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MARKUP OF:

H.R. 4978, NURTURING AND SUPPORTING HEALTHY
BABIES ACT;

H.R. 4641, TO PROVIDE FOR THE ESTABLISHMENT
OF AN INTER-AGENCY TASK FORCE TO REVIEW,
MODIFY, AND UPDATE BEST PRACTICES FOR PAIN
MANAGEMENT AND PRESCRIBING PAIN MEDICATION,
AND FOR OTHER PURPOSES, AS AMENDED BY THE
SUBCOMMITTEE ON HEALTH;

H.R. 3680, CO-PRESCRIBING TO REDUCE
OVERDOSES ACT OF 2015, AS AMENDED BY THE
SUBCOMMITTEE ON HEALTH;

H.R. 3691, IMPROVING TREATMENT FOR PREGNANT
AND POSTPARTUM WOMEN ACT;

H.R. 1818, VETERAN EMERGENCY MEDICAL
TECHNICIAN SUPPORT ACT OF 2015;

H.R. 4981, OPIOID USE DISORDER TREATMENT
EXPANSION AND MODERNIZATION ACT, AS AMENDED
BY THE SUBCOMMITTEE ON HEALTH;

H.R. 3250, DXM ABUSE PREVENTION ACT OF 2015;

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26 H.R. 4969, JOHN THOMAS DECKER ACT OF 2016,
27 AS AMENDED BY THE SUBCOMMITTEE ON HEALTH;
28 H.R. 4586, LALI'S LAW, AS AMENDED BY THE
29 SUBCOMMITTEE ON HEALTH;
30 H.R. 4599, REDUCING UNUSED MEDICATIONS ACT
31 OF 2016, AS AMENDED BY THE SUBCOMMITTEE ON
32 HEALTH;
33 H.R. 4976, OPIOID REVIEW MODERNIZATION ACT
34 OF 2016;
35 H.R. 4982, EXAMINING OPIOID TREATMENT
36 INFRASTRUCTURE ACT OF 2016;
37 H.R. 4889, THE KELSEY SMITH ACT OF 2016, AS
38 AMENDED BY THE SUBCOMMITTEE ON
39 COMMUNICATIONS AND TECHNOLOGY;
40 H.R. 4167, KARI'S LAW ACT OF 2015;
41 H.R. 4111, RURAL HEALTH CARE CONNECTIVITY
42 ACT OF 2015;
43 H.R. 4190, SPECTRUM CHALLENGE PRIZE ACT OF
44 2015;
45 H.R. 3998, SECURING ACCESS TO NETWORKS IN
46 DISASTERS ACT;
47 H.R. 2031, ANTI-SWATTING ACT OF 2015;
48 H.R. 2589, A BILL TO AMEND THE
49 COMMUNICATIONS ACT OF 1943 TO REQUIRE THE
50 FEDERAL COMMUNICATIONS COMMISSION TO PUBLISH

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ON ITS INTERNET WEBSITE CHANGES TO THE RULES
OF THE COMMISSION NOT LATER THAN 24 HOURS
AFTER ADOPTION;
H.R. 2592, A BILL TO AMEND THE
COMMUNICATIONS ACT OF 1934 TO REQUIRE THE
FEDERAL COMMUNICATIONS COMMISSION TO PUBLISH
ON THE WEBSITE OF THE COMMISSION DOCUMENTS
TO BE VOTED ON BY THE COMMISSION;
H.R. 2593, A BILL TO AMEND THE
COMMUNICATIONS ACT OF 1934 TO REQUIRE
IDENTIFICATION AND DESCRIPTION ON THE
WEBSITE OF THE FEDERAL COMMUNICATIONS
COMMISSION OF ITEMS TO BE DECIDED ON
AUTHORITY DELEGATED BY THE COMMISSION; AND
H.R. 5050, PIPELINE SAFETY ACT OF 2016
WEDNESDAY, APRIL 27, 2016
House of Representatives
Committee on Energy and Commerce
Washington, D.C.

The committee met, pursuant to call, at 10:00 a.m., in Room
2123 Rayburn House Office Building, Hon. Fred Upton [chairman of
the committee] presiding.

Members present: Representatives Upton, Barton, Whitfield, Shimkus, Pitts, Walden, Murphy, Burgess, Blackburn, Latta, Harper, Lance, Guthrie, Olson, McKinley, Pompeo, Kinzinger, Griffith, Bilirakis, Johnson, Long, Ellmers, Bucshon, Flores, Brooks, Mullin, Collins, Cramer, Pallone, Rush, Eshoo, Engel, Green, DeGette, Capps, Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney, Welch, Lujan, Tonko, Yarmuth, Clarke, Loeb sack, Schrader, Kennedy, and Cardenas.

Staff present: Gary Andres, Staff Director; Will Batson, Legislative Clerk, Energy and Power, Environment and the Economy; Mike Bloomquist, Deputy Staff Director; Sean Bonyun, Communications Director; Leighton Brown, Deputy Press Secretary; Allison Busbee, Policy Coordinator, Energy and Power; Rebecca Card, Assistant Press Secretary; Karen Christian, General Counsel; Paige Decker, Executive Assistant; Paul Edattel, Chief Health Counsel; Giulia Giannangeli, Legislative Clerk, Commerce, Manufacturing, and Trade; Tom Hassenboehler, Chief Counsel, Energy and Power; A.T. Johnston, Senior Policy Advisor; Peter Kielty, Deputy General Counsel; David McCarthy, Chief Counsel, Environment and the Economy; Brandon Mooney, Professional Staff Member, Energy and Power; Tim Pataki, Professional Staff Member; Graham Pittman, Legislative Clerk; David Redl, Chief Counsel, Telecom; Annelise Rickert, Legislative Associate; Chris Santini, Policy Coordinator, Oversight and Investigations; Dan Schneider, Press Secretary; Adrianna Simonelli, Legislative Associate,

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101 Health; Heidi Stirrup, Health Policy Coordinator; John Stone,
102 Counsel, Health; Josh Trent, Professional Staff Member, Health;
103 Dylan Vorbach, Deputy Press Secretary; Gregory Watson,
104 Legislative Clerk, Communications and Technology; Jen Berenholz,
105 Minority Chief Clerk; Jeff Carroll, Minority Staff Director;
106 Elizabeth Ertel, Minority Deputy Clerk; Kyle Fischer, Minority
107 Health Fellow; Waverly Gordon, Minority Professional Staff
108 Member; Tiffany Guarascio, Minority Deputy Staff Director and
109 Chief Health Advisor; Rick Kessler, Minority Senior Advisor and
110 Staff Director, Energy and Environment; John Marshall, Minority
111 Policy Coordinator; Rachel Pryor, Minority Health Policy Advisor;
112 Alexander Ratner, Minority Policy Analyst; Tim Robinson, Minority
113 Chief Counsel; Samantha Satchell, Minority Policy Analyst; Andrew
114 Souvall, Minority Director of Communications, Outreach and Member
115 Services; Kimberlee Trzeciak, Minority Health Policy Advisor;
116 Megan Velez, Minority FDA Detailee; and Tuley Wright, Minority
117 Energy and Environment Policy Advisor.

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118 The Chairman. Good morning, everybody. We have a busy day
119 or two ahead of us, and I just want to say our goal is to try and
120 stop about noon and continue tomorrow on the unfinished numbers
121 of bills we are going to mark up.

122 So the committee is going to come to order. At the
123 conclusion of opening statements yesterday, the chair called up
124 H.R. 5050, and the bill was open for amendment at any point. And
125 I would like to call up the manager's--the bipartisan manager's
126 amendment offered by myself and Mr. Pallone. If the clerk will
127 read the title.

128 The Clerk. Amendment to H.R. 5050 offered by Mr. Upton.

129 [The Amendment offered by Mr. Upton follows:]

130

131 *****INSERT 1*****

132 The Chairman. The amendment will be considered as read.
133 The staff will distribute the manager's amendment, and I will
134 recognize myself for a brief statement in support of the
135 amendment.

136 Basically, this has four main parts to perfect and clarify
137 our language in the bill. First, perhaps one of the more
138 controversial sections, emergency orders. In similar fashion to
139 our friends on the transportation committee--remember, this is
140 a bill that both committees have under their jurisdiction--we
141 clarified the conditions that would allow PHMSA to issue an
142 emergency order, strengthen the definition of "imminent hazard,"
143 and align the procedures for reviewing an agency decision with
144 those that govern the transportation of hazardous material.

145 The section is much stronger and much tighter, but we have
146 also agreed to further clarify a few points in the report language.
147 It is our intent for PHMSA to consult with owners and operators
148 of pipeline facilities before issuing an order. It is also our
149 expectation that PHMSA will issue final regs to carry out this
150 new authority as quickly as possible. The temporary regulations
151 are just that: temporary.

152 Second, I am proud to say the manager's amendment also
153 includes a new section jointly authored by Mr. Latta and Mr. Welch
154 to find ways to streamline federal regs for small propane
155 facilities that serve communities with affordable and reliable
156 energy. I want to commend both the gentlemen for being leaders.

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157 They represent states that have certainly felt the impact
158 of propane shortages in the winter. Michigan is one of those,
159 by the way, and they also share a commitment to find workable
160 solutions to increase the supply and lower the cost of this
161 valuable fuel, particularly for those in rural areas.

162 Third, the amendment strengthens a study to look at the
163 integrity management plans for oil pipelines, an issue that Mrs.
164 Capps and others on this committee have been focused on. I share
165 Mrs. Capps' concerns--we spoke last week--that some pipelines
166 should be inspected more frequently than they are currently
167 required.

168 And, finally, our language contains language--finally, our
169 amendment contains language from Mr. Engel that reaffirms PHMSA's
170 responsibility to consider cyber and other threats to our national
171 security when issue--in minimum safety standards for liquefied
172 natural gas pipelines. It is important to remember the role that
173 energy security plays in national security.

174 PHMSA has had an important responsibility here for sure, so
175 together these changes amount to significant gains for pipeline
176 safety. And with passage of this amendment and the underlying
177 bill, we are indeed giving PHMSA the tools that they need to get
178 the job done.

179 And I would yield back on my five minutes and recognize the
180 gentleman from New Jersey for five minutes.

181 Mr. Pallone. Thank you, Mr. Chairman. I move to strike the

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last word in support of the manager's amendment.

As I noted in my opening statement last night, the legislation before us today is a reasonable compromise that makes incremental progress in pipeline safety. The amendment before us similarly reflects that spirit of compromise. The amendment addresses a number of concerns raised by Democratic members during the Energy and Power Subcommittee's consideration of the bill.

It also addresses issues raised by Republican members of the subcommittee during that markup. In particular, there is language responding to concerns raised by Representative Capps and others over recent liquid pipeline accidents, such as the Plains All American failure in California last year. There is also a provision responding to issues raised by Representative Engel regarding the need to consider national security and cyber security in setting minimum safety standards for liquefied natural gas, or LNG, facilities.

In addition, the amendment adds language developed by Representatives Latta and Welch requiring the Secretary of Transportation to enter into an agreement with the National Academy of Sciences Transportation and Research Board to conduct a review of propane gas pipeline regulations and industry best practices, among other things.

And, finally, the amendment makes changes to the emergency order authority provided to the Secretary of Transportation in Section 15 to address concerns raised by Republicans and industry.

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207 While I would have preferred to leave the emergency order language
208 untouched, these changes resolve a number of those concerns by
209 conforming the language in our bill to that in the pipeline safety
210 reauthorization reported by the Committee on Transportation and
211 Infrastructure by voice vote last week.

212 So this amendment is a true compromise that I hope makes it
213 possible to move quickly to passage with the support of all members
214 on both sides of the aisle of this committee, and I urge my
215 colleagues to adopt the amendment, and I yield back.

216 The Chairman. The gentleman yields back. The chair--

217 Mr. Pallone. Oh, I am sorry. I would like to yield to our
218 ranking member, Mr. Rush.

219 Mr. Rush. Good morning. Thank you, Ranking Member, for
220 yielding. Mr. Chairman, I just wanted to reiterate the point I
221 made yesterday in my opening statement that this bill represents
222 a bipartisan compromise that resulted from good faith
223 negotiations between the two sides.

224 I would like to applaud you, Mr. Chairman, and Chairman
225 Whitfield, and Ranking Member Pallone, and myself, and I also want
226 to commend the committee staffs on both sides of the aisle for
227 their hard work on this bill.

228 Mr. Chairman, I really want to lift up Mr. Green, Mr. Tonko,
229 Mr. Engel, Mr. Pompeo, and Mr. Latta, to name of the few of the
230 committee members who did extraordinary work on this bill.

231 Mr. Chairman, I would like to highlight in a special way the

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232 work of Mrs. Capps and her staff for their valuable contributions
233 to the underlying bill and the manager's amendment. Mrs. Capps
234 has been extraordinary in her leadership. She has been
235 enlightening. She has really been a breath of fresh air in terms
236 of this whole process, and I really want to commend her.

237 And I am sure her constituents will be proud of the
238 contribution that she had added to this bill in hopes of preventing
239 another catastrophe like the Plains All American bill that
240 referenced parts of her district last year.

241 Mr. Chairman, with that, I yield back to the ranking member.

242 Mr. Pallone. Let me just take back my time. I know we are
243 all saying all of these great things about Lois Capps, but I
244 just--it is really true. Without her making this reauthorization
245 better, you know, it really would not have been possible without
246 the time that she put into it. So, again, I want to thank her
247 in particular. Both of us want to thank her.

248 I yield back, Mr. Chairman.

249 The Chairman. The gentleman yields back. The chair
250 recognizes Mr. Whitfield, the chairman of the Energy and Power
251 Subcommittee.

252 Mr. Whitfield. Thank you very much, Mr. Chairman. I would
253 like to ask a question of legal counsel on this matter. We are
254 giving the Secretary the authority to issue an emergency order
255 if he finds an imminent hazard, and then it is my understanding
256 that there is an opportunity for review under Section 554 of Title

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5.

And if the Department receives this petition for review, do they have a certain length of time in which to act? And if they do not act, what are the consequences?

The Counsel. Yes, sir, they do. Upon petition for review from an entity subject to and adversely affected by--

The Chairman. Is your mic on?

The Counsel. The mic is on. So if a petition for review is not heard within 30 days, then the order expires. It is no longer valid.

Mr. Whitfield. Okay. I just wanted that clarification.

The Chairman. The gentleman yields back. Other members wishing to speak on the manager's amendment? The gentlelady from California, Mrs. Capps.

Mrs. Capps. I am in between microphones, but I wanted to strike the last word. I appreciate the comments of my colleagues. Chairman Upton, Ranking Member Pallone, this markup is an incredibly important topic. The bill we are considering today marks such a good step forward to strengthen the safety standards in place for our nation's pipeline hazardous materials infrastructure.

Many of us share this conviction about the need to address this, and far too many of us have been impacted by failures in our oil and gas infrastructure. These oil spills, gas leaks, facility explosions, are a threat to public health, the

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282 environment, and our local economies. And of course it is not
283 an accident.

284 As long as we rely on fossil fuels for our energy needs, it
285 is only a matter of time until we are faced with another such
286 incident, which is why we need to find ways to minimize the risks
287 associated with this industry, maximize the safety standards,
288 learning from past accidents, ensuring we are instituting the best
289 practices.

290 In the past, we have not always heeded this, but today the
291 bill before us attempts to correct some of these missed
292 opportunities. I am pleased the bill includes language to
293 clarify the term which has been referenced--"high consequence
294 area"--and a provision to study the underlying causes of corrosion
295 and best methods to prevent it.

296 As has been noted already, both of these address problems
297 that were highlighted. And when the Plains Pipeline spill
298 occurred in my district last May, immediately after the spill we
299 are faced with questions about whether the Gaviota coast was in
300 fact a high consequence area and how that uncertainty would impact
301 the response of this bill.

302 Language in this bill will make it clear that this region,
303 but also other sensitive coastal regions around the country, are
304 indeed high consequence areas and subject to more frequent
305 integrity and assessments and additional risk control measures.

306 Similarly, the corrosion study language included in this

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bill will address the heart of the cause of the Plains spill. And if we are going to minimize the risk for future pipeline failures, we must have a better sense of what causes corrosion and how to best prevent it.

The bill also includes emergency order authority, which provides PHMSA with the authority to address industry-wide or systemic problems that require immediate consideration. These are important provisions that will make a real impact on pipeline safety. There is still, of course, room to strengthen this bill, and I am happy to report that the manager's amendment includes some necessary provisions to do just this.

In particular, the amendment addresses the need to review pipeline inspection frequency. There is bipartisan agreement that there are pipelines such as those highlighted in Section 12 that require more frequent inspection than existing standards. However, exactly how to determine which pipelines should be included continues to be a contentious topic.

The manager's amendment would set the stage to gain a better understanding of how to best set assessment frequency. Some will say this is not the perfect bill. I agree. But this compromise will strengthen safety standards, and for that reason it should be supported.

I want to thank the majority for negotiating a new good faith, so that we were able to arrive at a bipartisan agreement, and also Ranking Member Pallone for his commitment to getting the strongest

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332 possible legislation.

333 This is a bill that is being watched very carefully by my
334 community, very critical to its future. I urge the committee's
335 full support, and I am yielding back.

336 The Chairman. The gentlelady yields back. Other members
337 wishing to speak on the manager's amendment? The gentlelady from
338 California, Ms. Eshoo, is recognized for five minutes.

339 Ms. Eshoo. Thank you, Mr. Chairman. I want to thank you
340 and Chairman Whitfield and our ranking member, Mr. Pallone, for
341 bringing this bipartisan bill forward.

342 This pipeline safety issue is one that continues to be a top
343 issue in the county that I reside in in California, San Mateo
344 County. And you have heard me speak on many, many occasions about
345 what took place on September 9, 2010, in the community of San
346 Bruno, where a natural gas pipeline explosion took place. It
347 killed eight people, it injured dozens, and it destroyed 38 homes.
348 If you were to see the area, it really would take your break away
349 in terms of what this explosion did.

350 Since San Bruno, we know that there have been several other
351 oil and natural gas pipeline failures around the country,
352 including the Plains All American pipeline, which Congresswoman
353 Capps has spoken about where it ruptured in Santa Barbara last
354 year, and it also caused the spilling of thousands of gallons of
355 crude oil into the Pacific Ocean.

356 Now, following San Bruno, this committee crafted bipartisan

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legislation to require PHMSA to address specific issues that contributed to the disaster, including automatic and remote shutoff valves, which is very important, enhanced safety requirements for pipelines, and high consequence areas, and requiring the testing of pre-1970 pipelines which are grandfathered from certain pipeline safety regulations.

And this is a very, very important area because it has--this testing of grandfathered pipelines is so critical. The NTSB concluded in its review of the San Bruno case that hydrostatic testing of grandfathered pipelines would have likely exposed the defective pipe that led to the actual pipeline failure.

And PHMSA has been slow to implement the requirements of the 2011 legislation, but last month it did propose important regulations that would address many of the critical mandates in the 2011 bill and the NTSB's recommendations following San Bruno. So I am very pleased that this bill is before us today.

My only concern with the bill is that I think it should include the language that clarifies the ability of private citizens to force PHMSA to perform its required duties. Following the San Bruno explosion, the City and County of San Francisco sued PHMSA for failing to enforce pipeline safety standards in the years leading up to the explosion.

So I just want to end with asking a question. Why wasn't this--and I really don't know--why wasn't this included in the bill? Because I think the language should be restored. We had

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382 it before, but it is missing now.

383 The Chairman. The answer is we just didn't come to an
384 agreement on it, but there was--it was on the table, and at the
385 end, as we put it together, it just didn't make it through.

386 Ms. Eshoo. But what was the reason for it, though?

387 Mr. Shimkus. Will gentlelady yield?

388 Ms. Eshoo. I asked--

389 Mr. Shimkus. I wasn't in the negotiations, but my guess is
390 that we don't have intervenors in every pipeline, in every
391 direction throughout this country to stop the flow of crude oil
392 and basic products. I think that is probably why. There is
393 always a fear about the environmental left using every means to
394 stop fossil fuels.

395 So I think my guess is we don't want to give them multiple
396 bites at the apple to just stop the flow where we know there has
397 been tragedy, especially with natural gas, but the public doesn't
398 really understand how much product goes--how many thousands of
399 miles of pipeline there are in this country.

400 And so I think that is probably the answer. We fear
401 intervention by the liberal left and the environmental community
402 to shut down the flow of crude oil through pipelines.

403 Ms. Eshoo. But this is not--if I might reclaim my time, this
404 is not an environmental question. This is about what PHMSA is
405 required to do, what we require them to do. And if they don't,
406 then citizens will be able to take action. So I don't know--

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407 Mr. Shimkus. If the gentlelady will yield, I think that is--

408 Ms. Eshoo. --liberal environment--

409 Mr. Shimkus. No, no. I--

410 Ms. Eshoo. That is why I am asking the question.

411 Mr. Shimkus. Citizens are citizens, so they could be
412 intervening on behalf of a group that they belong to. So I
413 think--I am just answering the question that you posed.

414 The Chairman. Time has expired.

415 Ms. Eshoo. Yield back.

416 The Chairman. The gentlelady yields back. Other members
417 wishing to speak on the manager's amendment? Mr. Engel for five
418 minutes.

419 Mr. Engel. Thank you, Mr. Chairman. I move to strike the
420 last word. I am pleased that we are working on legislation to
421 improve the safety of our nation's pipelines and pipeline
422 regulation by PHMSA. I want to first of all thank you, Mr.
423 Chairman, and Mr. Whitfield, of course our ranking member, Mr.
424 Pallone and Mr. Rush, for all coming together and really putting
425 forward a good piece of legislation that is a good compromise and
426 something there for everybody and very important, moving in the
427 right direction.

428 I am particularly interested in ensuring that national
429 security and cyber security receive appropriate action in the
430 siting, operation, and maintenance of pipelines. Hostile actors
431 are looking for vulnerabilities in our infrastructure every day.

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In fact, the Department of Justice recently indicted seven Iranian hackers for their role in a cyber-attack on a dam in Rye, New York, on the border of my district just outside, and we have to be vigilant about these threats.

For the last 6 months, I have worked with a group of New Yorkers concerned about the construction of a large natural gas pipeline alongside an old and troubled nuclear power plant, Indian Point. I was shocked to discover how little attention was paid to matters of national security and cyber security throughout the regulatory process.

When siting the pipeline, nobody even bothered to ask the Department of Homeland Security whether its proximity to a leaking nuclear power plant made it a bigger terrorist target. That, in my opinion, is not vigilance.

As a result, I have worked with colleagues on both sides of the aisle to include changes in the manager's amendment and additional language in the committee report implicating consultation with DHS to increase our diligence when it comes to the national security and cyber security of our pipeline infrastructure.

Our actions here today are a step in the right direction, but our efforts to defend our infrastructure are far from complete. I look forward to working with members of this committee on additional legislation that addresses this issue in greater detail. I thank you again, Mr. Chairman, for everything

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457 you have done in this regard, and I yield back.

458 The Chairman. The gentleman yields back. Other members
459 wishing to speak? The gentleman from North Dakota.

460 Mr. Cramer. Thank you, Mr. Chairman. I just want to--I am
461 going to support the manager's amendment, and I will certainly
462 help get the bill to the floor, but I do have some concerns. I
463 think the manager's amendment is fine as far as it goes, and I
464 should state, too, having been a pipeline regulator for a number
465 of years, I have to tell you, I like PHMSA a lot. I think they
466 do good work. I think they are understaffed, but their problem
467 is not that they don't have enough authority.

468 And when I came here, I didn't come here to give more
469 authority to the bureaucracy. I came to try to roll back the
470 bureaucracy's authority and then give them the resources to do
471 the job that they had to do. I think this bill gives them some
472 unbridled authority. I would prefer--and it might help answer
473 Ms. Eshoo's question about why certain language isn't in the
474 amendment or in the bill.

475 This issue of who can be affected, who can be offended, is
476 not a trifling issue. If we open that can of worms up, of course
477 we could see all kinds of opportunity for mischief that has nothing
478 to do with safety. And I think Mr. Shimkus answered that very
479 well.

480 I would like to see more explicit reference to the
481 pre-consultation of industry, for example. I would like to

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clarify or remove the "adversely affected by" language. I would like to clarify who can and who cannot have standing. But that said, those are things that aren't to my clarity or my liking, but I would also say this.

As noble as compromise is, and I think it is a noble goal in a legislative body, I would be all for compromising if we were rolling back regulations and power from the bureaucracy, but we are adding to it. And every compromise doesn't--we are still adding to the bureaucracy, and that concerns me.

So I have an amendment that adds a few things that I am going to not offer later this morning, but I did want to express those concerns and hope that, as this gets to the floor and as we look to bring one of the two bills--either the T&I bill or this one, to the floor--that we can fix it so that it is a little more, you know, pro-development and pro-energy security.

With that, I yield back my time.

The Chairman. The gentleman yields back. Other members wishing to speak on the manager's amendment? The gentleman from California is recognized.

Mr. McNerney. Well, first, I want to thank you, Mr. Chairman, for working with me on the language to provide additional oversight, that of a cost-benefit analysis at OMB and PHMSA. Although I can be certain--although I think that the current structure is somewhat duplicative and can slow the PHMSA ability to move forward quickly, the language we worked on is a

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507 step in the right direction, and I hope that we can keep this
508 language in the bill as we merge with the T&I's version of the
509 bill.

510 I would also like to talk about lost and unaccounted for gas
511 within the transmission and distribution system. This just
512 doesn't refer to leakage as there are more than a dozen different
513 factors that account--that can affect unaccounted for gas.

514 However, as we talk about pipeline safety and how to best
515 improve our nation's aging infrastructure, we can't afford to
516 ignore this issue. One of the best ways for us to get things right
517 is to have the best available data and science. The EPA has said
518 that no studies exist that accurately define the percentage of
519 lost and unaccounted for gas. The EPA is just beginning to learn
520 how little it actually knows about leaks in the oil and gas
521 sectors.

522 We are about to pass a bill that impacts hundreds of thousands
523 of miles of pipeline within the U.S., and we are not addressing
524 lost and unaccounted for gas. This issue deserves additional
525 consideration within our committee, and I hope to work with the
526 chairman on that.

527 Again, I thank Chairman Upton and Ranking Member Pallone for
528 the Safety Act, and I yield back.

529 The Chairman. The gentleman yields back. Other members
530 wishing to speak on the manager's amendment? Seeing none, the
531 vote occurs on the amendment offered by Mr. Upton and Mr. Pallone.

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532 All those in favor will say aye.

533 Those opposed, say no.

534 In the opinion of the chair, the ayes have it. The amendment
535 is agreed to.

536 Are there other bipartisan amendments to the bill? Are
537 there other amendments to the bill? Seeing none, the question
538 now occurs on favorably reporting H.R. 5050, as amended, to the
539 House.

540 All those in favor will say aye.

541 Those opposed, say no.

542 The ayes appear to have it. The ayes have it, and the bill
543 is favorably reported.

544 The chair now calls up H.R. 4641, as amended by the
545 Subcommittee on Health, and asks the clerk to report.

546 [The Bill H.R. 4641 follows:]

547

548 *****INSERT 2*****

549 The Clerk. H.R. 4641, to provide for the establishment of
550 an inter-agency task force to review, modify, and update best
551 practices for pain management, prescribing pain medication, and
552 for other purposes.

553 The Chairman. So without objection, the first reading of
554 the bill is dispensed with. The bill will be open for amendment
555 at any point.

556 Mrs. Brooks. Mr. Chairman, I have an amendment at the desk.

557 The Chairman. The gentlelady has an amendment at the desk.
558 The clerk will report the title of the amendment.

559 The Clerk. Amendment to H.R. 4641, offered by Mrs. Brooks.

560 [The Amendment offered by Mrs. Brooks follows:]

561

562 *****INSERT 3*****

563 The Chairman. And the amendment will be considered read.
564 The staff will distribute the amendment, and the gentlelady from
565 Indiana is recognized for five minutes in support of her
566 amendment.

567 Mrs. Brooks. Thank you, Mr. Chairman. I want to thank the
568 chairman for continuing the bipartisan momentum that we started
569 last week by swiftly moving this bill and the accompanying
570 addiction bills through the full committee process today. While
571 we are moving quickly on this particular package, the committee
572 has meticulously investigated this issue over the past year with
573 multiple hearings and expert witnesses, and the result is a
574 package of solutions focused on prevention and treatment that will
575 help those facing addiction and their families deal with this
576 growing epidemic.

577 H.R. 4641, which I introduced with my colleague,
578 Representative Kennedy, ensures that the recently released CDC
579 guidelines for opioid abuse are updated and reviewed regularly.
580 Every year, 260 million opioids, or one for every single United
581 States adult, with 20 million to spare, is prescribed in America.
582 We need to make sure the prescribing physicians, pharmacists,
583 first responders, law enforcement and, most importantly, family
584 members of addicts have the best guidance, support, and resources
585 to be successful

586 Our bill will ensure that opioid prescribing practices are
587 reviewed, modified, and updated, where needed, by an inter-agency

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588 task force and expert stakeholders from the prescriber, patient,
589 addiction, and recovery community, to reflect best practices
590 going forward.

591 In the course of this debate, I have heard from many of my
592 colleagues, organizations who have demonstrated expertise in this
593 field, that would both enhance the task force's final product and
594 ensure greater stakeholder buy-in. So I am happy that the
595 amendment before us today does that by adding hospitals,
596 pharmacies, state medical boards, and others, to the prescriber
597 task force.

598 If we are going to start solving this very difficult problem,
599 we need a diverse set of ideas representing different viewpoints
600 to an all-buy-in to the solution. And this amendment draws in
601 more experts, enhances the tenor and the conversation, and
602 broadens the potential impact of our task force's work. And I
603 urge my colleagues to support this amendment and the underlying
604 bill, and I yield back.

605 The Chairman. Would the gentlelady yield? Mrs. Brooks?

606 Mrs. Brooks. Yes.

607 The Chairman. Back here behind you.

608 Mr. Shimkus. Yes. I just want to add just one of the most
609 moving meetings I had with a constituent was her fear of us moving
610 too quickly and she wasn't representing an association, she came
611 in because she has severe arthritis, chronic pain, and her fear
612 is she is going to lose access to pain medicine that allows her

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613 to live somewhat of a normal life. She made three points, and
614 I just--it is one that I pretty much remember.

615 Chronic pain is chronic pain. It is never going to go away.
616 They are always going to have it. And that because of that, she
617 is dependent upon pain-relieving medicine to have her live as
618 normal a life as she can, but that doesn't mean she is addicted.

619 So I keep those three things in mind as we move forward. We
620 have got to be concerned about those people who are in chronic
621 pain. They need this to live a normal life. Without this, they
622 are homebound, hospitalized, or they don't add to the society,
623 the community, anymore.

624 So I appreciate that and the focus, and I would just plead
625 for those who suffer from chronic pain that we need to be very,
626 very careful that we don't scare doctors and physicians away from
627 prescribing this to our constituents.

628 And I yield back to my colleague from Indiana.

629 The Chairman. The gentlelady yields back. Other members
630 wishing to speak on the amendment? The gentleman from Texas, Mr.
631 Green.

632 Mr. Green. Mr. Chairman, I want to thank both our
633 colleagues, Congressman Kennedy and Congresswoman Brooks, for
634 this legislation, and I think this amendment is an improvement.
635 There is some concern, and I will follow up my colleague from
636 Illinois about--I represent a blue collar district. There are
637 people who work really hard outside, and they get injured, and

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638 some of them are barely getting along.

639 And if they didn't have the pain medication--but I do want
640 to make sure that--I think this legislation is good, but also that
641 the amendment makes it improved so we can make sure we can get
642 the dosage level in, because we do have an addiction issue in our
643 country, and whether it be in urban areas or rural areas. But
644 I am glad this bill is here, and thank you and Representative
645 Kennedy for doing it.

646 I yield back.

647 The Chairman. The gentleman yields back. Other members
648 wishing to speak? The gentleman from West Virginia, Mr.
649 McKinley.

650 Mr. McKinley. Thank you, Mr. Chairman. Chairman, strike
651 the last word. Mr. Chairman, I appreciate the sponsor of this
652 amendment, Representative Brooks, for working with us to include
653 in her amendment the perspective of rural communities. Mr.
654 Chairman, drug addiction and opioid abuse are a grave and growing
655 concern all across America. But for the most--and for the most
656 part, the last two decades, the deaths resulting from opiates have
657 quadrupled.

658 However, if we are going to be successful, we must make sure
659 that we are just not confronting this problem in our big cities
660 but also in rural America. While addiction is on the rise
661 throughout the United States, the greatest concentration of
662 misuse appears to be in rural areas, much like West Virginia, which

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663 has the highest rate of drug overdose deaths in this country at
664 12.6 per 100,000, almost double the national average.

665 One reason the fatality rate is so high in West Virginia is
666 the demographics of our state. Rural America is not the same as
667 big cities. Take, for example, Tucker County, West Virginia, a
668 population of less than 7,000 people living in a land area of 400
669 square miles. It is twice the size of Chicago, the land mass of
670 Chicago, but yet they don't have a hospital, and they only have
671 two ambulances for the entire county.

672 These rural homeowners are concerned. Imagine if you are
673 a mother or a father or a grandparent of a child who has overdosed
674 on opioids there. Your options are limited. If your child does
675 not receive the proper care and treatment within that medical
676 golden hour, the chances of a positive outcome dwindle.

677 For folks living in--for families living in rural
678 communities throughout America, this amendment gives them a voice
679 on the task force by including a representative from the Health
680 Resources and Services Administration, federal Office of Rural
681 Health Policy, this is important. It provides a unique set of
682 challenges, and it is important that they have a voice on the task
683 force looking to combat drug abuse and addiction.

684 I yield back my time.

685 The Chairman. The gentleman yields back. Other members
686 wishing to speak on the Brooks amendment? Seeing none, the vote
687 occurs on the Brooks amendment.

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688 Those in favor will say aye.

689 Those opposed, say no.

690 In the opinion of the chair, the ayes have it. The ayes have
691 it, and the amendment is agreed to.

692 Are there further amendments to the bill? Seeing none, the
693 question now occurs on favorably reporting H.R. 4641, as amended,
694 to the House.

695 All those in favor will signify by saying aye.

696 Those opposed, say no.

697 The ayes have it. The ayes have it, and the bill is favorably
698 reported.

699 The chair now calls up H.R. 4978 and asks the clerk to report.

700 [The Bill H.R. 4978 follows:]

701

702 *****INSERT 4*****

703 The Clerk. H.R. 4978, to require the Government
704 Accountability Office to submit to Congress a report on neonatal
705 abstinence syndrome in the United States and treatment under
706 Medicaid.

707 The Chairman. Without objection, the first reading of the
708 bill is dispensed with, and the bill will be open for amendment
709 at any point. Are there any bipartisan amendments to the bill?
710 The chair would recognize the gentleman from Pennsylvania, Mr.
711 Pitts--

712 Mr. Pitts. Thank you, Mr.--

713 The Chairman. --who has an amendment at the desk. The
714 clerk will report the title.

715 The Clerk. Amendment to H.R. 4978, offered by Mr. Pitts.

716 [The Amendment offered by Mr. Pitts follows:]

717

718 *****INSERT 5*****

719 The Chairman. And the amendment will be considered as read.
720 The staff will distribute the amendment, and the gentleman is
721 recognized for five minutes in support of his amendment.

722 Mr. Pitts. Thank you, Mr. Chairman. This is a bipartisan
723 amendment offered by myself and Mr. Yarmuth
724 concerning--containing two common sense measures. The first
725 policy would encourage the continued development of abuse
726 deterrent formulations of prescription drugs by exempting these
727 formulations from the definition of "line extension" when
728 calculating the Medicaid rebate.

729 Today, due to a drafting error in current law, such
730 formulations are subject to a higher rebate under the Medicaid
731 program than Congress intended. The President's fiscal year 2017
732 budget proposed to correct this error, noting such a change would
733 "incentivize continued development of abuse deterrent
734 formulations." The FDA has said that it "considers the
735 development of these products a high public health priority."

736 Since abuse deterrent formulations represent a critically
737 important tool in the federal policy toolbox, this policy change
738 will help ensure that there is continued investment in these
739 technologies, which will help reduce the number of patients who
740 abuse opioid drugs.

741 The second policy in this amendment is a common sense measure
742 from the President's fiscal year 2017 budget that would protect
743 from disclosure the program integrity algorithms used to combat

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744 fraud in Medicare, Medicaid, and CHIP. Today, the mathematical
745 algorithms that CMS uses in Medicare are vital to uncovering
746 fraud, waste, and abuse.

747 But if various aspects of these anti-fraud tools were to
748 become public fraudsters could utilize the information to harm
749 the program or beneficiaries. And this policy would protect
750 taxpayers, save dollars, by preventing the details of anti-fraud
751 efforts from being disclosed.

752 These two policies are common sense, they are bipartisan,
753 good government policies, that help protect patients and
754 taxpayers. I urge my colleagues to vote for the amendment and
755 yield back.

756 The Chairman. The gentleman yields back. The gentleman
757 from Kentucky is recognized.

758 Mr. Yarmuth. Thank you, Mr. Chairman. I am very pleased
759 to joint Mr. Pitts in offering this bipartisan amendment.
760 Medicaid beneficiaries are at the front and center of the opioid
761 crisis. Unbelievably, though, our nation's most vulnerable
762 populations are twice as likely to be prescribed opioid drugs as
763 compared with the general population.

764 Moreover, Medicaid enrollees account for 45 percent of
765 overdose deaths and have six times the risk. I am proud of the
766 work that the Medicaid program has done with states over the last
767 year to promote innovation and comprehensive substance abuse
768 treatment strategies, and to address the overprescribing of

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769 opioids to Medicaid beneficiaries.

770 However, this amendment builds on those efforts and consists
771 of two common sense bipartisan policies. These policies will
772 incentivize the development of abuse deterrent opioid drugs and
773 will preserve and protect CMS's highly advanced program integrity
774 algorithms that are a key part of our efforts to fight fraud in
775 Medicaid, Medicare, and CHIP.

776 We must promote the development of abuse deterrent
777 formulations of opioids while aggressively pursuing efforts to
778 combat fraudulent prescribing and dispensing as well as so-called
779 pharmacy shopping by those suffering an opioid addiction. This
780 amendment addresses both concerns, and I urge my colleagues to
781 support it.

782 I yield back.

783 The Chairman. Other members wishing to speak? The chair
784 recognizes the gentleman from New Jersey for five minutes.

785 Mr. Pallone. Thank you, Mr. Chairman. I just wanted to say
786 a few words in support of this amendment. Nationwide,
787 prescription drug abuse increased dramatically in the past
788 decade, and the Medicaid program is at the center of the opioid
789 crisis.

790 As some of my colleagues have mentioned, as we debated this
791 opioid crisis in committee, Medicaid participants are twice as
792 likely to be prescribed painkillers as their privately insured
793 counterparts and account for 45 percent of overdose deaths and

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794 have six times risk of an overdose death. And these are, you know,
795 pretty eye-opening statistics.

796 I want to commend the administration's work to address the
797 opioid crisis in the Medicaid program, and the Medicaid program
798 has done a huge amount of work with states over the last year to
799 promote comprehensive substance abuse treatment strategies and
800 address overprescribing of opioids to Medicaid beneficiaries.
801 However, this amendment builds on those efforts and consists of
802 two common sense bipartisan policies.

803 These policies will incentivize the development of abuse
804 deterrent formulations of opioid drugs and will preserve and
805 protect CMS's highly advanced program integrity algorithms that
806 are a key part of our fraud-fighting efforts for Medicare as well
807 as Medicaid and CHIP. And both policies are recommended in the
808 President's budget, and I support this amendment; again, another
809 example of our bipartisan work here.

810 Thank you. I yield back.

811 The Chairman. The gentleman yields back. Other members
812 wishing to speak on the amendment? Seeing none, the vote occurs
813 on the amendment offered by Mr. Pitts and Mr. Yarmuth.

814 All those in favor will say aye.

815 Those opposed, say no.

816 In the opinion of the chair, the ayes have it. The amendment
817 is agreed to.

818 Are there further amendments to the bill? Seeing none, the

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819 question now occurs on favorably reporting H.R. 4978, as amended,
820 to the House.

821 All those in favor will say aye.

822 Those opposed, say no.

823 The ayes appear to have it. The ayes have it. The bill is
824 favorably reported.

825 The chair now calls H.R. 1818 and asks the clerk to report.

826 [The Bill H.R. 1818 follows:]

827

828 *****INSERT 6*****

829 The Clerk. H.R. 1818, to amend the Public Health Service
830 Act to provide grants to states to streamline state requirements
831 and procedures for veterans and military emergency medical
832 training to become civilian emergency medical technicians.

833 The Chairman. And without objection, the first reading of
834 the bill is dispensed with. The bill will be open for amendment
835 at any point. Are there any bipartisan amendments to the bill?
836 Are there any amendments to the bill? The chair would recognize
837 the gentleman from Illinois, Mr. Kinzinger.

838 Mr. Kinzinger. Thank you, Mr. Chairman. I have an
839 amendment.

840 The Chairman. And the clerk will report the title of the
841 amendment.

842 The Clerk. Amendment to H.R. 1818 offered by Mr. Kinzinger.

843 [The Amendment offered by Mr. Kinzinger follows:]

844

845 *****INSERT 7*****

846 The Chairman. And the amendment will be considered as read.
847 The staff will distribute the amendment, and the gentleman from
848 Illinois is recognized for five minutes in support of his
849 amendment.

850 Mr. Kinzinger. Thank you, Mr. Chairman. This is just a
851 simple technical correction to change the title from 2015 to 2016.
852 I want to personally thank Congresswoman Capps for working with
853 me on this for a long time, and thank the committee.

854 This a good bill for veterans and for rural communities that
855 find themselves having a hard time recruiting EMTs for their fire
856 departments or their hospitals. And I would request the
857 committee's support on this and thank the chairman for considering
858 it, and I yield back.

859 The Chairman. The gentleman yields back. The chair would
860 recognize the gentlelady from California, Mrs. Capps.

861 Mrs. Capps. Thank you. I wanted to have a moment to thank
862 my colleague for working with me on this and me for working--well,
863 we worked together on the Veteran Emergency Medical Technician
864 Support Act.

865 I just want to say why this bill is so important to me. We
866 know that we have some of the most highly trained medical
867 professionals in the world while they are in the military. These
868 men and women receive the best technical training in emergency
869 medicine, and it is all tested on the battlefield in very extreme
870 circumstances.

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871 But when they return home, these medics return back to
872 civilized or so-called civilized life, or civilian life, and they
873 attempt to apply their skills to work in the civilian EMT sector.
874 They are forced to start at square one as though they had never
875 had any experience on the battlefield. Repeating coursework
876 isn't just a waste of time; it is also very expensive.

877 So, similarly, when an EMT leaves to serve in the military,
878 their civilian certifications can lapse while they are away. We
879 have a tremendous need for qualified emergency medical
880 technicians in this country, but this discrepancy is keeping
881 qualified veterans out of the civilian workforce. We need these
882 valuable medical personnel in our communities, especially as we
883 now face this opioid crisis. The two topics go together.

884 So we need to pass this bill because it provides a small but
885 meaningful step to address these problems. VETS EMT will help
886 our states streamline their certification processes so that the
887 military medical training can be accounted for when applying for
888 civilian licensure.

889 So I, again, urge full support for this bill to help our
890 talented military men and women join the health workforce and
891 continue to make a difference at home after doing such tremendous
892 work abroad. And I will yield to anyone or I will yield back.
893 I yield back.

894 The Chairman. The gentlelady yields back. Other members
895 wishing to speak on the amendment? Seeing none, the vote occurs

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896 on favorably reporting H.R. 1818, as amended, to the House.

897 All those in favor so say aye.

898 Those opposed, say no.

899 The ayes appear to have it. The ayes have it. The bill is
900 favorably reported.

901 The chair now calls up H.R. 4981, as amended by the
902 Subcommittee on Health, and asks the clerk to report.

903 [The Bill H.R. 4981 follows:]

904

905 *****INSERT 8*****

906 The Clerk. H.R. 4981, to amend the Controlled Substances
907 Act to improve access to opioid use disorder treatment.

908 The Chairman. Without objection, the first reading of the
909 bill is dispensed with. The bill will be open for amendment at
910 any point.

911 Mr. Bucshon. Mr. Chairman?

912 The Chairman. Are there amendments? Are there--

913 Mr. Bucshon. Mr. Chairman?

914 The Chairman. Dr. Bucshon is recognized for five minutes.

915 Mr. Bucshon. Yes. Mr. Chairman, H.R. 4981, the Opioid Use
916 Disorder Treatment Expansion and Modernization Act, is the
917 product of months of stakeholder engagement, expert input, and
918 bipartisan negotiation.

919 The opioid epidemic has left no area of this nation
920 untouched. Every week we hear from our constituents and see it
921 in the news, the direct impact this has on Americans' everyday
922 lives. The evidence is clear that this epidemic is growing and
923 it will continue to grow unless immediate action is taken.

924 As a doctor, a father, and a public policymaker, I want to
925 do my part to help our communities overcome this challenge. That
926 is why I am proud to offer H.R. 4981, the Opioid Use Disorder
927 Treatment Expansion and Modernization Act today with my colleague
928 from New York, Mr. Tonko.

929 We have worked side by side over the past several months to
930 find common ground and move forward with a good policy solution.

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Again, our final bill represents months of stakeholder engagement and bipartisan work to improve access and quality of treatment for opioid use disorder while limiting diversion.

Our legislation increases access to opioid use disorder treatment where it is needed most by lifting prescribing caps in a responsible and measured manner and provides a new class of capable practitioners and nurse practitioners and physician assistants the opportunity to train to become a waived a prescriber.

It empowers physicians through education, training, and quality of care measures, allowing them to make informed decisions in the prescribing process for opioid use disorder treatment. It also encourages a multi-prong approach to opioid use disorder treatment by providing physicians and patients education on a wider range of treatment options. And it deters bad actors, both on the physician and patient side, by implementing physician-crafted diversion control plans and giving HHS the tools to ensure physician compliance with best practices to rein in the abusive and overprescription epidemic.

Again, I want to thank my friend, Congressman Tonko, and all those who informed us throughout this process, and I look forward to H.R. 4981's passage here and on the House floor. I yield.

The Chairman. The gentleman yields back. Other members wishing to offer an amendment to the bill?

Mr. Bucshon. Yes. I do have a bipartisan amendment, Mr.

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956 Chairman.

957 The Chairman. The gentleman has an amendment to the bill.

958 The clerk will report the title.

959 The Clerk. Amendment to H.R. 4981, offered by Mr. Bucshon.

960 [The Amendment offered by Mr. Bucshon follows:]

961

962 *****INSERT 9*****

963 The Chairman. And the amendment will be considered as read.
964 The staff will distribute the amendment, and the gentleman--who
965 is your bipartisan sponsor, Dr. Bucshon?

966 Mr. Bucshon. No, I think it is--I misspoke. It is a
967 manager's amendment type.

968 The Chairman. Okay. It is just a Bucshon amendment?

969 Mr. Bucshon. Yes.

970 The Chairman. And the gentleman is recognized for five
971 minutes in support of his amendment?

972 Mr. Bucshon. Yes. Thank you, Mr. Chairman. My amendment
973 is technical in nature and clarifies the scope of the HHS report
974 to Congress required in our bill. I urge my colleagues to support
975 its adoption, and I yield back.

976 The Chairman. The gentleman yields back. Other members
977 wishing to speak on the amendment? The gentleman from New York,
978 Mr. Tonko.

979 Mr. Tonko. Thank you, Mr. Chair. In yesterday's markup
980 proceedings, I thanked Representative Bucshon and his staff for
981 the work, and the staff of the committee, to be able to bring this
982 bill before us. And I think it is a strong bill, it is one that
983 will be of great assistance, and this amendment is solely
984 technical in nature, and ask that the committee members support
985 it. And with that, I yield back.

986 The Chairman. The gentleman yields back. Other members
987 wishing to speak on the amendment? The gentlelady from

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988 California, Mrs. Capps.

989 Mrs. Capps. Thank you, Mr. Chairman. I move to strike the
990 last word. And in support of the Opioid Use Disorder Treatment
991 and Expansion Modernization Act, this bill represents months of
992 work across the aisle to find effective solutions to help people
993 with opioid addiction access the best treatments available.

994 To combat opioid crisis, we need to support all avenues of
995 prevention, treatment, and care, including access to
996 medication-assisted treatment. But we know that far too many
997 individuals who need and want help to curb their opioid addiction
998 cannot access it.

999 The bill before us recognizes this lack of capacity and would
1000 correct a longstanding omission that keeps certain providers,
1001 namely nurse practitioners and physician assistants from being
1002 a part of the solution. I am pleased that this has already been
1003 referenced in our discussion.

1004 Nurse practitioners and physician--PAs, physician
1005 assistants, are the primary care providers for millions of
1006 Americans. They have extensive training and the ability to work
1007 meaningfully with patients affected by opioid abuse. And while
1008 their scope of practice, including prescribing abilities, are
1009 traditionally regulated at the state level, federal law
1010 needlessly prohibits them from prescribing Schedule 3, 4, or 5
1011 drugs for treatment of opioid addiction, even when they can
1012 prescribe these drugs for other indications.

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1013 This is detrimental to our fight against this opioid
1014 epidemic. In communities all across America, individuals are
1015 suffering because a shortage of providers exists who can treat
1016 them with buprenorphine. This bill before us would fix this
1017 discrepancy and allow these valuable health care providers to join
1018 the fight against opioid abuse in line with their current
1019 prescribing allowance as determined by their state. Health
1020 professionals play a vital role in ensuring patient health and
1021 safety.

1022 With this bill, we would make meaningful progress by
1023 expanding the number of health care providers who are able to help
1024 those in need. I urge my colleagues to support this bill, so we
1025 can continue the momentum in combatting this crisis and expand
1026 access to care. We have to knock down artificial barriers such
1027 as the one this amendment addresses to care once and for all for
1028 everyone.

1029 I yield back.

1030 The Chairman. The gentlelady yields back. The chair
1031 recognizes the gentleman from Pennsylvania, Dr. Murphy, for five
1032 minutes.

1033 Mr. Murphy. Thank you, Mr. Chair. I will just be brief.
1034 I wanted to strike the last word, but I want to comment on some
1035 wording added in the manager's amendment which is extremely
1036 important. We know that when someone is on buprenorphine, or the
1037 medication, I know a study was done in Pennsylvania and found that

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1038 like 59 percent of patients did not have any counseling in the
1039 year that buprenorphine was prescribed.

1040 That is a concern because we know from our hearings we had
1041 here in the Oversight and Investigations Subcommittee--and as you
1042 mentioned before, Mr. Chairman--that very few people are getting
1043 any treatment. Only 10 percent have evidence-based care. It is
1044 extremely essential that to make medication-assisted treatment
1045 work, to have other counseling that is done by someone who is a
1046 counselor dealing with drug and alcohol because we want these
1047 people to not just have government-sponsored drugs but to make
1048 sure that we are helping them on the road to recovery.

1049 So the language is going to require a report to Congress
1050 access to the use of counseling and recovery support services,
1051 including the percentage of patients receiving such services, is
1052 extremely important in this bill, and I thank you, Mr. Chairman,
1053 for including that information in the bill. And with that, I
1054 yield back.

1055 The Chairman. The gentleman yields back. Other members
1056 wishing to speak on the amendment offered by the gentleman from
1057 Indiana, Dr. Bucshon? Seeing none, the vote occurs on the
1058 amendment offered by Dr. Bucshon.

1059 All those in favor will say aye.

1060 Those opposed, say no.

1061 In the opinion of the chair, the ayes have it. The amendment
1062 is agreed to.

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1063 Are there further amendments to the bill? The gentlelady
1064 from Colorado has an amendment at the desk.

1065 Ms. DeGette. Thank you.

1066 The Chairman. The clerk will report the title.

1067 The Clerk. What is the number of the amendment?

1068 The Chairman. I think it is 2.

1069 Ms. DeGette. It should be Amendment 2 on this bill.

1070 The Clerk. Amendment to H.R. 4981, offered by Ms. DeGette.

1071 [The Amendment offered by Ms. DeGette follows:]

1072

1073 *****INSERT 10*****

1074 The Chairman. And the amendment will be considered as read.
1075 The staff will distribute the amendment, and the gentlelady from
1076 Colorado is recognized for five minutes in support of her
1077 amendment.

1078 Ms. DeGette. Thank you very much, Mr. Chairman. What this
1079 amendment does is it increases the cap on the number of patients
1080 physicians can treat at a given time with buprenorphine to 500.

1081 I want to thank Mr. Bucshon and Mr. Tonko for doing this bill.
1082 It is a very important bill. And as Mr. Murphy said, we had a
1083 number of hearings in the Oversight and Investigations
1084 Subcommittee last year on the subject of the opioid epidemic.
1085 What we heard was really sobering.

1086 Every day, 78 Americans die from an opioid-related overdose,
1087 and between 1999 and 2010 the death rate from prescription opioids
1088 more than quadrupled. And we also know that the epidemic is
1089 worsening. Just last year, the number of prescription opioid
1090 overdoses jumped another 9 percent, and overdoses due to heroin
1091 increased by 26 percent. But as we heard in our series of O&I
1092 hearings, the public health and treatment infrastructure hasn't
1093 kept pace with this expanding epidemic.

1094 We had federal, state, and local health officials and public
1095 health experts who told us of widespread and pervasive shortages
1096 in treatment capacity throughout the United States, in urban
1097 areas, in rural areas, everywhere. Only 1 in 10 individuals
1098 suffering from substance abuse receive any form of treatment, and

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1099 only a fraction of those receive evidence-based treatments,
1100 including Medication-Assisted Treatment or MAT, such as bupe.

1101 Now, bupe has been proven both safe and effective in
1102 decreasing the number of fatal overdoses, increasing patients'
1103 retention in treatment, and reducing the risk of infectious
1104 disease transmission. Coupled with prenatal care in pregnant
1105 women who are addicted to opioids, it also reduces the risk of
1106 obstetrical, fetal, and neonatal complications. But despite
1107 strong evidence supporting the use of this as a public health
1108 intervention, access to bupe remains limited.

1109 There was one study that the University of Washington did,
1110 which said that 53 percent of U.S. counties don't have a single
1111 physician who can prescribe this drug. The situation is
1112 particularly dire in rural counties where over 80 percent don't
1113 have a single waived bupe prescriber. So when you expand access
1114 to bupe, it is going to be critical to addressing this crisis,
1115 and I support strongly this bill which expands access by
1116 increasing the cap on the number of patients.

1117 But the problem is, when you only increase the cap of patients
1118 to 250 as this bill does, then you are not going to be able to
1119 get the kind of access to treatment that patients, particularly
1120 in rural areas, need. So I think that if you give addiction
1121 specialists and physicians who have taken extensive continuing
1122 medical education the ability to prescribe bupe, if you increase
1123 that up to 500 patients per physician, that will actually give

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1124 patients the access that they need to this type of treatment.

1125 And as Mr. Murphy said, this type of treatment is a very
1126 skilled medical treatment that you need, and so not just every
1127 doctor can do it. They don't have that medical training to do
1128 it. These are providers with specialized knowledge and training
1129 to treat patients struggling with addiction. They can be trusted
1130 to exercise their professional judgment and manage their patient
1131 loads appropriately.

1132 I think probably we should remove the cap entirely. I don't
1133 know of any other situation where we have arbitrary limits on the
1134 number of patients that a provider can treat with a particular
1135 prescription drug. And in any other area of medicine, we wouldn't
1136 even consider proposals that amount to rationing of medical care,
1137 especially when there are so few trained professionals.

1138 But here is why I am offering this amendment is the Senate
1139 Heath Committee has passed an amendment on a bipartisan basis that
1140 sets a 500-patient cap. And I think we could do that now very
1141 safely while protecting the integrity of this training and
1142 counseling that we are having, and also adding the new set of
1143 guardrails under H.R. 4981.

1144 I suspect that once we pass these bills through the House
1145 and the Senate with a cap of 500, we may want to go back at some
1146 point and revisit that, but in the meantime 500 will vastly improve
1147 our ability to respond to this crisis on a widespread geographic
1148 basis. And so I would urge my colleagues to support this

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1149 amendment, and I yield back.

1150 The Chairman. The gentlelady yields back. The chair would
1151 recognize the gentleman from Indiana, Dr. Bucshon.

1152 Mr. Bucshon. Thank you, Mr. Chairman. This bill is a
1153 bipartisan agreement born of good faith and negotiations over a
1154 number of months, and informed by experts and stakeholders in a
1155 transparent process. We had assistance from Department of Health
1156 and Human Services, and they noted proposals for higher caps than
1157 the 200 they proposed, specifically noting a cap of 500, and said
1158 they do not believe a provider could actually treat that number
1159 of patients while providing high quality care.

1160 Given the data from HHS, which they clearly did their
1161 homework, and outside experts and other stakeholders, I believe
1162 that 250 patients is a reasonable compromise to ensure patients
1163 can find the care they need and that physicians can maintain
1164 quality practices.

1165 For these reasons, I urge my colleagues to vote no on this
1166 amendment, and I yield back.

1167 The Chairman. The gentleman yields back. Other members
1168 wishing to speak on the amendment? Seeing none, the vote occurs
1169 on the amendment offered by the gentlelady from Colorado. A
1170 recorded vote has been asked for. The clerk will call the roll.

1171 The Clerk. Mr. Barton.

1172 [No response.]

1173 Mr. Whitfield.

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1174 Mr. Whitfield. No.
1175 The Clerk. Mr. Shimkus.
1176 [No response.]
1177 Mr. Pitts.
1178 Mr. Pitts. No.
1179 The Clerk. Mr. Walden.
1180 Mr. Walden. No.
1181 The Clerk. Mr. Murphy.
1182 Mr. Murphy. No.
1183 The Clerk. Mr. Burgess.
1184 Mr. Burgess. No.
1185 The Clerk. Ms. Blackburn.
1186 Mrs. Blackburn. No.
1187 The Clerk. Mr. Scalise.
1188 [No response.]
1189 Mr. Latta. Mr. Latta.
1190 Mr. Latta. No.
1191 The Clerk. Mrs. McMorris Rodgers.
1192 [No response.]
1193 Mr. Harper.
1194 Mr. Harper. No.
1195 The Clerk. Mr. Lance.
1196 Mr. Lance. No.
1197 The Clerk. Mr. Guthrie.
1198 Mr. Guthrie. No.

1199 The Clerk. Mr. Olson.
1200 [No response.]
1201 Mr. McKinley.
1202 Mr. McKinley. No.
1203 The Clerk. Mr. Pompeo.
1204 Mr. Pompeo. No.
1205 The Clerk. Mr. Kinzinger.
1206 [No response.]
1207 Mr. Griffith.
1208 [No response.]
1209 Mr. Bilirakis.
1210 Mr. Bilirakis. No.
1211 The Clerk. Mr. Johnson.
1212 Mr. Johnson. No.
1213 The Clerk. Mr. Long.
1214 Mr. Long. No.
1215 The Clerk. Mr. Bucshon.
1216 Mr. Bucshon. No.
1217 The Clerk. Mr. Flores.
1218 Mr. Flores. No.
1219 The Clerk. Ms. Brooks.
1220 Ms. Brooks. No.
1221 The Clerk. Mr. Mullin.
1222 Mr. Mullin. No.
1223 The Clerk. Mr. Hudson.

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1224 [No response.]

1225 Mr. Collins.

1226 Mr. Collins. No.

1227 The Clerk. Mr. Cramer.

1228 [No response.]

1229 Ms. Ellmers.

1230 Mrs. Ellmers. No.

1231 The Clerk. Mr. Pallone.

1232 Mr. Pallone. Aye.

1233 The Clerk. Mr. Pallone votes aye.

1234 Mr. Rush.

1235 Mr. Rush. Aye.

1236 The Clerk. Mr. Rush votes aye.

1237 Ms. Eshoo.

1238 Ms. Eshoo. Aye.

1239 The Clerk. Ms. Eshoo votes aye.

1240 Mr. Engel.

1241 Mr. Engel. Aye.

1242 The Clerk. Mr. Engel votes aye.

1243 Mr. Green.

1244 Mr. Green. Aye.

1245 The Clerk. Mr. Green votes aye.

1246 Ms. DeGette.

1247 Ms. DeGette. Aye.

1248 The Clerk. Ms. DeGette votes aye.

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1249 Mrs. Capps.

1250 Mrs. Capps. Aye.

1251 The Clerk. Mrs. Capps vote aye.

1252 Mr. Doyle.

1253 [No response.]

1254 Ms. Schakowsky.

1255 Ms. Schakowsky. Aye.

1256 The Clerk. Ms. Schakowsky votes aye.

1257 Mr. Butterfield.

1258 Mr. Butterfield. Aye.

1259 The Clerk. Mr. Butterfield votes aye.

1260 Ms. Matsui.

1261 Ms. Matsui. Aye.

1262 The Clerk. Ms. Matsui votes aye.

1263 Ms. Castor.

1264 Ms. Castor. Aye.

1265 The Clerk. Ms. Castor votes aye.

1266 Mr. Sarbanes.

1267 Mr. Sarbanes. Aye.

1268 The Clerk. Mr. Sarbanes votes aye.

1269 Mr. McNerney.

1270 Mr. McNerney. Aye.

1271 The Clerk. Mr. McNerney votes aye.

1272 Mr. Welch.

1273 Mr. Welch. Aye.

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1274 The Clerk. Mr. Welch votes aye.
1275 Mr. Lujan.
1276 Mr. Lujan. Aye.
1277 The Clerk. Mr. Lujan votes aye.
1278 Mr. Tonko.
1279 Mr. Tonko. Aye.
1280 The Clerk. Mr. Tonko votes aye.
1281 Mr. Yarmuth.
1282 Mr. Yarmuth. Aye.
1283 The Clerk. Mr. Yarmuth votes aye.
1284 Ms. Clarke.
1285 Ms. Clarke. Aye.
1286 The Clerk. Ms. Clarke votes aye.
1287 Mr. Loeb sack.
1288 [No response.]
1289 Mr. Schrader.
1290 Mr. Schrader. Aye.
1291 The Clerk. Mr. Schrader votes aye.
1292 Mr. Kennedy.
1293 Mr. Kennedy. Aye.
1294 The Clerk. Mr. Kennedy votes aye.
1295 Mr. Cardenas.
1296 Mr. Cardenas. Aye.
1297 The Clerk. Mr. Cardenas votes aye.
1298 Chairman Upton.

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1299 The Chairman. Votes no.

1300 The Clerk. Chairman Upton votes no.

1301 The Chairman. Other members wishing to cast a vote? Mr.

1302 Shimkus.

1303 Mr. Shimkus. No.

1304 The Clerk. Mr. Shimkus votes no.

1305 The Chairman. Mr. Olson.

1306 Mr. Olson. No.

1307 The Clerk. Mr. Olson votes no.

1308 The Chairman. Other members? Mr. Cramer.

1309 Mr. Cramer. No.

1310 The Clerk. Mr. Cramer votes no.

1311 The Chairman. Other members wishing to cast a vote? Seeing

1312 none, the clerk will report the tally.

1313 The Clerk. Mr. Chairman, on that vote there are 17 ayes and

1314 29 noes.

1315 The Chairman. All right. Can you just check that count

1316 again, just--is that right?

1317 The Clerk. Mr. Chairman, on that vote there are 21 ayes and

1318 25 noes.

1319 The Chairman. 21 ayes, 25 noes. The amendment is not

1320 agreed to.

1321 Are there further amendments to the bill? The gentleman

1322 from New Jersey has an amendment at the desk?

1323 Mr. Pallone. I do. Yes, I think there is only one, 01.

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1324 The Chairman. The clerk will report the title of the
1325 amendment 01.

1326 The gentleman was not recorded, but the vote has been closed.
1327 Sorry. We have called up the next amendment already.

1328 The clerk will report the title of the amendment.

1329 The Clerk. Amendment to H.R. 4981, offered by Mr. Pallone.

1330 [The Amendment offered by Mr. Pallone follows:]

1331

1332 *****INSERT 11*****

1333 The Chairman. And the amendment will be considered as read.
1334 The gentleman from--staff will distribute the amount. The
1335 gentleman from New Jersey is recognized for five minutes in
1336 support of his amendment.

1337 Mr. Pallone. Mr. Chairman, I would like to offer an
1338 amendment. It is simple. It would increase the cap on the number
1339 of patients physicians can treat at a given time with bupe to 300.

1340 As I have stated before, I find the existence of a cap on
1341 the number of patients a provider can treat with a particular
1342 medication to be totally nonsensical. In every other area of
1343 medicine, we trust health care providers to manage their patient
1344 load responsibly. In this instance, we are not trusting doctors
1345 who are on the front lines of this crisis to use their professional
1346 judgment in order to provide treatment for individuals facing the
1347 battle of their lives with opioid addiction.

1348 The DATA 2000 framework is outdated, unscientific, and seems
1349 to be rooted in stigma and prejudice against people with substance
1350 abuse disorders rather than scientific evidence. Proposals to
1351 ration the amount of prescription drugs a provider can dispense
1352 for any other medical condition would be uniformly met with
1353 consternation from members on both sides of the aisle.

1354 But we treat addiction differently because society continues
1355 to view it as a moral failing or a flaw of character rather than
1356 as a medical condition and a chronic disease. So I think it is
1357 time for our attitudes and for this outdated statutory regime to

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1358 catch up with the science.

1359 As a result of this misguided policy, patients suffering from
1360 heroin and opioid abuse face a critical lack of access to
1361 evidence-based treatments, particularly bupe. As I mentioned
1362 during the subcommittee markup, Dr. Waller provided written
1363 testimony on the TREAT Act that with regards to treatment with
1364 bupe, over half of physicians surveyed by the American Society
1365 of Addiction Medicine had a wait list of over 100 patients.

1366 Personally, I find the existence of wait lists for patients
1367 in crisis to be unconscionable. Every day a patient is left
1368 waiting for treatment is another day that patient remains at risk
1369 for a potentially fatal overdose. I think it is important to note
1370 that in addition to the clear detriment to public health these
1371 wait lists create ripple effects on our criminal justice system.

1372 During our discussions of the regulations surrounding bupe
1373 in the DATA 2000 framework, many have tried to weigh the risks
1374 of Medicaid diversion. While this is an important concern, I am
1375 worried that we are viewing diversions through the wrong lens.
1376 A recent study by the Journal of American Medicine noted that,
1377 and I quote, "Attempting but failing to enter an outpatient bupe
1378 treatment program has been identified as a risk factor for use
1379 of diverted bupe." We should not be surprised when the authors
1380 found that over three-quarters of the users of diverted bupe were
1381 for individuals attempting to self-treat symptoms of withdrawal
1382 or addiction.

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The researcher's conclusion was striking, and I quote, "The high percentage of use of diverted medical for self-treatment may be a sentinel public health signal that treatment needs are not being met and that improved access to and/or expansion of treatment are essential." Although diversion of bupe is certainly a legitimate concern, this suggests that much of this problem is one of our own creation. Because of an inflexible, arbitrary cap on treatment, wait-listed patients are actually turning to their drug dealers for bupe treatment rather than to their doctors, and we have the power to change this.

Our nation's addiction specialists and health care providers are in agreement that the bupe cap should be raised significantly. Increasing the cap would increase both the access to care for patients as well as the quality of care that patients receive.

So I strongly urge my colleagues to vote in favor of this amendment. Again, you know, I don't even think we should have any cap. The Senate and Ms. DeGette suggested the 500 minus 300, which is only 50 more than the 250. So I would like to see it as a sort of compromise, a little above the compromise that is in the legislation.

And I yield back.

The Chairman. The gentleman yields back. The chair would recognize the gentleman from Indiana, Dr. Bucshon.

Mr. Bucshon. Thank you, Mr. Chairman. Again, this bill is a bipartisan agreement born of good faith negotiations over a

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1408 number of months and informed by experts and stakeholders in a
1409 transparent process.

1410 The administration, Health and Human Services, landed at a
1411 number of 200, doubling the current number. We saw a subcommittee
1412 and amendment to move caps to 200 and one to move them to 300.
1413 And as part of our good faith effort to reach a compromise, we
1414 went further than Health and Human Services to 250. But the
1415 Secretary maintains the authority to change that cap however she
1416 sees fit.

1417 Given the data from Health and Human Services, as I
1418 mentioned--clearly did their homework--outside experts, and
1419 other stakeholders, 250 is a reasonable compromise to ensure
1420 patients can find the care they need and physicians aren't
1421 undertaking too large of a patient population compromising the
1422 quality of medical care.

1423 For these reasons, I urge my colleagues to vote no on this
1424 amendment, and I yield back.

1425 The Chairman. The gentleman yields back. Other members
1426 wishing to speak on the amendment? The gentleman from New York,
1427 Mr. Tonko.

1428 Mr. Tonko. Thank you, Mr. Chair. I move to strike the last
1429 word. Thank you, Mr. Chair. I rise in support of the amendment.
1430 At the outset, let me say that I respect the diversity of opinions
1431 on this issue. Dealing with the patient cap number is one of the
1432 most vexing problems that we had to deal with in crafting this

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1433 bill.

1434 There simply isn't a whole lot of data or rationale for why
1435 a 250-patient limit is better than 200 or 300, or 500 for that
1436 matter. A lot of the frustration on both sides stems from the
1437 fact that no matter where you land you are still imposing some
1438 sort of arbitrary limit. No matter where you land someone
1439 struggling with addiction will be denied treatment because of an
1440 obscure government rule.

1441 In other areas of medicine, Federal Government-mandated
1442 patient limits would not be tolerated. We don't put a cap on the
1443 number of patients with mental illness that psychiatrists can
1444 treat, even though these individuals are going to require the same
1445 level of care and attention and wrap-around services that those
1446 grappling with addiction will need.

1447 We don't put limits on the number of pain patients a pain
1448 specialist can see, even though some of the bad actors in this
1449 space are the same that are helping to drive this opioid crisis.
1450 In each of these cases, we trust the doctors to do their job and
1451 provide appropriate care--appropriate care--to their patients.

1452 So what it really comes down to is the fact that we still
1453 have an enduring stigma surrounding addiction medicine, that
1454 somehow these doctors and these patients are not to be treated
1455 as part of our medical system. They shouldn't be trusted and
1456 instead should be watched with a wary eye from the Federal
1457 Government.

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1458 If diversion is the main concern, we should also be putting
1459 patient limits on the most commonly diverted drugs, which are the
1460 opioids themselves. At some point, if we are going to talk the
1461 talk about treating addiction like a public health crisis, I
1462 believe we also need to walk the walk.

1463 That being said, I understand the political realities of the
1464 situation, and I do believe that lifting the cap, even to 250,
1465 will do immense good, especially when you factor in expanding
1466 prescribing privileges to nurse practitioners and to physician
1467 assistants. We worked in good faith to arrive at the 250 number,
1468 and it is certainly better than what we have now, and I will respect
1469 the committee's decision-making on this issue.

1470 However, at the end of the day, 250 is still an arbitrary
1471 number. As we vote on this amendment, I would urge my colleagues
1472 on both sides of the aisle to ask themselves this simple question.
1473 If we are going to err when assigning these arbitrary numbers,
1474 isn't it better to err on the side of opening up treatment to more
1475 individuals, to do all we can to ensure people aren't dying while
1476 waiting weeks, if not months, for treatment? If you agree, I
1477 would urge you to support this very modest amendment.

1478 And with that, I thank you, Mr. Chair, and yield back the
1479 balance of my time.

1480 The Chairman. The gentleman yields back. Other members
1481 wishing to speak on the amendment? The gentleman from
1482 Pennsylvania.

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1483 Mr. Murphy. Thank you, Mr. Chairman. Actually, myself, I
1484 am feeling that even going up to 250 I think is too high right
1485 now. And I know that members are deeply concerned about this
1486 issue.

1487 So it comes down to this. When I have gone to some of these
1488 clinics in my district and others, I have talked to the prescribers
1489 to try and get some sense of how much time they are actually
1490 spending with these patients struggling with this major disease.
1491 It is actually very limited.

1492 And when we have had hearings here in our oversight
1493 committees and health committees, subcommittees, and have asked,
1494 "How much time do the doctors actually spend with patients?" they
1495 didn't know. When I have asked some, they said, "Perhaps a couple
1496 minutes." Now, of course, if you are only seeing someone for a
1497 couple of minutes, you can crank through quite a few every day.

1498 But let's keep a couple of things in mind. That the key is
1499 to get people into recovery, and that means not just writing
1500 prescriptions or making sure they are getting other treatment,
1501 as Ms. DeGette talked about, how you have to have people very
1502 qualified doing this work. This is not simple work to help
1503 someone.

1504 We also know when someone has an addiction disorder they get
1505 their family members to be enablers and co-dependent on them.
1506 They game the system. Sadly, when you are dealing with a serious
1507 addiction, these are folks who would sell their children,

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1508 literally, who bankrupt their families, who lie in many cases,
1509 just to maintain their addiction. They divert their medication,
1510 buprenorphine, the third most diverted drug.

1511 When you have a clinic that does this right, and a doctor
1512 that does it right, they will randomly call their patients and
1513 say, "Stop at a pharmacist now. We want a pharmacy to do a pill
1514 count. How many are left? Is it too few? Did you sell those
1515 off?" They will make sure they do urine drug screens on a regular
1516 basis. Do they have the proper levels of buprenorphine? Did
1517 they suddenly take one just before they came in so it shows, or
1518 do they have proper levels? Do they have a mixture of other
1519 opiates in there as well?

1520 This takes a lot of time to do this right, and I understand
1521 the issue the ranking member has there, and I think this is where
1522 we want to make sure we have more providers doing this and more
1523 trained professionals in the area of addiction and drug abuse,
1524 so we are helping people deal with this terrible epidemic in
1525 America which is so deadly.

1526 But I think raising it more, I have concerns even getting
1527 to 250. I am willing to accept that for now, provided we do these
1528 other studies. In the future, I think as we get more providers,
1529 as we get people to spend more time with patients, we can make
1530 more progress on this deadly disease.

1531 And with that, I yield back.

1532 The Chairman. The gentleman yields back. Other members

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1533 wishing to speak on the amendment? Seeing none, the vote occurs
1534 on the amendment offered by the gentleman from New York. Roll
1535 call has been requested. The clerk will call the roll.

1536 The Clerk. Mr. Barton.

1537 [No response.]

1538 Mr. Whitfield.

1539 Mr. Whitfield. No.

1540 The Clerk. Mr. Whitfield votes no.

1541 Mr. Shimkus.

1542 Mr. Shimkus. No.

1543 The Clerk. Mr. Shimkus votes no.

1544 Mr. Pitts.

1545 Mr. Pitts. No.

1546 The Clerk. Mr. Pitts votes no.

1547 Mr. Walden.

1548 Mr. Walden. No.

1549 The Clerk. Mr. Walden votes no.

1550 Mr. Murphy.

1551 Mr. Murphy. No.

1552 The Clerk. Mr. Murphy votes no.

1553 Mr. Burgess.

1554 [No response.]

1555 Mrs. Blackburn.

1556 Mrs. Blackburn. No.

1557 The Clerk. Mrs. Blackburn votes no.

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1558 Mr. Scalise.
1559 [No response.]
1560 Mr. Latta.
1561 Mr. Latta. No.
1562 The Clerk. Mr. Latta votes no.
1563 Mrs. McMorris Rodgers.
1564 [No response.]
1565 Mr. Harper.
1566 [No response.]
1567 Mr. Lance.
1568 Mr. Lance. No.
1569 The Clerk. Mr. Lance votes no.
1570 Mr. Guthrie.
1571 Mr. Guthrie. No.
1572 The Clerk. Mr. Guthrie votes no.
1573 Mr. Olson.
1574 Mr. Olson. No.
1575 The Clerk. Mr. Olson votes no.
1576 Mr. McKinley.
1577 Mr. McKinley. No.
1578 The Clerk. Mr. McKinley votes no.
1579 Mr. Pompeo.
1580 [No response.]
1581 Mr. Kinzinger.
1582 Mr. Kinzinger. No.

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1583 The Clerk. Mr. Kinzinger votes no.
1584 Mr. Griffith.
1585 [No response.]
1586 Mr. Bilirakis.
1587 Mr. Bilirakis. No.
1588 The Clerk. Mr. Bilirakis votes no.
1589 Mr. Johnson.
1590 Mr. Johnson. No.
1591 The Clerk. Mr. Johnson votes no.
1592 Mr. Long.
1593 Mr. Long. No.
1594 The Clerk. Mr. Long votes no.
1595 Mrs. Ellmers.
1596 Mrs. Ellmers. No.
1597 The Clerk. Mrs. Ellmers votes no.
1598 Mr. Bucshon.
1599 Mr. Bucshon. No.
1600 The Clerk. Mr. Bucshon votes no.
1601 Mr. Flores.
1602 Mr. Flores. No.
1603 The Clerk. Mr. Flores votes no.
1604 Mrs. Brooks.
1605 [No response.]
1606 Mr. Mullin.
1607 Mr. Mullin. No.

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1608 The Clerk. Mr. Mullin votes no.
1609 Mr. Hudson.
1610 [No response.]
1611 Mr. Collins.
1612 [No response.]
1613 Mr. Cramer.
1614 [No response.]
1615 Mr. Pallone.
1616 Mr. Pallone. Aye.
1617 The Clerk. Mr. Pallone votes aye.
1618 Mr. Rush.
1619 Mr. Rush. Aye.
1620 The Clerk. Mr. Rush votes aye.
1621 Ms. Eshoo.
1622 Ms. Eshoo. Aye.
1623 The Clerk. Ms. Eshoo votes aye.
1624 Mr. Engel.
1625 Mr. Engel. Aye.
1626 The Clerk. Mr. Engel votes aye.
1627 Mr. Green.
1628 Mr. Green. Aye.
1629 The Clerk. Mr. Green votes aye.
1630 Ms. DeGette.
1631 Ms. DeGette. Aye.
1632 The Clerk. Ms. DeGette votes aye.

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1633 Mrs. Capps.

1634 Mrs. Capps. Aye.

1635 The Clerk. Mrs. Capps vote aye.

1636 Mr. Doyle.

1637 [No response.]

1638 Ms. Schakowsky.

1639 Ms. Schakowsky. Aye.

1640 The Clerk. Ms. Schakowsky votes aye.

1641 Mr. Butterfield.

1642 Mr. Butterfield. Aye.

1643 The Clerk. Mr. Butterfield votes aye.

1644 Ms. Matsui.

1645 Ms. Matsui. Aye.

1646 The Clerk. Ms. Matsui votes aye.

1647 Ms. Castor.

1648 Ms. Castor. Aye.

1649 The Clerk. Ms. Castor votes aye.

1650 Mr. Sarbanes.

1651 Mr. Sarbanes. Aye.

1652 The Clerk. Mr. Sarbanes votes aye.

1653 Mr. McNerney.

1654 Mr. McNerney. Aye.

1655 The Clerk. Mr. McNerney votes aye.

1656 Mr. Welch.

1657 Mr. Welch. Aye.

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1658 The Clerk. Mr. Welch votes aye.
1659 Mr. Lujan.
1660 Mr. Lujan. Aye.
1661 The Clerk. Mr. Lujan votes aye.
1662 Mr. Tonko.
1663 Mr. Tonko. Aye.
1664 The Clerk. Mr. Tonko votes aye.
1665 Mr. Yarmuth.
1666 Mr. Yarmuth. Aye.
1667 The Clerk. Mr. Yarmuth votes aye.
1668 Ms. Clarke.
1669 Ms. Clarke. Aye.
1670 The Clerk. Ms. Clarke votes aye.
1671 Mr. Loeb sack.
1672 Mr. Loeb sack. Aye.
1673 The Clerk. Mr. Loeb sack votes aye.
1674 Mr. Schrader.
1675 Mr. Schrader. Aye.
1676 The Clerk. Mr. Schrader votes aye.
1677 Mr. Kennedy.
1678 Mr. Kennedy. Aye.
1679 The Clerk. Mr. Kennedy votes aye.
1680 Mr. Cardenas.
1681 [No response.]
1682 Chairman Upton.

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1683 The Chairman. Votes no.

1684 The Clerk. Chairman Upton votes no.

1685 The Chairman. Other members wishing to vote? Mr.

1686 Cardenas.

1687 Mr. Cardenas. Aye.

1688 The Clerk. Mr. Cardenas votes aye.

1689 The Chairman. Mr. Griffith.

1690 Mr. Griffith. Votes no.

1691 The Clerk. Mr. Griffith votes no.

1692 The Chairman. Mr. Pompeo.

1693 Mr. Pompeo. No.

1694 The Clerk. Mr. Pompeo votes no.

1695 The Chairman. Mr. Harper.

1696 Mr. Harper. No.

1697 The Clerk. Mr. Harper votes no.

1698 Mr. Burgess.

1699 The Chairman. Mr. Burgess. Dr. Burgess.

1700 Mr. Burgess. No.

1701 The Clerk. Dr. Burgess votes no.

1702 The Chairman. Other members wishing to cast a vote? Seeing

1703 none, the clerk will report the tally.

1704 The Clerk. Mr. Chairman, on that vote there are 22 ayes and

1705 24 noes.

1706 The Chairman. 22 ayes, 24 noes, the amendment is not agreed

1707 to.

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1708 Are there other amendments to the bill? The gentlelady from
1709 New York.

1710 Ms. Clarke. Thank you, Mr. Chairman. I have an amendment
1711 at the desk.

1712 The Chairman. The clerk will report the title.

1713 The Clerk. Amendment to H.R. 4981, offered by Ms. Clarke.

1714 [The Amendment offered by Ms. Clarke follows:]

1715 *****INSERT 12*****

1716 The Chairman. The amendment will be considered as read.
1717 The staff will distribute the amendment, and the gentlelady from
1718 New York is recognized for five minutes in support of her
1719 amendment.

1720 Ms. Clarke. Thank you, Mr. Speaker--Mr. Chairman. I would
1721 like to offer an amendment which would provide for additional
1722 educational requirements for health care providers who the
1723 Secretary identifies as overprescribing opioid pain medications.

1724 I would like to make clear that I believe and I support
1725 mandatory continuing medical education for all practitioners who
1726 prescribe opioid medications. In fact, I have introduced a bill,
1727 H.R. 3889, the Safer Prescribing of Controlled Substances Act,
1728 to do just that.

1729 My bill would require all practitioners to take continuing
1730 medical education as part of the granting or renewal of the DEA
1731 license to prescribe controlled substances. I continue to
1732 believe that this is a critical component to addressing the opioid
1733 crisis, since most public health experts agree that the current
1734 crisis is being driven by the overprescribing of prescription pain
1735 medication.

1736 I understand that my bill faces opposition from some provider
1737 groups who oppose mandated continuing medical education at the
1738 federal level. Today, I am offering a narrower amendment, one
1739 that I hope represents a balanced approach that members on both
1740 sides of the aisle can support.

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1741 One of the difficulties in addressing the opioid epidemic
1742 is ensuring a proper balance between the appropriate treatment
1743 of pain and the risk of an excessive supply of opioids in our
1744 communities. In the face of this, we know there is tremendous
1745 variation between doctors that practice in the same field or even
1746 in the same hospital or office.

1747 According to the CDC, in all states surveyed, the top 10
1748 percent of prescribers wrote half or more of the opioid
1749 prescriptions in their states. This is not limited to any one
1750 specialty. In a survey of family physicians, 41 percent felt a
1751 colleague in their own practice overprescribed opioids for
1752 chronic non-cancer pain.

1753 Given that historically very few medical schools offer
1754 training in pain management, and even fewer offer any coursework
1755 in addiction, we should not be surprised that the New England
1756 Journal of Medicine recently found that many doctors do not feel
1757 confident in how to prescribe opioids safely.

1758 This amendment will ensure that high-volume prescribers are
1759 armed with the additional training on the best practices of pain
1760 management, tools to manage adherence and diversion of opioids,
1761 as well as tools to detect patients with signs of addiction and
1762 link them to treatment.

1763 It is important to note that this amendment is flexible and
1764 designed to be specialty-specific. Family doctors will be
1765 compared to other family doctors, orthopedic surgeons to

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1766 orthopedic surgeons, and so on.

1767 This amendment will have several effects. First, it will
1768 raise awareness among prescribers on the current norms of opioid
1769 prescribing. Second, it will increase patient safety. If a
1770 prescriber begins to prescribe opioids in volumes that are well
1771 outside the norms of their practice or specialty, it is common
1772 sense that they will be provided with additional training to
1773 ensure that they are up to date on current practices and standards
1774 and are prescribing safely.

1775 I thank you, and I urge you to pass this very important
1776 amendment.

1777 The Chairman. The gentlelady yields back. The chair would
1778 recognize Mr. Pitts. Dr. Bucshon.

1779 Mr. Bucshon. Thank you, Mr. Chairman. Within the scope of
1780 the dialogue on this bill today, between myself and Mr. Tonko over
1781 the past several months, this issue has not come up. Our bill
1782 is focused on prescribing medication for substance abuse
1783 disorder. We have been in discussion on this bill for months,
1784 and we have continued those discussions on amendments since the
1785 subcommittee markup.

1786 This amendment was not part of those discussions. Given we
1787 are just seeing this amendment this morning, and it is outside
1788 the scope of an already-complicated bill, I urge my colleagues
1789 to oppose this amendment.

1790 I yield back.

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1791 The Chairman. The chair would recognize the gentleman from
1792 New Jersey, Mr. Pallone.

1793 Mr. Pallone. I move to strike the last word. I would like
1794 to speak in favor of this important amendment that would require
1795 provider education for physicians who prescribe opioid pain
1796 medication in volumes exceeding the norms of their field.

1797 In 2014, pharmacies in the U.S. dispensed approximately 245
1798 million prescriptions for opioids. This is enough to provide a
1799 script to every adult in our entire nation. At the same time,
1800 we know that over five million Americans use prescription pain
1801 relievers either recreationally or to satisfy an opioid
1802 addiction. This combination has produced tragic results. 2014
1803 produced the highest number of drug overdose deaths than any
1804 previous year on record, with opioids and heroin driving the
1805 recent surge.

1806 Unfortunately, our nation's doctors and health care
1807 providers have not been provided the tools and education necessary
1808 to safely prescribe these medications in the midst of an opioid
1809 epidemic.

1810 Recently, an article in New England Journal of Medicine
1811 examined this topic and found, I quote, "That very few medical
1812 schools offer adequate training in pain management, and still
1813 fewer offer even one course in addiction." The consequences are
1814 unsurprising.

1815 The same authors discovered that, and I quote, "Many

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physicians admit that they are not confident about how to prescribe opioids safely, how to detect abuse or emerging addiction, or even how to discuss these issues with patients." And as a result, we have created a patchwork of prescribing practices with tremendous variation both geographically as well as even within the same field.

So the Clarke Amendment would ensure that providers who disproportionately prescribe opioids compared to their peers receive the additional education and training to match the needs of their clinical practice. This education will ensure that providers are equipped to prescribe pain medications in the safest manner available, recognize signs of abuse, and are equipped with the best available knowledge to care for patients who are struggling with addiction.

I believe this thoughtful approach will target the highest priority prescribers and avoids a rigid solution that may interfere with appropriate pain management.

And I would urge my colleagues to support this important amendment. It is basically a common sense step that will assist doctors in their ability to provide high quality pain management while at the same time minimizing the risk of misuse and addiction.

I yield back.

The Chairman. The gentleman yields back. Other members wishing to speak on the amendment? Seeing none, does the gentlelady withdraw her amendment?

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1841 Ms. Clarke. I do, Mr. Chairman.

1842 The Chairman. Ask unanimous consent to withdraw?

1843 Ms. Clarke. I do.

1844 The Chairman. The amendment is withdrawn.

1845 Other amendments to the bill?

1846 Mr. Lujan. Mr. Chairman, I have an amendment at the desk.

1847 The Chairman. The gentleman from New Mexico is recognized.

1848 The clerk will report the title of the bill.

1849 The Clerk. Amendment to H.R. 4981, offered by Mr. Lujan.

1850 [The Amendment offered by Mr. Lujan follows:]

1851

1852 *****INSERT 13*****

1853 The Chairman. And the amendment will be considered as read,
1854 and the staff will distribute the amendment. The gentleman is
1855 recognized for five minutes in support of his amendment.

1856 Mr. Lujan. Mr. Chairman, my home State of New Mexico has
1857 been especially hard hit by the drug crisis. The drug overdose
1858 rate in New Mexico is at 27.3 per 100,000. This is the second
1859 highest in the country and roughly double the national average.
1860 In two counties in my home district, the overdose rate is more
1861 than four times the national average.

1862 In 2014, drug overdoses claimed the lives of 547 New
1863 Mexicans--547 lives, 547 people who missed Thanksgiving dinner
1864 or their child's softball game, 547 people who weren't able to
1865 help their kids with their math homework or kiss their spouse
1866 goodnight, 547 brothers, sisters, parents, and friends that we
1867 lost too soon.

1868 And while the crisis has hit New Mexico hard, this crisis
1869 touches everyone, whether they live in rural communities, the
1870 suburbs, or the inner city. According to the American Society
1871 of Addiction Medicine, drug overdose is the leading cause of
1872 accidental death in the United States with 47,055 lethal drug
1873 overdoses in 2014--47,055 legal drug overdoses.

1874 Each member of this committee represents someone who
1875 suffered this tragedy or lost someone that they love. These are
1876 our constituents, our friends, and our loved ones. This is why
1877 the work we are doing today is so important, and I thank the

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1878 chairman, the ranking member, the authors of the legislation, and
1879 my colleagues for their efforts to address this crisis.

1880 But I think it is abundantly clear that we have to do more.
1881 That is why I am offering an amendment that reflects the
1882 President's proposal for new and expanded funding of \$1 billion
1883 to combat the drug crisis plaguing our country. This funding will
1884 provide needed support to states to help them expand treatment
1885 capacity and make services more affordable and available.

1886 But this only represents a down payment to address this
1887 crisis. No single solution will solve this crisis. One thing
1888 is clear: right now, there just are not enough resources to go
1889 around, and I urge adoption of this amendment.

1890 With that, Mr. Chairman, I yield back the balance of my time.

1891 The Chairman. The gentleman yields back. Other members
1892 wishing to speak? The gentleman from Pennsylvania, Mr. Pitts.

1893 Mr. Pitts. Thank you, Mr. Chairman. I urge my colleagues
1894 to oppose this amendment as it is fiscally irresponsible and
1895 represents bad process. The amendment would add \$1 billion, with
1896 a B, in new authorizations over 2 years. This amendment was filed
1897 at the last minute without detailed discussions between the
1898 majority and minority. And while we believe targeted new
1899 authorizations make sense, the committee should not adopt
1900 last-minute, hurried amendments that create a new \$1 billion
1901 authorization.

1902 After a lot of bipartisan work and discussion, the committee

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1903 is working together to find new authorizations for residential
1904 treatment programs, co-prescribing, and promoting the
1905 availability of naloxone.

1906 I believe we will successfully reach bipartisan agreement
1907 on those new authorizations during our markup and pay for those
1908 new authorizations, and that agreement will be reached after
1909 discussion and give and take from the majority and minority. That
1910 is the way to achieve bipartisan consensus, to get targeted
1911 resources to programs to fight the opioid epidemic while being
1912 fiscally responsible.

1913 So I urge my colleagues to oppose the amendment, and I yield
1914 back.

1915 The Chairman. The gentleman yields back. The chair
1916 recognizes the gentleman from New Jersey.

1917 Mr. Pallone. Thank you, Mr. Chairman. I want to speak in
1918 favor of the amendment. We are here today because we are in the
1919 midst of an unprecedented opioid and heroin crisis. Sadly, 2014
1920 saw the highest number of drug overdose deaths than any other year
1921 on record. Our public health and treatment systems have not kept
1922 pace with the expanding epidemic.

1923 Over this committee's hearings on the opioid epidemic, we
1924 have learned of the significant shortage of substance abuse
1925 providers nationwide. Those struggling with heroin or opioid
1926 addictions suffer from critical shortages in treatment access.
1927 Only 1 in 10 individuals suffering from substance abuse disorders

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receive any form of treatment.

Medication-assisted treatment is an evidence-based strategy that helps patients recover from addiction and reduces the risk of overdose. Yet only 9 percent of all substance abuse treatment facilities nationwide offer medication-assisted treatment.

And this issue is directly tied to our workforce. One study showed that 74 percent of substance abuse treatment organizations found it either somewhat difficult or very difficult to find physicians in the local community with experience in treating individuals with substance abuse disorders.

Now, given the tremendous gap between the supply and demand for substance abuse treatment, it is a farce to believe that we can mount a forceful response to this epidemic without providing additional resources, and that is why I support the amendment to provide a billion in mandatory funding to modernize our treatment systems and provide critical tools to attack the opioid epidemic head on.

This proposal tracks the President's mandatory funding request released earlier this year. Most of this money would go directly to the states to enable them to increase treatment capacity through cooperative agreements to expand access to medication-assisted treatment for opioid use disorders.

And this proposal provides for a targeted response where funding is allocated to the areas hit the hardest by the epidemic. It is going to empower states to adopt innovative solutions, to

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1953 increase treatment capacity, as well as make treatment more
1954 affordable.

1955 Now, we also know that rural areas face added difficulties.
1956 Rural areas have been hit hardest by the epidemic, and patients
1957 in these rural areas face heightened barriers to accessing care.
1958 This amendment provides funding for physicians with training in
1959 opioid use disorders to participate in the National Health Service
1960 Corps. This important program brings health care providers to
1961 underserved areas to address critical gaps in care.

1962 And, finally, as we modernize our treatment system, we need
1963 to learn what strategies are most effective. That is why this
1964 amendment provides funding to evaluate the effectiveness of
1965 different treatment programs in reducing opioid use disorders,
1966 overdose, and death.

1967 I would urge my colleagues to vote in favor of the amendment.
1968 Let's not make any mistake about it. If we don't bring resources
1969 to the table in our fight against this epidemic, we are going to
1970 fail. Anything less than a robust response to address this crisis
1971 will result in increased deaths and place tremendous emotional
1972 and financial burdens upon our families.

1973 And if we do as my Republican colleagues propose and wait
1974 until that normal appropriation cycle to provide more funding,
1975 we will be essentially turning a blind eye to the deaths and
1976 devastation this crisis is posing to individuals, families, and
1977 communities each day.

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1978 We still have about 5 months left in the fiscal year. That
1979 means at a different--at the current rate of 78 lives lost each
1980 day to opioid overdoses, almost 12,000 more people will have died
1981 from opioid epidemic while we waited around. And these are just
1982 the deaths. There are thousands more that will be left to battle
1983 the disease without treatment and recovery support, because in
1984 the richest country in the world we decided that fiscal austerity
1985 trumped saving lives and protecting the public health. And I just
1986 find this unacceptable.

1987 And, finally, if Congress doesn't take a proactive approach
1988 in providing the necessary resources, we will also pay for the
1989 collateral consequences of this epidemic to our emergency
1990 departments and the criminal justice system, meaning that we save
1991 money today at the expense of lives lost and increased spending.

1992 So I think it is time for Congress to step up and provide
1993 states and communities and families with the tools that they need,
1994 and, therefore, I would urge my colleagues to support this
1995 amendment.

1996 Did the gentlewoman--I will yield to the gentlewoman.

1997 Ms. Eshoo. I agree with the gentleman, and I thank him for
1998 yielding just a moment to me. You know, we are an authorizing
1999 committee, and our work is always done in that frame.

2000 But I think, too, a member that has spoken on this whole issue
2001 of opioids and we have heard the stories from members and how their
2002 congressional district and rural areas, urban, suburban, how this

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2003 is a real epidemic that is taking a toll on our country.

2004 If there are not dollars attached to this to do something
2005 about it, I know that \$1 billion is something that none of us have
2006 in our checking account, but we do have 50 states. So any time
2007 there is an amount that comes up, divide it by 50 and see what
2008 would be coming to your state.

2009 I am from California. We are nation state. Would
2010 \$200 million take care of the issue in California? I doubt it.
2011 Do I think it would put a dent in it? Yes, I do.

2012 So when you hear these numbers and just reject them out of
2013 hand, divide it by 50, and then think of how those dollars would
2014 apply to your constituents, to the stories that you are telling.

2015 I think that, you know, if people want to go out and brag
2016 that the committee did something on this, then it is language.
2017 It is just words. You have to put resources. We have to put
2018 resources in this to actually meet the challenge that is
2019 legitimately called an epidemic, and I would yield back.

2020 Thank you.

2021 The Chairman. The gentleman's time has expired. The
2022 gentleman from Illinois is--

2023 Mr. Rush. Mr. Chairman, I move to strike the last word.

2024 The Chairman. The gentleman is recognized for five minutes.

2025 Mr. Rush. Mr. Chairman, first of all, I want to applaud the
2026 committee, you and the ranking member, for really paying some
2027 attention to this critical problem that we are concerned with as

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2028 a nation, this problem in terms of addiction.

2029 And I know I think we can go much further than we have gone.
2030 I think that some of the amendments that have been forwarded
2031 to--for the consideration of this committee are indeed of service,
2032 great service to our nation, and should be--should have passed
2033 and should pass. Other amendments should pass that are being
2034 brought up.

2035 Mr. Chairman, I just want to say that it is--the issue of
2036 addictions, be it opiates or heroin, other kinds of addictions,
2037 this is an issue that I hope and I pray that this committee will
2038 really take under serious consideration in the immediate future.

2039 Mr. Chairman, this committee and this Congress, the Federal
2040 Government, failed miserably when the issue of crack cocaine was
2041 at the forefront of addictions in districts like mine throughout
2042 the nation. Pleas and pleadings, the pain and suffering of so
2043 many Americans, were completely ignored by this Congress, by past
2044 Congresses, and by the Federal Government in particular.

2045 As a result, you had--we had just the opposite emphasis when
2046 we were--when this nation was confronted by the epidemic of crack
2047 cocaine. Rather than using this as--and viewing this as a medical
2048 issue, as an issue of public health, it was viewed as an issue
2049 of criminal justice left to the law enforcement agencies
2050 throughout America to address this issue of crack cocaine.

2051 And what we have seen as a result of that is the mass
2052 incarceration of minorities, blacks, African Americans, Latino

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2053 Americans, and resultant explosion of the cost of keeping these
2054 individuals in prisons, to the federal budget. And we have also
2055 seen the destruction of families throughout the nation,
2056 particularly in districts like mine.

2057 So there are some families in my district who have and are
2058 dealing with issues of opioid addictions, but they aren't at the
2059 level that they are in terms of dealing with the issue of crack
2060 cocaine.

2061 And I just want to remind members of this committee that you
2062 have to look beyond that which is familiar to you, and Americans
2063 are suffering, no matter what corner, what community, no matter
2064 what race, creed, or religion that they may respond to or they
2065 may express.

2066 We have an underlying responsibility to deal with addictions
2067 that are ripping the basic social fabric of our nation apart. We
2068 have a responsibility to deal with all the addictions, not just
2069 this addiction, that affects families who are familiar to us and
2070 who have similar preoccupations that we do.

2071 Mr. Chairman, I just want to say let's deal with the
2072 addiction. Let's deal with heroin addiction and not just playing
2073 around the edges of it. Let's really take this issue up and deal
2074 with this addiction, as well as other addictions, not just opiate
2075 addictions.

2076 Thank you. I yield back.

2077 The Chairman. The gentleman yields back. Other members

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2078 wishing to speak on the amendment? The gentlelady from Illinois.

2079 Ms. Schakowsky. Thank you, Mr. Chairman. I will be brief.

2080 I am proud to support Congressman Lujan's amendment. You know,

2081 there is so much we agree on today, that we have an opioid abuse

2082 epidemic, that every single day 78 people die from opioid

2083 overdoses, that there is not a community that hasn't been impacted

2084 by this horrible crisis.

2085 And yet my Republican colleagues continue to oppose

2086 meaningful investments to expand access to treatment, and this

2087 comes on top of years of insufficient funding for our existing

2088 substance abuse programs.

2089 Just one example. The Substance Abuse Prevention and

2090 Treatment Block Grant within SAMHSA, and that of course is the

2091 primary federal program that funds substance abuse prevention and

2092 treatment programs, has actually been cut in real dollars by 25

2093 percent in the last 10 years. So Congressman Lujan's amendment

2094 will help to end the cycle of underinvesting by providing \$1

2095 billion in mandatory funding to expand access to treatment, expand

2096 our behavioral health workforce, and evaluate treatment methods.

2097 And I think we can all agree that this is a worthy investment.

2098 We all have those horrific stories of families who have lost loved

2099 ones to the disease of addiction. We have also heard the stories

2100 of people who are ready to seek treatment and can't access it due

2101 to both the cost and the lack of availability of treatment.

2102 So I strongly support this amendment, urge my colleagues to

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2103 vote for it, and yield the balance of my time to Mr. Lujan.

2104 Mr. Lujan. Thank you, Ms. Schakowsky. Mr. Chairman, you
2105 know, as we look at this as well and look at the numbers that are
2106 included in the amendment, these are not pie-in-the-sky numbers.
2107 These are numbers that were looked at not only by SAMHSA, by HRSA
2108 for the National Health Service Corporation, looking at
2109 state-targeted response cooperative agreement studies, to see the
2110 maximum way that we can make sure we are looking after the
2111 constituents that we all represent.

2112 And what concerns me is, as we look at the notion that
2113 providing an investment this size to help our constituents with
2114 the overdose problem that is a health crisis facing America, I
2115 don't understand.

2116 Some of the same words have been used when we are having
2117 debates about providing support for the millions of people in
2118 Puerto Rico, to offer them support, that it is fiscally
2119 irresponsible to help the people of Puerto Rico where septic
2120 systems in schools are overflowing because they have to--the
2121 leadership of Puerto Rico has to make a decision as to where they
2122 are going to put their resources. But it is fiscally
2123 irresponsible to go and help the people of Puerto Rico.

2124 The Zika dilemma that is facing and crushing lives as we
2125 speak, taking lives, that it is fiscally irresponsible to go and
2126 help the victims of Zika and to help stop this from happening.

2127 And Flint, Michigan, that it is fiscally irresponsible to

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2128 go and help the people of Flint with the recommendations that have
2129 come forward, and now we are hearing the same thing with the opioid
2130 crisis facing the country.

2131 If we are looking for a pay for, maybe we should look to the
2132 lives that have been lost that have paid for this. And so I hope
2133 that we take a minute to understand this, that when we describe
2134 these programs and the importance of these investments, that maybe
2135 we find a different way to describe them.

2136 With that, Mr. Chairman, I yield back the balance of my time.
2137 I still hope that we might be able to get some support here, find
2138 a way to work on this as we get to the floor as well.

2139 And I yield back to Ms. Schakowsky.

2140 The Chairman. The gentlelady yields back. Other members
2141 wishing to speak on the amendment? Seeing none, the vote occurs
2142 on the amendment. A recorded vote has been asked. The clerk will
2143 call the roll.

2144 The Clerk. Mr. Barton.

2145 Mr. Barton. No.

2146 The Clerk. Mr. Barton votes no.

2147 Mr. Whitfield.

2148 Mr. Whitfield. No.

2149 The Clerk. Mr. Whitfield votes no.

2150 Mr. Shimkus.

2151 Mr. Shimkus. No.

2152 The Clerk. Mr. Shimkus votes no.

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2153 Mr. Pitts.

2154 Mr. Pitts. No.

2155 The Clerk. Mr. Pitts votes no.

2156 Mr. Walden.

2157 Mr. Walden. No.

2158 The Clerk. Mr. Walden votes no.

2159 Mr. Murphy.

2160 Mr. Murphy. No.

2161 The Clerk. Mr. Murphy votes no.

2162 Mr. Burgess.

2163 Mr. Burgess. No.

2164 The Clerk. No Burgess votes no.

2165 Mrs. Blackburn.

2166 Mrs. Blackburn. No.

2167 The Clerk. Mrs. Blackburn votes no.

2168 Mr. Scalise.

2169 [No response.]

2170 Mr. Latta.

2171 Mr. Latta. No.

2172 The Clerk. Mr. Latta votes no.

2173 Mrs. McMorris Rodgers.

2174 [No response.]

2175 Mr. Harper.

2176 Mr. Harper. No.

2177 The Clerk. Mr. Harper votes no.

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2178 Mr. Lance.

2179 Mr. Lance. No.

2180 The Clerk. Mr. Lance votes no.

2181 Mr. Guthrie.

2182 Mr. Guthrie. No.

2183 The Clerk. Mr. Guthrie votes no.

2184 Mr. Olson.

2185 Mr. Olson. No.

2186 The Clerk. Mr. Olson votes no.

2187 Mr. McKinley.

2188 Mr. McKinley. No.

2189 The Clerk. Mr. McKinley votes no.

2190 Mr. Pompeo.

2191 Mr. Pompeo. No.

2192 The Clerk. Mr. Pompeo votes no.

2193 Mr. Kinzinger.

2194 Mr. Kinzinger. No.

2195 The Clerk. Mr. Kinzinger votes no.

2196 Mr. Griffith.

2197 Mr. Griffith. No.

2198 The Clerk. Mr. Griffith votes no.

2199 Mr. Bilirakis.

2200 Mr. Bilirakis. No.

2201 The Clerk. Mr. Bilirakis votes no.

2202 Mr. Johnson.

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2203 Mr. Johnson. No.

2204 The Clerk. Mr. Johnson votes no.

2205 Mr. Long.

2206 Mr. Long. No.

2207 The Clerk. Mr. Long votes no.

2208 Mrs. Ellmers.

2209 [No response.]

2210 Mr. Bucshon.

2211 Mr. Bucshon. No.

2212 The Clerk. Mr. Bucshon votes no.

2213 Mr. Flores.

2214 Mr. Flores. No.

2215 The Clerk. Mr. Flores votes no.

2216 Mrs. Brooks.

2217 [No response.]

2218 Mr. Mullin.

2219 Mr. Mullin. No.

2220 The Clerk. Mr. Mullin votes no.

2221 Mr. Hudson.

2222 [No response.]

2223 Mr. Collins.

2224 [No response.]

2225 Mr. Cramer.

2226 [No response.]

2227 Mr. Pallone.

2228 Mr. Pallone. Aye.

2229 The Clerk. Mr. Pallone votes aye.

2230 Mr. Rush.

2231 Mr. Rush. Aye.

2232 The Clerk. Mr. Rush votes aye.

2233 Ms. Eshoo.

2234 Ms. Eshoo. Aye.

2235 The Clerk. Ms. Eshoo votes aye.

2236 Mr. Engel.

2237 Mr. Engel. Aye.

2238 The Clerk. Mr. Engel votes aye.

2239 Mr. Green.

2240 Mr. Green. Aye.

2241 The Clerk. Mr. Green votes aye.

2242 Ms. DeGette.

2243 Ms. DeGette. Aye.

2244 The Clerk. Ms. DeGette votes aye.

2245 Mrs. Capps.

2246 Mrs. Capps. Aye.

2247 The Clerk. Mrs. Capps vote aye.

2248 Mr. Doyle.

2249 [No response.]

2250 Ms. Schakowsky.

2251 Ms. Schakowsky. Aye.

2252 The Clerk. Ms. Schakowsky votes aye.

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2253 Mr. Butterfield.

2254 Mr. Butterfield. Aye.

2255 The Clerk. Mr. Butterfield votes aye.

2256 Ms. Matsui.

2257 Ms. Matsui. Aye.

2258 The Clerk. Ms. Matsui votes aye.

2259 Ms. Castor.

2260 Ms. Castor. Aye.

2261 The Clerk. Ms. Castor votes aye.

2262 Mr. Sarbanes.

2263 Mr. Sarbanes. Aye.

2264 The Clerk. Mr. Sarbanes votes aye.

2265 Mr. McNerney.

2266 Mr. McNerney. Aye.

2267 The Clerk. Mr. McNerney votes aye.

2268 Mr. Welch.

2269 Mr. Welch. Aye.

2270 The Clerk. Mr. Welch votes aye.

2271 Mr. Lujan.

2272 Mr. Lujan. Aye.

2273 The Clerk. Mr. Lujan votes aye.

2274 Mr. Tonko.

2275 Mr. Tonko. Aye.

2276 The Clerk. Mr. Tonko votes aye.

2277 Mr. Yarmuth.

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2278 Mr. Yarmuth. Aye.

2279 The Clerk. Mr. Yarmuth votes aye.

2280 Ms. Clarke.

2281 Ms. Clarke. Aye.

2282 The Clerk. Ms. Clarke votes aye.

2283 Mr. Loeb sack.

2284 Mr. Loeb sack. Aye.

2285 The Clerk. Mr. Loeb sack votes aye.

2286 Mr. Schrader.

2287 Mr. Schrader. Aye.

2288 The Clerk. Mr. Schrader votes aye.

2289 Mr. Kennedy.

2290 Mr. Kennedy. Aye.

2291 The Clerk. Mr. Kennedy votes aye.

2292 Mr. Cardenas.

2293 [No response.]

2294 Chairman Upton.

2295 The Chairman. Votes no.

2296 The Clerk. Chairman Upton votes no.

2297 The Chairman. Other members wishing to cast a vote? Seeing

2298 none, the clerk will report the tally. Oh, Mr. Cardenas.

2299 Mr. Cardenas. I vote aye.

2300 The Clerk. Mr. Cardenas votes aye.

2301 Mr. Chairman, on that vote there are 22 ayes and 24 noes.

2302 The Clerk. 22 ayes, 24 noes, the amendment is not agreed

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2303 to.

2304 Are there further amendments to the bill? Seeing none, the
2305 vote--the question now occurs on favorably reporting H.R. 4981,
2306 as amended, to the House.

2307 All those in favor shall signify by saying aye.

2308 Those opposed, say no.

2309 The ayes appear to have it, and the bill is favorably
2310 reported.

2311 The chair now calls up H.R. 4969, as amended by the
2312 Subcommittee on Health, and asks the clerk to report.

2313 [The Bill H.R. 4969 follows:]

2314

2315 *****INSERT 14*****

2316 The Clerk. H.R. 4969, to amend the Public Health Service
2317 Act to direct the Centers of Disease Control and Prevention to
2318 provide for informational materials, to educate and prevent
2319 addiction in teenagers and adolescents who are injured playing
2320 youth sports and subsequently are prescribed opioids.

2321 The Chairman. Without objection, the first reading of the
2322 bill is dispensed with. The bill will be open for amendment at
2323 any point. Are there any bipartisan amendments to the bill? The
2324 gentleman from Pennsylvania, Mr. Pitts.

2325 Mr. Pitts. Mr. Chairman, I have an amendment at the desk.

2326 The Chairman. The clerk will report the title of the
2327 amendment.

2328 The Clerk. Amendment to H.R. 4969, offered by Mr. Pitts.

2329 [The Amendment offered by Mr. Pitts follows:]

2330

2331 *****INSERT 15*****

2332 The Chairman. And without objection, the reading of the
2333 amendment is dispensed with, and the staff will distribute the
2334 amendment. The gentleman is recognized for five minutes.

2335 Mr. Pitts. Thank you, Mr. Chairman. I would like to offer
2336 a bipartisan amendment that simply makes technical changes to H.R.
2337 4969, the John Thomas Decker Act. H.R. 4969 directs the Secretary
2338 of HHS to provide informational materials to educate and prevent
2339 opioid addiction in teenagers and adolescents who are prescribed
2340 opioids due to a sports injury.

2341 One study found that adolescents and teenagers who played
2342 a high injury competitive sport and were prescribed an opioid had
2343 a 50 percent higher chance of non-medical use of prescription
2344 opioids than their peers who did not participate in these types
2345 of sports.

2346 So I urge my colleagues to support the amendment and the
2347 underlying legislation and yield back.

2348 The Chairman. The gentleman yields back. Are there other
2349 members wishing to speak on the amendment? Seeing none, the vote
2350 occurs on the amendment offered by Mr. Pitts.

2351 All those in favor will say aye.

2352 Those opposed, say no.

2353 In the opinion of the chair, the ayes have it, and the
2354 amendment is agreed to.

2355 Further amendments to the bill? Seeing none, the question
2356 now occurs on favorably reporting H.R. 4969, as amended, to the

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2357 House.

2358 All those in favor shall signify by saying aye.

2359 All those opposed, say no.

2360 In the opinion of the chair, the ayes have it, and the bill
2361 is favorably reported.

2362 The chair now calls up H.R. 4599, as amended by the
2363 Subcommittee on Health, and asks the clerk to report.

2364 [The Bill H.R. 4599 follows:]

2365

2366 *****INSERT 16*****

2367 The Clerk. H.R. 4599, to amend the Controlled Substances
2368 Act to permit certain partial fillings of prescriptions.

2369 The Chairman. Without objection, the reading of the bill
2370 is dispensed with. Are there amendments to the bill?

2371 Mr. Kennedy. Mr. Chairman?

2372 The Chairman. The gentleman from Massachusetts, Mr.
2373 Kennedy, has an amendment at the desk or strike the last word?

2374 Mr. Kennedy. An amendment at the desk, please.

2375 The Chairman. The clerk will report the title of the
2376 amendment.

2377 The Clerk. Amendment to H.R. 4599, offered by Mr. Kennedy.

2378 [The Amendment offered by Mr. Kennedy follows:]

2379

2380 *****INSERT 17*****

2381 The Chairman. And the amendment will be considered as read,
2382 and the staff will distribute the amendment. And the gentleman
2383 is recognized for five minutes.

2384 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, this
2385 amendment would make a small technical correction to clarify the
2386 bill's language on partial fill prescriptions. Specifically, it
2387 removes some unnecessary language while preserving the bill's
2388 goal of reducing the number of unused Schedule 2 drugs that are
2389 at high risk of diversion.

2390 I was proud to support this legislation offered by my
2391 Massachusetts colleague Katherine Clark at the subcommittee
2392 markup last week, and I believe this clarifying amendment will
2393 only make the bill stronger. By passing this bipartisan
2394 bicameral bill, we can give providers and patients the ability
2395 to reduce the amount of unused opioids that remain in their
2396 medicine cabinets within reach of those battling substance use
2397 disorder.

2398 Thank you, Mr. Chairman. I yield back.

2399 The Chairman. The gentleman yields back. Other members
2400 wishing to speak on the amendment? Seeing none, the vote occurs
2401 on the amendment offered by the gentleman from Massachusetts.

2402 All those in favor will say aye.

2403 Those opposed, say no.

2404 In the opinion of the chair, the ayes have it. The amendment
2405 is agreed to.

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2406 Further amendments to the bill? Seeing none, the question
2407 now occurs on favorably reporting H.R. 4599, as amended, to the
2408 House.

2409 All those in favor will signify by saying aye.

2410 Those opposed, say no.

2411 The ayes appear to have it. The ayes have it, and the
2412 amendment--the bill is favorably reported.

2413 The chair now will call up 4976. By the way, we are going
2414 to do--this is the last of three bills. Then we will stop. Two
2415 more after this.

2416 So the chair will ask the clerk to report the title.

2417 [The Bill H.R. 4976 follows:]

2418

2419 *****INSERT 18*****

2420 The Clerk. H.R. 4976, to require the Commissioner of Food
2421 and Drugs to seek recommendations from an advisory committee of
2422 the Food and Drug Administration before approval of certain new
2423 drugs that are opioids without abuse deterrent properties, and
2424 for other purposes.

2425 The Chairman. Without objection, the first reading of the
2426 bill is dispensed with. The bill will be open for amendment at
2427 any point. Are there any bipartisan amendments to the bill? Any
2428 amendments to the bill? Seeing none, the question now occurs on
2429 favorably reporting H.R. 4976 to the House.

2430 All those in favor shall signify by saying aye.

2431 Those opposed, say no.

2432 In the opinion of the chair, the ayes have it, and the bill
2433 is favorably reported.

2434 The chair now calls up H.R. 4982 and asks the clerk to report.

2435 [The Bill H.R. 4982 follows:]

2436

2437 *****INSERT 19*****

2438 The Clerk. H.R. 4982, to direct the Comptroller General of
2439 the United States to evaluate and report on the inpatient and
2440 outpatient treatment capabilities, availabilities, and needs of
2441 the United States.

2442 The Chairman. Without objection, the first reading of the
2443 bill is dispensed with. The bill will be open for amendment at
2444 any point. Are there any bipartisan amendments to the bill? Are
2445 there any amendments to the bill? The gentleman from West
2446 Virginia, Mr. McKinley, has an amendment at the desk?

2447 Mr. McKinley. Mr. Chairman, I do have an amendment at the
2448 desk.

2449 The Chairman. And the clerk will report the title.

2450 The Clerk. Amendment to H.R. 4982, offered by Mr. McKinley.

2451 [The Amendment offered by Mr. McKinley follows:]

2452

2453 *****INSERT 20*****

2454 The Chairman. The amendment--it will be considered as read.
2455 The staff will distribute the amendment, and the gentleman is
2456 recognized for five minutes in support of his amendment.

2457 Mr. McKinley. Thank you, Mr. Chairman. I would like to
2458 thank the majority and minority staff for working with us on this,
2459 particularly my friend Peter Welch from Vermont, on this effort
2460 to try to get this added, included in this legislation.

2461 What we are hearing about when we travel around the district,
2462 and around the country actually, is the actual--the concern for
2463 having real-time access to some of this data. And what we are
2464 worried about, what we are trying to do, is get to that so that
2465 people have access to information that is in real time, not
2466 something maybe 2 or 3 months late with that.

2467 So what this amendment has proposed today is a byproduct of
2468 having heard from people around the district and around the
2469 country that they want instant information, so our effort here
2470 is to give them this real-time data reporting of opioid abuse at
2471 the federal, state, and local levels. We can save lives, we can
2472 be more efficient in our operation with it.

2473 So in deference to time, Mr. Chairman, I would ask that we
2474 support this amendment and with the hopes that a study can be
2475 conducted to indicate the advantages of having real time, removing
2476 those barriers that prevent us from having real-time data on
2477 opioid abuse.

2478 I yield back the balance of my time.

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2479 The Chairman. Yields back. Other members wishing to
2480 speak? Mr. Welch.

2481 Mr. Welch. I thank Mr. McKinley. The opioid scourge has
2482 hit Vermont hard. In fact, it was our Governor, Governor Shumlin,
2483 I think 3 years ago devoted his entire State of the State Address
2484 to the opioid catastrophe in Vermont. And I remember a lot of
2485 my colleagues asking me why he did that and was he worried that
2486 in so doing it would hurt the reputation of Vermont.

2487 And what it did is mobilized Vermont. Our communities have
2488 plunged into providing community-based support to help people who
2489 have a wicked problem, oftentimes a result of getting prescription
2490 medication, like a nurse who injured her back when she was moving
2491 a patient and she became addicted, like a 44-year-old hardworking
2492 man who was injured in an automobile accident and he became
2493 addicted, and then he died ultimately of an overdose.

2494 But when I was talking to my colleagues, when they were asking
2495 me about the governor doing this, it became clear that all of us
2496 were facing this huge challenge in our own districts.

2497 So, Mr. Chairman, I am delighted that the committee together,
2498 Republicans and Democrats, are focusing so much attention on a
2499 problem that is plaguing all of our communities. This is one
2500 small additional element that would provide, as Mr. McKinley said,
2501 real-time information that would help our law enforcement get to
2502 the bottom of where there are bad batches of heroin and enable
2503 them to help stop additional overdoses.

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2504 So I want to thank Mr. McKinley, and I want to thank the
2505 chairman and my colleagues for the hard work that is being done
2506 for us to make a contribution to stemming this opioid abuse.

2507 And I yield back the balance of my time.

2508 The Chairman. The gentleman yields back. Other members
2509 wishing to speak on the amendment? Seeing none, the vote occurs
2510 on the amendment offered by the gentleman from West Virginia.

2511 All those in favor will say aye.

2512 Those opposed, say no.

2513 In the opinion of the chair, the ayes have it, and the
2514 amendment is agreed to.

2515 Further amendments to the bill? The gentleman from Oklahoma
2516 has amendment to the bill. The clerk will read the title of the
2517 amendment.

2518 The Clerk. Amendment to H.R. 4982, offered by Mr. Mullin.

2519 [The Amendment offered by Mr. Mullin follows:]

2520

2521 *****INSERT 21*****

2522 The Chairman. And without objection, the amendment will be
2523 considered as read. The staff will distribute the amendment, and
2524 the gentleman from Oklahoma is recognized for five minutes in
2525 support of his amendment.

2526 Mr. Mullin. I will be quick. Thank you, Mr. Chairman. It
2527 is extremely concerning to see how substance abuse is impacting
2528 Indian country. Many Native Americans reside on reservations or
2529 in rural areas where drug treatment programs are not readily
2530 available. But as we have seen an epidemic on our hands, we need
2531 to do something about it.

2532 I am offering this amendment to make sure that the
2533 Comptroller General evaluates the availability of residential and
2534 outpatient treatment programs for American Indians and Alaska
2535 Natives and a report--and the report of an opioid treatment
2536 infrastructure. We need a full picture of the infrastructure we
2537 currently have, so we can identify and fill the gaps.

2538 I want to thank my colleague Mr. Foster for writing this
2539 important piece of legislation and for working with me to make
2540 sure the needs of American Indians and Native Americans are
2541 included in this bill.

2542 I yield back.

2543 The Chairman. The gentleman yields back. The chair
2544 recognizes the gentleman from New Jersey for five minutes.

2545 Mr. Pallone. Thank you, Mr. Chairman. I would like to
2546 strike the last word in support of the bill and also speak in favor

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2547 of this amendment.

2548 Research indicates that a majority of people in need of
2549 treatment for substance use disorders do not receive anything that
2550 approximates evidence-based care. And as we have heard from a
2551 number of experts who have testified before this committee, a
2552 majority of individuals who receive treatment for substance use
2553 disorders are receiving care that is ineffective, outdated, and
2554 not evidence-based.

2555 So each day we are losing lives because of our inability to
2556 provide the treatment capacity necessary to deal with this
2557 epidemic, and that is why I am glad to co-sponsor H.R. 4982, which
2558 directs GAO to evaluate and report on the inpatient and outpatient
2559 treatment's capacity, availability, and needs. It directs the
2560 agency to examine treatment capacity for substance use disorders
2561 across the continuum of care as well as to examine the availability
2562 of treatment options based on reliable scientific evidence of
2563 efficacy.

2564 In terms of Mr. Mullin's amendment, this is a good amendment.
2565 It is going to include in the GAO study an examination of
2566 residential and outpatient treatment programs available to
2567 American Indians and Alaska Natives through our system of Indian
2568 health programs.

2569 Unfortunately, we know that significant health disparities
2570 exist between Native American populations and other groups.
2571 Although no American community is immune from the heroin and

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2572 opioid epidemic, it appears the problem has disproportionately
2573 affected American Indians. According to SAMHSA, American
2574 Indians and Alaska Natives report twice the rate of prescription
2575 drug abuse compared to Caucasians.

2576 Despite knowing these broad generalizations, researchers
2577 admit they have insufficient data on the issue of substance abuse
2578 in these communities, and this has limited our ability to provide
2579 an appropriate response. One study in the Journal of Ethnicity
2580 found that access to substance abuse treatment on rural
2581 reservations was generally described as scarce, underfunded or,
2582 even worse, nonexistent. We have to do better, and it is
2583 imperative that we supply these communities with the necessary
2584 resources.

2585 And the first step in combatting this epidemic is learning
2586 which areas are most in need and where to best target our
2587 resources, and this amendment will provide us with this
2588 information. So I would urge also support for Mr. Mullin's
2589 amendment.

2590 The Chairman. The gentleman yields back. Other members
2591 wishing to speak on the amendment? Seeing none, the vote occurs
2592 on the amendment offered by the gentleman from Oklahoma.

2593 All those in favor will say aye.

2594 Those opposed, say no.

2595 In the opinion of the chair, the ayes have it. The amendment
2596 is agreed to.

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2597 Further amendments to the bill? Seeing none, the question
2598 now occurs on favorably reporting H.R. 4982, as amended, to the
2599 House.

2600 All those in favor shall signify by saying aye.

2601 Those opposed, say no.

2602 The ayes appear to have it. The ayes have it, and the bill
2603 is favorably reported.

2604 The last bill of today's markup. The chair will now call
2605 up H.R. 3250 and ask the clerk to report.

2606 [The Bill H.R. 3250 follows:]

2607

2608 *****INSERT 22*****

2609 The Clerk. H.R. 3250, to amend the Federal Food, Drug, and
2610 Cosmetic Act to prevent abuse of dextromethorphan, and other
2611 purposes.

2612 The Chairman. The bill will be considered as read, and the
2613 chair will ask if there are amendments to the bill. The gentleman
2614 from Ohio, Mr. Johnson, is recognized.

2615 Mr. Johnson. Mr. Chairman, I move to strike the last word
2616 in support of this bill.

2617 The Chairman. Strike the last word. The gentleman is
2618 recognized for five minutes.

2619 Mr. Johnson. Thank you, Mr. Chairman. The DXM Abuse
2620 Prevention Act, H.R. 3250, helps close the gap in addressing a
2621 very serious problem with teen abuse of over-the-counter drugs
2622 and medicines. Kids mistakenly think that if it is an
2623 over-the-counter medicine it can't hurt them. Unfortunately,
2624 they are wrong.

2625 While 10 states have laws on the books restricting sales to
2626 those under the age of 18, there is still work to be done in
2627 preventing the start of addictive behavior at such an early age.

2628 We have had great engagement from stakeholders up to this
2629 point, which I thank them for, particularly CHAP, and I look
2630 forward to continuing these discussions and refining the bill's
2631 language as it makes its way to the floor.

2632 Finally, I would also like to thank Chairman Upton, Ranking
2633 Member Pallone, and especially my colleague, Representative

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2634 Matsui, for their support.

2635 The Chairman. Will the gentleman yield?

2636 Mr. Johnson. I certainly will yield to you, Mr. Chairman.

2637 The Chairman. I want to thank you and the other sponsors
2638 for your commitment to this issue. It is one that we have
2639 certainly been trying to address for a lot of years. We are moving
2640 this bill hopefully out of the committee today, knowing that we
2641 have got more work today before the floor to do, but I know that
2642 the committee and sponsors are committed to working through the
2643 remaining issues.

2644 We know that kids are abusing these medicines, and it is a
2645 common sense way to fix the problem. Ten states already have
2646 passed laws just like this one to combat the abuse. We know that
2647 many retailers have systems in place. I applaud the private
2648 sector investment in these technologies, and this bill will build
2649 off of state and private sector efforts to prevent the kind of
2650 abuse.

2651 So we look for probably a couple of changes yet, but I thank
2652 you, and I yield back to you.

2653 Mr. Johnson. Well, thank you, Mr. Chairman, again, for your
2654 support. And I urge my colleagues to support this legislation.

2655 And with that, I yield back the balance of my time.

2656 The Chairman. The gentleman yields back. Other members
2657 wishing to speak on the bill? The gentlelady from California,
2658 Ms. Matsui.

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2659 Ms. Matsui. Thank you, Mr. Chairman, and I move to strike
2660 the last word.

2661 Thank you, Mr. Chairman, and Congressman Johnson, and
2662 Ranking Member Pallone, for your work on this important
2663 legislation. It is vital that we move forward to address the
2664 public health consequences of dex abuse by teens. I appreciate
2665 the feedback we received from stakeholders on this bill. We are
2666 working together on a common sense solution to ensure cough
2667 medicine remains accessible to those that use it appropriately
2668 and inaccessible to those who seek to abuse it.

2669 I look forward to working with my colleagues to refine this
2670 legislation as we move it out of committee and onto the House floor
2671 for passage as part of our efforts to address the substance abuse
2672 crisis in this country.

2673 Congress must not wait for tragic stories of children being
2674 hurt due to dex abuse before we act. I urge my colleagues to
2675 support H.R. 3250.

2676 Thank you, and I yield to Ranking Member Pallone.

2677 Mr. Pallone. I just want to--thank you. I just wanted to
2678 thank Congresswoman Matsui and Congressman Johnson for the work
2679 on this legislation.

2680 Yesterday I had a--I visited a pharmacy, Beaut's Pharmacy,
2681 in Metuchen, New Jersey, in my district, with a state legislator,
2682 Assemblyman Pat Diegnan, who sponsored a similar bill in New
2683 Jersey that is now law.

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2684 And, I mean, it was just talking to the pharmacist, talking
2685 to others, they just thought that this legislation was so valuable
2686 in New Jersey and should be done nationwide. And basically, as
2687 Chairman Upton said, we have about 10 states now, including New
2688 Jersey, who have passed legislation restricting sales of DXM to
2689 those 18 and over.

2690 And this bill would build on the work of those states and
2691 establish the national requirement that retailers who sell DXM
2692 have verification systems in place to help ensure that those under
2693 age 18 can't purchase DXM and would prevent the possession,
2694 receipt, and distribution of unfinished DXM by entities not
2695 registered or licensed with the federal or state government.

2696 I know Chairman Upton mentioned that some stakeholders have
2697 concerns, and obviously we are going to continue to work on that.
2698 But this is really an important bill, so I think it--I really do
2699 want to thank the sponsors, so Ms. Matsui and Mr. Johnson, for
2700 putting this together, because even though some states have it,
2701 others don't, and this will just make it easier even for those
2702 states that do have it.

2703 Thank you. I yield back.

2704 Ms. Matsui. Thank you. I yield back.

2705 The Chairman. The gentlelady yields back. Other members
2706 wishing to speak on the bill? Seeing none, are there further
2707 amendments to the bill? Seeing none, the question now occurs on
2708 favorably reporting H.R. 3250 to the House.

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2709 All those in favor shall signify by saying aye.

2710 Those opposed, say no.

2711 The ayes have it, appear to have it, they have it, and it
2712 is favorably reported.

2713 The committee now stands in recess until 10:00 a.m. tomorrow
2714 where we are going to take up a dozen bills that complete the markup
2715 schedule.

2716 With that, we stand in recess.

2717 [Whereupon, at 12:17 p.m., the committee recessed, to
2718 reconvene at 10:00 a.m., the following day.]

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