

FLOOR SCHEDULE FOR WEDNESDAY, JUNE 20, 2018

HOUSE MEETS AT:	FIRST VOTE PREDICTED:	LAST VOTE PREDICTED:
9:00 a.m.: Morning Hour 10:00 a.m.: Legislative Business Fifteen "One Minutes"	11:30 a.m. – 12:30 p.m.	3:30 – 4:30 p.m.

H.Res. 949 – Rule providing for consideration of H.R. 5797 – IMD CARE Act (Rep. Walters – Energy and Commerce), H.R. 6082 – Overdose Prevention and Patient Safety Act (Rep. Mullin – Energy and Commerce), and H.R. 6 – SUPPORT for Patients and Communities Act (Rep. Walden – Energy and Commerce) (One hour of debate). The Rules Committee has recommended one Rule which would provide for consideration of three bills.

For H.R. 5797, the Rules Committee has recommended a structured Rule that provides for one hour of general debate equally divided and controlled by the Chair and Ranking Member of the Committee on Energy and Commerce. The Rule provides for consideration of 3 amendments, debatable for 10 minutes, equally controlled by the proponent and opponent of the amendment. The Rule allows one motion to recommit, with or without instructions, and waives all points of order against the legislation.

For H.R. 6082, the Rules Committee has recommended a closed Rule that provides for one hour of general debate equally divided and controlled by the Chair and Ranking Member of the Committee on Energy and Commerce. The Rule allows one motion to recommit, with or without instructions, and waives all points of order against the legislation.

For H.R. 6, the Rules Committee has recommended a structured Rule that provides for one hour of general debate equally divided and controlled by the Chair and Ranking Member of the Committee on Energy and Commerce. The Rule provides for consideration of 8 amendments, debatable for 10 minutes, equally controlled by the proponent and opponent of the amendment. The Rule allows one motion to recommit, with or without instructions, and waives all points of order against the legislation.

The Rule provides that an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-76, modified by Rules Committee Print 115-78 and the amendment printed in part A of the Rules Committee report, shall be considered as adopted and the bill, as amended, shall be considered as read.

The Rules Committee rejected a motion by Mr. McGovern of Massachusetts to make in order and provide the appropriate waiver to amendment #7 to H.R. 5797, offered by Rep. Kennedy of Massachusetts which expands the eligible population to individuals with all substance use disorders. Additionally, it would require states to provide the full continuum of care so that patients have access to critical services when they are discharged from IMDs.

The Rules Committee rejected a motion by Mr. Hastings of Florida to make in order and provide the appropriate waivers to amendment #9 to H.R. 5797, offered by Rep. Waters of California which requires states to expand Medicaid pursuant to the Affordable Care Act as a condition for using Medicaid funds to treat people with opioid abuse disorders in IMDs. **Members are urged to VOTE NO.**

H.R. 5797 – IMD CARE Act (Rep. Walters – Energy and Commerce) (One hour of debate). The bill would suspend for five years the long-standing Institutions for Mental Disease (IMD) exclusion for those being treated for opioid addiction. The IMD exclusion is a policy that prohibits the federal government from providing federal Medicaid matching funds to states for services rendered to Medicaid eligible individuals aged 21 through 64 who are patients at IMDs. This exclusion was created due to the pervasive institutionalization of the mentally ill that began in the 1960s and 70s. Unfortunately, mental health and substance abuse treatment slots have not kept pace with the demand for treatment, so many states have been granted waivers by the Centers for Medicare and Medicaid Services (CMS).

This bill, like many bills in the Republican led Congress, was hastily and poorly crafted. As a result, it does not adequately address the problem, and is unnecessary due to the prevalence of waivers already granted by CMS. Additionally, it is problematic that H.R. 5797 was drafted in such a narrow way that it excludes waivers for people suffering from other addictions, like crack cocaine.

The Rule provides for one hour of general debate and provides for consideration of 3 amendments. The amendments are:

Rush Amendment. Expands treatment coverage to individuals suffering from cocaine use disorder (which includes crack cocaine).

Kildee Amendment. Adds two requirements to the report that states are required to submit. The first would be information regarding the number of individuals suffering from concurring disorders and the disorders from which they suffer and the second would be information regarding access to community care for individuals suffering from a mental illness other than substance use disorder.

Fitzpatrick Amendment. Provides flexibility for States to allow the State plan amendment to include assessments to determine level of care and length of stay recommendations based upon criteria established or endorsed by a State agency pursuant to 1932(b)(1)(A)(i) of the Public Health Service Act.

H.R. 6082 – Overdose Prevention and Patient Safety Act (Rep. Mullin – Energy and Commerce) (One hour of debate). The bill amends the federal statute on the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (42 CFR Part 2), to expand the circumstances under which medical records relating to substance use disorders (SUD) can be disclosed to pertinent medical professionals without the patient’s written consent. The bill aligns federal privacy standards for SUD patient records more closely with standards under the Health Insurance Portability and Accountability Act (HIPAA).

Current law authorizes disclosure of SUD patient records without a patient's written consent only to medical personnel in a medical emergency, to specified personnel for research or program evaluations, or pursuant to a court order. The bill also repeals and replaces criminal penalties for violations involving SUD patient records with the HIPAA civil penalty structure, while expanding the current prohibition against using SUD patient records in criminal proceedings to include any use in specified federal, state, and local criminal and civil actions.

Proponents of the bill argue the reforms to current law are necessary to eliminate barriers to information sharing across health care settings, which they argue would facilitate better coordination of patient care. Critics of the legislation contend that stronger privacy protections under 42 CFR Part 2 are essential to protecting the civil rights of patients with a history of SUD.

Suspension (1 bill)

1. **H.R. 5925** – Coordinated Response through Interagency Strategy and Information Sharing (CRISIS) Act, as amended (Rep. Gowdy – Oversight and Government Reform)

TOMORROW’S OUTLOOK

The GOP Leadership has announced the following schedule for Thursday, June 21: The House will meet at 10:00 a.m. for legislative business. The House is expected to **H.R. 4760** – “Securing America’s Future Act” (Rep. Goodlatte – Judiciary) (Subject to a Rule). The House is also expected to consider **H.R. 6136** – Border Security and Immigration Reform Act (Rep. Goodlatte – Judiciary) (Subject to a Rule).

The Daily Quote

“With little support at his back, House Budget Chairman Steve Womack, R-Ark., plans to produce a fiscal 2019 budget resolution in his committee this week. But there's no expectation that the fiscal blueprint will get much farther than that... While it's almost guaranteed to get out of his committee on a party-line vote, even passage by the GOP-controlled House would appear to be a tough sell. 'It's not going to pass,' said Rep. Mark Meadows, R-N.C., chairman of the hard-right House Freedom Caucus.”

- CQ, 6/18/2018