

Mr. ENZI. Mr. President, I yield back all time.

The ACTING PRESIDENT pro tempore. All time is yielded back.

#### CLOTURE MOTION

Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 174, H.R. 2430, an act to amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.

Mitch McConnell, Steve Daines, Mike Crapo, James M. Inhofe, Lamar Alexander, Pat Roberts, Thom Tillis, Orrin G. Hatch, John Cornyn, Cory Gardner, Roy Blunt, James E. Risch, Roger F. Wicker, Tim Scott, John Thune, Mike Rounds, John Hoeven.

The ACTING PRESIDENT pro tempore. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on H.R. 2430, the FDA Reauthorization Act of 2017, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from North Carolina (Mr. BURR), the Senator from Oklahoma (Mr. INHOFE), and the Senator from Arizona (Mr. MCCAIN).

The PRESIDING OFFICER (Mr. SULLIVAN). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 96, nays 1, as follows:

[Rollcall Vote No. 185 Leg.]

#### YEAS—96

Alexander	Flake	Murray
Baldwin	Franken	Nelson
Barrasso	Gardner	Paul
Bennet	Gillibrand	Perdue
Blumenthal	Graham	Peters
Blunt	Grassley	Portman
Booker	Harris	Reed
Boozman	Hassan	Risch
Brown	Hatch	Roberts
Cantwell	Heinrich	Rounds
Capito	Heitkamp	Rubio
Cardin	Heller	Sasse
Carper	Hirono	Schatz
Casey	Hoeven	Schumer
Cassidy	Isakson	Scott
Cochran	Johnson	Shaheen
Collins	Kaine	Shelby
Coons	Kennedy	Stabenow
Corker	King	Strange
Cornyn	Klobuchar	Sullivan
Cortez Masto	Lankford	Tester
Cotton	Leahy	Thune
Crapo	Lee	Tillis
Cruz	Manchin	Toomey
Daines	Markey	Udall
Donnelly	McCaskill	Van Hollen
Duckworth	McConnell	Warner
Durbin	Menendez	Warren
Enzi	Merkley	Whitehouse
Ernst	Moran	Wicker
Feinstein	Murkowski	Wyden
Fischer	Murphy	Young

#### NAYS—1

Sanders

#### NOT VOTING—3

Burr

Inhofe

McCain

The PRESIDING OFFICER. On this vote, the yeas are 96, the nays are 1.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Tennessee.

#### ORDER OF PROCEDURE

Mr. ALEXANDER. Mr. President, I ask unanimous consent that after the disposition of the Brouillette nomination, the Senate resume consideration of the motion to proceed to H.R. 2430, that all postcloture time be expired, and the motion to proceed be agreed to; further, that there be no amendments in order to H.R. 2430, that there be 10 minutes of debate equally divided in the usual form, and that following the use or yielding back of that time, the bill be read a third time and the Senate vote on passage of the bill with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### JESSIE'S LAW

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 581 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 581) to include information concerning a patient's opioid addiction in certain medical records.

There being no objection, the Senate proceeded to consider the bill.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Manchin-Capito substitute amendment be agreed to, the bill, as amended, be considered read a third time and passed, and the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment (No. 752) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

#### SECTION 1. SHORT TITLE.

This Act may be cited as "Jessie's Law".

#### SEC. 2. INCLUSION OF OPIOID ADDICTION HISTORY IN PATIENT RECORDS.

(a) BEST PRACTICES.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, in consultation with appropriate stakeholders, including a patient with a history of opioid use disorder, an expert in electronic health records, an expert in the confidentiality of patient health information and records, and

a health care provider, shall identify or facilitate the development of best practices regarding—

(A) the circumstances under which information that a patient has provided to a health care provider regarding such patient's history of opioid use disorder should, only at the patient's request, be prominently displayed in the medical records (including electronic health records) of such patient;

(B) what constitutes the patient's request for the purpose described in subparagraph (A); and

(C) the process and methods by which the information should be so displayed.

(2) DISSEMINATION.—The Secretary shall disseminate the best practices developed under paragraph (1) to health care providers and State agencies.

(b) REQUIREMENTS.—In identifying or facilitating the development of best practices under subsection (a), as applicable, the Secretary, in consultation with appropriate stakeholders, shall consider the following:

(1) The potential for addiction relapse or overdose, including overdose death, when opioid medications are prescribed to a patient recovering from opioid use disorder.

(2) The benefits of displaying information about a patient's opioid use disorder history in a manner similar to other potentially lethal medical concerns, including drug allergies and contraindications.

(3) The importance of prominently displaying information about a patient's opioid use disorder when a physician or medical professional is prescribing medication, including methods for avoiding alert fatigue in providers.

(4) The importance of a variety of appropriate medical professionals, including physicians, nurses, and pharmacists, to have access to information described in this section when prescribing or dispensing opioid medication, consistent with Federal and State laws and regulations.

(5) The importance of protecting patient privacy, including the requirements related to consent for disclosure of substance use disorder information under all applicable laws and regulations.

(6) All applicable Federal and State laws and regulations.

The bill (S. 581), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

#### BETTER EMPOWERMENT NOW TO ENHANCE FRAMEWORK AND IMPROVE TREATMENTS ACT OF 2017

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be discharged from further consideration of S. 1052 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1052) to strengthen the use of patient-experience data within the benefit-risk framework for approval of new drugs.

There being no objection, the Senate proceeded to consider the bill.

Mr. ALEXANDER. Mr. President, I ask unanimous consent that the bill be considered read a third time and passed and the motion to reconsider be considered made and laid upon the table.