speaker, does the majority realize that substance use disorders are a preexisting condition?

If Republicans are successful, they will make the opioid crisis even worse. And it doesn't stop there. Some conservative groups are pushing the majority to try repealing the ACA completely again before the summer is out.

□ 1045

This, after Republicans came within a few votes of taking healthcare from 23 million Americans last year, including those suffering from opioid addiction.

These rightwing groups released their latest repeal plan yesterday, so the words from my Republican friends today ring particularly hollow.

Mr. Speaker, we all know that the best answer to an epidemic is to get as many people as possible into treatment and to provide them and their families the support that they need. And one of the most effective ways to accomplish

this is to expand Medicaid and expand treatment options for substance abuse through the ACA.

Last October, the Republicans made clear what they think of the hundreds of thousands of Americans suffering from opioid addiction and alcohol and drug abuse. They passed a budget that makes $1.3 trillion in cuts to healthcare, including a 30 percent cut to Medicaid.

Mr. Speaker, Republicans can't bemoan the opioid epidemic on one hand and vote time and time again to cut the very healthcare systems required to treat addiction.

Nor can you set up a biased, tiered system that grants access to treatment for opioid addiction at the expense of providing treatment for addiction and abuse of other substances, like key provisions in H.R. 5797. Not only is that inhumane and immoral, but it is also ineffective. It undermines the entire health system of treating substance abuse.

Mr. Speaker, many Democrats have joined the majority in supporting one of these bills, H.R. 6, the SUPPORT for Patients and Communities Act. It is a good bill. It would help Medicare and Medicaid better respond to substance use disorders. We are working with the majority here.

So, Mr. Speaker, why won't they work with us to defend the ACA, preserve protections for preexisting conditions, and expand Medicaid.

Now, I know asking Congressional Republicans to show some empathy right now is a tall order. This is the group that has furthered President Trump's spin on family separations at the border, a policy he can change unilaterally, right now if he wanted to. I mean, children are being ripped out of their parents' arms in tears and kept in cages, warehouses, and tent cities. It is appalling and it is un-American.

You don't have to take my word for it. Republicans, like First Lady Laura Bush and Senator JOHN MCCAIN, have spoken out against it. And a U.S. attorney in Texas made clear it was President Trump's policy choice alone. And get this: This is a U.S. attorney who the President himself appointed.

But change is possible. Congressional Republicans can see the error of their ways. They can reject these calls for repeal. They can stop sitting idly by as President Trump attacks the Affordable Care Act. And they can start standing up for the 133 million Americans with preexisting conditions. That includes those suffering from addiction.

They could stop giving the President cover when he falsely claims that Democrats caused the chaos at the border that he clearly caused.

Stop playing with people's lives. We are talking about their healthcare. We are talking about getting treatment for addiction. For God's sake, we are talking about taking children out of the arms of their mothers. This isn't a handful of cases, it is thousands of cases. It is outrageous.

It is time for the adults in Congress, men and women of conscience, to stand up for what is right, not only on the opioid crisis, but on so many other important issues facing this country. I hope the majority comes to its senses before it is too late.

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

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a fellow member on the Committee of Energy and Commerce.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise in support of the rule. I want to speak specifically on my support for H.R. 6082, which allows for the flow of information among healthcare providers and health plans that is necessary to foster care coordination, provide proper treatment, promote patient safety, make payment, and, ultimately, improve the individual's health status.

Without alignment for treatment, payment, and operations, the following could not happen without an authorization: Coordinating care across behavioral and medical services. Case management to provide longer-term support after a patient ends treatment. Ensuring appropriate administrative and financial interaction between providers and plans, which support the core functions of treatment and payment for HIPAA-covered entities. Also conducting quality assessment and improvement activities to better integrate behavioral and medical services. This includes, Mr. Speaker, evaluating provider performance, conducting training programs, and accreditation, certification, and credentialing activities.

People with substance use disorder die, on average, decades sooner than other Americans. This is largely because of a strikingly high incidence of poorly-managed, co-occurring chronic diseases, including HIV/AIDS, cardiac conditions, lung disease, and cirrhosis.

Whatever we, as a Nation, are doing to coordinate care for this highly vulnerable patient population is utterly failing by any reasonable measure.

An extraordinary array of organizations, hospitals, physicians, patient advocates, and substance use treatment providers have approached our committee to clearly state that existing Federal addiction privacy law—and that is what H.R. 6082 is focused on, existing privacy law—is actively interfering with case management/care coordination efforts, and preserving a failed and deadly status quo.

Blocking certain substance use providers from accessing health records from these exchanges, which the part 2 regulations do, isolates patients in these programs from powerful exchanges of health information and from the protections of HIPAA and HITECH regulations governing these exchanges.

Mr. Speaker, treating patients' substance use in isolation from their medical and mental conditions, which predominated care in the 1970s, is not the current standard of good medical practice today.

There is overwhelming evidence now that patients' substance use cannot be treated in isolation from other physical and mental health conditions. In the 1970s, when part 2 was written, this was not widely known, and treatment for addiction was largely separate from treatment of other illnesses.

By continuing to segregate substance use disorder records for any treatment setting means that you are willing to allow those patients to receive care that is lower quality at a higher cost. Medically-ill inpatients who have alcohol or drug disorders are at greatly increased risk of rapid rehospitalization after discharge and greater healthcare use and costs.

Patients who have medical illnesses such as diabetes or cardiovascular disorders and who also have a substance use disorder use healthcare services two to three times more often than their peers with just diabetes or heart problems, and cost of care is similarly much higher.

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

Mr. BURGESS. I yield the gentleman from Pennsylvania an additional 1 minute.

Mr. COSTELLO of Pennsylvania. Finally, Mr. Speaker, untreated alcohol or drug use during pregnancy dramatically increases risk of poor birth outcomes, neonatal intensive care use and greater infant and maternal healthcare use. But treated as part of prenatal care, birth outcomes, infant and maternal health use and costs are no different from their non-substance-using peers. That is why support of this rule and support of H.R. 6082 is so important.

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

Just let me remind my colleagues again, because I think it is worth emphasizing, that no matter what we do in the next couple of days with these bills that are going to be before the House, they are rendered meaningless if the Republicans continue in their effort to cut Medicaid and to take away protections for people with preexisting conditions.

Substance use disorder is a preexisting condition and Republicans, working with the White House, are trying to eliminate that protection for people. I don't get it. It doesn't make sense. But we ought to make sure that we keep this debate in context and people know what is going on out there.

Mr. Speaker, I yield 6 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I rise in opposition to this rule. Throughout the Energy and Commerce Committee's process writing opioid legislation, I have raised the issue that we need to be making investments in the full spectrum of our behavioral health system

in order to truly address the root causes and the results of the opioid epidemic.

While crisis and high-level inpatient care will always be necessary for a subset of the population, and we must ensure it is adequately funded, we cannot do so in a vacuum. We need to ensure that people also have access to adequate outpatient treatment and prevention services.

And while the opioid epidemic is front and center in all our minds, we cannot forget patients suffering from other substance use disorders. It is important that we do not unintentionally set up a discriminatory system that will be useless during the next epidemic, whatever that might be. We want our legislative efforts to both save lives today and to prevent epidemics like this one in the future.

States already have the option to work around outdated exclusions in IMD facilities. States like California are already doing so in a comprehensive way, taking into account the continuum of care for opioid and other substance use disorders.

If we are going to be spending an additional nearly $1 billion in the Medicaid program, we need to spend it wisely on expanding access to services, and not narrowly duplicating something that is already available.

Ever since the Excellence in Mental Health demonstration project passed into law in 2014, I have been fiercely advocating to expand the program.

The demonstration project, which I coauthored with my Republican colleague, Congressman LANCE, and my Senate colleagues, Senators STABENOW and BLUNT, certifies community behavioral health clinics, known as CCBHCs. The demonstration is currently about halfway through its 2-year period in eight States and already showing great success.

The National Council for Behavioral Health recently issued a report entitled, ''Bridging the Addiction Treatment Gap.'' It surveys CCBHCs operating in the Excellence Act demonstration States, and the results offer great hope.

First, the demonstration has enabled near-universal adoption of Medication Assisted Treatment, or MAT, for opioid use disorder. Ninety-two percent of certified clinics in the program are offering at least one type of FDA-approved MAT.

Second, 100 percent of CCBHCs have expanded the scope of addiction treatment services under the demonstration. For many clinics, this is the first time such services have been available in their communities, very often in medically-underserved areas.

Third, even while seeing more patients, two-thirds of surveyed CCBHCs have seen a decrease in patient wait times. After an initial call or referral, half of the clinics now offer same-day access to care, and four out of five can offer an appointment within a week or less.

Mr. Speaker, the Excellence Act is showing concrete results in terms of patient outcomes. In western New York State, more than 1,000 people in Erie County died of opioid overdoses over the last 5 years; 142 people lost their lives in 2016 alone.

At the same time, according to media reports, local police chiefs are reporting a 60 percent reduction in overdose calls in 2018. Authorities specifically credit a certified behavioral health clinic in the city of Buffalo that is providing medication assisted treatment for people battling opioid addiction within 24 to 48 hours after initial assessment.

We want to expand upon this success for certified community behavioral health clinics across the country by allowing Medicaid reimbursement on a larger scale. These clinics are the ones in people's neighborhoods and communities, the ones on the front lines of treating behavioral health and substance use disorder. If we do not build them up and integrate them with our health system, we will never achieve the full continuum of care that we are looking for.

Every time I have pushed for an expansion of the Excellence program in the Energy and Commerce Committee on funding legislation on the floor, I have been told that we don't have the dollars available.

However, today, we are talking about spending nearly $1 billion on something that is both redundant and, I believe, does not fully address the entire spectrum of care like the Excellence program has. That is why I offered an amendment to H.R. 5797, based on my bipartisan bill, H.R. 3931, and why I am here discussing this on the floor today.

Mr. Speaker, I urge my colleagues to consider funding community behavioral health clinics and outpatient treatment to help address the opioid epidemic. When you look back on what we have done to address this crisis, this will have more of a positive impact today and in the long term in comparison with the other proposals we are considering.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

I do want to remind everyone that 18 months ago, in the previous Congress, with the passage of the 21st Century Cures Act and the Comprehensive Addiction Recovery Act, CARA, $1 billion was made available for treating people with substance use disorder. That was then supplemented with the passage of the more recent appropriations bill last month—2 months ago, with $4 billion.

□ 1100

Unprecedented amounts of money have been made available in the last 18 months to combat this crisis.

And then, finally, it is very, very difficult to integrate care if you don't reform the 42 CFR part 2, which is before us today.

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

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

Mr. Speaker, again, none of what we are doing here today is going to matter if the Republicans and the Trump administration are successful in cutting Medicaid and in basically removing the guarantee that people who have preexisting conditions cannot be denied insurance.

I mean, if the Trump administration is successful, individuals with preexisting conditions all across the country, including individuals suffering from opioid use disorders, both in the individual and in the employer market, could face a denial of coverage or skyrocketing premiums beyond anything anybody could afford.

I don't get it. I don't understand the hypocrisy here. I know that the efforts here today are well intentioned and people are trying to do the right thing, but then you ruin it all when you gut the funding sources that help people deal with the treatment they need.

This has to stop.

I know some of my friends have ideological blinders on when it comes to anything that was passed during the Obama administration, but we have got to put the American people first, and this is a crisis that affects every single community in this country. If this administration is successful in what they are trying to do to undercut the ACA, then countless people will not have access to healthcare and will not have access to the treatment they need.

Mr. Speaker, our Nation is in the midst of a devastating opioid crisis that is spiraling out of control. Every day, more than 115 people in the United States die after overdosing on opioids, according to the National Institute on Drug Abuse. The Centers for Disease Control and Prevention has also found that opioids are responsible for 6 out of 10 overdose deaths in the United States.

The American people are in desperate need of strong action by Congress to stem the tide of the opioid scourge. We need serious public investment to quell this exploding crisis, not just legislation on the peripherals. We must direct resources to the States and local communities on the front lines of this devastating public health crisis where assistance is needed the most.

Mr. Speaker, I am going to ask my colleagues to defeat the previous question, and if we do, I will offer an amendment to bring up Representative LOEBSACK's legislation, H.R. 4501, the Combating the Opioid Epidemic Act. This bill would provide badly needed funding for State grants for the prevention, detection, surveillance, and treatment of opioid abuse.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. RUIZ).

Mr. RUIZ. Mr. Speaker, as an emergency medicine physician, I know firsthand what this devastating opioid crisis does to families, to individuals, to children, to parents. I have taken care of many who have come in overdosed, blue in the face, not breathing, many of which I have been resuscitated successfully and a few tragic losses along the way.

I know that many of them rely on being able to get the treatment whenever we are able to convince them to get treatment, but one of the biggest concerns that they have is: How much is this going to cost?

Many of them rely on Medicaid to be able to take advantage of some of the rehabilitation and the medication-assisted treatments that are offered to them. But, unfortunately, many of them, being uninsured, are unable to do so, and so then they repeat the cycle of abuse and misuse, and unfortunately, again, they present themselves overdosed in the emergency department.

I have an article here that sheds light on the importance of Medicaid. I bring Medicaid up because I feel like we are taking a few good steps forward in this opioid crisis, but we are missing the big picture when we have to defend Medicaid over and over again. Up to 45 percent of opioid-addicted patients rely on Medicaid to get their opioid rehab or misuse treatments to get back on steady footing.

There is an article here that I brought by Alana Sharp, et al., that was published in the May 2018 American Journal of Public Health, entitled: ''Impact of Medicaid Expansion on Access to Opioid Analgesic Medications and Medication-Assisted Treatment.''

Basically, by using Medicaid enrollment and reimbursement data from 2011 to 2016 in all States, they evaluated prescribing patterns of opioids and the three FDA-approved medications used in treating opioid use disorders by using two statistical models—I won't bore you with which ones they used—and they found that although opioid prescribing for Medicaid enrollees increased overall, they observed no difference between expansion and nonexpansion. These are States that expanded Medicaid.

By contrast, per enrollee rates of buprenorphine and naltrexone prescribed increased more than 200 percent after States expanded eligibility, meaning that States that expanded Medicaid increased medication-assisted treatments for opioid misuse disorders by 200 percent. That means it works. That means when people get Medicaid, they use their Medicaid insurance to help get off of their dependency on opioids.

In the States that did not expand Medicaid, only less than 50 percent expansion of use.

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

Mr. MCGOVERN. Mr. Speaker, I yield an additional 2 minutes to the gentleman from California.

Mr. RUIZ. Mr. Speaker, the States that didn't expand their Medicaid enrollment, you saw that there continued to be a disparity of patients between those States and States that expanded their Medicaid in their ability to seek treatment.

So when we attempt to cut Medicaid in order to pay for the tax breaks we gave millionaires and billionaires, when we continue down that terrible path—or, I should say, government continues down that terrible path—to repeal the Medicaid expansion, which we must protect, then we are hurting patients. We are not providing them with tools that they need to get access to treatment.

The other big picture here is that mental health and emergency care payments are part of the essential health benefits. We have just passed experiences where we had to defend keeping these essential health benefits within the Affordable Care Act from being repealed.

We know that those patients who go to the emergency department at their last wits' end or that are suffering from overdose or severe side effects from misuse of the opioid medication, then they won't be covered if we repeal those essential health benefits.

And then, finally, having an addiction is a chronic condition. It is a mental health disorder with addiction characteristics, and this can be considered a preexisting illness.

We have States that are trying to repeal this through litigation. And when the government decides not to defend those protections for people with preexisting illnesses, they basically agree with those that want to repeal it and allow and facilitate the case to repeal those protections for preexisting illnesses. If that happens and if they are successful in doing so, that means that insurance companies can deny those who are addicted to opioids the insurance.

So I just want to keep the big picture in mind as we go forward that taking 2 steps forward doesn't justify taking 10 steps backwards.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, the good news is that all forms of medication-assisted treatment are required for 5 years under H.R. 6. So I look forward to the gentleman's support when we get to the vote, and I reserve the balance of my time.

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

Mr. Speaker, today, we are on the floor discussing the opioid crisis. This is an epidemic that is plaguing every community in the country, and it is killing 115 people every single day. It is heartbreaking, and, quite frankly, I am ashamed it is taking Congress so long to act.

I would again point out that anything we do in the next few days and anything we have done gets erased if the Republicans succeed in cutting Medicaid and if the President succeeds in basically eliminating protections for people with preexisting conditions.

But, Mr. Speaker, I think it is also important that people know there is a lot of stuff going on this week, and we are also awaiting word from the House Republicans when the Rules Committee will have an emergency meeting, I guess today, on two immigration bills that were posted after 9 p.m. last night.

These bills were drafted without any Democratic input, and from what we can tell, they are dangerous and they are certainly not a comprehensive solution to immigration reform. They harm children, and they leave many Dreamers behind.

This is not what our constituents want us to do. They want the President to do what he could easily do and stop separating children from their parents.

The President says that he wants Democrats to come to the table, but we never get invited to anything. I tried to go and see the President yesterday when the Republicans were meeting with him, but I was not allowed to go into the room.

I tried to shout at the President as he was walking by, but he was quickly escorted by. I wanted to show him the pictures on the border of these young children who are being taken away from their parents.

The President continues to spread mistruths about immigration and practically every other issue that is before this Congress and before this Nation, and it seems just to be getting worse.

There are such things as facts. There are such things as truth.

Yesterday, The Washington Post published an article, entitled: ''President Trump Seems to be Saying More and More Things That Aren't True.'' Well, I would like to take a few minutes to read this article, because these aren't my words, Mr. Speaker. They are the words of The Washington Post, specifically, Ashley Parker, who wrote the piece.

If the President is watching, I think it is helpful for me to read because I know he doesn't read, so maybe he can hear this.

''He's done it on Twitter. He's done it in the White House driveway. And he's done it in a speech to a business group.

''President Trump, a man already known for trafficking in mistruths and even outright lies—has been outdoing himself with falsehoods in recent days, repeating and amplifying bogus claims on several of the most pressing controversies facing his Presidency.

''Since Saturday, Trump has tweeted false or misleading information at least seven times on the topic of immigration and at least six times on a Justice Department inspector general report into the FBI's handling of its investigation into Hillary Clinton's private email server. That is more than a

dozen obfuscations on just two central topics—a figure that does not include falsehoods on other issues, whether in tweets or public remarks.

''The false claims come as the President—emboldened by fewer disciplinarians inside the West Wing—indulges in frequent Twitter screeds. A Washington Post analysis found that in June, Trump has been tweeting at the fastest rate of his Presidency so far, an average of 11.3 messages per day.

''Inside the White House, aides and advisers say they believe the media is unwilling to give Trump a fair shot and is knee-jerk ready to accuse him of lying, even in cases where the facts support his point.

''The President often seeks to paint a self-serving and self-affirming alternate reality for himself and his supporters. Disparaging the 'fake news' media, Trump offers his own filter through which to view the world—offering a competing reality on issues including relationships forged (or broken) at the Group of Seven summit in Canada, the success of the Singapore summit with the North Koreans, and his administration's 'zero tolerance' policy on illegal immigration.

'' 'It's extraordinary how he is completely indifferent to the truth. There's just no relationship between his statements—anything he utters—and the actual truth of the matter,' said Thomas Murray, president emeritus of the Hastings Center, the founding institution in the field of bioethics. 'As far as I can tell, the best way to understand anything he says is what will best serve his interests in the moment. It's irrespective to any version of the truth.'

''According to an analysis by The Post's Fact Checker through the end of May, Trump has made 3,251 false or misleading claims in 497 days, an average of 6.5 such claims per day of his Presidency.''

□ 1115

''And within the past week, Trump seems to have ramped up both the volume and the intensity of his false statements on two of the most prominent topics currently facing his administration: the hardline immigration policy that has led to the separation of thousands of children from their parents—which Trump erroneously blames on others—and the 500-page inspector general report that he claims, incorrectly, exonerates him in special counsel Robert S. Mueller III's probe of Russian interference in the 2016 election.

''Bella DePaulo, a psychology researcher at the University of California Santa Barbara, said Trump's use of repetition is a particularly effective technique for convincing his supporters of the veracity of his false claims, in part because most people have a 'truth bias' or an initial inclination to accept what others say as true.

'' 'When liars repeat the same lie over and over again, they can get even more of an advantage, at least among those who want to believe them or are not all that motivated either way,' DePaulo said in an email. 'So when people hear the same lies over and over again—especially when they want to believe those lies—a kind of new reality can be created. What they've heard starts to seem like it is just obvious, and not something that needs to be questioned.'

''On immigration, Trump and many top administration officials have said that existing U.S. laws and court rulings have given them no choice but to separate families trying to cross illegally into the United States. But it is the administration's decision, announced in April, to prosecute all southern border crossings that has led to the separation of families.

''That hasn't stopped the President from blaming Democrats for his administration's decisions. 'Democrats are the problem,' Trump wrote in one tweet. In another, he was even more blunt: 'The Democrats are forcing the breakup of families at the border with their horrible and cruel legislative agenda. . . .' ''

Mr. Speaker, let me divert a little bit here. The truth is that the President caused this crisis, and it is not just me saying it and The Washington Post saying it. Listen to what some of the Republicans have said, LINDSEY GRAHAM said: ''President Trump could stop this policy with a phone call. I'll go tell him: If you don't like families being separated, you can tell DHS, 'Stop doing it.' ''

Senator JOHN MCCAIN: ''The administration's current family separation policy is an affront to the decency of the American people, and contrary to principles and values upon which our Nation was founded. The administration has the power to rescind this policy. It should do so now.''

Senator SUSAN COLLINS, former First Lady Laura Bush—and I can go on and on and on—a whole bunch of Republicans now are all agreeing with us that the President is not telling us the truth.

So let me go back to the article: ''While Congress could pass a legislative fix, Republicans control both the House and the Senate—making it disingenuous at best to finger the opposing party, as the President has repeatedly done.

''Speaking to the National Federation of Independent Business on Tuesday, Trump again falsely painted the humanitarian crisis as a binary choice. 'We can either release all illegal immigrant families and minors who show up at the border from Central America, or we can arrest the adults for the Federal crime of illegal entry,' he said. 'Those are the only two options.'

''On Twitter, the President twice in the past 4 days has singled out Germany as facing an increase in crime. 'Crime in Germany is up 10 percent-plus (officials do not want to report these crimes) since migrants were accepted,' Trump wrote. 'Others countries are even worse. Be smart, America.' ''

That is his tweet.

''In fact, the opposite is true. Reported crime in Germany was actually down by 10 percent last year and, according to German Interior Minister . . . the country's reported crime rate last year was actually at its lowest point in three decades.

''The President has also falsely claimed that the inspector general report 'exonerated' him from Mueller's probe, when the report did not delve into the Russia investigation. When he made this argument Friday during an impromptu press gaggle in the White House driveway, a reporter pressed him on the falsehood.

'' 'Sir, that has nothing to do with collusion,' the reporter said. 'Why are you lying about it, sir?' ''

The bottom line, Mr. Speaker, is, we have a President who has a problem with the truth, and Congress needs to stand up and do the right thing. We need to speak the truth; we need to embrace the truth; and we need to solve some of the issues that are before the American people.

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

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

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

Mr. Speaker, I don't need to remind anyone that the lie of the year for 2012 was: If you like your doctor, you can keep your doctor—words that will ring through this body probably for the rest of time.

I want to read from the Statement of Administration Policy, back to the business at hand, the rule on the three bills that we are considering today. This is the Statement of Administration Policy: ''Addressing the opioid crisis has been a top priority of the President since day one, and the administration welcomes legislation that complements its efforts to end the opioid crisis. The administration strongly supports House passage of bipartisan bills to protect patients enrolled in Medicare and Medicaid, create targeted programs for at-risk populations, expand access to medication-assisted treatment for opioid use disorders, and provide resources for States and communities struggling to deal with the scale of the opioid crisis.''

The statement goes on, and it concludes: ''These initiatives represent bold, evidence-based steps to prevent and treat opioid abuse, and will help save the lives of countless Americans. The administration commends the House on taking up these important bills. . . . The administration supports House passage of H.R. 5797, H.R. 6082, and H.R. 6. . . .''

Mr. Speaker, today's rule provides for the consideration of these three important pieces of legislation aimed at

addressing the opioid crisis affecting so many of our fellow Americans.

H.R. 6, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act; H.R. 5797, the Individuals in Medicaid Deserve Care that is Appropriate and Responsible in its Execution Act; and H.R. 6082, the Overdose Prevention and Patient Safety Act, will all play a critical role in treating patients and providing Americans the tools to put the pieces of their lives back together again.

I commend Chairman WALDEN for his efforts on bringing so many Members of this body into the discussion and taking the many ideas offered by Members, incorporating them into the legislative products. The result of those efforts is a legislative trio that this entire body can be proud of, and this entire body can support.

I, therefore, urge my colleagues to support today's rule and the three underlying pieces of legislation.

The text of the material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 949 OFFERED BY MR. MCGOVERN

At the end of the resolution, add the following new sections:

SEC. 5. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 4501) to increase funding for the State response to the opioid misuse crisis and to provide funding for research on addiction and pain related to the substance misuse crisis. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 6. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 4501.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule. . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. 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 question will be postponed.

HOUR OF MEETING ON TOMORROW

Mr. BURGESS. Mr. Speaker, pursuant to clause 4 of rule XVI, I move that when the House adjourns on Wednesday, June 20, 2018, it adjourn to meet at 9 a.m. on Thursday, June 21, 2018, for morning-hour debate and 10 a.m. for legislative business.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. 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, this 15-minute vote on the motion to fix the convening time will be followed by 5-minute votes on:

Ordering the previous question on House Resolution 949; and

Adopting House Resolution 949, if ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 184, answered ''present'' 1, not voting 20, as follows:

[Roll No. 272]

YEAS—222

Abraham
Aderholt
Allen
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blackburn
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Coffman
Cole
Comer
Comstock
Conaway
Cook
Costello (PA)
Cramer
Crawford
Culberson
Curbelo (FL)
Curtis
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Dunn
Emmer
Estes (KS)
Faso
Ferguson
Fitzpatrick
Fleischmann
Flores
Fortenberry
Foxx
Frelinghuysen
Gaetz
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (LA)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jones
Joyce (OH)
Katko
Kelly (MS)
Kelly (PA)
King (IA)
King (NY)
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamb
Lamborn
Lance
Latta
Lesko
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
McSally
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
Olson
Palazzo
Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis