RPTR MCCONNELL

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MARKUP OF:

H.R. 2017, THE COMMON SENSE NUTRITION DISCLOSURE ACT OF 2015;

H.R. 2446, TO AMEND TITLE XIX OF THE SOCIAL SECURITY ACT TO REQUIRE THE USE OF ELECTRONIC VISIT VERIFICATION FOR PERSONAL CARE SERVICES FURNISHED UNDER THE MEDICAID PROGRAM;

H.R. 2646, THE HELPING FAMILIES IN MENTAL HEALTH CRISIS ACT;

H.R. 3014, THE MEDICAL CONTROLLED SUBSTANCES TRANSPORTATION ACT;

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

H.R. 3716, THE ENSURING TERMINATED PROVIDERS ARE REMOVED FROM MEDICAID AND CHIP ACT; AND

H.R. 3821, THE MEDICAID DIRECTORY OF CAREGIVERS ACT

TUESDAY, NOVEMBER 3, 2015

House of Representatives,

Subcommittee on Health,

Committee on Energy and Commerce,

Washington, D.C.

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The subcommittee met, pursuant to call, at 3:04 p.m., in Room 2123, Rayburn House Office Building, Hon. Brett Guthrie [vice chairman of the subcommittee] presiding.

Present: Representatives Guthrie, Shimkus, Murphy, McMorris Rodgers, Bilirakis, Bucshon, Brooks, Upton (ex officio), Schakowsky, Castor, Matsui, Kennedy, and Pallone (ex officio).

Staff Present: Clay Alspach, Chief Counsel, Health; Gary Andres, Staff Director; David Bell, Staff Assistant; Sean Bonyun, Communications Director; Karen Christian, General Counsel; Peter Kielty, Deputy General Counsel; Carly McWilliams, Professional Staff Member, Health; Katie Novaria, Professional Staff Member, Health; Tim Pataki, Professional Staff Member; Graham Pittman, Legislative Clerk; Adrianna Simonelli, Legislative Associate, Health; Sam Spector, Counsel, O&I; John Stone, Counsel, Health; Dylan Vorbach, Legislative Clerk, CMT; Greg Watson, Staff Assistant; Jessica Wilkerson, Oversight Associate, O&I; Jen Berenholz, Minority Chief Clerk; Christine Brennan, Minority Press Secretary; Jeff Carroll, Minority Staff Director; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Ashley Jones, Minority Director of Communications, Member Services and Outreach; and Kimberlee Trzeciak, Minority Health Policy Advisor.

Mr. Guthrie. The subcommittee will come to order.

The chair recognizes himself for an opening statement.

Today and tomorrow, this committee will consider a number of bills with a wide range of policy goals. Among these is H.R. 2446, the Verify Act, which requires States to put in place an electronic visit verification system for personal care and home health services.

As the volume of personal care and home health services grows, it is essential to ensure taxpayer dollars are being protected and seniors are receiving services they are supposed to be getting. My bill requires States to adopt an EVV system to verify the date, time, and site of the visit, as well as the provider of the services.

Many States already operate EVV systems, and they have seen a decrease in improper payments and significant cost savings for the States. Through this easy, nonburdensome step, we can protect seniors and the integrity of the Medicaid program.

And I yield back my time. And I now recognize the gentleman from Texas, Mr. Green, for 5 minutes for an opening statement.

[The prepared statement of Mr. Guthrie follows:]

******** COMMITTEE INSERT ********

Mr. Green. Thank you, Mr. Chairman.

Today, we are marking up seven bills that touch a wide range healthcare topics.

H.R. 3014, the Medical Substance Control Transportation Act, allows a physician to transport a controlled substance to another practice setting or disaster area if they are registered to dispense a controlled substance and enter into a specific agreement with the Drug Enforcement Administration.

H.R. 3537, the Synthetic Drug Control Act, will help DEA combat the rise of synthetic drugs, which are chemically modified versions of existing Schedule I drugs designed to escape control by the DEA.

I look forward to working with my colleagues to perfect the language on these worthy legislative proposals and support moving them forward.

H.R. 3716, the Ensuring Terminated Providers Are Removed from Medicaid and CHIP Act, is also being considered. Prior to the ACA, if a State terminated a provider from its Medicaid program, they could potentially participate in a different State, leaving the system vulnerable to fraud and abuse. The ACA took steps to prevent this from happening, but the Office of the Inspector General has identified weaknesses in the process. H.R. 3716 would build on the ACA and, with some technical changes, achieve its intent to reduce waste, fraud, and promote quality in the Medicaid program -- something we all support.

H.R. 3821, the Medicaid Directory of Caregivers Act, is an

important bipartisan bill that will help patients make informed choices and avoid high out-of-pocket costs by improving provider directories. The bill would require States that participate in the fee-for-service Medicaid to publish a provider directory on a regular basis, an important step toward improving clarity and informed decisionmaking.

H.R. 2446 requires the States have a system for electronic verification of personal care, PCS, visits. While PCS has been identified as vulnerable to fraud and congressional action is warranted, the approach taken by this legislation is problematic.

Under this bill, failure to set up and maintain a robust E-Verify system for PCS would result in a cut of States' entire FMAP for home and community-based services. There is scant evidence showing PCS E-Verify is effective, and, absent front-end resources for States to set up the costly system, it is more likely they may simply choose to scale back coverage or cut this important benefit altogether.

I hope to work with my colleagues and improve the PCS integrity through one of many recommendations made by the Office of the Inspector General on this issue, instead of a solution that lacks a solid evidence base and resources for implementation.

H.R. 2017, the Common Sense Nutrition Disclosure Act, rolls back the ACA provision to empower consumers with calorie information for food and beverage items in a range of chain establishments. At a time when obesity- and nutrition-related health problems continue to grow, this bill is a step in the wrong direction. Rather than empowering

consumers to make informed decisions, it would exempt certain establishments and eliminate standard requirements and provide violators with immunity.

The final bill we are marking up is H.R. 2646. Like many of my colleagues, I am deeply concerned with the Nation's broken mental health system. Mental health and mental illness has been ignored for far too long, although, I have to admit, the ACA expanded coverage for mental health. It is time for Congress to enact reforms and improve access to treatments to bring mental health parity with physical health and modernize our system to treat mental illness for what it is; it is a disease.

Over the last few months, we have attempted to come together, like we did so successfully with the SGR earlier this year, in the 21st Century Cures Act and work as partners to craft a bill that truly improves our mental health system. Unfortunately, meaningful negotiations never happened, and I am disappointed that the opportunity for bipartisan, sensible, comprehensive reform was not seized.

I want to thank my colleague Representative Murphy for his tireless efforts to elevate the conversation on mental health and advance reform. I appreciate the promotion of evidence-based treatment through increased research, the goal of better care coordination and integration with physical health services, and provisions to strengthen the mental health and behavioral health workforce.

While there are concepts in 2646 that I support, I have grave concerns about the legislation. I believe it heralds a return to failed policies of the past by increasing the use of involuntary outpatient commitment, coerced psychiatric treatment and hospitalization. It would dismantle the Substance Abuse and Mental Health Services Administration, SAMHSA; eliminate many innovative and recovery-based mental health service grants; and exclude knowledgeable people with relevant experience from the grant review process.

This bill would reduce privacy protections for people with mental illness and would have a chilling effect on deterring individuals seeking treatment they desperately need. Instead of amending HIPAA, they erode privacy rights. Better education around HIPAA and enhanced clarity for patients, providers, and caregivers is what is needed to strike the right balance between privacy and safety.

During the amendment process, these concerns as well as additional provisions that should be included in any comprehensive mental health reform package, including substance abuse prevention and treatment programs, coverage expansion, and additional resources in the form of real dollars, will be debated.

I urge my colleagues to carefully consider the many negative consequences of the provision in the bill. The American people deserve better. And we remain ready and eager to work across the aisle and craft a comprehensive bill that will transform our mental health system in the full continuum of care. Unfortunately, this bill does not do

it.

And I yield back my time.

[The prepared statement of Mr. Green follows:]

******** COMMITTEE INSERT ********

Mr. Guthrie. Thank you.

The chair now recognizes Mr. Shimkus from Illinois for 3 minutes for an opening statement.

Mr. Shimkus. I don't have one, Mr. Chairman.

Mr. Guthrie. Okay.

Mr. Murphy, 3 minutes for an opening statement.

Mr. Murphy. Thank you, Mr. Chairman.

These last few months we could call the bloody summer of 2015, where we saw the outcome of America's failed mental health system, whether it was Roanoke, Virginia, or Lafayette, Louisiana, or pick any town in the United States; or, worse yet, the fact that we have 10 deaths per hour, a suicide death every 2 minutes.

And we know how this plays out in Congress. We have a moment of silence on the House floor, and we all feel this fraternal melancholy that we have come to know when we lower the flags to half-staff.

But we know in that moment of silence we need action, not silence. And that is why, after several hearings, after dozens of meetings with Members of both sides of the aisle, after thousands of contacts with families across America, it was they that wrote H.R. 2646, the Helping Families in Mental Health Crisis Act, not I.

We have a mental health system, our laws and regulations, which are abusive and neglectful to those with a serious mental illness. Our Federal bureaucracy is anti-patient, anti-psychiatry, and anti-family. Worse yet, these policies disproportionately impact

minorities and the poor, and we make it the most difficult for those who have the most difficulty.

The shift to consider changes in how we treat mental illness is the pendulum swinging the other way. The grand experiment has failed of closing down all institutional care and stopping community care treatment. It is a principle that operated under the misguided, self-centered, and projected belief that all people, at all times, are fully capable of deciding their own fate and direction regardless of their deficits and disease and that the right to self-decay and self-destruction overrides the right to be healthy.

Governments have also made huge errors in cutting funding in these areas and trying to find savings of the cost of the mentally ill. And in so doing all this, we comfortably abdicated our responsibility to action and live under the perverse redefinition that the most compassionate compassion is to do nothing at all.

It further bolsters the most evil of prejudices, that a person with disabilities deserves no more than what they are. Under that approach, no dreams, no aspirations, no goals, no family hopes can be better than what exists. Indeed, to help a person heal is a head-on collision with the bigoted belief that the seriously mentally ill have no right to be better off than what they are and we have no obligation to help them. This is the corrupt evil of the hands-off approach, where we get caught up in our jargon in Washington, D.C., and forget what cost this is to families and human beings.

The anti-treatment model is part of this. This thought is embedded in the strange glorification that, to live a life, deterioration, paranoia, filth, squalor, and emotional torment trumps a healed brain and the true chance to choose a better life.

I will continue to talk to the Members. I am very thankful for the conversations I have recently had with Mr. Butterfield, Ms. Matsui, Mr. Kennedy, Mr. Green, and others. I know we can come to a solution to this. I know people want to find a solution to this. The outcome is too dear. The pain is too great. The body count is always climbing, and we cannot tolerate the status quo anymore.

I yield back.

[The prepared statement of Mr. Murphy follows:]

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Mr. Guthrie. The chair thanks the gentleman.

The chair now recognizes the gentleman from New Jersey, the ranking member of the full committee, Mr. Pallone, for 5 minutes.

Mr. Pallone. Thank you, Mr. Chairman.

This afternoon, we are meeting to mark up seven different pieces of legislation. The bills span a variety of issues, including mental illness, substance abuse, public health, and the Medicaid program. Of course, perhaps the most significant bill we will be discussing today is H.R. 2646, the Helping Families in Mental Health Crisis Act.

Sadly, one out of every five Americans suffers from mental illness, yet, as our health system has evolved, some of these patients have been left behind. Access to services, supports, and treatments have all lagged, and we need to find ways to strengthen our mental healthcare system for all patients.

While I applaud Mr. Murphy for highlighting this important issue, I cannot support his bill in its current form. As many Democrats have expressed, many of the provisions, we feel, will do more harm than good.

For example, the proposed changes to HIPAA would weaken the privacy rights of individuals with diagnosed mental illness in a manner that would be unheard of if it were ever suggested for patients with physical illness. Furthermore, I fear it may undermine the doctor-patient relationship and discourage those in need from seeking care.

The bill also mandates that States pass involuntary outpatient

commitment laws as a condition of receiving community mental health block-grant funding. These laws are already on the books in 45 States, the majority of which opt to not spend State resources or existing Federal block-grant funding to implement them. Meanwhile, supporters of these so-called AOT laws maintain that they only work in locations where comprehensive community healthcare systems are in place, yet this bill does not provide these resources.

And, finally, I would like to be clear on an important issue that has surrounded the discussion of this bill. Some have maintained that this bill is a step towards ending the violent acts that have plagued our communities. This couldn't be further from the truth. Research has repeatedly shown that not only are the mentally ill more likely to be victims of violence than perpetrators but that the number-one risk factor for violence is abuse of alcohol or other substances. Because this bill shifts SAMHSA funding away from substance abuse treatment, I worry that it may actually exacerbate the problem of community violence.

These are just some of the concerns with H.R. 2646. I understand an amendment in the nature of a substitute was circulated earlier today, and I intend to examine it closely. I stand ready to work on reasonable solutions to address our mental health system. And I hope we can find a way to pass a bipartisan bill that all Members can support and ultimately be signed into law.

In addition, today, we will be marking up H.R. 3014, the Medical

Controlled Substances Transportation Act of 2015. This bill would allow registered physicians more flexibility to transport controlled substances away from their registered practice locations, such as when doctors respond to disasters across State lines or work as a team doctor, traveling to games out of State. I understand the intent of the bill, and I hope that as we move forward we ensure proper safeguards exist.

Also, H.R. 3537, the Synthetic Drug Control Act of 2015, aims to allow the DEA to take a proactive approach to an emerging synthetic drug market that has led to widespread overdoses and death amongst our young adults. Specifically, it would place a number of synthetic substances under Schedule I of the Controlled Substances Act. I only caution that we are careful in our approach and avoid any unintended ban on chemicals that may have legitimate research or medicinal use.

H.R. 2017, the Common Sense Nutrition Disclosure Act of 2015, would amend the Food, Drug, and Cosmetics Act to revise how caloric and other nutritional information is displayed in restaurants and other retail food establishments.

I know that some have expressed concerned over recent FDA regulations. However, I still believe that any legislation is premature. The FDA has worked to address a number of the concerns raised in its recent draft guidance and, further, has allowed additional time for covered establishments to come into compliance.

I have long been supportive of consumer transparency. Consumers

deserve access to accurate and consistent caloric or nutrition information that will help them in making informed food choices.

And H.R. 3821, the Medicaid DOC Act, is a bipartisan initiative to improve access to care in the Medicaid program. Specifically, it would require States that participate in fee-for-service Medicaid to publish up-to-date provider directories. This information is critically important to patients, though the committee should ensure the bill is streamlined with proposed provider directory regulations in Medicaid managed care. It is my hope that as we move forward we can work together to do just that.

H.R. 3716, Ensuring Terminated Providers Are Removed from Medicaid and CHIP Act, is a bipartisan bill to ensure that disqualified providers in one State cannot simply cross into other States. This bill provides CMS with the necessary tools to keep patients safe and simultaneously protect the integrity of the Medicaid program.

And, finally, Mr. Chairman, H.R. 2446, the electronic visit verification system required for personal care services under Medicaid, aims to address fraudulent billing for personal care services delivered in the home and community-based setting. While I believe this is an important area to address, I have deep concerns about this bill -- specifically, that it does not provide upfront assistance for States to implement the program but yet imposes financial penalties if a State is unable to implement the verification system.

So I look forward to working together in a bipartisan manner on

these important issues today. And thank you.

And I know I am over my time here. Thanks, Mr. Chairman.

[The prepared statement of Mr. Pallone follows:]

******** COMMITTEE INSERT ********

Mr. Guthrie. I thank the gentleman for yielding back.

The chair now recognizes the chair of the full committee, Mr. Upton, for 5 minutes.

The Chairman. Thank you, Mr. Chairman.

This subcommittee looks to build upon our record of success, as we are set to consider seven health bills that will certainly have a positive impact for Michigan as well as across the country.

H.R. 2446, the Verify Act, is a bipartisan Medicaid bill, sponsored by Health Subcommittee Vice Chair Brett Guthrie, that would address waste and abuse identified by the Office of the Inspector General at HHS. The bill would protect Medicaid beneficiaries by requiring the use of electronic visit verification for personal care services furnished under the program for our most vulnerable.

H.R. 3014, the Medical Controlled Substances Transportation Act, introduced by Rules Committee Chair Pete Sessions, would allow inherently mobile medical providers, like team doctors and emergency responders, to appropriately care for their patients while minimizing the risks of abuse and diversion of controlled substances.

H.R. 3537, the Synthetic Drug Control Act, introduced by Charlie Dent of Pennsylvania, would combat the dangerous proliferation of synthetic drugs in neighborhoods across the country. Mr. Dent has been a continuing leader on this very important issue. We must stay aggressive in our efforts to keep pace with the criminal enterprises, who are eager and willing to exploit any legal loophole, but we must

make sure that we do not hinder legitimate research in the process. And I am committed to addressing any such issues before the full committee markup as we finish tomorrow on this bill.

H.R. 3716, the Ensuring Terminated Providers Are Removed from Medicaid and CHIP Act, is a bipartisan bill sponsored by Dr. Bucshon, as well as our colleagues, Representative Butterfield and Welch. The bill would implement several targeted recommendations by the Office of the IG at HHS to address a flaw in the President's health law and improve CMS oversight of terminated providers, also improving each State's incentives to better police their programs and screen providers. The amendment in the nature of a substitute incorporates technical assistance from CMS.

H.R. 3821, the Medicaid Directory of Caregivers Act, again, a bipartisan Medicaid bill, sponsored by Representative Chris Collins. The bill would require States to publish online information about primary care and specialty care providers who participate in Medicaid so that beneficiaries are empowered with better information about accessing health care. Mr. Collins will offer an amendment at markup that incorporates some technical assistance from CMS as well as State feedback.

H.R. 2017, the Common Sense Nutrition Disclosure Act of 2015, introduced by Conference Chair Cathy McMorris Rodgers, would also make Federal menu labeling requirements workable so that businesses with different models can comply and provide consumers with nutrition

information in the most meaningful way. We have all heard nightmare stories from industry over the last year and a half or two, and this bill corrects that.

And, finally, the subcommittee will consider H.R. 2646, the Helping Families in Mental Health Crisis Act, authored by Oversight and Investigations Subcommittee Chair Murphy. The legislation addresses many of the issues identified by the committee's review of the Nation's mental health system. The bipartisan legislation aims to fix the Nation's broken mental health system by refocusing programs, reforming grants, and removing barriers to care. With tomorrow's vote, we will certainly help families across the country.

And I would also advise members, it would be worth looking at yesterday's Washington Post editorial in support of the bill.

And I, at this point, yield back the balance of my time.

[The prepared statement of the chairman follows:]

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Mr. Guthrie. The chair thanks the gentleman for yielding.

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

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Guthrie. Are there further opening statements?

The chair recognizes the lady from Illinois, Ms. Schakowsky, for 3 minutes.

Ms. Schakowsky. Thank you, Mr. Chairman. I want to focus my remarks on H.R. 2646, the mental health bill.

So many of us know so personally that the mental health system in the United States is broken. Yes, we have taken steps to make it better, including the Paul Wellstone Mental Health Parity Act requiring coverage of mental health and substance abuse services and banning discrimination for preexisting conditions in the Affordable Care Act. But we still know and hear heartbreaking stories from families about their inability to get treatment for their loved ones, about how untreated behavioral health problems grow into more serious problems. In my own immediate family, we have struggled to find appropriate care for a loved one.

We hear from mental health professionals that they are completely overwhelmed by a system that is underresourced and that they still face discrimination from insurance companies seeking to circumvent parity laws.

If we are going to solve these problems, we are going to need to invest in the mental health infrastructure. We cannot push to send people with serious mental health problems away somewhere, like, for example, to Cook County Jail, the single largest institution housing people with mental illness.

We need to invest so that we can provide the full range of treatments, catching problems early on, providing accessible and quality care, and protecting the rights and wellbeing of all involved.

And, having said all of this, I want to tell you that I am really disappointed today. Democrats were assured from day one that we would be partners in crafting legislation that would meet all of our needs, a compromise bill, and, instead, we were handed 2646.

And so let me say this. Knowing the sincerity of Mr. Murphy and the sincerity, I think, of everyone on this committee that we need to deal with this, we simply cannot claim to be helping to solve the serious problem through this bill, because solving the problem of inadequate access to quality mental health care will take investments.

But instead of coming up with new resource investments, this bill would actually cut funding for substance abuse assistance. How do we tell the parents of children who need help with addictions to opioids or alcohol that their children's needs are less important than others'? Don't we owe it to all children and to all families to provide the services that they need?

And how can anyone take comfort in a plan that requires State Medicaid action when 20 States have rejected 100-percent Federal funding to expand Medicaid to childless adults?

What is missing from this bill? Time is -- oh, I am over already. Well, you know, we will be talking about that and offering amendments.

But I just plead with you, Mr. Murphy, that we can do this. We

can do this together. But I just feel that there are so many ways that this bill can be made better. And I hope we will get a chance to sit down to be responsive to all of the parents that are here and to be responsive to the larger picture of mental health needs in this country. It is a critical and emotional issue for me, as well, and I hope we can work together.

I yield back.

[The prepared statement of Ms. Schakowsky follows:]

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Mr. Murphy. [Presiding.] The gentlelady yields back.

I now recognize Mrs. McMorris Rodgers for 3 minutes.

Mrs. McMorris Rodgers. Thank you very much, Mr. Chairman, for including this legislation in today's markup, the Common Sense Nutrition Disclosure Act.

I also want to thank Representative Loretta Sanchez for co-leading this legislation. Our joint efforts to clarify the proposed regulations and represent the needs of America's restaurants and other food establishments are critical.

I would also like to thank Chairman Upton and more than 90 other bipartisan Members who have agreed to cosponsor this legislation.

At its core, H.R. 2107 is simple. It clarifies the intent, and it simplifies nearly 400 pages of regulations so that restaurants and other food establishments can comply with it so that consumers do have important calorie information to make better personal decisions.

We are not here to debate whether or not restaurants should be listing calorie information. We are here to debate if this specific 400-page rule is workable. And it is not. It doesn't matter how much money or time is spent on compliance, it is impossible for food establishments to follow this rule.

Specifically, the legislation requires restaurants that rely on remote ordering to label the menu so that their customers use the most -- use the most and provide access to nutrition information -- use the most common source of that nutrition information. It also makes

certain that small-business owners and their employees are protected from frivolous lawsuits and criminal actions that could arise from honest, inadvertent human error.

That is why I have met with stakeholders and other Member offices on all sides of the issue many times this year. Each time, we have asked how we could improve this legislation, and this bill is a result of those efforts.

Like many regulations, good intentions don't always add up to practical policy. This regulation tries a cookie-cutter approach, treating grocers, convenience stores, and pizzerias with endless combination possibilities the same way as restaurants with constant, simpler menu items. Requiring pizza franchisees to post in their stores every potential topping combination, more than 34 million possible outcomes, when more than 90 percent of their orders take place over the phone or Internet just doesn't make sense.

I don't believe that such an approach is workable or affordable. The estimates state that this regulation could cost American businesses more than a billion dollars to comply and over 500,000 hours of paperwork, one of the most costly regulations to date.

That is why I have introduced this bill. This is commonsense legislation providing important transparency to consumers in a practical and flexible manner by clarifying, not significantly altering, this complicated regulation.

And I thank the chair and yield back.

[The prepared statement of Mrs. McMorris Rodgers follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. The gentlelady yields back.

I now recognize the gentlelady from California, Ms. Matsui, for 3 minutes.

Ms. Matsui. Thank you, Mr. Chairman.

Today is an important day. Today, we look closely at a bill aimed to achieve comprehensive mental health reform. This is an opportunity for members of the subcommittee to have a serious discussion about the next steps we can take to reform our Nation's broken mental health system.

And the mental health system is broken. We all agree that we can and should be doing more to address mental illness.

Mr. Chairman, no bill is perfect. I understand that. And just because a bill isn't perfect, it doesn't mean that we should throw it out the window. That is not what we are asking for. However, the words on paper matter, and we must get this right. We owe this to those living with serious mental illnesses and their families and loved ones, to get this right.

Let me be clear: This is not a partisan issue. I have raised concerns on some provisions because I want to pass a bill that truly helps people.

At the crux of the issue is that mental illness has historically been treated as a moral failing rather than a disease. The mentally ill have been pushed to the edges of society, and their families have been blamed and left with no tools to help them.

We used to do this with physical illness, if to a lesser degree. The word "cancer" or "breast cancer" used to be taboo, and look where we are today. We have not only reduced the stigma of cancer, but we have also committed to increasing available funding for research and treatment.

This progress would not have been possible if we thought that cancer was the patient's or their family's fault. It wouldn't be possible if we currently treated cancer patients outside the health system. It wouldn't be possible if cancer care wasn't covered by regular health insurance. And it wouldn't be possible if we waited until cancer patients were in an acute crisis and then boarded them in emergency departments until a bed became available.

The focal point of the Helping Families in Mental Health Crisis Act we are considering today is explained in the title: crisis.

Assisted outpatient treatment, or AOT, is designed for patients for whom the system has consistently failed and who have no other options. For patients who need a treatment and community services and support much earlier, similarly, fixing the ban on Medicaid payment for IMDs that have greater than 16 beds would provide relief to hospital emergency departments that currently have nowhere to send patients in crisis.

However, AOT and reforming IMD are end-stage solutions within a broken system. What I want to do is reform the broken system so that less people get to the point of needing crisis care. To do this, we

must invest in community systems and support and reduce stigma so that providers and families have the tools to help their loved ones at the first sign of illness. We can't miss the opportunity to do that.

We all understand the importance of prevention when it comes to physical health, but it is time we applied that same thinking to mental health. We would never say that we should not research on treating stage IV cancer, but we would also never focus primarily on the end or crisis stage of that disease.

These aren't just words. I am and have been committed to investing in our systems and finding ways to work together to reform them. In 2014, the Excellence in Mental Health Act demonstration project that I coauthored with my Republican colleague on this subcommittee, Representative Lance, passed into law. This project is providing $1 billion in new Medicaid funding for community behavioral health, including crisis services. This is a great step forward, but we need to do more.

I look forward to discussing this legislation before us today and continuing to work with Representative Murphy and members of this subcommittee to both make improvements to the bill and to move it forward.

Thank you, and I yield back.

[The prepared statement of Ms. Matsui follows:]

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Mr. Murphy. The gentlelady yields back.

I now recognize the gentleman from Indiana, Dr. Bucshon, for 3 minutes.

Mr. Bucshon. Thank you, Mr. Chairman.

H.R. 3716, the Ensuring Terminated Providers Are Removed from Medicaid and CHIP Act, is a straightforward and commonsense piece of legislation. Initial estimates indicate H.R. 3716 will save taxpayers tens of millions of dollars over 10 years. It holds accountable bad actors in the Medicaid and CHIP programs and safeguards taxpayers.

Among its provisions, the bill requires CMS to include State-reported provider terminations and Medicare provider terminations in its termination notification database or equivalent system within 14 business days and requires CMS to develop a uniform terminology for classifying the reasons for provider terminations. It also prohibits the use of Federal funds to providers for services performed more than 60 days after the provider's termination was included in the CMS termination notification database, while allowing States ample time to comply.

These provisions streamline communication between agencies at the State and Federal level, allowing for a more efficient and cost-effective government. I am proud to sponsor this bipartisan legislation and look forward to its swift passage in committee tomorrow.

Finally, I want to thank Congressman Welch and Congressman Butterfield, as well as I want to thank my staff and committee staff for their hard work on this bill.

I yield back.

[The prepared statement of Mr. Bucshon follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. The gentleman yields back.

I have two quick things.

A friendly reminder to the audience: We are happy you are all here, but we ask you to refrain from taking photos or video during the markup. However, if you are a member of the press, please check in with the committee press shop so we know. Again, we appreciate everyone being here today.

I might also ask that Representative Eddie Bernice Johnson of Texas, who has worked with me on this bill and who was a psychiatric nurse, asked that this letter be submitted also to the record.

So, with no objection, we will include this in.

[The letter from Ms. Johnson follows:]

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Mr. Murphy. I now recognize Mr. Kennedy for 3 minutes.

Mr. Kennedy. Thank you, Mr. Chairman.

To Chairmen Upton and Pitts, as well as Ranking Members Pallone and Green, I want to thank you for prioritizing mental health reform on this committee.

Congressman Murphy, I am grateful for your leadership on this issue and your diligence in crafting H.R. 2646. Having dedicated your career to mental health care and treatment, the bill you offer today gives us a solid foundation to start with as we work to address the issue in our committee and in Congress.

I also want to recognize, it appears to be a number of advocates and family members in the room. Thank you for being here, and thank you for your advocacy.

According to the American Psychiatric Association, over a third of adults and over one-fifth of children suffer from mental illness, but over half of kids battling severe mental health problems receive absolutely no care or treatment at all. In fact, 55 percent of counties in this country do not have a single practicing psychiatrist, psychologist, or social worker.

Our mental health system has a crippling access problem. People who need help aren't getting it. And that is costing our families, our communities, and our loved ones dearly. We can't afford not to get this right.

H.R. 2646 addresses some of the key gaps in our system. In

particular, I applaud the provision that would eliminate lifetime limits on coverage of inpatient psychiatric hospital services under Medicare and the provision that would allow same-day billing in Medicaid. I also agree that we have to prioritize the strengthening of our mental health workforce.

However, I think there are significant improvements that need to be made to ensure that this bill tackles the breadth and depth of the reform our current system needs.

First and foremost, the bill fails to clearly address the lack of resources plaguing our country's continuum of care. The reason our mental health system is inadequate today isn't just because of programmatic shortcomings; it is because it has been woefully underfunded for years.

I hear the same refrain every single day in conversations with patients and advocates and doctors throughout my district: We don't have enough beds, we don't have enough doctors, we don't have enough wraparound services, we don't have the tools we need to help people.

From provider reimbursements to basic funding for community health facilities, to support for substance abuse programs, any legislation that we pass in Congress must provide the resources required to actually implement the proposed reforms and strengthen the full spectrum of care. If we ignore that piece, this legislation will not be more than a half-step.

A report released by Tufts Health Care Institute a few years ago

looked at solely the opioid abuse epidemic, in particular, and estimated that the total societal cost of opioid abuse was $55.7 billion. Healthcare costs specifically were $25 billion.

A 2012 report from HRSA said that there were 3,669 mental-health health-professional shortage areas across this country, containing almost 91 million people. These are powerful, significant numbers, ones that we must discuss and address.

I also share the concerns of some of my colleagues that the bill in its current form threatens civil rights and privacy of mental health patients, particularly in section 2606 that deals with AOT. Coupled with larger funding concerns, this provision makes it easier to involuntarily commit the mentally ill into a system unequipped to provide them with the treatment that they need.

In Massachusetts, in particular, one of five States without AOT laws on the books, the bill could have a particularly hurtful impact, denying critical funding support at a moment when our communities are wrestling with a opioid and addiction epidemic that has already cost over 600 lives this year.

The discussion we are going to have today is critical and overdue. I applaud the shared commitment on both sides of the aisle and Congressman Murphy for his ability to dig into the details of this legislation and ensure that we get it right.

Thank you, and I appreciate the extra time.

[The prepared statement of Mr. Kennedy follows:]

******** COMMITTEE INSERT ********

RPTR BAKER

EDTR HOFSTAD

[4:43 p.m.]

Mr. Murphy. The gentleman yields back.

We now go to Mr. Bilirakis of Florida for 3 minutes.

Mr. Bilirakis. Thank you, Mr. Chairman. I appreciate it. I want to thank you for holding this markup for these very important pieces of legislation and for your leadership, Mr. Chairman.

I wanted to highlight a couple bills especially important to my district in Florida.

First, the Helping Families in Mental Health Crisis Act, of which I am a cosponsor, will address much-needed mental health reform in the public health crisis we have been facing as a Nation.

Last year, I hosted several roundtables in my district -- and thanks for attending one of them, Mr. Chairman. I really appreciate it. It made a real difference -- where my constituents and I discussed the struggles that individuals with mental illness in our community are facing on a daily basis and how Congress can help best address the needs and challenges of those we serve.

The shortage of treatment options and mental health professionals has resulted in too many mentally ill people becoming homeless or incarcerated. We need reform, and we need it now.

I commend Congressman Murphy for the extensive amount of time and

attention he has put into addressing mental health and substance abuse disorders. These are important issues, and I am glad that our committee has undertaken this important endeavor to produce the bipartisan piece of legislation we have here today.

When not in this committee, I also have the honor of serving on the Veterans' Affairs Committee, where we have extensively focused on mental health issues plaguing our Nation's heroes. These invisible wounds are an important -- it is a very important issue. It should be a priority for us. Time magazine wrote back in 2012 that more U.S. military personnel have died by suicide since the war in Afghanistan began than have died fighting there.

H.R. 2646 will not only benefit the general population but our veterans, our true American heroes, and their families.

I also want to highlight the Common Sense Nutrition Disclosure Act, H.R. 2017, which I am proud to cosponsor, as well. I have met with many local businesses that are negatively impacted by the FDA's overly burdensome regulations. H.R. 2017 would allow flexibility to ensure entities could utilize alternative methods to food labeling that are appropriate for the diverse business models and are less burdensome. This legislation allows businesses and the food industry to provide nutrition information to consumers in the best way possible.

Thank you again, Mr. Chairman. I appreciate it very much. I yield back the rest of my time.

[The prepared statement of Mr. Bilirakis follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. The gentleman yields back.

I now recognize the gentlelady from Florida, Ms. Castor, for 3 minutes.

Ms. Castor. Well, thank you very much, Mr. Chairman. And thank you for your tireless advocacy and work on the issues of mental health.

I really hope that H.R. 2646, the Helping Families in Mental Health Crisis Act, will be a great start for this committee, an important legislative effort, where we can make broad-based improvements and robust investments in mental health and a comprehensive continuum of care for families, for our States and communities, and to do more in grants and research.

For families, what I hear from families back home in Florida is they don't know where to turn. Even with early intervention, there aren't many resources available to them. Then, when they get into treatment, being able to afford the necessary treatment has been a struggle. I hear about their ability to have constructive involvement with the doctors and other caregivers with their loved ones with mental illness, so I am glad we are going to look at improving that situation.

Now, the Affordable Care Act has been one of the largest expansions of mental health and substance abuse coverage. It builds on the Mental Health Parity Act that was passed in 2008, but we have so much more to do to make these work. They are not working perfectly for our families back home.

I have to view mental health care through the unfortunate lens

of my State, the State of Florida, where under the Affordable Care Act in Florida we should have expanded Medicaid, and that would have provided new robust services to so many adults. In Florida, we don't cover childless adults under Medicaid, so that means about 850,000 Floridians, if they have mental illness, their healthcare needs are not being served. This is not smart, especially when, under the Affordable Care Act, the Feds would pay the best matching rate in health care. So that is one of the weaknesses.

Another weakness in Florida is that the State ranks 49th in mental healthcare funding. Think about that. It is the third-largest State in the country and ranks 49th in mental healthcare coverage.

So I would like to ask unanimous consent to submit into the record a Tampa Bay Times series that started last week. And I encourage all of you to look it up online and for my colleagues to study it. It tells a very miserable tale of irresponsibility in the State of Florida, where, now, most folks with mental illness often end up in the prison system. Our jails are full of it.

And, Mr. Chairman, I would like to thank you for asking Florida State court judge Steve Leifman to have some input into this effort. He is a leader, but there is not much leading you can do when a State refuses to provide the resources on prevention and treatment and then is willing to enter into the very costly situation of just housing mentally ill in our jails and prisons without any treatment at all.

It has gotten so bad, to the point where this series chronicles

the deaths of patients in our jail system, in the small number of beds in our mental health hospitals. So I am hopeful that we can add amendments and language to the bill that will at least allow parents and families to understand what has happened in these kinds of situations.

I also support significant new funding and grants. I hope we don't rob SAMHSA and substance abuse to pay for other things. We need to do both. We need a robust continuum of care.

And I applaud what President Obama is doing on brain research and Alzheimer's. And I hope we can devote a much more significant amount of research funding into mental health, because mental illness is very costly. And we have an opportunity now to address those costs, provide the treatment and care that people need through a comprehensive continuum of care.

Thank you, and I look forward to the markup.

[The prepared statement of Ms. Castor follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. And, without objection, those articles will be part of the record.

[The information follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. That is a very touching series. I read it. It is pretty brutal. And I am thankful that Tampa Tribune has also endorsed this bill.

I now recognize Mrs. Brooks for 3 minutes.

Mrs. Brooks. Thank you, Mr. Chairman.

I just want to applaud your work. Since I came to Congress in 2013, there has rarely been a time when you have not stepped up to the microphone to talk about the challenges and problems in our mental health system and the crisis that our country is facing because we have not dealt adequately with our mental health system. And so I applaud you and the staff and everyone for working very hard in bringing 2646 before us.

My experience with the mental health system goes back to my time initially as a criminal defense attorney 30 years ago, representing individuals charged with crimes in State and Federal courts, and in visiting more jails and prisons than most people ever have the opportunity to do. And our jails and prisons have become the mental health hospitals that used to be in place and the mental health treatment facilities that used to be in place many years ago.

And I can't tell you how many family members that I worked with whose family members had never been in trouble before until they had gone off their meds or until they stopped going to treatment, and then suddenly they are involved in the criminal justice system. And it is a downward spiral once they go into the criminal justice system.

And so I applaud your work in revising our mental health system in a significant way.

I am very proud that Indiana for the first time has a psychiatrist who is leading our State's equivalent of Health and Human Services. Dr. John Wernert, a psychiatrist, is leading in Indiana what is called Indiana Family and Social Services Administration.

And we have convened roundtable discussions with providers in our State and have learned there is an incredible need for more mental health providers. When we graduate med school classes, there typically are very few people coming out and going into psychiatry these days. There are very few mental health professionals, and we need to make sure that they are supported. But they are entering into a system that is very, very broken.

And, finally, I hope that because of the work of this committee and the work of the House that we can get over the stigma of talking about mental health. And it is a disease; it is a challenge for so many families. And the number of families that I have dealt with, the number of families that our healthcare professionals have dealt with are begging for help.

And I particularly am pleased that we have tried to find a way, through the compassionate communication, that families can be engaged and helpful in their family member's treatment. And I know that this is a difficult area, but it is one that, when family members either show up in the ER or show up in court and they are blocked from truly

being a part of helping that loved one's recovery, it is just wrong. We have to figure a way out to make the families who want to help their family members become healthy again and to heal.

And so I applaud your work, and I look forward to the markup tomorrow.

And, with that, I yield back.

[The prepared statement of Mrs. Brooks follows:]

******** COMMITTEE INSERT ********

Mr. Murphy. The gentlelady yields back.

And that is the end of opening statements, but members may still submit opening statements.

The chair now calls up H.R. 3014 and asks the clerk to report.

The Clerk. H.R. 3014, to amend the Controlled Substances Act to authorize physicians, pursuant to an agreement with the Attorney General, to transport controlled substances from a practice setting to another practice setting or to a disaster area.

Mr. Murphy. 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:]

******** COMMITTEE INSERT ********

Mr. Murphy. We are now on H.R. 3014. And the subcommittee will reconvene at 10 a.m. tomorrow.

I remind members that the chair will give priority recognition to bipartisan amendments.

And I look forward to seeing all of you tomorrow.

Without objection, the committee stands in recess.

[Whereupon, at 4:55 p.m., the subcommittee recessed, to reconvene at 10:00 a.m., Wednesday, November 4, 2015.]