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RPTR ZAMORA

EDTR ZAMORA

MARKUP OF:

H.R. 4889, THE KELSEY SMITH ACT OF 2016;

H.R. 4167, KARI'S LAW ACT OF 2015;

H.R. 4111, RURAL HEALTH CARE CONNECTIVITY ACT OF 2015;

H.R. 4190, SPECTRUM CHALLENGE PRIZE ACT OF 2015;

H.R. 3998, SECURING ACCESS TO NETWORKS IN DISASTER (SANDY) ACT;

H.R. 2031, ANTI-SWATTING ACT OF 2015;

H.R. 2589, A BILL TO AMEND THE COMMUNICATIONS ACT OF 1934 TO REQUIRE THE FEDERAL COMMUNICATIONS COMMISSION TO PUBLISH 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;

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

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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;

H.R. 3680, CO-PRESCRIBING TO REDUCE OVERDOSES ACT OF 2015;

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;

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

H.R. 4969, JOHN THOMAS DECKER ACT OF 2016;

H.R. 4586, LALI'S LAW;

H.R. 4599, REDUCING UNUSED MEDICATIONS ACT OF 2016;

H.R. 4976, OPIOID REVIEW MODERNIZATION ACT OF 2016;

H.R. 4982, EXAMINING OPIOID TREATMENT INFRASTRUCTURE ACT OF 2016; AND

H.R. 5050, THE PIPELINE SAFETY ACT OF 2016

TUESDAY, APRIL 26, 2016

House of Representatives,

Committee on Energy and Commerce,

Washington, D.C.

The committee met, pursuant to call, at 5:02 p.m., in Room 2123,

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Rayburn House Office Building, Hon. Fred Upton [chairman of the committee] presiding.

Present: Representatives Barton, Whitfield, Pitts, Latta, Kinzinger, Bilirakis, Upton (ex officio), Rush, Engel, Green, Capps, Schakowsky, Tonko, and Pallone (ex officio).

Staff Present: Gary Andres, Staff Director; Will Batson, Legislative Clerk, Energy and Power, Environment and the Economy; Rebecca Card, Assistant Press Secretary; Karen Christian, General Counsel; Giulia Giannangeli, Legislative Clerk, CMT; Tom Hassenboehler, Chief Counsel, Energy and Power; A.T. Johnston, Senior Policy Advisor; Peter Kielty, Deputy General Counsel; Brandon Mooney, Professional Staff Member, Energy and Power; Tim Pataki, Professional Staff Member; Graham Pittman, Legislative Clerk; Annelise Rickert, Legislative Associate; Dan Schneider, Press Secretary; Heidi Stirrup, Health Policy Coordinator; Dylan Vorbach, Deputy Press Secretary; Gregory Watson, Legislative Clerk, Communications and Technology; Jessica Wilkerson, Oversight Associate, Oversight and Investigations; Jen Berenholz, Minority Chief Clerk; Jeff Carroll, Minority Staff Director; David Goldman, Minority Chief Counsel, Communications and Technology; Waverly Gordon, Minority Professional Staff Member; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Rick Kessler, Minority Senior Advisor and Staff Director, Energy and Environment; Jerry Leverich, Minority Counsel; John Marshall, Minority Policy Coordinator; Tim Robinson, Minority Chief

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Counsel; Samantha Satchell, Minority Policy Analyst; Ryan Skukowski, Minority Policy Analyst; and Andrew Souvall, Minority Director of Communications, Outreach and Member Services.

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The Chairman. The committee will come to order. And the chair recognizes himself for an opening statement.

The Energy and Commerce Committee certainly has a rich tradition of working together to deliver results for the American people, and I am very proud of our bipartisan record of success in this Congress.

To date, we have had 42 bills and provisions signed into law, 42, and additional 46 bills that have cleared the House and await the Senate for their consideration. And with this markup, we look to build upon that success as we consider 22 important bills that seek to address our country's opioid and drug abuse epidemic, improved pipeline safety, prioritize public safety, and, yes, increase FCC transparency.

Half of the bills that we are going to consider are aimed at addressing the opioid addiction epidemic that has hit way too many communities and families across the country. Opioid-related overdoses have become the number one cause of injury related to death in Michigan as well as nationwide. Nearly every 12 minutes someone dies of a drug overdose in the U.S. We have lost a lot of good kids. It is a frightening reality, and it is only getting worse.

So the bills before us today touch on the spectrum of issues driving the opioid crisis. While there is no one solution, these bills represent good steps in addressing a problem that has grown rapidly. The Centers for Disease Control and Prevention reports that nationally nearly 260 million opioid prescriptions were written in 2012. That is one for every single U.S. adult, with 20 million to spare.

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Now, I would like to thank my colleagues on both sides of the aisle, for those on this committee and not, for working to advance these bipartisan bills that will make a real difference in our communities. I look forward to reporting these bills out of the committee this week, continue to work with our House leaders at a bipartisan basis to ensure that the bills move quickly to the House floor for consideration, while also considering an important bill that passed the House last Congress to make it easier for our vets to translate the skills that they have honed on the battlefield to working and volunteering on our EMT squads around the country.

Pipeline safety is also something that we should all take very seriously, and it has been a priority of mine since I became chairman, as we did experience a bad spill in southwest Michigan that impacted the Kalamazoo River a few summers ago.

While an incident can happen in an instant, the damage takes years, if not decades, to fix, underscoring the need for strong safety laws. We promised action, and today, I am proud to say that we have a bipartisan agreement on a bill that authorized PHMSA for the 5 years and goes a long way to strengthen pipeline safety.

Since our subcommittee's work, we have worked with our friends across the aisle to improve the bill, tighten provisions, and allowing PHMSA to issue emergency orders. We have included new sections to bring transparency to interagency reviews, the regulatory process, and study ways to protect pipeline from corrosion damage.

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Additionally, the bill will speed up the completion of overdue safety regs, tighten standards for underground natural gas storage facilities, and increased inspections for some underwater oil pipelines. I would note that we are currently looking to finalize a manager's amendment with Mr. Pallone to address a few small outstanding issues. We expect to circulate that amendment shortly after the opening statements have concluded.

We also have nine bills that focus on updating and improving our communications laws to better serve all Americans. One of the most important tasks is ensuring our laws are working for contacting and assisting public safety operations, whether it is dialing 911, providing tools to law enforcement, or promoting connectivity during disaster. Several of today's bills are intended to improve the way Americans are protected in times of emergency.

Among these bills is the Kelsey Smith Act, an important bill that will require telecommunications carriers to share location data if law enforcement believes someone is in danger or faces harm. Twenty-two States have already implemented the law and it is time that we do it at a national level.

We will also revisit the important issue of FCC process reform, one that this committee has long made a priority. We have three bills that have one simple goal: Increased transparency at the agency. We have seen time and time again that much of the agency's work occurs behind closed doors with little public insight into the decisionmaking

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and operations at the FCC.

This does not lead always to good policy, we know, and it does not create the kind of culture of accountability that consumers deserve. By requiring the FCC to publicly post work product, rules, changes, and delegations of authority, industry regulators and the public alike benefit from increased visibility into the process. Individually, each of these bills is important; collectively, they speak to the hard work of our members on both sides of the aisle to enact meaningful solutions that truly make a difference for folks across the country.

[The statement of Chairman Upton follows:]

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The Chairman. I now recognize my friend, the gentleman from New Jersey, Mr. Pallone for 5 minutes for an opening statement.

Mr. Pallone. Thank you, Chairman Upton, for calling today's markup.

While I can't support every single bill being considered, I am grateful for all the hard work of our staffs for the many bipartisan bills that will be marked up over the next 2 days. In particular, I am proud that part of our agenda today are 12 bills that aim to address the alarmingly growing trend of opioid addiction.

We all know too well the devastation this crisis is creating in our communities. The bills, which are all bipartisan and include the work of our committee members and others, address an array of policies that focus on the continuum of care, prevention, treatment, and recovery. While these are important steps, congressional Republicans continue to reject calls to provide resources proportionate to the severity of this crisis, and Congress must dedicate additional resources to address opioid abuse.

We also have nine telecommunication bills slated for this markup. I am grateful to Chairman Upton and Chairman Walden for including a number of Democratic bills among this group. They are good bills and should garner bipartisan support.

One of those bills is my own Securing Access to Networks in Disasters, or SANDy Act. This bill seeks to ensure that consumers have access to essential communications networks when we need them most in

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an emergency.

I am also happy that the Republicans decided not to mark up their harmful Lifeline bill. That bill would rip phones out of the hands of millions of Americans who need the most help. However, I am disappointed that they pulled a last-minute switch for three other FCC process bills. I don't understand why the Republicans need to make a mockery of our own procedures every time they want to talk about the FCC's process. While Democrats will do our best to improve these bills, these types of partisan tactics make it appear that the Republicans are not serious about legislation on these important FCC-related issues.

With regard to pipeline safety, I want to thank Chairman Upton for working with me and our members to improve the legislation supported or reported by the subcommittee. The vast network of energy pipelines in this country are essentially out of sight, out of mind for most Americans, who, when something goes wrong, these facilities can make themselves known in devastating and sometimes deadly ways.

While the proposal before us is not the bill that either of us would write left to our own devices, it does represent a reasonable balanced compromise that addresses, at least in some form, a number of the concerns raised by Democrats during the Energy and Power Subcommittee's markup. It is certainly superior to the legislation passed by the Senate, and I hope my colleagues on both sides of the aisle would join me in supporting its passage today.

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So again, Mr. Chairman, I thank you, and I yield back the remainder of my time.

[The statement of Mr. Pallone follows:]

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The Chairman. Thank you.

The chair would remind members that pursuant to committee rules, all members' opening statements will be made part of the record.

Are there further opening statements?

The chair would recognize the gentleman from Kentucky, Mr. Whitfield.

Mr. Whitfield. Mr. Chairman, I also would like to thank you and Ranking Member Pallone and the rest of the committee for working together on these 12 important pieces of legislation.

I am going to confine my remarks only to the Pipeline Safety Act of 2016, which originated in the Subcommittee on Energy and Power. And if you will recall, at that markup we basically put off a number of issues until we could reach the full committee.

I am proud to say that our staffs working diligently on both sides of the aisle have basically reached an agreement on the pipeline safety bill, which is vitally important to the welfare of our country. We do have some issues relating to the emergency order. I think we have made significant progress there working on checks and balances, but there are still a few changes that need to be made to clarify our intent.

But I am pleased we have reached an agreement on the overall bill. We expect all changes to be introduced in the form of a manager's amendment. And I look forward to working with all the members to move this bipartisan piece of legislation.

I yield back the balance of my time.

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[The statement of Mr. Whitfield follows:]

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The Chairman. The gentleman yields back.

The chair would recognize the gentleman from Texas, Mr. Green for his opening statement.

Mr. Green. Thank you, Mr. Chairman.

I am pleased the committee is holding this markup. I will start out with pipeline safety. We have almost as many pipelines in Texas as we have roads, and pipeline safety is critically important. The bill before the committee today is a good bill that attempts to lay down concrete rules of the road for the next 5 years. For the sake of our constituencies, we need to pass this bipartisan bill in a bipartisan way.

I would like to voice my support for two provisions: First, section 8 would provide PHMSA with direct hire authority for pipeline inspectors. We need inspectors in the field working closely with our industry partners to avoid another emergency situation. In my opinion, robust inspection is the best option available for everyone involved. If we reach the enforcement stage, that means something has gone wrong and we are too late. The industry, PHMSA, and workers support this provision. I would like to thank my good friend, Representative Olson, for working with me on this provision.

The second provision I would like to support is section 15 of the emergency authority for PHMSA. While this provision may not be perfect, it represents a strong balance between enforcement and review. It is important to keep in mind that this is an emergency authority.

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Unfortunately, when there is an incident involving a pipeline, we need the accurate speed, efficiency, and resolve. I want our executive agencies on the scene ensuring we are protecting the people and the environment.

We must ensure that people have confidence in the pipeline system, and effective crisis management will help build that belief. I appreciate the hard work that went into drafting this provision. Compromise is not easy, so I want to thank both sides for drafting this provision. I know there is more work ahead of us, but I look forward to supporting your current bill.

On health issues, prescription drug addiction in the United States has escalated into a deadly epidemic. According to the Centers for Disease Control and Prevention, prescription painkillers and heroin are killing the lives of 78 Americans every day. Treatment for pain too frequently ends in addiction and is also leading to the largest rise in heroin use in over 20 years. This crisis has ravaged too many of our families, neighbors, and communities in every corner of the country.

I am pleased to support the 12 bills related to opioid and prescription drug abuse we are considering. Together, they will expand the access to treatment and pre-prescribing practices, facilitate understanding of the disease, and educate providers and policymakers in the public. A robust, multiprong approach is necessary to address this epidemic at home.

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I want to thank my colleagues on the committee for treating addiction like the public health crisis that it is and for their work on these thoughtful legislative solutions to the epidemic.

The last issue is telecom. I have consistently supported measures in this committee that enhance public safety and the ability of first responders to communicate and to reach those in danger. For these reasons, I am supportive of several of the telecommunications bills the committee will be debating tomorrow and Thursday, including the SANDy Act introduced by Ranking Member Frank Pallone, which will improve our telecommunications networks during emergencies, such as Superstorm Sandy in 2012, and the recent floods that have seriously impacted communities in our district in Houston, Harris County, Texas.

Improving public safety should not come at the cost of our civil liberties, however. I hope the majority will consider changing the Kelsey Smith Act that reflects the bipartisan deal we made last Congress in our committee. It is important that we balance Americans' right to privacy with public safety.

And again, Mr. Chairman, I thank you for holding the hearing. I will yield back my time.

[The statement of Mr. Green follows:]

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The Chairman. The chair would recognize the gentleman from Pennsylvania, Mr. Pitts for an opening statement.

Mr. Pitts. Thank you, Mr. Chairman.

Before I begin my opening statement, I would like to ask unanimous consent to submit some documents for the record.

The Chairman. Without objection.

[The information follows:]

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Mr. Pitts. Thank you, Mr. Chairman.

These are statements from Congressman Bill Johnson of Ohio; Congressman Pat Meehan of Pennsylvania; National Safety Council; Community Anti-Drug Coalitions of America; American Medical Association; Harm Reduction Coalition; Major County Sheriffs' Associations, American Society for Addiction Medicine; American Physical Therapy Association; New York Council of Youth Sports; and Safe Kids Worldwide.

Mr. Chairman, thank you for the recognition. The full committee is considering 22 bills over the next few days, 12 of which were considered and approved last week by the Subcommittee on Health. And it is these bills to which I will direct my statement.

These dozen healthcare bills seek to improve treatment for opioid abuse, report on infants suffering from neonatal abstinence syndrome, update best practices for pain management, prescribing pain medicine, will offer co-prescribing of opioid reversal drugs, expand access to medication-assisted treatment, ban sale of DXM to anyone under 18 without a prescription, study the dangers of opioid abuse in treating sports-related injuries, develop standing orders for naloxone prescriptions, clarify when prescriptions can be partially filled, encourage abuse deterrent technologies for opioids, request that GAO report to Congress on substance abuse treatment availability and infrastructure needs throughout the USA.

As many of you know, one of this committee's top priorities has

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been helping and protecting children and families, and these bills are the subject of this markup, represent our ongoing efforts to work together to strengthen public health, and address problems in our Nation's healthcare system.

In my home State of Pennsylvania, one out of every four households is affected by addiction. More than 2,400 Pennsylvanians died from overdoses last year, making it the leading cause of accidental death in our Commonwealth.

According to the CDC, about 120 Americans on average die from a drug overdose every day. Overall, drug overdose deaths now outnumber deaths from automobile accidents. More than 4 million Americans abuse prescription drugs or painkillers. Another 517,000 reported past-year heroin use, 150 percent increase since 2007. These facts are shocking, but they reflect the reality in our neighborhoods. It is happening to Democrats and Republicans, to people of every race and religion, happens to our friends, family members, and neighbors. We all know someone, and we share their pain.

Today, we have legislation before us that will begin to address the addiction crisis we face. In 2015, the Energy and Commerce Committee on Oversight and Investigation Subcommittee held five hearings on the drug abuse crisis. In October, as chairman of the Health Subcommittee, I chaired a two-part hearing, which we heard from experts like the administration's drug czar Michael Botticelli and Dr. Kenneth Katz of the Lehigh Valley Health Network. We discussed

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several proposals, how to improve Federal public health policies.

I thank all the sponsors of these bills for their diligent work. These bills address a complex epidemic. I know that with the committee, the work will continue and urge their adoption.

I yield back.

[The statement of Mr. Pitts follows:]

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The Chairman. The gentleman yields back.

The chair would recognize the gentleman from Illinois, Mr. Rush.

Mr. Rush. I want to thank you, Mr. Chairman, for holding this important and timely markup on a variety of bills, including the Pipeline Safety Act of 2016.

Mr. Chairman, pipeline safety reauthorization has historically been an issue that we worked on in a bipartisan manner, and I am pleased that the underlying bill before us follows in this tradition. Mr. Chairman, I would like to applaud you and Chairman Whitfield for working with Ranking Member Pallone and myself in good-faith negotiations to bring us to this point.

I must also commend the committee staffs on both sides of the aisle for all of their hard work in bringing forth this bill.

Mr. Chairman, I would also like to thank Mr. Tonko, Mr. Green, Mrs. Capps, Mr. Engel, and their staffs, and all the other officers that provided constructive input into both the underlying bill and the manager's amendment.

Mr. Chairman, while this bill does not go as far as any side would prefer, if they were to go it alone, I think it does represent a step forward in both substance and ensuring to the American people that we can work together on issues of importance. The bill being marked up today represents a better product than what was marked up in subcommittee, and I want to commend the majority for taking into consideration millions of concerns that were brought up by the minority

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side.

Specifically, Mr. Chairman, removing some of the burdensome grant restriction language and the moratorium on grant making is an improvement. Additionally, allotting the emergency order authority to more closely resemble the language put forth by the bipartisan House Transportation and Infrastructure Committee represents a compromise that I believe both sides of this committee can fully support.

Another improvement in the current draft from the subcommittee markup involves broadening the definition of high-consequence areas to include not only the Great Lakes but also lands adjacent to coastal areas as ecological resources.

So, Mr. Chairman, while members on our side did not get everything that we wanted in this current draft, I feel comfortable adding my name to this bill because I am confident that the majority negotiated in good faith. And I believe this bill is an improvement over the bill that passed the Senate, and it does modestly move the issue of pipeline safety forward.

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

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[The statement of Mr. Rush follows:]

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The Chairman. The gentleman yields back.

The chair would recognize the gentleman from Ohio, Mr. Latta, for an opening statement.

Mr. Latta. Well, thank you, Mr. Chairman.

I support the legislation reported by the Subcommittee on Communications and Technology that seeks to promote public safety and increase transparency and accountability at the Federal Communications Commission. I sponsored H.R. 2593, which would require the FCC to identify and describe on its Web site all items to be adopted by the Commission staff on delegated authority 48 hours prior to the action being taken, if those items are given a delegated authority identification number.

The Commission already produces this information after items are adopted; therefore, this bill merely shifts timing and does not increase workload. Additionally, making items available to the public will help curb misuse of delegated authority. While most of the decisions made on such authority are routine and minor, there are isolated incidents where the use of delegated authority is abused as a way to get around having to get the necessary votes on an item.

This bill will capture those occurrences and increase public awareness of the agency's day-to-day decisions. I believe it is safe to assume that everybody in the room can find common ground on holding the FCC accountable to the American people.

Furthermore, I would like to voice my support for the 12 bills

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brought forth by the Health Subcommittee that will help address the national opioid abuse crisis. Across America, individuals are being addicted to opioids. It is not just affecting the addicts but their families and communities as well.

In Ohio, 2,531 lives were lost due to unintentional drug overdoses in 2014 alone. Ohio has seen some encouraging signs of progress. Across my district, counties have created task forces and held forums to help communities deal with the problem on a local level. We have also seen the establishment of successful drug court programs that help to treat and rehabilitate those suffering from drug dependency.

Ohio, through the leadership of Governor Kasich, has been on the front lines in fighting the battle against the opioid epidemic for over 5 years. The State has one of the Nation's most comprehensive approaches to tackling this epidemic, including robust prescribing guidelines for emergency room departments and physicians to encourage that people get the right dosage of pain medication, more recovery housing options that afford the addicted to get help, programs to shore up the intersection with criminal justice through the funding of drug courts, and improving treatments at Ohio's prisons and wide availability of the lifesaving overdose antidote Narcan.

However, more must be done, and that is why I am encouraged by the committee's actions to recognize this crisis as a public health issue and address it at a Federal level.

Mr. Chairman, I yield back the balance of my time. Thank you very

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much.

[The statement of Mr. Latta follows:]

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The Chairman. The gentleman yields back.

The chair would recognize the gentleman from New York, Mr. Engel for an opening statement.

Mr. Engel. Thank you, Chairman Upton and Ranking Member Pallone, for convening this markup of several critically important issues.

America is in the midst of a heartbreaking opioid epidemic. I know I speak for all of my colleagues when I say that our hearts go out to the families impacted by this crisis which has touched every corner of our Nation. This public health emergency requires swift thoughtful action, and I am pleased that this committee is working to expand access to treatment and enhance public awareness around the dangers of opioids.

However, there is more Congress can do. We won't be tackling this crisis with everything we have got until we dedicate the funding needed to close the treatment gap. And I hope my colleagues will keep this in mind as we discuss the measures before us today.

We are also considering legislation to ensure that PHMSA is keeping our pipeline system safe and secure. To that end, I have been working with my colleagues on both sides of the aisle to ensure that national security and cybersecurity receive appropriate attention in the siting, operation, and maintenance of pipelines. I remain optimistic that through a manager's amendment and report language we will make some progress on that front.

I also would like to especially thank the committee for its

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consideration of my bill, H.R. 2031, the Anti-Swatting Act. Swatting refers to the act of provoking an emergency response team to respond to a phony crisis. The act gets its name from the SWAT teams that are often deployed to address these made-up emergencies.

Though swatting might sound like a prank, its consequences are no laughing matter. According to the FBI, a single SWAT team deployment can cost thousands of taxpayer dollars. Swatting also risks injury to the unassuming victims who are present when a response team arrives at an alleged crime scene, as well to those who mount that response anticipating danger. On top of that, swatting wastes response team's precious time, keeping them from addressing actual life-threatening emergencies that may be going on at the same time. I introduced the Anti-Swatting Act to address these very serious risks.

The Anti-Swatting Act would expand on the Truth in Caller ID Act, which Chairman Emeritus Joe Barton and I introduced and was signed into law in 2010. Specifically, my bill would increase penalties for people who falsify their caller ID information to trigger an emergency response. This technological trick called spoofing allows swatters to make it appear as though they are calling in an emergency from a different phone number or location.

My bill would also force swatters to reimburse the emergency services that squander valuable funds and valuable time responding to an invented emergency. The goal of my bill is to dissuade potential swatters from wasting emergency response resources, and most

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importantly, from putting their neighbors and hardworking response teams in harm's way.

I introduced the Anti-Swatting Act last year, following a string of swattings in my district. Incidents have also occurred in Tennessee, Ohio, New Jersey -- the list goes on and on. It is my hope that this bill will keep additional communities from falling victims to these despicable crimes. So I urge my colleagues to vote yes on this important legislation.

And I yield back the balance of my time.

[The statement of Mr. Engel follows:]

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Mr. Bilirakis. [Presiding] Thank you.

The chair recognizes Mr. Kinzinger from Illinois for 5 minutes.

Mr. Kinzinger. Thank you, Mr. Chairman.

Just briefly, I want to thank Representative Eliot for the Anti-Swatting Act, as I have been a victim of swatting myself. So thank you for that, and it is a huge waste of law enforcement resources.

I would like to speak briefly in favor of two bills I have authored that are before us: H.R. 1818, which is the Vet EMT Support Act; and H.R. 2592, which is a bill to increase transparency at the FCC.

The Vet EMT legislation will achieve two important goals: First, it will ensure the EMT workforce continues to have access to highly qualified professional men and women; secondly, it will assist veterans as they transition from military to civilian life.

Given the current shortage of EMTs, this legislation will help States as they look for new and innovative ways to fill vacant positions with qualified individuals. We can accomplish this by helping States streamline their current requirements and procedures in order to assist veterans who have completed EMT training in the armed forces.

Corpsmen, medics, and soldiers, receive some of the best emergency medical training in the world and prove those skills every day on the battlefield when they deal with complex health problems and significant trauma injuries. That training could then be used to meet the certification, licensure, and other requirements to become civilian EMTs.

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Unfortunately, many veteran EMTs are required to take classes they have already completed in the military to satisfy the civilian licensure system, needlessly delaying their entry into the civilian workforce and creating a burden on States and on veterans alike.

The Vet EMT Act is a commonsense way to help our veterans while improving access to critical health services. I appreciate Congresswoman Capps' support on the legislation and encourage my colleagues to support this bill.

The goal of H.R. 2592 is to increase transparency in the rulemaking process of the FCC. My bill would accomplish this by requiring the chairman of the FCC to publish a draft of any item on the FCC's Web site that has been circulated for a vote within 24 hours of its distribution.

As those draft items are required to be circulated to commissioners 21 days before they are to come up for a vote, I feel as though this legislation is more than fair in helping the American public understand exactly what is being voted on by those chosen to regulate the industries on which we so heavily rely.

While going through the process of marking up this legislation at the subcommittee level, we took to heart concerns that were raised by my colleagues and amended the original language of the bill to ensure the intent of this legislation, which is to increase transparency for the public, is maintained. And I believe we accomplished that goal.

Mr. Chairman, I urge swift passage of both of these bills, and

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I yield back the balance of my time.

[The statement of Mr. Kinzinger follows:]

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Mr. Bilirakis. Thank you.

The chair recognizes the gentlewoman from California, Mrs. Capps for 3 minutes.

Mrs. Capps. Thank you, Mr. Chairman.

I want to thank our chairman and Ranking Member Pallone for holding this markup on legislation that will have a real impact on communities across this country.

In this committee, we are tasked with protecting and promoting the health and safety of all Americans, the environment, and our Nation's most important infrastructure. Over the course of the next 2 days, this committee will propose changes to our Nation's telecommunications systems, improvements of public health in the ongoing opioid epidemic, and vitally important safety updates to our Nation's pipeline and hazardous materials regulations.

While each of these topics is worthy of a full opening statement, I would like to focus on only a few of them, given the time constraints.

As a country, we are dependent upon accessible and reliable energy, and while we must take every opportunity to support efforts to transition away from dirty and dangerous fossil fuels and the infrastructure responsible for them, this will not happen overnight.

Until such a time that we can reliably provide all of our Nation's energy from clean, renewable sources, it is our responsibility to ensure that our energy infrastructure is as safe as possible. This is especially true for the vast network of liquid and natural gas

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pipelines across the country.

Transporting oil and gas is inherently risky. As we have seen over and over, it is only a matter of when an accident occurs, not if there will be one. We know the importance of this far too well on the central coast of California. Last May, one of the pipes in the Plains All American Pipeline ruptured and spilled crude oil across the landscape and into the ocean near Santa Barbara, causing incredible damage to our local environment and economy.

This is just one of the many incidents that have occurred over the past few years. Fortunately, we have the opportunity to improve upon the safety of our Nation's pipeline infrastructure in the Pipeline Safety Act we are marking up this week. We must learn from these tragedies and strengthen the necessary safety measures to protect public health, local economies, and the safety of our environment.

After much negotiation, I believe that the bill before us is a modest but important step to do just that. We must move forward to improve clarity, transparency, and ensuring safety for all pipelines across the Nation. The Pipeline and Hazardous Material Safety Administration is the agency tasked with ensuring the safety of the infrastructure, and we must ensure that this agency has necessary tools and guidance to do this. The bill before us provides a good start, but there is still room to strengthen this bill to better protect our communities from potential spills.

I also want to take a moment to highlight the importance of the

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other bill that was just referenced, H.R. 1818, the Veteran Emergency Medical Technician Support Act, or the Vet EMT Act for short. I have worked with Representative Kinzinger over the past two Congresses on this issue, and I am pleased to see that we are again considering this important legislation.

While in the military, our men and women receive some of the best technical training in emergency medicine, but when they return home, they are often required to start back at square one to receive certification for civilian jobs or have their credentials lapse while they are deployed.

As a result, our veterans are often disadvantaged when trying to participate in the civilian workforce, which both marginalizes our veterans and prevents them from contributing their medical expertise in our communities. Vet EMT is a small but straightforward bipartisan bill to help address this. I am hopeful we can work together in a bipartisan way to get this bill into law.

Thank you for including these important bills into this week's markup, and I am yielding back.

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[The statement of Mrs. Capps follows:]

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Mr. Bilirakis. Thank you. I appreciate that.

The chair recognizes himself for 3 minutes.

The bills before us today are important to our local consumers, families, and communities. Today, we take up a series of telecommunications bills that add commonsense transparency to the FCC and prioritize efficient collaboration between law enforcement and telecom companies.

We have been working hard to cultivate commonsense bipartisan process reforms that allow all interested parties a window into the FCC rulemaking process. The partisan slide we have heard commissioners testify to in hearings is impeding the important work the FCC is tasked to do. These bills will bring a bright light to a process that needs it.

By taking up Kari's Law and the Kelsey Smith Act this week, we will encourage further collaboration between law enforcement and telecommunications companies to fix deficiencies in our connected world. These bills will help save lives while keeping privacy concerns in mind for every American.

Additionally, the health bills we will consider address a major crisis we face as a Nation. Prescription drug abuse, particularly with opioids, has become a nationwide epidemic. There have been more deaths related to drug abuse than car accidents in our country. This epidemic affects all of our constituents and local communities.

These pieces of legislation are critical to our work to address

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this crisis. They will address gaps in service, provide education, reduce the risk of accidental overdoses, and update best practice guidelines. I have witnessed the plight drug abuse has on our families, communities, and our economy. I understand the urgency of this epidemic, especially in my home State of Florida. We need to address not only the addiction aspect of this problem but also raise awareness and educate the public on this mental health issue.

I am happy that the committee is continuing our work to ensure that no more lives are unnecessarily lost. I urge the support of all these bills before us. And I thank the committee, thank the chairman, and the ranking member for this very important markup.

And I yield back.

[The statement of Mr. Bilirakis follows:]

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Mr. Bilirakis. And now I will recognize Ms. Schakowsky from the great State of Illinois for 3 minutes.

Ms. Schakowsky. Thank you, Mr. Chairman.

I am very pleased that this committee is working in a bipartisan manner to advance several bills that respond to the horrible epidemic of opioid abuse we are seeing across the country. And while I strongly believe that we need to increase Federal investments in order to expand access to community-based treatment programs, I also support efforts to leverage existing providers by allowing them to treat more patients who need help with addiction.

Currently, we have thousands of people across the country on waiting lists to access medication, medication-assisted treatment because of the current caps on prescribing such treatment and the limited number of providers who can prescribe. And at the same time, we have people dying of opioid overdoses every single day.

At present, nurse practitioners and physician assistants can prescribe scheduled drugs, including opioid for pain management; however, we do not allow nurse practitioners or PAs to prescribe the medication used to treat opioid addiction. I am very pleased that the Opioid Use Disorder Treatment Expansion and Modernization Act will eliminate this inequity.

Nurse practitioners provide care in nearly every healthcare setting, including clinics, hospitals, emergency rooms, urgent care sites, private physician or nurse practitioner practices, nursing

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homes, schools, and homeless clinics. In many of these settings, nurse practitioners may be serving as the lead provider. And in all of these settings, they may encounter patients in need of treatment for opioid use disorders and should be authorized to provide medication-assisted treatment to these patients.

Similarly, PAs frequently work with patients who struggle with opioid dependency. And while some PAs may choose to specialize in addiction medicine, there are also approximately 30,000 PAs practicing as primary care providers on the front lines of patient care in hospitals, in private practices, community health centers, prisons, behavioral healthcare facilities, and free clinics, where they commonly encounter patients who suffer from or are at risk of opioid addiction.

This care is especially critical in rural and medically-underserved areas where PAs may serve as the only primary care clinician or in areas where PAs own their own medical practices. Our main objective with this legislation is to increase the number of patients they can treat and hopefully to expand the type of providers allowed to prescribe medication-assisted treatment.

As we advance this legislation, it is important that we keep this goal in mind and craft legislation that allows for the greatest number of providers who are willing to complete the necessary certification to prescribe buprenorphine. In addition, two opioid bills will be considered.

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Pipeline Safety Act. I appreciate the chairman's work to incorporate Democratic feedback into the bills. I hope we can report a bipartisan bill.

And we have telecom bills. We have three bills to change processes around rulemaking at the Federal Communications Commission. I am wary of attempts to restrict the FCC's authority to protect consumers under the guise of process reform.

And I will yield back.

[The statement of Ms. Schakowsky follows:]

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Mr. Bilirakis. Thank you.

The chair recognizes the chairman emeritus of this great committee, the gentleman from Texas, Mr. Barton for 3 minutes.

Mr. Barton. Thank you, Mr. Chairman.

As you know, we are going to be marking up a large number of bills this week in full committee. There is one bill in particular that I have been very interested in. It is the pipeline safety reauthorization bill.

As you know, at subcommittee I offered an amendment to strike the provision in the draft bill under consideration of subcommittee that would, for the first time, give the Secretary of Transportation the authority to come in and take operational control of a pipeline.

At the request of the ranking member and the full committee chairman, I withdrew that amendment, with the understanding that we would be involved in discussions and negotiations before the bill came to full committee. My staff has been involved in such negotiations. And I can honestly say that the bill as it is currently drafted -- that will be presented to committee when that particular markup occurs this week -- has better language in it.

It is not what I want because I believe that you should not take over operational control of a private entity without giving the operators an opportunity to show cause why they shouldn't have to relinquish control. I think there should be a hearing. The current bill as drafted still does not give that opportunity, but it does give

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the company, the pipeline operator strengthened due process after this fact, so to speak. So it is an improvement on the bill that was at subcommittee, but I still think it gives the Secretary of Transportation too much power.

I do understand that there is a joint referral on this bill, but the Transportation Committee has referral, as does this committee. And I understand that our full committee chairman wants to have a strong bill, a bipartisan bill come out of this committee. As past chairman of the full committee, I am supportive of that, so I will continue to listen and to work and see if perhaps we might could yet strengthen the language.

I want to be supportive. I do appreciate Chairman Upton and Mr. Pallone and their staff working with my staff on this issue. And we have made progress. Hopefully, we can make some additional progress when we get into the markup.

And with that, I yield back.

[The statement of Mr. Barton follows:]

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Mr. Bilirakis. Thank you.

The chair recognizes the gentleman from New York, Mr. Tonko for 3 minutes.

Mr. Tonko. Thank you, Mr. Chair.

I rise in strong support of the Opioid Use Disorder Treatment Expansion and Modernization Act, which I join my colleague Representative Larry Bucshon in introducing.

At the outset, I would like to thank Representative Bucshon and his staff, as well as the hard work of individuals on the committee staff, and those on my personal staff, our legislative director, in particular, to get this bill to this point.

This is an effort we have been working on for close to a year, and the final product we have arrived at is something of which we can take great pride. I would also like to praise my colleague and fellow New Yorker, Representative Brian Higgins, for his introduction and leadership on the TREAT Act, without which we would not be making this progress today.

It is no hyperbole to announce that we are in a crisis when it comes to the opioid epidemic sweeping our Nation. More than 47,000 people have died of drug overdoses in 2014, a vast majority of which were opioid related. It is a sign of the times that when you drive down the thruway in my district, instead of billboards advertising McDonald's or Taco Bell, you see billboards advising you to call 911 in case of an opioid overdose. It is disturbing how quickly this has

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become the new normal. This crisis has affected our neighbors, our families, and our communities.

Having worked with the addiction recovery community, I know that one of the most important things we can do as policymakers is to ensure that when an individual who is struggling with addiction cries out for help, that there is someone there to answer that call. That is what this bill endeavors to do.

Right now, treatment capacity for those seeking help for opioid use disorder in an office-based setting is artificially capped at 100 patients. What this means in reality is that if you are patient 101 or 102, you get a closed door and have to wait weeks, if not months, for treatment. These delays simply cannot be tolerated. They are deadly.

The legislation before us will raise that cap for qualified physicians to 250, expanding existing opioid treatment capacity by some 150 percent, all while ensuring the care that individuals receive is high quality and minimizes the risk of diversion.

In addition, this legislation will, for the first time, expand buprenorphine prescribing authority to nurse practitioners and physician assistants who meet certain training requirements and comply with applicable State laws. By bringing these practitioners into the fold, we can expand treatment capacity, especially in rural areas where physicians might be few and far between.

Importantly, this bill expands access to high-quality addiction

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treatment, promoting a full range of psychosocial services that make recovery possible, and providing HHS with new tools to remove bad actors from the system. Any member interested in decreasing the unlawful diversion of buprenorphine should support this legislation.

This legislation is not perfect, and I would still like to see a higher patient limit for the top class of physicians. In the midst of this crisis, ensuring access for all needs to be our top priority is important. No matter where we ultimately land on this arbitrary number, we will still be closing the door on someone who needs our help. We wouldn't accept this in any other field of medicine. So we all need to think long and hard about why we allow this situation to persist in the field of addiction.

While I maintain my reservations on the cap issue, I believe it is critically important to keep up the momentum and swiftly pass this bill out of committee. Even in its imperfect form, this bill will make a huge difference in the lives of those struggling with this disease. If we can't find a way to get a bill to the President's desk that will provide needed relief in the midst of this epidemic, shame on us.

While this legislation is not a cure-all for the opioid epidemic, I believe the Opioid Use Disorder Treatment Expansion and Modernization Act will go far in helping to alleviate our acute treatment capacity issues and put more people on the path to recovery.

With that, I urge this committee to pass this bill so that we can bring hope into the lives of those individuals, those families, and

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those communities that grapple with this crisis on a daily basis.

With that, Mr. Chair, I thank you, and I yield back the balance of my time.

[The statement of Mr. Tonko follows:]

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Mr. Bilirakis. Thank you.

Are there further opening statements?

If not, the chair calls up H.R. 5050 and asks the clerk to report.

The Clerk. H.R. 5050, to amend title 49, United States Code --

Mr. Bilirakis. Without objection, the first reading of the bill is dispensed with and the bill will be open for amendment at any point.

So ordered.

[The bill follows:]

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Mr. Bilirakis. We are now on H.R. 5050, and the committee will reconvene at 10:00 a.m. tomorrow. I remind members that the chair will give priority recognition to bipartisan amendments. I look forward to seeing you tomorrow.

Without objection, the committee stands in recess.

[Whereupon, at 5:49 p.m., the committee recessed, to reconvene at 10:00 a.m., Wednesday, April 27, 2016.]