Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

SYNTHETIC OPIOID DANGER AWARENESS ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2364) to amend title III of the Public Health Service Act to direct the Secretary, acting through the Director of the Centers for Disease Control and Prevention, to provide for a public education campaign to raise public awareness of synthetic opioids, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2364

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Synthetic Opioid Danger Awareness Act''.

SEC. 2. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

Part B of title III of the Public Health Service Act is amended by inserting after section 317U (42 U.S.C. 247b–23) the following new section:

''SEC. 317V. SYNTHETIC OPIOIDS PUBLIC AWARENESS CAMPAIGN.

''(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Secretary shall provide for the planning and implementation of a public education campaign to raise public awareness of synthetic opioids (including fentanyl and its analogues). Such campaign shall include the dissemination of information that—

''(1) promotes awareness about the potency and dangers of fentanyl and its analogues and other synthetic opioids;

''(2) explains services provided by the Substance Abuse and Mental Health Services Administration and the Centers for Disease Control and Prevention (and any entity providing such services under a contract entered into with such agencies) with respect to the misuse of opioids, particularly as such services relate to the provision of alternative, non-opioid pain management treatments; and

''(3) relates generally to opioid use and pain management.

''(b) USE OF MEDIA.—The campaign under subsection (a) may be implemented through the use of television, radio, internet, in-person public communications, and other commercial marketing venues and may be targeted to specific age groups.

''(c) CONSIDERATION OF REPORT FINDINGS.—In planning and implementing the public education campaign under subsection (a), the Secretary shall take into consideration the findings of the report required under section 7001 of the SUPPORT for Patients and Communities Act (Public Law 115–271).

''(d) CONSULTATION.—In coordinating the campaign under subsection (a), the Secretary shall consult with the Assistant Secretary for Mental Health and Substance Use to provide ongoing advice on the effectiveness of information disseminated through the campaign.

''(e) REQUIREMENT OF CAMPAIGN.—The campaign implemented under subsection (a) shall not be duplicative of any other Federal efforts relating to eliminating the misuse of opioids.

''(f) EVALUATION.—

''(1) IN GENERAL.—The Secretary shall ensure that the campaign implemented under subsection (a) is subject to an independent evaluation, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter.

''(2) MEASURES AND BENCHMARKS.—For purposes of an evaluation conducted pursuant to paragraph (1), the Secretary shall—

''(A) establish baseline measures and benchmarks to quantitatively evaluate the impact of the campaign under this section; and

''(B) conduct qualitative assessments regarding the effectiveness of strategies employed under this section.

''(g) REPORT.—The Secretary shall, beginning 2 years after the date of the enactment of this section, and every 2 years thereafter, submit to Congress a report on the effectiveness of the campaign implemented under subsection (a) towards meeting the measures and benchmarks established under subsection (e)(2).

''(h) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary shall develop and implement a plan for the dissemination of information related to synthetic opioids, to health care providers who participate in Federal programs, including programs administered by the Department of Health and Human Services, the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, the Medicare program under title XVIII of the Social Security Act, and the Medicaid program under title XIX of such Act.''.

SEC. 3. TRAINING GUIDE AND OUTREACH ON SYNTHETIC OPIOID EXPOSURE PREVENTION.

(a) TRAINING GUIDE.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall design, publish, and make publicly available on the internet website of the Department of Health and Human Services, a training guide and webinar for first responders and other individuals who also may be at high risk of exposure to synthetic opioids that details measures to prevent that exposure.

(b) OUTREACH.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Health and Human Services shall also conduct outreach about the availability of the training guide and webinar published under subsection (a) to—

(1) police and fire managements;

(2) sheriff deputies in city and county jails;

(3) ambulance transport and hospital emergency room personnel;

(4) clinicians; and

(5) other high-risk occupations, as identified by the Assistant Secretary for Mental Health and Substance Use.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include any extraneous material on H.R. 2364.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we have hit a tragic milestone in our battle against the opioid overdose crisis. From April 2020 to April 2021, the Centers for Disease Control and Prevention estimated that over 100,000 people died due to drug overdoses, no doubt exacerbated by the COVID–19 pandemic.

Synthetic opioids like fentanyl and fentanyl analogs significantly contributed to overdose deaths. In 2019, the CDC estimated that more than half of overdose deaths involved synthetic opioids and drugs mixed with synthetic opioids, such as methamphetamine and cocaine mixed with fentanyl.

The Energy and Commerce Committee has worked throughout the pandemic to address this crisis. The American Rescue Plan, passed and signed into law earlier this year, included the largest-ever funding boost of over $3 billion for mental health and substance abuse block grants to the Substance Abuse and Mental Health Services Administration, or SAMHSA. That $3 billion in funding has gone to critical services for addiction treatment, prevention, harm reduction, and recovery.

H.R. 2364, the Synthetic Opioid Danger Awareness Act, provides an additional tool to address one piece of the opioid crisis. This bill requires the Department of Health and Human Services to launch a public education campaign on the health risks associated with synthetic opioids and services available to address misuse of these products. Further, HHS would be required to disseminate information regarding synthetic opioids to healthcare providers.

The bill also directs HHS to produce training materials for first responders and other professionals at a higher occupational risk of coming into contact with synthetic opioids. It also requires the agency to conduct outreach about the availability of these materials in order to help those on the front lines be aware of the risks associated with synthetic opioids.

The bill is another step the Energy and Commerce Committee has taken to address the opioid crisis and protect the health and safety of our communities. The committee passed this legislation with unanimous, bipartisan support in July.

I want to thank my New Jersey delegation colleague, Representative KIM, and Representative PAPPAS of New Hampshire for leading this important legislation. I urge my colleagues to support H.R. 2364, the Synthetic Opioid Danger Awareness Act, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2364, the Synthetic Opioid Danger Awareness Act. Synthetic opioids, including fentanyl and fentanyl-related substances, have been the primary drivers of the rise in overdose deaths that we have seen over the past year and beyond.

H.R. 2364 requires the Secretary of Health and Human Services to implement a public education campaign related to synthetic opioids. Additionally, the Secretary is required to publish a training guidance and webinar for first responders and other individuals to better understand synthetic opioid exposure prevention. This campaign will promote awareness around the dangers of synthetic opioids and provide information about available services to address synthetic opioid abuse.

I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge support for this bill, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 2364, the ''Synthetic Opioid Danger Awareness Act'', which will require several federal agencies to provide education and training related to synthetic opioids, including fentanyl and its analogues.

The CDC reports that more than 93,000 Americans died from drug overdoses in 2020, an almost 30 percent increase from 2019.

Regardless of income, race, gender, education, or other demographics, America's opiate problem has morphed into a full-blown public health crisis.

Synthetic opioids contribute greatly to this drug crisis and are a serious threat to fire fighters and emergency medical responders who are susceptible to encountering these deadly substances.

Increased rates of opiate usage impact the types and volume of calls the fire service responds to and the dangers they encounter when they arrive on the scene, both of which stretch already limited resources even thinner.

A 2021 Statista study found that nearly two-thirds of all fire department responses are for medical aid.

When firefighters or EMS personnel come in contact with opioids—either through direct contact or secondary contamination—this creates a unique, and often unknown, risk for these individuals because many opioids can be ingested either by skin contact (namely fentanyl) or via inhalation, making it challenging to help the victim.

Firefighters must be properly trained on how to safely respond to these life-threatening emergencies in a way that both helps the victim and minimizes risk to their health and safety.

The Synthetic Opioid Danger Awareness Act would require the National Institute for Occupational Safety and Health to produce training materials to prevent exposure to synthetic opioids for first responders and others who are at high risk of exposure.

In addition, the Substance Abuse and Mental Health Services Administration will be required to disseminate the mentioned training materials to ambulance transport personnel, local sheriff deputies, and other first responders and individuals in high-risk occupations.

H.R. 2364 would also direct the CDC to conduct a public education campaign that raises public awareness of the dangers of synthetic opioids and explains the services available, with respect to opioid treatment.

The health of American citizens is one of the most pressing issues facing this country.

Continuing education on fentanyl and synthetic opioids is essential for ensuring the health and safety of fire fighters and paramedics.

Passing the Synthetic Opioid Danger Awareness Act is a step towards ensuring the health and wellness of American citizens and reducing the impact synthetic opioids impose on American communities.

I urge my colleagues to pass this bill and I thank Congressman ANDY KIM for introducing such an important piece of legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2364, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. BOEBERT. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1630

SUPPORTING THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH AND THE REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3743) to increase funding for the Reagan-Udall Foundation for the Food and Drug Administration and for the Foundation for the National Institutes of Health.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3743

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act''.

SEC. 2. REAGAN-UDALL FOUNDATION AND FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.

(a) REAGAN-UDALL FOUNDATION FOR THE FOOD AND DRUG ADMINISTRATION.—Section 770(n) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379dd(n)) is amended by striking ''$500,000 and not more than $1,250,000'' and inserting ''$1,250,000 and not more than $5,000,000''.

(b) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH.—Section 499(l) of the Public Health Service Act (42 U.S.C. 290b(l)) is amended by striking ''$500,000 and not more than $1,250,000'' and inserting ''$1,250,000 and not more than $5,000,000''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3743.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3743, the Supporting the Foundation for the National Institutes of Health and the Reagan-Udall Foundation for the Food and Drug Administration Act.

The Reagan-Udall Foundation for the FDA is an independent nonprofit organization established by Congress in 2007 to advance the mission of the FDA to modernize medical product development, accelerate innovation, and enhance safety.

Likewise, the Foundation for the NIH is an independent nonprofit organization established by Congress in 1990 to develop private-public partnerships that advance biomedical research, domestically and globally.

Both organizations work to advance the missions of the NIH and the FDA and have played important roles in our Nation's fight against COVID–19. For example, the Foundation for the NIH has worked to coordinate the ACTIV program that is strategizing our research and prioritizing and speeding development of the most promising COVID–19 vaccines and treatment. Likewise, the Reagan-Udall Foundation's COVID–19 Diagnostics Evidence Accelerator has brought stakeholders together to collect and evaluate real-world data in a way that is scientifically useful and meets the FDA standards so we can understand the efficacy of COVID–19 diagnostics in the real world.

Mr. Speaker, the FDA and the NIH are currently authorized to transfer funding to their respective foundations within a statutory limit that has not been increased since 2007.

H.R. 3743 would increase the transfer authority for both foundations from up to $1.25 million to up to $5 million. This legislation will allow the agencies to increase their support consistent with the increasing costs of medical product research and development.

This bipartisan bill received unanimous support in the Energy and Commerce Committee. I would like to thank my colleagues, Representative HUDSON and Health Subcommittee Chairwoman ESHOO, for their outstanding leadership on this legislation.

Mr. Speaker, I urge my colleagues to support H.R. 3743, and I reserve the balance of my time.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3743, Supporting the Foundation for the National Institutes of