**FLOOR SCHEDULE FOR WEDNESDAY, MAY 11, 2016**

<table>
<thead>
<tr>
<th>HOUSE MEETS AT:</th>
<th>FIRST VOTE PREDICTED:</th>
<th>LAST VOTE PREDICTED:</th>
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<tr>
<td>10:00 a.m.: Morning Hour</td>
<td>1:30 – 2:30 p.m.</td>
<td>4:00 – 5:00 p.m.</td>
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<td>12:00 p.m.: Legislative Business</td>
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Fifteen “One Minutes”

**Members are advised that timing of last votes is fluid today. Further information will be announced on the Whip Floor Updates as soon as it is available.**

**H.Res. 720** – Rule providing for consideration of both H.R. 4641 – To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes (Rep. Brooks (IN) – Energy and Commerce) and H.R. 5046 – Comprehensive Opioid Abuse Reduction Act of 2016 (Rep. Sensenbrenner – Judiciary) (One hour of debate). The Rules Committee has recommended one Rule which would provide for consideration of two bills.

For H.R. 4641, 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 allows for 15 amendments, debatable for 10 minutes equally divided between the offeror and an opponent. The Rule allows one motion to recommit, with or without instructions, and waives all points of order against the legislation.

For **H.R. 5046**, 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 Judiciary. The Rule allows for 11 amendments, debatable for 10 minutes equally divided between the offeror and an opponent. The Rule allows one motion to recommit, with or without instructions, and waives all points of order against the legislation.

**H.R. 4641** – To provide for the establishment of an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication, and for other purposes (Rep. Brooks (IN) – Energy and Commerce) (One hour of debate). The bill would create an Interagency Taskforce to update and clarify guidelines for pain management. It would convene the Department of Health and Human Services (HHS), Department of Veterans Affairs (VA), the Food and Drug Administration (FDA), the Department of Defense (DOD), the Drug Enforcement Administration (DEA), the Centers for Disease Control (CDC), and other agencies, to modify and update best practices for chronic and acute pain management and for doctors who prescribe pain medication.

H.R. 4641 would include agencies at the federal level, as well as state medical boards, health care practitioners, pharmacists, experts from both the pain and addiction recovery community, actual patients, and other stakeholders. The Taskforce shall convene no later than December 14, 2018, and, within 180 days, review, modify, and update best practices for pain management. The Taskforce is also required to develop a strategy to communicate and distribute best practices to health care professionals. Lastly, the bill would require the Taskforce to report its findings to Congress within 270 days after convening.

The United States is currently facing an epidemic of addiction to opioids, including prescription painkillers and heroin. H.R. 4641 would help to provide patients and health care professionals with evidence-based information regarding the risks and dangers of opioids. The bill is a much needed step to combat this dangerous epidemic plaguing many communities across the United States.

The Rule makes in order 15 amendments, debatable for 10 minutes, equally divided between the offeror and an opponent. The amendment is:

**Brownley Amendment.** Adds a representative of the Office of Women’s Health to the Pain Management Best Practices Interagency Taskforce.

**Carter (GA) Amendment.** Requires that any physician, dentist, non-physician prescriber or pharmacist who becomes a member of the Pain Management Best Practices Interagency Taskforce to be currently licensed and practicing in their appropriate State.

**Grayson Amendment.** Ensures that “first responders” are included for membership on the Pain Management Best Practices Interagency Taskforce.
Clark Amendment #4. Adds to the Taskforce an expert in adolescent and young adult addiction, and a person in recovery from addiction to medication for chronic pain whose addiction began in adolescence or adulthood, and directs the Taskforce to consider the distinct needs of adolescents and young adults in its development of best practices.


Nolan Amendment. Inserts a representative on the Taskforce for active duty military, armed forces personnel, and veteran health and prescription opioid addiction.

Watson Coleman Amendment. Inserts a minority health expert as a representative to the Pain Management Best Practices Interagency Taskforce established by this bill.

Kuster/Guinta Amendment. Requires that the Taskforce research addiction trends in communities with high rates of prescription drug abuse.

Schiff Amendment. Requires the Interagency Taskforce, as part of its duties to review and update best practices for pain management strategies, to also take into consideration the coordination of information collected from State prescription drug monitoring programs for the purpose of preventing the diversion of pain medication.

Clark Amendment #10. Directs the Taskforce to consider work done and any public comments submitted regarding electronic prescribing of opioids and its potential benefits, in the course of developing best practices.

Rothfus/Keating Amendment. Requires the Interagency Taskforce, as part of its review and update of best practices for pain management and prescribing pain medication, to also take into consideration the practice of co-prescribing the overdose reversal drug naloxone.

Clark Amendment #12. Directs the Taskforce to consider, in the course of developing best practices, Federal agency programs and research relative to substance use and substance use disorders among adolescents and young adults, as well as any gaps identified by Federal government programs or researchers in the prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults.

Esty/Knight Amendment. Requires the Interagency Taskforce to review, modify, and update best practices for pain management and prescribing pain medication, specifically as it pertains to physician education and consumer education.

Welch/McKinley Amendment. Expands the Taskforce report to include information and recommendations on developing new non-opioid forms of pain relief.

Sessions Amendment. Ensures the Taskforce takes into consideration existing private sector, State, and local government efforts related to pain management and prescribing pain medication.

Bill Text for H.R. 4641:
PDF Version

Background for H.R. 4641:
House Report (HTML Version)
House Report (PDF Version)

Suspensions (11 bills)

1. **H.R. 4843** – Infant Plan of Safe Care Improvement Act (Rep. Barletta – Education and the Workforce)

**TOMORROW’S OUTLOOK**
The GOP Leadership has announced the following schedule for Thursday, May 12: The House will meet
at 12:00 p.m. for legislative business. The House is expected to complete consideration of H.R. 5046 – Comprehensive Opioid Abuse Reduction Act of 2016 (Rep. Sensenbrenner – Judiciary).

The Daily Quote

“... House Republican leaders will make a renewed push Wednesday morning to adopt a fiscal 2017 budget resolution, with House Speaker Paul D. Ryan [R-WI] expected to lay out a plan that would likely combine a budget resolution and a mandatory spending cuts package into a single bill... [I]t would be a black eye for House Republicans if they were unable to agree on a tax and spending framework after championing the importance of controlling spending and regular order.”

- CQ, 5/11/2016