

Control Network Enhancement Act of 2019, grant to a poison control center waivers or renewals that total more than 5 years.

“(e) SUPPLEMENT NOT SUPPLANT.—Amounts made available to a poison control center under this section shall be used to supplement and not supplant other Federal, State, or local funds provided for such center.

“(f) MAINTENANCE OF EFFORT.—A poison control center, in utilizing the proceeds of a grant under this section, shall maintain the annual recurring expenditures of the center for its activities at a level that is not less than 80 percent of the average level of such recurring expenditures maintained by the center for the preceding 3 fiscal years for which a grant is received.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$28,600,000 for each of fiscal years 2020 through 2024. The Secretary may utilize an amount not to exceed 6 percent of the amount appropriated pursuant to the preceding sentence for each fiscal year for coordination, dissemination, technical assistance, program evaluation, data activities, and other program administration functions, which are determined by the Secretary to be appropriate for carrying out the program under this section.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. ENGEL) and the gentleman from Ohio (Mr. LATTA) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

#### GENERAL LEAVE

Mr. ENGEL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 501.

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

There was no objection.

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

Mr. Speaker, I rise in strong support of H.R. 501, the Poison Center Network Enhancement Act.

This bill, which I have coauthored with the gentlewoman from Indiana, Congresswoman SUSAN BROOKS, reauthorizes for an additional 5 years the national network of poison control centers, known as PCCs, which play a critical role in the fight to end the opioid crisis.

Our country's 55 poison centers are staffed by trained toxicologists, pharmacists, physicians, and nurses who are available 24 hours a day, 7 days a week, 365 days a year to provide real-time lifesaving assistance via a national toll-free number, which is 1-800-222-1222. Some 330 million people are served by these critical centers, while handling 2.6 million cases.

In 2017, someone called a poison center roughly every 12 seconds in our country. More than 90 percent of those calls were due to poison exposure in someone's home, and more than half of all cases involved children under the age of 12. That is why speedy access to poison centers is such an invaluable resource, especially for parents.

Poison centers also save hundreds of millions in Federal dollars by helping

to avoid the unnecessary use of medical services and shortening the length of time a person spends in the hospital, if hospitalization due to poisoning is necessary.

It is clear that these centers are a smart public health investment, but they are also an integral part of our response to the opioid epidemic.

Since 2011, poison centers handled nearly 200 cases per day involving opioid misuse. Data from poison centers helped to detect trends in the epidemic, and experts helped educate Americans about the crisis in ways that could potentially save the lives of their loved ones.

The Upstate New York Poison Center, for instance, used the New York State Fair to educate New Yorkers about proper use of naloxone, the overdose reversal drug. This bill would make sure that activities like this can continue.

Mr. Speaker, I had the privilege of coauthoring the last poison center reauthorization signed into law in 2014, and I am pleased to have worked on this important bill.

Mr. Speaker, I thank Congresswoman BROOKS for partnering with me on this legislation, as well as Congresswoman DEGETTE and Congresswoman HERRERA BEUTLER for being original cosponsors. Let me also thank Chairman PALLONE and Ranking Member WALDEN for their assistance in bringing this bill to the floor today.

As I mentioned earlier, in Westchester County, New York, much of which I represent, 124 people died due to opioids in 2016. In the Bronx, part of which I also represent, more New Yorkers died of overdoses than in any other borough in New York City.

We must do more to end this epidemic, and I am pleased to see this legislation moving forward as part of that effort.

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

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

Mr. Speaker, I rise today to express my strong support of H.R. 501, the Poison Center Network Enhancement Act of 2019, introduced by Representatives BROOKS and ENGEL.

Mr. Speaker, I thank my Committee on Energy and Commerce colleagues for their bipartisan work on this important initiative.

This legislation will reauthorize the national toll-free number, public awareness campaign, and grant program that supports the Nation's 55 poison centers.

These centers are available 24 hours a day, 7 days a week to provide free and confidential assistance with emergencies and other information to help prevent poisoning. As of January 2019, poison control centers have managed over 4,000 opioid exposure cases alone.

At a time when our Nation is still fighting to overcome an opioid crisis, these centers are on the front lines,

helping to save individuals who overdose. Furthermore, these centers collect real-time data, enhancing public health surveillance and aiding in the detection of public health emergencies.

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

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 501, the Poison Center Network Enhancement Act.

This important bill, introduced by Reps. ELIOT ENGEL, SUSAN BROOKS, JAIME HERRERA BEUTLER, and DIANA DEGETTE, reauthorizes the national network of Poison Control Centers.

The nation's network of poison control centers offers free, confidential, and expert medical advice and often serves as the primary resource for poisoning information. These centers help reduce Emergency Room visits through in-home treatment and their lifesaving assistance helps prevent unnecessary poisoning deaths and injuries.

Poison control centers are also essential to combating the opioid crisis because not only are these centers often the first resource people seek after an opioid overdose occurs, but they also collect real time data to alert impacted communities about opioid abuse and misuse.

Last Congress, Rep. BROOKS led similar legislation, which passed this House by voice vote and was then included in the House-passed version of the SUPPORT for Patients and Communities Act, our broad legislative package to combat the opioid crisis. Unfortunately, after negotiations with the Senate, this language was not included in the final package that was signed into law.

Therefore, I'd like to commend Rep. ENGEL and Rep. BROOKS for their continued leadership on this bipartisan legislation in helping to bring this bill to the floor today, and I urge passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. ENGEL) that the House suspend the rules and pass the bill, H.R. 501.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1645

#### STRENGTHENING THE HEALTH CARE FRAUD PREVENTION TASK FORCE ACT OF 2019

Mr. ENGEL. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 525) to amend title XI of the Social Security Act to direct the Secretary of Health and Human Services to establish a public-private partnership for purposes of identifying health care waste, fraud, and abuse.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 525

*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 “Strengthening the Health Care Fraud Prevention Task Force Act of 2019”.

**SEC. 2. PUBLIC-PRIVATE PARTNERSHIP FOR HEALTH CARE WASTE, FRAUD, AND ABUSE DETECTION.**

(a) IN GENERAL.—Section 1128C(a) of the Social Security Act (42 U.S.C. 1320a-7c(a)) is amended by adding at the end the following new paragraph:

“(6) PUBLIC-PRIVATE PARTNERSHIP FOR WASTE, FRAUD, AND ABUSE DETECTION.—

“(A) IN GENERAL.—Under the program described in paragraph (1), there is established a public-private partnership (in this paragraph referred to as the ‘partnership’) of health plans, Federal and State agencies, law enforcement agencies, health care anti-fraud organizations, and any other entity determined appropriate by the Secretary (in this paragraph referred to as ‘partners’) for purposes of detecting and preventing health care waste, fraud, and abuse.

“(B) CONTRACT WITH TRUSTED THIRD PARTY.—In carrying out the partnership, the Secretary shall enter into a contract with a trusted third party for purposes of carrying out the duties of the partnership described in subparagraph (C).

“(C) DUTIES OF PARTNERSHIP.—The partnership shall—

“(i) provide technical and operational support to facilitate data sharing between partners in the partnership;

“(ii) analyze data so shared to identify fraudulent and aberrant billing patterns;

“(iii) conduct aggregate analyses of health care data so shared across Federal, State, and private health plans for purposes of detecting fraud, waste, and abuse schemes;

“(iv) identify outlier trends and potential vulnerabilities of partners in the partnership with respect to such schemes;

“(v) refer specific cases of potential unlawful conduct to appropriate governmental entities;

“(vi) convene, not less than annually, meetings with partners in the partnership for purposes of providing updates on the partnership’s work and facilitating information sharing between the partners;

“(vii) enter into data sharing and data use agreements with partners in the partnership in such a manner so as to ensure the partnership has access to data necessary to identify waste, fraud, and abuse while maintaining the confidentiality and integrity of such data;

“(viii) provide partners in the partnership with plan-specific, confidential feedback on any aberrant billing patterns or potential fraud identified by the partnership with respect to such partner;

“(ix) establish a process by which entities described in subparagraph (A) may enter the partnership and requirements such entities must meet to enter the partnership;

“(x) provide appropriate training, outreach, and education to partners based on the results of data analyses described in clauses (ii) and (iii); and

“(xi) perform such other duties as the Secretary determines appropriate.

“(D) SUBSTANCE USE DISORDER TREATMENT ANALYSIS.—Not later than 2 years after the date of the enactment of the Strengthening the Health Care Fraud Prevention Task Force Act of 2019, the trusted third party with a contract in effect under subparagraph (B) shall perform an analysis of aberrant or fraudulent billing patterns and trends with respect to providers and suppliers of substance use disorder treatments from data shared with the partnership.

“(E) EXECUTIVE BOARD.—

“(i) EXECUTIVE BOARD COMPOSITION.—

“(I) IN GENERAL.—There shall be an executive board of the partnership comprised of representatives of the Federal Government and representatives of the private sector selected by the Secretary.

“(II) CHAIRS.—The executive board shall be co-chaired by one Federal Government official and one representative from the private sector.

“(ii) MEETINGS.—The executive board of the partnership shall meet at least once per year.

“(iii) EXECUTIVE BOARD DUTIES.—The duties of the executive board shall include the following:

“(I) Providing strategic direction for the partnership, including membership criteria and a mission statement.

“(II) Communicating with the leadership of the Department of Health and Human Services and the Department of Justice and the various private health sector associations.

“(F) REPORTS.—Not later than September 30, 2021, and every 2 years thereafter, the Secretary shall submit to Congress and make available on the public website of the Centers for Medicare & Medicaid Services a report containing—

“(i) a review of activities conducted by the partnership over the 2-year period ending on the date of the submission of such report, including any progress to any objectives established by the partnership;

“(ii) any savings voluntarily reported by health plans participating in the partnership attributable to the partnership during such period;

“(iii) any savings to the Federal Government attributable to the partnership during such period;

“(iv) any other outcomes attributable to the partnership, as determined by the Secretary, during such period; and

“(v) a strategic plan for the 2-year period beginning on the day after the date of the submission of such report, including a description of any emerging fraud and abuse schemes, trends, or practices that the partnership intends to study during such period.

“(G) FUNDING.—The partnership shall be funded by amounts otherwise made available to the Secretary for carrying out the program described in paragraph (1).

“(H) TRANSITIONAL PROVISIONS.—To the extent consistent with this subsection, all functions, personnel, assets, liabilities, and administrative actions applicable on the date before the date of the enactment of this paragraph to the National Fraud Prevention Partnership established on September 17, 2012, by charter of the Secretary shall be transferred to the partnership established under subparagraph (A) as of the date of the enactment of this paragraph.

“(I) NONAPPLICABILITY OF FACA.—The provisions of the Federal Advisory Committee Act shall not apply to the partnership established by subparagraph (A).

“(J) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the partnership established by subparagraph (A) by program instruction or otherwise.

“(K) DEFINITION.—For purposes of this paragraph, the term ‘trusted third party’ means an entity that—

“(i) demonstrates the capability to carry out the duties of the partnership described in subparagraph (C);

“(ii) complies with such conflict of interest standards determined appropriate by the Secretary; and

“(iii) meets such other requirements as the Secretary may prescribe.”.

(b) POTENTIAL EXPANSION OF PUBLIC-PRIVATE PARTNERSHIP ANALYSES.—Not later than 2 years after the date of the enactment of this Act, the Secretary of Health and Human Services shall conduct a study and submit to Congress a report on the feasibility of the partnership (as described in section 1128C(a)(6) of the Social Security Act, as

added by subsection (a)) establishing a system to conduct real-time data analysis to proactively identify ongoing as well as emergent fraud trends for the entities participating in the partnership and provide such entities with real-time feedback on potentially fraudulent claims. Such report shall include the estimated cost of and any potential barriers to the partnership establishing such a system.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. ENGEL) and the gentleman from Ohio (Mr. LATTA) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

## GENERAL LEAVE

Mr. ENGEL. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 525.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 525, the Strengthening the Health Care Fraud Prevention Task Force Act of 2019. This bipartisan bill would authorize the Healthcare Fraud Prevention Partnership, and improve and expand the task force’s ability to fight waste, fraud, and abuse throughout our healthcare system.

The Healthcare Fraud Prevention Partnership is a public-private partnership between the Department of Health and Human Services, insurance companies, Federal and State law enforcement agencies, and State healthcare agencies. The partnership aims to improve the detection and prevention of healthcare fraud by facilitating the exchange of data and information between the public and private sectors on fraud trends and successful antifraud practices.

The legislation we are considering today would authorize the partnership, require the partnership to report regularly to Congress, and give the agency new tools to enhance and expand its capabilities.

We must continue to work on a bipartisan basis to enhance our fraud detection capabilities.

I support this legislation and I urge my colleagues to continue to work together to find meaningful solutions to root out fraud, waste, and abuse in our healthcare system.

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

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON WAYS AND MEANS,

Washington, DC, February 25, 2019.

Hon. FRANK PALLONE,  
Chairman, Energy and Commerce Committee,  
Washington, DC.

DEAR CHAIRMAN PALLONE: In recognition of the desire to expedite consideration of H.R. 525, Strengthening the Health Care Fraud Prevention Task Force Act of 2019, the Committee on Ways and Means agrees to waive formal consideration of the bill as to provisions that fall within the rule X jurisdiction of the Committee on Ways and Means.

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

Finally, I would appreciate your response to this letter confirming this understanding, and would ask that a copy of our exchange of letter on this matter be included in the Congressional Record during floor consideration of H.R. 525.

Sincerely,

RICHARD E. NEAL,  
Chairman.

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, February 25, 2019.  
Hon. RICHARD E. NEAL,  
Chairman, Ways and Means,  
Washington, DC.

DEAR CHAIRMAN NEAL: Thank you for consulting with the Committee on Energy and Commerce and agreeing to discharge H.R. 525, Strengthening the Health Care Fraud Prevention Task Force Act of 2019 from further consideration, so that the bill may proceed expeditiously to the House floor.

I agree that your forgoing further action on this measure does not in any way diminish or alter the jurisdiction of your committee or prejudice its jurisdictional prerogatives on this measure or similar legislation in the future. I would support your effort to seek appointment of an appropriate number of conferees from your committee to any House-Senate conference on this legislation.

I will ensure our letters on H.R. 525 are entered into the Congressional Record during floor consideration of the bill. I appreciate your cooperation regarding this legislation and look forward to continuing to work together as this measure moves through the legislative process.

Sincerely,

FRANK PALLONE, JR.,  
Chairman.

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

Mr. Speaker, I rise in support of H.R. 525, the Strengthening the Health Care Fraud Prevention Task Force Act of 2019, introduced by the Energy and Commerce Committee Republican Leader WALDEN and Chairman PALLONE.

This legislation will codify the Healthcare Fraud Prevention Partnership, which is currently operated by the Centers for Medicare and Medicaid Services and is a voluntary public-private partnership between the Federal Government, State agencies, law enforcement, private health insurance plans, and healthcare antifraud associations.

The partnership was established by the Obama administration and the Trump administration recommended codifying it, solidifying the bipartisan nature of revealing and halting scams that cut across public and private payers.

H.R. 525 will ensure the continued operation of this important partnership to detect and prevent healthcare fraud

through public-private information sharing, streamlining analytical tools and data, and providing a forum for government and industry experts to exchange successful antifraud practices.

This bill before us today is the product of bipartisan cooperation, as well as engagement with the Department of Health and Human Services and industry stakeholders.

Originally introduced in the 115th Congress, this legislation worked its way through the Committee on Energy and Commerce in a transparent manner and currently enjoys the support of the chairmen and republican leaders of both the Committee of Energy and Commerce and the Committee on Ways and Means.

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

Mr. ENGEL. Mr. Speaker, I urge my colleagues to work together to find meaningful solutions to root out waste, fraud, and abuse in our healthcare system, and I yield back the balance of my time.

Mr. WALDEN. Mr. Speaker, I rise today in support of H.R. 525, the Health Care Fraud Prevention Task Force Act.

This bipartisan bill—which I introduced with Chairman FRANK PALLONE, and which is supported by Ways and Means Chairman RICHARD NEAL and Republican Leader KEVIN BRADY—is a commonsense, bipartisan bill to improve the integrity of our nation's health care system.

The Centers for Medicare and Medicaid Services (CMS) currently operates the Health Care Fraud Prevention Partnership—a voluntary collaboration between the federal government, state agencies, law enforcement, private health insurance plans, and anti-fraud associations. Together, this group works to detect and prevent fraud that threatens to undermine our nation's health care system. This program was created by the Obama Administration, and the Trump Administration has recommended codifying it into law. The bill before us today does just that.

Mr. Speaker, last Congress, the House passed this legislation by voice vote but unfortunately, we were unable to get this bill through the Senate and to the President's desk before the end of the Congress.

In fact, the House Energy and Commerce Committee had 148 bills pass the House last Congress, and 93 percent of them received bipartisan votes. I'd like to thank Chairman PALLONE for continuing in that bipartisan spirit by helping to bring this bill back to the floor today.

I urge passage of H.R. 525.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. ENGEL) that the House suspend the rules and pass the bill, H.R. 525.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

## INNOVATORS TO ENTREPRENEURS ACT OF 2019

Mr. LIPINSKI. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 539) to require the Director of the National Science Foundation to develop an I-Corps course to support commercialization-ready innovation companies, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 539

*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 "Innovators to Entrepreneurs Act of 2019".

### SEC. 2. FINDINGS.

Congress finds the following:

(1) The National Science Foundation Innovation Corps Program (hereinafter referred to as "I-Corps"), created administratively by the Foundation in 2011 and statutorily authorized in the American Innovation and Competitiveness Act, has succeeded in increasing the commercialization of Government-funded research.

(2) I-Corps provides valuable entrepreneurial education to graduate students, postdoctoral fellows, and other researchers, providing formal training for scientists and engineers to pursue careers in business, an increasingly common path for advanced degree holders.

(3) The I-Corps Teams program is successful in part due to its focus on providing the specific types of education and mentoring entrepreneurs need based on the early stage of their companies, however the program does not provide similar support to them at later stages.

(4) The success of I-Corps in the very early stages of the innovation continuum should be expanded upon by offering additional entrepreneurship training to small businesses as they advance toward commercialization.

(5) The excellent training made available to grantees of participating agencies through the I-Corps Program should be made available to all Federal grantees as well as other businesses willing to pay the cost of attending such training.

(6) The success of the I-Corps Program at promoting entrepreneurship within research institutions and encouraging research commercialization has been due in part to the National Science Foundation's efforts to date on building a national network of science entrepreneurs, including convening stakeholders, promoting national I-Corps courses, cataloguing best practices and encourage sharing between sites and institutions, and developing a mentor network.

(7) As the I-Corps Program continues to grow and expand, the National Science Foundation should maintain its focus on networking and information sharing to ensure that innovators across the country can learn from their peers and remain competitive.

### SEC. 3. EXPANDED PARTICIPATION IN I-CORPS.

Section 601(c)(2) of the American Innovation and Competitiveness Act (42 U.S.C. 1862s-8(c)(2)) is amended by adding at the end the following:

"(C) ADDITIONAL PARTICIPANTS.—

"(i) ELIGIBILITY.—The Director, in consultation with relevant stakeholders, as determined by the Director, which may include Federal agencies, I-Corps regional nodes, universities, and public and private entities engaged in technology transfer or commercialization of technologies, shall provide an option for participation in an I-Corps Teams course by—