

and speaking for truth and for freedom, and we should be following the pattern that was successfully demonstrated by Senator GRASSLEY in introducing the resolution naming “Sakharov Plaza” in front of the Soviet Embassy.

With that, I yield to my colleague, the senior Senator from Iowa.

Mr. GRASSLEY. Madam President, I appreciate my colleague bringing up the history of Andrei Sakharov Plaza. A lot of people wonder whether this makes much of a difference, what the Senator is attempting to do in the case of the Chinese Embassy. I can tell you it made a big difference. All you have to do is measure the opposition as we were considering the one I introduced several years ago. When the State Department fights hard not to embarrass the Russians, when the city of Washington, DC, fights very hard not to rename a street, then you know you are on the right track, when you have those sorts of people in opposition to you.

The PRESIDING OFFICER. The Senate has an order to proceed to executive session.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to consider the following nominations, which the clerk will report.

The legislative clerk read the nominations of Julie Furuta-Toy, of Wyoming, a Career Member of the Senior Foreign Service, Class of Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Equatorial Guinea; Dennis B. Hankins, of Minnesota, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Guinea; Harry K. Thomas, Jr., of New York, a Career Member of the Senior Foreign Service, Class of Career Minister, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Zimbabwe; and Robert Porter Jackson, of Virginia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Ghana.

VOTE ON FURUTA-TOY NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Furuta-Toy nomination?

Mr. McCAIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Arizona (Mr. FLAKE), the Senator from South Carolina (Mr. GRAHAM), the Senator from Kansas (Mr. MORAN), the Senator from Florida (Mr. RUBIO), the Senator from South Dakota (Mr. THUNE), and the Senator from Louisiana (Mr. VITTER).

Mr. DURBIN. I announce that the Senator from Virginia (Mr. Kaine) is necessarily absent.

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

The result was announced—yeas 93, nays 0, as follows:

[Rollcall Vote No. 283 Ex.]

YEAS—93

Alexander	Ernst	Murphy
Ayotte	Feinstein	Murray
Baldwin	Fischer	Nelson
Barrasso	Franken	Paul
Bennet	Gardner	Perdue
Blumenthal	Gillibrand	Peters
Blunt	Grassley	Portman
Booker	Hatch	Reed
Boozman	Heinrich	Reid
Boxer	Heitkamp	Risch
Brown	Heller	Roberts
Burr	Hirono	Rounds
Cantwell	Hoeven	Sanders
Capito	Inhofe	Sasse
Cardin	Isakson	Schatz
Carper	Johnson	Schumer
Casey	King	Scott
Cassidy	Kirk	Sessions
Coats	Klobuchar	Shaheen
Cochran	Lankford	Shelby
Collins	Leahy	Stabenow
Coons	Lee	Sullivan
Corker	Manchin	Tester
Cornyn	Markey	Tillis
Cotton	McCain	Toomey
Crapo	McCaskill	Udall
Cruz	McConnell	Warner
Daines	Menendez	Warren
Donnelly	Merkley	Whitehouse
Durbin	Mikulski	Wicker
Enzi	Murkowski	Wyden

NOT VOTING—7

Flake	Moran	Vitter
Graham	Rubio	
Kaine	Thune	

The nomination was confirmed.

VOTE ON HANKINS NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Hankins nomination?

The nomination was confirmed.

VOTE ON THOMAS NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Thomas nomination?

The nomination was confirmed.

VOTE ON JACKSON NOMINATION

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Jackson nomination?

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motions to reconsider are considered made and laid upon the table and the President will be immediately notified of the Senate's actions.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will resume legislative session.

CYBERSECURITY INFORMATION SHARING ACT OF 2015—Continued

Mr. McCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, that at 11 a.m. on Tuesday, October 27, the postcloture time be considered expired on amendment No. 2716 and the Senate vote in relation to the following amendments in the order listed: Wyden, No. 2621, as modified; Heller, No. 2548, as modified; Leahy, No. 2587, as modified; Flake, No. 2582; Franken, No. 2612, as further modified; that following the disposition of the Franken amendment, the Senate recess until 2:15 p.m. for the weekly conference meetings; that the time from 2:15 p.m. until 4 p.m. be equally divided in the usual form; and that at 4 p.m. on Tuesday, the Senate vote in relation to the following amendments in the order listed: Coons, No. 2552, as modified; Cotton, No. 2581, as modified; Burr-Feinstein, substitute No. 2716, as amended, if amended; further, that if cloture is invoked on S. 754, all postcloture time be yielded back, the bill be read a third time, and the Senate vote on passage of S. 754, as amended, if amended, without any intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

PROTECTING OUR INFANTS ACT OF 2015

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 246, S. 799.

The PRESIDING OFFICER. The clerk will report the bill by title.

The bill clerk read as follows:

A bill (S. 799) to combat the rise of prenatal opioid abuse and neonatal abstinence syndrome.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

S. 799

SECTION 1. SHORT TITLE.

This Act may be cited as the “Protecting Our Infants Act of 2015”.

SEC. 2. ADDRESSING PROBLEMS RELATED TO PRENATAL OPIOID USE.

(a) REVIEW OF PROGRAMS.—The Secretary of Health and Human Services (referred to in this Act as the “Secretary”) shall conduct a review of planning and coordination related to prenatal opioid use, including neonatal abstinence syndrome, within the agencies of the Department of Health and Human Services.

(b) STRATEGY.—In carrying out subsection (a), the Secretary shall develop a strategy to address gaps in research and gaps, overlap, and duplication among Federal programs, including those identified in findings made by reports of the Government Accountability Office. Such strategy shall address—

(1) gaps in research, including with respect to—

(A) the most appropriate treatment of pregnant women with opioid use disorders;

(B) the most appropriate treatment and management of infants with neonatal abstinence syndrome; and

(C) the long-term effects of prenatal opioid exposure on children;

(2) gaps, overlap, or duplication in—

(A) substance use disorder treatment programs for pregnant and postpartum women; and

(B) treatment program options for newborns with neonatal abstinence syndrome;

(3) gaps, overlap, or duplication in Federal efforts related to education about, and prevention of, neonatal abstinence syndrome; and

(4) coordination of Federal efforts to address neonatal abstinence syndrome.

(c) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning the findings of the review conducted under subsection (a) and the strategy developed under subsection (b).

SEC. 3. DEVELOPING RECOMMENDATIONS FOR PREVENTING AND TREATING PRENATAL OPIOID USE DISORDERS.

(a) IN GENERAL.—The Secretary shall conduct a study and develop recommendations for preventing and treating prenatal opioid use disorders, including the effects of such disorders on infants. In carrying out this subsection the Secretary shall—

(1) take into consideration—

(A) the review and strategy conducted and developed under section 2; and

(B) the lessons learned from previous opioid epidemics; and

(2) solicit input from States, localities, and Federally recognized Indian tribes or tribal organizations (as defined in the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)), and nongovernmental entities, including organizations representing patients, health care providers, hospitals, other treatment facilities, and other entities, as appropriate.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary shall make available on the appropriate Internet Website of the Department of Health and Human Services a report on the recommendations under subsection (a). Such report shall address each of the issues described in subsection (c).

(c) CONTENTS.—The recommendations described in subsection (a) and the report under subsection (b) shall include—

(1) a comprehensive assessment of existing research with respect to the prevention, identification, treatment, and long-term outcomes of neonatal abstinence syndrome, including the identification and treatment of pregnant women or women who may become pregnant who use opioids or have opioid use disorders;

(2) an evaluation of—

(A) the causes of, and risk factors for, opioid use disorders among women of reproductive age, including pregnant women;

(B) the barriers to identifying and treating opioid use disorders among women of reproductive age, including pregnant and postpartum women and women with young children;

(C) current practices in the health care system to respond to, and treat, pregnant women with opioid use disorders and infants affected by such disorders;

(D) medically indicated uses of opioids during pregnancy;

(E) access to treatment for opioid use disorders in pregnant and postpartum women; and

(F) access to treatment for infants with neonatal abstinence syndrome; and

(G) differences in prenatal opioid use and use disorders in pregnant women between demographic groups; and

(3) recommendations on—

(A) preventing, identifying, and treating the effects of prenatal opioid use on infants;

(B) treating pregnant women who have opioid use disorders;

(C) preventing opioid use disorders among women of reproductive age, including pregnant women, who may be at risk of developing opioid use disorders; and

(D) reducing disparities in opioid use disorders among pregnant women.

SEC. 4. IMPROVING DATA AND THE PUBLIC HEALTH RESPONSE.

The Secretary may continue activities, as appropriate, related to—

(1) providing technical assistance to support States and Federally recognized Indian Tribes in collecting information on neonatal abstinence syndrome through the utilization of existing surveillance systems and collaborating with States and Federally recognized Indian Tribes to improve the quality, consistency, and collection of such data; and

(2) providing technical assistance to support States in implementing effective public health measures, such as disseminating information to educate the public, health care providers, and other stakeholders on prenatal opioid use and neonatal abstinence syndrome.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the committee-reported substitute amendment be agreed to; that the bill, as amended, be read a third time and passed; that the committee-reported title amendment be agreed to; and that the motions to reconsider be considered made and laid upon the table.

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

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 799), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

The Committee-reported title amendment was agreed to, as follows:

Amend the title so as to read: "To address problems related to prenatal opioid use."

Mr. MCCONNELL. Mr. President, I was pleased to see the Senate pass by unanimous consent just now the bipartisan Protecting Our Infants Act. As prescription drug abuse and heroin use have increased in Kentucky and other States across the Nation, no demographic, socioeconomic status, age, or gender has been left untouched.

As the father of three daughters, particularly concerning to me is the increase in prenatal opiate abuse, which has resulted in a staggering 300-percent increase in the number of infants born suffering from withdrawal symptoms since 2000.

To address this crisis, I introduced the Protecting Our Infants Act, along with my colleague Senator BOB CASEY. The bill would direct the Health and Human Services Secretary to conduct a departmental review to identify gaps in research and any duplication, overlap, or gaps in prevention and treatment programs related to this issue. It would also direct the Secretary to work with stakeholders on recommendations to address the problem. Furthermore, this measure would encourage the Centers for Disease Control and Prevention to work with States in an effort to help improve their public health response to this epidemic.

Also, I want to acknowledge the outstanding work of the Senator from New Hampshire, Ms. KELLY AYOTTE. I know

that one of the things New Hampshire and Kentucky actually, unfortunately, share is that this has reached epidemic proportions. Nobody has been more involved in this issue than the Senator from New Hampshire. She has been on top of it from the very beginning. She shares the concerns of others, obviously, who have States that are suffering from this enormous problem.

I would also like to thank Representatives KATHERINE CLARK and STEVE STIVERS for leading the effort to advance a similar message in the House of Representatives. I look forward to the House taking up this bill and it being sent to the President for his signature.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I want to thank our leader and thank Senator CASEY for introducing and pushing to pass this very important legislation. This legislation, the Protecting Our Infants Act, of which I was proud to be an early sponsor, will help address the increasing number of newborns born with opioid dependency. I thank the additional Members, including the chairman of the HELP Committee and Ranking Member MURRAY, for helping get that through this important committee.

New Hampshire is facing a public health epidemic. In fact, the heroin and prescription drug addiction crisis is the single most urgent issue facing my State right now. So many families who have lost children have come to me. The other day, I was buying something, and the woman behind the counter said to me: Keep working on this issue. I asked her why. She said: I lost my granddaughter.

Too many families are experiencing losing their loved ones, their family members who are struggling with addiction. Our first responders are inundated. They are saving lives with life-saving drugs such as Narcan. Public health and safety officials in our State—this is truly something on which we all need to work together to address.

One of the tragic results of this growing opioid abuse epidemic—it has often been overlooked—is the increasing number of infants who are born dependent on opioids and suffering from withdrawal.

Researchers estimate that almost every hour in this country, there is an infant being born who is suffering from withdrawal symptoms or born with dependency symptoms from opioid addiction.

This is an issue which I am so glad is being addressed in this bill, the Protecting Our Infants Act. How we treat our children and our infants is so much a reflection of who we are. That is why I was proud to cosponsor this bipartisan legislation which will call for the development of recommendations to prevent and treat prenatal opioid use, including neonatal abstinence syndrome.

This bill would also ask the Centers for Disease Control and Prevention to assist States in data collection and increased surveillance to better monitor the prevalence and causes of neonatal abstinence syndrome so that we can work on more support for prevention, treatment, and recovery to help mothers get support and get into treatment so that we don't have infants who are born with opioid dependence and withdrawal symptoms.

As the leader said, across the Nation the number of infants diagnosed with newborn withdrawal has increased 300 percent since 2000. In my home State of New Hampshire, in May of this year, I visited the Catholic Medical Center in Manchester and heard directly from medical personnel there and first responders who have been treating and responding to cases of newborn withdrawal. Catholic Medical Center officials reported that 7 percent of newborn babies at that hospital were born with neonatal abstinence syndrome. That is a significant increase from last year. According to officials at Catholic Medical Center's Pregnancy Care Center, close to half of the mothers cared for are struggling with addiction.

I thank the leader. I thank Senator CASEY. Today's passage of the Protecting Our Infants Act is one very important step to address the crisis of opioid abuse seen in New Hampshire and across this country. Now that we have passed this in the Senate, I want to thank those Members in the House who have led this effort. I hope the House quickly passes this and sends it to the President of the United States.

I hope the Senate will continue to focus on this public health epidemic because there are many solutions that are bipartisan. One is called the Comprehensive Addiction and Recovery Act. This is a bill I helped introduce with Senator WHITEHOUSE, Senator PORTMAN, and Senator KLOBUCHAR. This is a bill which will deal with prevention so that we can make sure we get that message out to prevent people from overusing and misusing prescription drugs and also turning to heroin. It is so we can have more support for treatment and recovery where there is a big gap in my State and so we can support our first responders and make sure they have access to the lifesaving drug Narcan.

One experience I had recently was I went on a ride-along with our largest police department, and I had previously gone on a ride-along with our largest fire department. Within half an hour of the fire department ride-along, we went to a heroin overdose. I watched the emergency personnel—police, fire, emergency first responders—bring someone back to life using Narcan. When I did the police ride-along, within an hour and a half, we went to two heroin overdoses. Again, first responders saved those two individuals' lives.

I have to tell you, I was a murder prosecutor. I saw a lot of tough things

when I was attorney general. But I couldn't breathe when I was sitting in that room and watching that second individual, a young man, on the ground, the first responders doing everything they could, another dose of Narcan—I thought he was gone. This is what our first responders are dealing with every single day.

Mr. MCCONNELL. Will the Senator yield for a question?

Ms. AYOTTE. Yes.

Mr. MCCONNELL. I naively thought that my State was uniquely afflicted with this scourge—we had the drug czar come down to Northern Kentucky, which is a part of my State, a suburb of Cincinnati—only to find that it is a problem all over the country. I was curious as to how this rates with the people of New Hampshire as one of the things they are concerned about.

Ms. AYOTTE. Leader, I will tell you, Director Botticelli came to New Hampshire as well, and he testified at a field hearing Senator SHAHEEN and I had in New Hampshire. For the people of New Hampshire right now, this is a crisis. It is a public health epidemic. I did a townhall last night, and the single biggest issue I got asked about was this because I believe this is one of the top issues, if not the top issue on the minds of people in New Hampshire because they see their friends and family being impacted by this. Every socioeconomic group is being impacted by, unfortunately, prescription drugs and then heroin, which is so cheap on our streets right now, also sometimes mixed with a deadly drug called Fentanyl. In fact, we had a 60-percent increase in drug deaths. There were 320 drug deaths last year.

Mr. MCCONNELL. Now we are losing more to drug overdoses and heroin overdoses than we are losing in car accidents. Is that true in New Hampshire as well?

Ms. AYOTTE. It is the exact same thing in New Hampshire. In our State, more people are dying from heroin, Fentanyl, and abuse of prescription drugs than car accidents, which is staggering when you think about it. This is a national epidemic. That is why I appreciate the bill that was passed today. I think there is more that we in this body could do that would benefit the Nation and would benefit our States of Kentucky and New Hampshire to help give tools to the first responders, the public health officials, treatment providers, those supporting recovery and helping prevent this in the first instance. It is something that would obviously help address this crisis but also something that is a public health issue we should all care about.

Mr. MCCONNELL. I thank the Senator from New Hampshire for her outstanding work on this important issue. I have a feeling we will be grappling with this in all of its various forms for many years to come.

Ms. AYOTTE. I thank the leader for this bill today, which I am glad was passed, and I look forward to working on additional legislation.

Mr. President, I yield the floor.

CYBERSECURITY INFORMATION SHARING ACT OF 2015—Continued

The PRESIDING OFFICER. The Senator from Pennsylvania.

THE BUDGET AND DEBT CEILING

Mr. TOOMEY. Mr. President, I rise this afternoon to address the budget standoff we are in and the looming debt ceiling issue we are facing. I wish to address this briefly. There will be more to say about this in the near future.

The administration tells us that November 3 is the date after which the extraordinary measures they have been taking run out, and they say that on that date, they will need to start borrowing more money. As we know, we have temporary legislation that funds the government through December 11, I think it is, after which we have not yet resolved how we keep the government operating. I would like to address this a little bit.

First of all, the fundamental problem we have on the debt ceiling increase is we are spending too much money. We are running annual deficits, and we have to borrow money to make up the shortfall. That is what is happening. That is why we reached the debt ceiling, and that is why and the administration wants to borrow more. What is particularly problematic is the President's position that we ought to increase the debt ceiling and allow him to borrow a lot more money without even so much as having a discussion on—much less actually addressing—the gross fiscal mismanagement that is requiring us to borrow all of this money in the first place.

Let's go back to a recent occasion in which we had this debate. In 2011, we reached the debt limit and had a big debate about how we should proceed, and what happened was Congress insisted on—and the President resisted but eventually agreed to—some very modest spending cuts. They established caps, or limits, on discretionary spending, which consist of 37 to 38 percent of all Federal spending that Congress controls through the annual appropriations process.

So some caps were put in place, and the idea was that for every dollar that we raised the debt ceiling, or for every new dollar of debt we would impose on the American people, we would at least cut one dollar of spending over the next 10 years, so that even though we were making a bad situation with our debt load worse by increasing the debt, we would at least be improving the underlying dynamic by diminishing the total spending so that in the future our deficits would be smaller. At least that was the idea.

If you take a look, there was actually a lot of progress in the category of Federal spending—the discretionary spending. We have a graph that shows the increase in Federal spending. This red line shows a huge surge that happened when the President insisted on that