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RPTR JOHNSON

EDTR HUMKE

MARKUP OF:

H.R. 2566, IMPROVING RURAL CALL QUALITY AND RELIABILITY ACT OF 2016;

H.R. 2669, ANTI-SPOOFING ACT OF 2016;

H.R. 4365, PROTECTING PATIENT ACCESS TO EMERGENCY MEDICATIONS ACT OF 2016;

H.R. 1192, NATIONAL CLINICAL CARE COMMISSION ACT;

H.R. 1209, IMPROVING ACCESS TO MATERNITY CARE ACT;

H.R. 1877, MENTAL HEALTH FIRST AID;

H.R. 2713, TITLE VIII NURSING WORKFORCE REAUTHORIZATION ACT OF 2015;

AND

H.R. 3537, SYNTHETIC DRUG CONTROL ACT OF 2015

TUESDAY, SEPTEMBER 20, 2016

House of Representatives,

Committee on Energy and Commerce,

Washington, D.C.

The committee met, pursuant to call, at 5:01 p.m., in Room 2322,

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Rayburn House Office Building, Hon. Joseph R. Pitts presiding.

Present: Representatives Pitts, Latta, Olson, Bilirakis, Pallone (ex officio) and Schakowsky.

Staff Present: Elena Brennan, Staff Assistant; Paige Decker, Executive Assistant; Paul Edattel, Chief Counsel, Health; Giulia Giannangeli, Legislative Clerk, CMT, E&E; Jay Gulshen, Legislative Clerk; Peter Kielty, Deputy General Counsel; Tim Pataki, Professional Staff Member; Dan Schneider, Press Secretary; John Stone, Counsel, Health; Gregory Watson, Legislative Clerk, C&T; Jen Berenholz, Minority Chief Clerk; Jeff Carroll, Minority Staff Director; Waverly Gordon, Minority Professional Staff Member; Jerry Leverich, Minority Counsel; Samantha Satchell, Minority Policy Analyst; Kimberlee Trzeciak, Minority Health Policy Advisor; and Megna Velez, Minority FDA Detailee.

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Mr. Pitts. The committee will come to order. And the chair recognizes himself for an opening statement. Today, the Energy and Commerce Committee is considering eight bills, six of which were considered in the Health Subcommittee. The Health bills will better coordinate care for patients with complex, metabolic, and autoimmune diseases such as diabetes, improve access to maternity care, assist efforts in recognizing and referring cases for mental health services, reauthorize nurse education programs, help counter the scourge of synthetic drug compounds, and help first responders care for patients in an emergency situations.

Throughout my tenure as chairman of the Health Subcommittee, one of my top priorities has been to work diligently on behalf of the American people to improve their access to vital health care as well as the delivery and affordability of those healthcare services. The six Health bills before our committee today are directed toward those very aims.

H.R. 1192, the National Clinical Care Commission Act, sponsored by Representative Pete Olson of Texas, was the subject of a Health Subcommittee hearing and subsequent markup just last week, and was part of an amendment in the nature of a substitute that simply expanded the focus of the commission beyond diabetes, to include complex metabolic and related autoimmune diseases.

This legislation will enhance our ability to evaluate and recommend solutions to better coordinate care, leverage the numerous

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Federal programs that support clinical care patients with these types of illnesses and disorders.

H.R. 1209, Improving Access to Maternity Care Act, introduced by Representative Michael Burgess of Texas, Representative Lois Capps of California, and today will include an amendment in the nature of a substitute. It will increase data collection to better place maternal health professionals within existing primary care health professional shortage areas through their existing participation in the National Health Service Corps. This legislation does not expand participation in the National Health Service Corps.

H.R. 1877, Mental Health First Aid, sponsored by Representative Lynn Jenkins of Kansas, requires Substance Abuse and Mental Health Services Administration to award grants to initiate and sustain mental health awareness training. The goal of such training is to deescalate crisis situations, recognize signs and symptoms of mental illness, and encourage timely referral to mental health services.

H.R. 2713 Title VIII Nursing Workforce Reauthorization Act of 2015, introduced by Representative Lois Capps of California, reauthorizes grants and scholarships for graduate and undergraduate nursing education programs.

H.R. 3537, Synthetic Drug Control Act of 2015, introduced by Representative Charlie Dent, and the subject of a Health Subcommittee hearing and markup late last year, adds a number of synthetic drug compounds to Schedule I of the Controlled Substances Act.

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And finally, H.R. 4365, Protecting Patient Access to Emergency Medications Act of 2016, which was introduced by Representative Richard Hudson of North Carolina, and also amends the Controlled Substances Act in order to allow paramedics and other emergency service professionals to continue to administer controlled substances to patients pursuant to standing orders. This legislation is necessary to ensure patients will continue to receive lifesaving medications.

I support each of these bills, urge their adoption, and yield back the balance of my time.

I now recognize the gentleman from New Jersey, Mr. Pallone, for 5 minutes for his opening statement.

[The prepared statement of Mr. Pitts follows:]

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Mr. Pallone. Thank you, Mr. Chairman. Tomorrow, the committee will markup eight bills that are worthy of strong bipartisan support. We will begin with two commonsense telecommunications bills, H.R. 2566, the Improving Rural Call Quality and Reliability Act of 2016, which will seek to ensure that calls to Americans living in the rural areas of our country actually make it through to the intended receiver. Every one of our constituents should be able to reach out and connect by phone with family and friends in rural America. Making sure a call goes through regardless of where it is being made is fundamental to our communications system. And I would like to applaud Representatives Welch and Loeb sack for their leadership on this issue.

We are also marking up H.R. 2699, Representative Grace Meng's Anti-Spoofing Act. Undoubtedly, we have all heard stories of fraudsters fleecing consumers by using fake caller ID information to impersonate a loved one or a trusted institution over the phone. The bill before us adds text messages to the current spoofing prohibitions, and aims to expand the reach of those prohibitions outside the United States. I would like to thank Representative Meng for working to fix this problem, and the majority for engaging with us to iron out some of the technical specifics of the bill. I think we have come to a bipartisan compromise, and I am glad we could work together.

Tomorrow we will also discuss several bipartisan bills aimed at improving our Nation's health, H.R. 1192, the National Clinical Care Commission Act, which will strengthen Federal programs to treat and

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prevent metabolic disorders, autoimmune diseases, and diseases resulting from insulin deficiency or insulin resistance. Improving the clinical services and support available will help us avoid largely preventable conditions like type 2 diabetes. It will also help us limit the severe and costly complications, such as kidney failure, that can result from poor management of these diseases.

H.R. 1209, the Improving Access to Maternity Care Act, introduced by Representatives Burgess, Capps, and Duckworth, would bolster Federal efforts to increase access to maternity care services. And this legislation will help us place maternity care providers in the place it is needed the most through the National Health Service Corps.

H.R. 1877, the Mental Health First Aid Act, introduced by Representatives Matsui and Jenkins, would bolster efforts to respond to individuals suffering from mental health crises, and link such individuals to treatment and support services available in their community by increasing the availability of mental health first aid training.

H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act, was introduced by Representatives Capps and Joyce. This legislation would reauthorize nursing workforce programs that are important for ensuring that we have the nursing workforce needed to meet the Nation's demand for nursing services. And I want to thank Representative Capps for her work on this bill and her longstanding leadership in promoting Federal efforts that advance the nursing profession.

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H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016, would amend the Controlled Substances Act to allow emergency medical services, or EMS, personnel to administer a controlled substance during an emergency under a standing order from a medical director that supervises emergency care. This change codifies the current practice of EMS agencies, and will help ensure that patients have timely access to necessary drugs during an emergency. The bill would also streamline the DEA's registration process by allowing a single registration for an EMS agency in a State, and help address diversion concerns about holding registered EMS agencies responsible for receiving, storing, and tracking all controlled substances.

We will consider an amendment that incorporates input from a wide range of stakeholders. And I believe the proposed changes will ensure that EMS professionals have the flexibility needed to respond during emergency situations, while preserving DEA's ability to effectively enforce controlled substances laws and regulations.

And finally, Mr. Chairman, we will consider a bill to address the continued threat from synthetic drugs, an amendment under consideration to H.R. 3537. The Synthetic Drug Control Act of 2015 would schedule a narrow list of 22 synthetic substances to Schedule I of the Controlled Substances Act. I continue to be concerned about the availability and use of synthetic drugs such as synthetic marijuana, like K2, or synthetic fentanyl. This legislation would

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take a proactive approach to trying to limit abuse and misuse of these substances, while also helping law enforcement to prosecute the manufacturer of these substances.

And with that, Mr. Chairman, I yield back.

[The prepared statement of Mr. Pallone follows:]

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Mr. Pitts. The chair thanks the gentleman. I now recognize the gentleman from Ohio, Mr. Latta, 3 minutes for an opening statement.

Mr. Latta. Thank you, Mr. Chairman, and thank you for holding today's hearing on the eight bills that we will have before the committee for markup.

H.R. 5266, the Improving Rural Call Quality and Reliability Act, seeks to identify and stop intermediate providers responsible for dropping calls, false ringing, and poor call quality to rural regions of America. Establishing a public registry and quality standards is a good first step to increase transparency and accountability for least cost routers. Resolving call completion is vital. Unreliable telephone service jeopardizes the viability of rural economies, impairs communications with family and friends, and places communities at risk in life threatening and emergency situations.

H.R. 2669, the Anti-Spoofing Act, will protect consumers from fraudulent callers disguising their identity as someone else on caller identification. This commonsense proposal will update and expand the law to include everyday communication application services such as text messaging and Voice over Internet Protocol, which are currently not covered under the Truth in Caller ID Act.

Lastly, I want to express my support for H.R. 1192, the National Diabetes Clinical Care Commission Act, and H.R. 1209, Improving Access to Maternity Care Act. We must continue to seek solutions that will promote care, coordination, and utilize resources such as data

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collections to help increase better health participation and care for patients.

I look forward to hearing from the comments of my colleagues. And Mr. Chairman, I yield back the balance of my time.

Mr. Pitts. The chair thanks the gentleman. Now recognize the gentlelady from Illinois, Ms. Schakowsky, 3 minutes for an opening statement.

Ms. Schakowsky. Thank you, Mr. Chairman. I am so pleased that we are here today to consider several bills that I believe should be advanced. I am a cosponsor of H.R. 4365, the Protecting Patient Access to Emergency Medications Act. And I am happy that this committee is taking a proactive approach to address a looming problem. H.R. 4365 is needed to ensure that there is no gap in access to drugs that are often needed in emergency situations by ensuring that EMS personnel can continue to administer these drugs. Without this legislation, the DEA could begin enforcing current law, which would restrict EMS providers' ability to provide these drugs in many cases.

I am also a strong supporter of H.R. 2713, the Title VIII Nursing Workforce Reauthorization Act, which is needed to reauthorize critical programs that train and educate our nurses. It is particularly important that we continue our support for these programs as 10,000 Americans age into Medicare every day. Nurses and advanced practice nurses are a vital part of our effort to meet their health needs. Title VIII programs help educate and train nurses at every level, from

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associate degrees to graduate degrees, and helps to ensure that we have a diverse nursing workforce.

Title VIII programs encourage nurses to serve in rural and underserved areas, and in many of these places nurses are some of the only health providers. Title VIII also helps expand our geriatric nursing workforce by supporting nurses who provide direct care for the elderly and expanding resources for geriatric education. We know that these programs have a positive impact on communities around the country.

In 2015, my home State of Illinois received \$4.2 million from Title VIII. Finally, this legislation would help ensure that our nursing programs, many of them, keep pace with changes in the nursing profession by incorporating clinical nurse specialists and the nurse leadership masters program into Title VIII programs. I strongly support the reauthorization of Title VIII, and I look forward to working with my colleagues on this committee to advance this and other important bills.

And I thank you, Mr. Chairman, and yield back.

[The prepared statement of Ms. Schakowsky follows:]

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Mr. Pitts. The chairman thanks the gentlelady. I now recognize the gentleman from Florida, Mr. Bilirakis, 3 minutes for an opening statement.

Mr. Bilirakis. Thank you, Mr. Chairman. Thank you for holding this hearing. I also want to thank Ranking Member Pallone for holding this markup -- actually, it's a markup, excuse me. I am pleased to see the full committee take swift action on the Anti-Spoofing Act, which was advanced by the Communications and Technology Subcommittee just last week. All across the country, people have been victims of the unethical and illegal tactics of falsified caller ID information.

Earlier this year, one constituent from Tampa told me his family's story. His telephone information was stolen and used to make thousands of automated calls around the country. He then stated, and I quote, "We started receiving phone calls from hundreds of people a day. These call backs ranged from the irate to the confused, but have made the use of our phone impossible." What a shame. Ultimately, this constituent was forced to change his home phone number, which he had for 15 years, to get the peace he deserves in his own home. The Anti-Spoofing Act will help prevent the use of false caller ID information and protect the privacy of our constituents.

I also want to note H.R. 4365, Protecting Patient Access to Emergency Medications Act, of which I am a proud cosponsor. This legislation will ensure EMTs can administer controlled substances such as pain killers and seizure medications under the supervision of a

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physician using standing orders. Without this legislation, we risk sacrificing emergency medical care and patient safety due to an outdated regulation that cannot keep up with modern medicine.

I also am very glad to see another bill that I cosponsored up today. It is H.R. 1192, the National Clinical Care Commission Act, advanced through the committee. So I am very pleased about that. There are many agencies that provide programs and services for various diseases. A national clinical care commission would evaluate policies and recommend solutions to provide better coordination for complex metabolic and autoimmune diseases or diseases related to insulin deficiency. This would promote better outcomes while potentially providing savings, as duplicative or underachieving programs could be eliminated.

These bills will help protect people's privacy, safety, and health. And I support their passage. I look forward to their consideration.

And I yield back, Mr. Chairman. Thank you so very much.

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[The prepared statement of Mr. Bilirakis follows:]

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Mr. Pitts. The chair thanks the gentleman. Now recognize the gentleman from Texas, Mr. Olson, 3 minutes for an opening statement.

Mr. Olson. Thank you, Mr. Chairman for starting today's markup, including my bill, H.R. 1192, as amended. The bill's title is the National Clinical Care Commission Act. As of today, it has 225 cosponsors, and strong support from over 50 groups, and growing. It has received this level of support because this Nation faces an epidemic. Diabetes or prediabetes affects over 100 million Americans, one in four Americans. And that is growing every day. There is clearly a disconnect in care being provided. Our patient outcomes are poor. A multitude of Federal agencies, from NIH to DOD, are doing all kinds of research on diabetes cures. They are spending billions of taxpayer dollars, but they rarely share the research. And so the benefits of all those Federal research dollars are simply not making their way to the clinical setting. The patients aren't seeing the benefits. We need a laser-like focus to get a bang out of our Federal dollars.

My bill accomplishes that goal through the establishment of a national clinical care commission comprised of doctors and health professionals, from thyroid docs, to heart docs, to pharmacists, to food docs, to patients. Its support would cover the spectrum of providers who work directly with patients. This commission will have 3 years to work hard to provide a mechanism for a strong partnership between the Federal stakeholders and health professionals. After

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3 years, this commission will sunset, hit the trail. It's over.

We have made huge taxpayer investments in research. It is time for us to leverage those dollars and translate that into meaningful prevention and effective treatment options.

Thank you for holding this markup. I encourage all my colleagues to vote for H.R. 1192, and turn this bill into law as soon as possible. I yield back.

[The prepared statement of Mr. Olson follows:]

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Mr. Pitts. The chair thanks the gentleman. That concludes the opening statements. The committee will reconvene tomorrow at 10 a.m. I remind members that the chair will give priority recognition to bipartisan amendments. And I look forward to seeing you all tomorrow. Without objection, the committee stands in recess.

[Whereupon, at 5:21 p.m., the committee was recessed, to be reconvened at 10:00 a.m. on Wednesday September 21, 2016.]