This is commonsense legislation, another good product of the Committee on Energy and Commerce.

Mr. Speaker, I urge a ''yes'' vote, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no speakers at this time, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield 3 minutes to the gentleman from Utah (Mr. CURTIS), Utah's Third Congressional District.

Mr. CURTIS. Mr. Speaker, I rise today in support of H.R. 2281, which is an important bill to help thousands of Americans who struggle with addiction.

This bipartisan, commonsense legislation will give individuals greater access to medication-assisted treatment, MAT, to help relieve withdrawal symptoms.

Current law only allows providers to use this treatment once per day unless they have a waiver to prescribe the medication, and less than 10 percent of providers have that waiver.

This is especially problematic because substance use disorder treatment programs can take days to accept new patients, leaving many individuals unable to gain access to immediate treatment and, instead, leaving patients no choice but to return to the emergency room or the provider they received MAT from the day prior or, even worse, to take drugs again to stop their withdrawal symptoms.

Mr. Speaker, this bipartisan legislation puts the individual first and is part of a collaborative approach to combat addiction of all types.

Mr. Speaker, I thank my colleagues for their work on this important legislation.

Mr. WALDEN. Mr. Speaker, we have no speakers left on our side, so I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no additional speakers. I urge my colleagues to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2281, as amended.

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

A motion to reconsider was laid on the table.

□ 1300

## FOOD ALLERGY SAFETY, TREATMENT, EDUCATION, AND RESEARCH ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2117) to improve the health and safety of Americans living with food allergies and related disorders, including potentially life-threatening anaphylaxis, food protein-induced enterocolitis syndrome, and eosinophilic gastrointestinal diseases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2117

*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 ''Food Allergy Safety, Treatment, Education, and Research Act of 2020'' or the ''FASTER Act of 2020''.*

***SEC. 2. FOOD ALLERGY SAFETY RECOMMENDATIONS OF THE NATIONAL ACADEMY OF MEDICINE.***

*(a) COLLECTION OF FOOD ALLERGY DATA.—The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following new section:*

***''SEC. 317W. COLLECTION OF FOOD ALLERGY DATA.***

*''(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—*

*''(1) expand and intensify the collection of information on the prevalence of food allergies for specific allergens in the United States, such as through the National Health and Nutrition Examination Survey and the National Health Interview Survey;*

*''(2) include such information within annual or other periodic reporting to the Congress and the public on other surveillance activities; and*

*''(3) encourage research to improve the accuracy of food allergy prevalence data.*

*''(b) BIOMARKERS.—Any research conducted pursuant to subsection (a)(3) shall include—*

*''(1) the identification of biomarkers and tests to validate data generated from such research; and*

*''(2) the investigation of the use of identified biomarkers and tests in national surveys conducted as part of that research.''.*

*(b) ALLERGEN LABELING.—*

*(1) MAJOR FOOD ALLERGEN DEFINITION.—*

*(A) IN GENERAL.—Section 201(qq)(1) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)(1)) is amended by striking ''and soybeans'' and inserting ''soybeans, and sesame''.*

*(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall apply with respect to food introduced or delivered for introduction into interstate commerce on or after January 1, 2022.*

*(2) ADDITIONAL ALLERGENS.—Section 201(qq) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)) is amended by adding at the end the following:*

*''(3) Any other food ingredient that the Secretary determines by regulation to be a major food allergen, based on the scientific criteria determined by the Secretary (including the prevalence and severity of allergic reactions to the food ingredient) that establish that such food ingredient is an allergen of public health concern.''.*

*(3) TECHNICAL CORRECTIONS.—Section 201(qq)(2) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(qq)(2)) is amended by striking ''paragraph'' each place it appears and inserting ''subparagraph''.*

***SEC. 3. REPORT ON USE BY FDA OF PATIENT EXPERIENCE DATA ON TREATMENTS FOR PATIENTS WITH FOOD ALLERGIES.***

*Section 3004 of the 21st Century Cures Act (21 U.S.C. 355 note) is amended—*

*(1) by striking ''Not later than'' and inserting the following:*

*''(a) IN GENERAL.—Not later than''; and*

*(2) by adding at the end the following:*

*''(b) TREATMENTS FOR PATIENTS WITH FOOD ALLERGIES.—Each report under subsection (a) shall include a synopsis of the use by the Food and Drug Administration in regulatory decision-making of patient experience data on products with an indication for the treatment of a food allergy.''.*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. 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. 2117.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 2117, the Food Allergy Safety, Treatment, Education, and Research Act, or the FASTER Act.

Mr. Speaker, an estimated 32 million Americans, including approximately 1 in every 13 children, are affected by food allergies. These allergies pose risks to millions of families, and these risks grow dramatically when inaccurate labels fail to warn consumers about the presence of some of these allergens.

Under current law, eight allergens are considered major food allergens. They include milk, eggs, fish, shellfish, tree nuts, wheat, peanuts, and soybeans. Due to their status as major food allergens, manufacturers must clearly state the presence of any of these ingredients on labels.

Notably missing from this list of allergens is sesame. That is concerning, considering it is an allergen of growing concern and its inclusion in food products has more than doubled over the last decade. In some cases, sesame may not be listed at all on ingredient labels, being referred to instead through nonspecific terms like ''flavors'' or words that may not easily be recognized by consumers as containing sesame, such as tahini.

While it may seem like a small issue to some, this lack of information could mean life or death for those who are allergic to sesame. Clearly, this information should be prominently featured on packaged food labels.

This is an issue we have been working on for quite some time. Several years ago, I introduced a bill that would list sesame as a major food allergen, and although the Food and Drug Administration opened a docket to solicit feedback about the sesame labeling and recently released guidance recommending voluntary labeling of sesame, the agency has not been able to require the listing of sesame due to overly long regulatory processes.

As we learn more about food allergens, our regulations should be able to adapt to align with the latest science. This process should not take years.

Families should have reliable access to this information, and they should have it now.

Today we are taking action, Mr. Speaker. The appropriately named FASTER Act would quickly move this process along by recognizing sesame as a major food allergen, requiring its listing on new food labels after a phase-in process.

Importantly, the bill would also streamline processes at FDA to allow for additional allergens to be listed as major food allergens based on scientific criteria, including the prevalence and the severity of the allergens.

The bill would also help develop quality research into food allergens by directing the Centers for Disease Control and Prevention to expand and intensify its collection of data on food allergens and by directing FDA to report on its use of patient experience data.

I want to thank Representative MATSUI for her tireless efforts in support of families affected by food allergens and for introducing this bill.

I am a strong supporter of the bill, and I encourage all Members to support it.

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

Mr. WALDEN. Mr. Speaker, I rise in support of H.R. 2117, the Food Allergy Safety, Treatment, Education, and Research Act.

This legislation codifies sesame as a major food allergen. This means that, with enactment of the legislation, products containing sesame would have to list this ingredient on the food packaging label. That is really important for consumers.

Recent studies indicate that sesame allergies in the United States have a prevalence rate on par with the allergies for soy and fish, which are both listed as major allergens under the Federal Food, Drug, and Cosmetic Act.

It is commonsense legislation. It provides consumers with important and, perhaps, even lifesaving information to protect themselves and their families from dangerous allergic reactions.

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

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MATSUI), the sponsor of the legislation.

Ms. MATSUI. Mr. Speaker, I rise to speak in support of two of my bills being considered today: the FASTER Act and the MODERN Labeling Act.

There are more than 32 million Americans living with potentially life-threatening food allergies who rely on accurate food ingredient labels to make safe decisions for themselves and their family members.

Under current law, mandatory labeling is required for major food allergens recognized by the FDA, like milk, eggs, and peanuts. My grandson Robby has a peanut allergy, and for families like mine, checking food labels is as vital to our everyday lives as breathing.

Unfortunately, FDA labeling requirements do not include the ingredient sesame, leaving more than 1.6 million Americans with a sesame allergy in the dark about what foods and products to avoid. That is why I have been working closely with my colleagues and advocates in the food allergy community to advance the FASTER Act, legislation that updates food allergen labeling laws to include sesame.

Importantly, the FASTER Act also lays critical groundwork for conducting the research necessary to better understand, treat, and, one day, prevent food allergies.

From ingredients in a food product to the prescribing information for a prescription drug, FDA labels play a critical role in protecting public health and empowering Americans to make safe decisions.

This year, our friends in the cancer community brought a real problem to my attention. Despite the important role drug labels play in informing treatment decisions, many generic drug labels are considerably out of date, and there is no existing mechanism to update these labels to reflect new clinical evidence.

That is why I introduced the MODERN Labeling Act, legislation that supports FDA's ability to require modifications to outdated generic drug labels so they reflect new, relevant information.

Accurate, up-to-date generic drug labels are key to optimizing use, enhancing patient benefit, and facilitating greater use of lower cost generics.

These are both important labeling laws, and both labeling bills are bipartisan, commonsense solutions that take important steps to safeguard our public health. I urge my colleagues to support the FASTER Act and the MODERN Labeling Act.

Mr. PALLONE. Mr. Speaker, I ask my colleagues to support this legislation, and I yield back the balance of my time.

Ms. ESHOO. Mr. Speaker, I rise in support of H.R. 2117, the FASTER Act. I'm proud to have advanced this bipartisan bill through my Health Subcommittee and I'm proud to support it on the Floor today.

The FASTER Act was introduced by Representative DORIS MATSUI. It adds sesame as a major allergen for food labeling and allows the FDA, through regulation, to add other food ingredients as major allergens based on the prevalence and severity of allergic reactions to the food ingredient.

The FASTER Act will have an enormous impact on the 32 million Americans living with food allergies and their families.

Hospitalizations for allergic reactions have risen 400 percent over the past decade with 1 in 13 children having a life-threatening food allergy, and many of them are allergic to sesame.

Sesame remains the most common allergen that is NOT required to be written on food labels and is often hidden on labels as "Spices" or "Natural Flavors." Parents and children cannot easily avoid sesame if it's not clearly labeled. Anyone who's ever known a child with a serious food allergy knows how dire a reaction can be.

Over a year ago, the FDA issued a request for information about requiring the sesame allergen label and since then has only taken limited action to address this issue through draft guidance that would allow manufacturers to voluntarily list sesame as an ingredient.

The FDA needs to do more to help curb the risks these children face and the FASTER Act will help the FDA do just that. I urge all my colleagues to support this bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2117, as amended.

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

A motion to reconsider was laid on the table.

## BIPARTISAN SOLUTION TO CYCLICAL VIOLENCE ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5855) to amend the Public Health Service Act to establish a grant program supporting trauma center violence intervention and violence prevention programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5855

*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 ''Bipartisan Solution to Cyclical Violence Act of 2020''.

**SEC. 2. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.**

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

**''SEC. 399V–7. GRANT PROGRAM SUPPORTING TRAUMA CENTER VIOLENCE INTERVENTION AND VIOLENCE PREVENTION PROGRAMS.**

''(a) AUTHORITY ESTABLISHED.—

''(1) IN GENERAL.—The Secretary shall award grants to eligible entities to establish or expand violence intervention or prevention programs for services and research designed to reduce the incidence of reinjury and reincarceration caused by intentional violent trauma, excluding intimate partner violence.

''(2) FIRST AWARD.—Not later than 9 months after the date of enactment of this section, the Secretary shall make the first award under paragraph (1).

''(3) GRANT DURATION.—Each grant awarded under paragraph (1) shall be for a period of three years.

''(4) GRANT AMOUNT.—The total amount of each grant awarded under paragraph (1) for the 3-year grant period shall be not less than $250,000 and not more than $500,000.

''(5) SUPPLEMENT NOT SUPPLANT.—A grant awarded under paragraph (1) to an eligible entity with an existing program described in paragraph (1) shall be used to supplement, and not supplant, any other funds provided to such entity for such program.