

ONE HUNDRED FOURTEENTH CONGRESS
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Opening Statement of Rep. Frank Pallone
Ranking Member, Committee on Energy and Commerce
Hearing on “Examining Public Health Legislation to Help Patients and Local
Communities”
Subcommittee on Health
January 27, 2015

Thank you, Chairman Pitts, for holding this hearing on the six public health bills before us today. All of the bills aim to address important public health issues within our communities.

The Improving Regulatory Transparency for New Medical Therapies Act, would speed up Drug Enforcement Administration (DEA) decisions on scheduling of new FDA-approved drugs containing controlled substances, so that they could get to patients more quickly. It also would speed up the DEA registration process allowing the manufacture and distribution of controlled substances for use only in clinical trials. The bill aims to ensure that there are not unnecessary delays of medicines getting to patients in need. I want to thank Chairman Pitts for working with me on this bill last Congress, and committing to move forward early this Congress.

The Ensuring Patient Access and Effective Drug Enforcement Act, would add two definitions to the Controlled Substances Act to better focus DEA’s enforcement activities. It also would require DEA to provide registrants an opportunity to submit an action plan to correct any violations for which DEA is considering revoking or suspending their controlled substance registration. The goal of the bill is to help drug distributors, pharmacies, and others work with DEA to achieve the difficult balance between keeping controlled substance prescription drugs away from drug abusers but not from patients who need them. I thank Representatives Blackburn, Marino, Welch and Chu for introducing this legislation.

The next bill, the Veterans Emergency Medical Technician Support Act, authorizes a demonstration grant program for states to streamline the certification and licensure requirements for returning veterans to become emergency medical technicians. Returning vets have important skills and experiences that make them highly-qualified for jobs in health care and particularly in emergency medicine. This bill passed both the Committee and the House last Congress, and I want to thank Congresswoman Capps for her work on this issue.

We are also considering two bills reauthorizing a number of trauma programs. The Trauma Systems and Regionalization of Emergency Care Reauthorization Act, which passed the House last year, is aimed at planning and implementing trauma care systems in the States and

establishing pilot projects for innovative models of regionalized trauma care. The second bill, the Access to Life-Saving Trauma Care for All Americans Act, reauthorizes two additional trauma programs that expire this year that aim to increase the availability of trauma services, as well as an interagency program for basic and clinical research on trauma. Traumatic injury is the leading cause of death for children and adults under the age of 45, and it is critical that States are equipped to deliver these medical services. I would again like to thank Mr. Green and Mr. Burgess, who are both leaders on trauma care, for their work on these bills.

Finally, the Subcommittee will review the National All Schedules Prescription Electronic Reporting Reauthorization Act, which I coauthored with my colleague from Kentucky, Mr. Whitfield, during the last Congress. This legislation helps States establish and maintain prescription drug monitoring programs in order to combat prescription drug abuse, an epidemic in the United States. It is critical that we continue support for this program through Federal funding.

Many of these bills passed our Committee and the House last Congress with broad bipartisan support. I look forward to working with my colleagues to do the same this year.