American people, Republican leaders decided it was more important to deny President Obama an achievement than help people in need. Think about that. No matter how dire the crisis for the American people, Republican leaders decided—I repeat—it was more important to deny President Obama an achievement than to help people in need.

Think about the monumental legislation Republicans refused to even engage in, let alone work on:

The American Recovery and Reinvestment Act, known as the stimulus, when our economy was in a nosedive—in a nosedive. Remember, when Obama was elected, that month he was elected the country lost 800,000 jobs in 1 month. We were in the throes of the great recession, and yet it took an effort to get a mere three Republicans to work with us on that legislation. Very important. They were strong, they were courageous—Specter, COLLINS, and Snowe. Republican leadership made it clear they didn't want their Senators working with President Obama on the stimulus, but we got it done.

Health care. Before ObamaCare, there were nearly 50 million Americans with no health insurance. Since then, almost 20 million more Americans have health coverage. Today, if you have a preexisting disability, you are covered with insurance. Today the rate of no insurance is below 10 percent. This is all in spite of congressional Republicans who would not work with Democrats despite our best efforts. They refused to do anything to engage in any way. When the debate over health care started, three Republicans—Senators Snowe, GRASSLEY, and ENZI, very important Members of the Finance Committee—acted interested in fixing our Nation's health care system, but Republican leadership twisted their arms to convince them—whatever words we want to use—to get them in line with the Republican leader's wishes and abandoned any hope of bipartisanship on the issue. So there was none. Senator Snowe brought up a bill in the Finance Committee, but the Republican leadership turned it into a ''no'' vote on the Senator floor, and the senior Senator from Iowa went back to Iowa and started talking about death panels. Doesn't that sound like something Donald Trump would do?

Wall Street and Dodd-Frank legislation, when Wall Street crashed. I can remember being in the White House with the Republican Secretary of the Treasury, a wonderful man. Secretary Paulson was on his knees begging NANCY PELOSI to work with him. The country was in deep trouble. Democrats controlled the body. We had a Republican President, and we worked with a Republican President.

In the shadow of economic ruin created by Wall Street's unhinged greed, Republicans would not work with us to rein in the big banks and financial institutions. They had been warned by Republican leadership. In the end, only one Republican voted for that bill—only one.

Time and time again, congressional Republicans went to the extreme to block any positive legislation to improve our Nation. The tactics Republicans used to obstruct this President were unprecedented. In effect, the Republican leader told the President that none of his policies would get a fair hearing from Republicans, and that is basically true. Republicans denied the Office of the President the respect it deserves, and their shoddy and disrespectful treatment became the norm.

In 6 years, the Republican leader launched more than 500 filibusters. During the same 6-year period, Lyndon Johnson, in 6 years, had overcome 2 filibusters—500 to 2. This is far more than anyone ever imagined could happen in this great body.

Actions speak louder than words. Automatically filibustering the President's policies for years on end sends a clear and simple message: Republicans think this President's proposals are illegitimate. Instead of working for the American people, Republicans decided that making the extreme rightwing happy was more important. Republicans blocked legislation to prevent criminals and suspected terrorists from buying guns, even background checks. Republicans blocked commonsense campaign finance reform. We had 59 votes to allow some disclosure of all these huge amounts of money; not a single Republican voted with us—not a single Republican. Republicans voted to deport DREAMers. Republicans blocked an increase in the minimum wage. Republicans blocked equal pay for women. Republicans blocked efforts to do something about student loan debt. Now Republicans are blocking the nominee of the Supreme Court before that person has even been nominated. This is just a short list of what they have blocked.

From this rhetoric to their actions, the Republicans have set the Trump standards. The Republican Party has long used Islam to fearmonger. Now Donald Trump is doing the same thing. The Republican Party has spent years railing against Latinos and immigrants, trying to incite fear and panic. Congressman STEVE KING called immigrants drug dealers and described their bodies in a very negative, ugly way. Now Donald Trump is saying the same thing. Donald Trump is the ultimate fulfillment of the Republicans' legacy of obstruction and resentment, but to be frank, it is not only Trump. Senator CRUZ, Senator RUBIO, and Ben Carson are saying basically the same thing—maybe a little more subtle, but they are saying the same thing. After all, this is the same party—the Republican Party—that just yesterday saw nine of its Members vote against naming a post office after world-famous poet and civil rights activist Maya Angelou. It is hard to believe.

Even as the establishment condemns what Donald Trump says and does, the Republican leadership is still supporting him. The Speaker of the House yesterday affirmed that he will vote for Donald Trump if he is the Republican nominee for President. The Senate Republican leader has not said he will not vote for Donald Trump if he is the nominee. Publicly, at least, Republicans are supporting a man who refused to denounce the KKK—a man who continues to denigrate immigrants, Muslims, and the disabled.

Donald Trump is the standard bearer for the Republican Party. Republicans created him by spending 7 years appealing to some of the darkest forces in America. It is up to Republicans to try and undo what they have done by denouncing Donald Trump. It is time for Republicans to stop the Frankenstein they created. Trump is the GOP's Frankenstein monster. If Republicans fail to stop Donald Trump, it will tear the party apart even more than it is now.

Will the Chair announce the business of the day?

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015

The PRESIDING OFFICER. Under the previous order, the motion to proceed to S. 524 is agreed to.

The clerk will report the bill.

The legislative clerk read as follows:

A bill (S. 524) to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Thereupon, the Senate proceeded to consider the bill, which had been reported from the Committee on the Judiciary, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

S. 524

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Comprehensive Addiction and Recovery Act of 2016''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.
Sec. 2. Findings.
Sec. 3. Definitions.

TITLE I—PREVENTION AND EDUCATION

Sec. 101. Development of best practices for the use of prescription opioids.
Sec. 102. Awareness campaigns.
Sec. 103. Community-based coalition enhancement grants to address local drug crises.

TITLE II—LAW ENFORCEMENT AND TREATMENT

Sec. 201. Treatment alternative to incarceration programs.
Sec. 202. First responder training for the use of drugs and devices that rapidly reverse the effects of opioids.
Sec. 203. Prescription drug take back expansion.
Sec. 204. Heroin and methamphetamine task forces.

TITLE III—TREATMENT AND RECOVERY

Sec. 301. Evidence-based opioid and heroin treatment and interventions demonstration.

Sec. 302. Criminal justice medication assisted treatment and interventions demonstration.

Sec. 303. National youth recovery initiative.

Sec. 304. Building communities of recovery.

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

Sec. 401. Correctional education demonstration grant program.

Sec. 402. National Task Force on Recovery and Collateral Consequences.

TITLE V—ADDICTION AND TREATMENT SERVICES FOR WOMEN, FAMILIES, AND VETERANS

Sec. 501. Improving treatment for pregnant and postpartum women.

Sec. 502. Report on grants for family-based substance abuse treatment.

Sec. 503. Veterans' treatment courts.

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS OPIOID AND HEROIN ABUSE

Sec. 601. State demonstration grants for comprehensive opioid abuse response.

TITLE VII—MISCELLANEOUS

Sec. 701. GAO report on IMD exclusion.

Sec. 702. Funding.

Sec. 703. Conforming amendments.

Sec. 704. Grant accountability.

SEC. 2. FINDINGS.

Congress finds the following:

(1) The abuse of heroin and prescription opioid painkillers is having a devastating effect on public health and safety in communities across the United States. According to the Centers for Disease Control and Prevention, drug overdose deaths now surpass traffic crashes in the number of deaths caused by injury in the United States. In 2014, an average of more than 120 people in the United States died from drug overdoses every day.

(2) According to the National Institute on Drug Abuse (commonly known as ''NIDA''), the number of prescriptions for opioids increased from approximately 76,000,000 in 1991 to nearly 207,000,000 in 2013, and the United States is the biggest consumer of opioids globally, accounting for almost 100 percent of the world total for hydrocodone and 81 percent for oxycodone.

(3) Opioid pain relievers are the most widely misused or abused controlled prescription drugs (commonly referred to as ''CPDs'') and are involved in most CPD-related overdose incidents. According to the Drug Abuse Warning Network (commonly known as ''DAWN''), the estimated number of emergency department visits involving nonmedical use of prescription opiates or opioids increased by 112 percent between 2006 and 2010, from 84,671 to 179,787.

(4) The use of heroin in the United States has also spiked sharply in recent years. According to the most recent National Survey on Drug Use and Health, more than 900,000 people in the United States reported using heroin in 2014, nearly a 35 percent increase from the previous year. Heroin overdose deaths more than tripled from 2010 to 2014.

(5) The supply of cheap heroin available in the United States has increased dramatically as well, largely due to the activity of Mexican drug trafficking organizations. The Drug Enforcement Administration (commonly known as the ''DEA'') estimates that heroin seizures at the Mexican border have more than doubled since 2010, and heroin production in Mexico increased 62 percent from 2013 to 2014. While only 8 percent of State and local law enforcement officials across the United States identified heroin as the greatest drug threat in their area in 2008, that number rose to 38 percent in 2015.

(6) Law enforcement officials and treatment experts throughout the country report that many prescription opioid users have turned to heroin as a cheaper or more easily obtained alternative to prescription drugs.

(7) According to a report by the National Association of State Alcohol and Drug Abuse Directors (commonly referred to as ''NASADAD''), 37 States reported an increase in admissions to treatment for heroin use during the past 2 years, while admissions to treatment for prescription opiates increased 500 percent from 2000 to 2012.

(8) Research indicates that combating the opioid crisis, including abuse of prescription painkillers and, increasingly, heroin, requires a multi-pronged approach that involves prevention, education, monitoring, law enforcement initiatives, reducing drug diversion and the supply of illicit drugs, expanding delivery of existing treatments (including medication assisted treatments), expanding access to overdose medications and interventions, and the development of new medications for pain that can augment the existing treatment arsenal.

(9) Substance use disorders are a treatable disease. Discoveries in the science of addiction have led to advances in the treatment of substance use disorders that help people stop abusing drugs and prescription medications and resume their productive lives.

(10) According to the National Survey on Drug Use and Health, approximately 22,700,000 people in the United States needed substance use disorder treatment in 2013, but only 2,500,000 people received it. Furthermore, current treatment services are not adequate to meet demand. According to a report commissioned by the Substance Abuse and Mental Health Services Administration (commonly known as ''SAMHSA''), there are approximately 32 providers for every 1,000 individuals needing substance use disorder treatment. In some States, the ratio is much lower.

(11) The overall cost of drug abuse, from health care- and criminal justice-related costs to lost productivity, is steep, totaling more than $700,000,000,000 a year, according to NIDA. Effective substance abuse prevention can yield major economic dividends.

(12) According to NIDA, when schools and communities properly implement science-validated substance abuse prevention programs, abuse of alcohol, tobacco, and illicit drugs is reduced. Such programs help teachers, parents, and healthcare professionals shape the perceptions of youths about the risks of drug abuse.

(13) Diverting certain individuals with substance use disorders from criminal justice systems into community-based treatment can save billions of dollars and prevent sizeable numbers of crimes, arrests, and re-incarcerations over the course of those individuals' lives.

(14) According to the DEA, more than 2,700 tons of expired, unwanted prescription medications have been collected since the enactment of the Secure and Responsible Drug Disposal Act of 2010 (Public Law 111–273; 124 Stat. 2858).

(15) Faith-based, holistic, or drug-free models can provide a critical path to successful recovery for a great number of people in the United States. The 2015 membership survey conducted by Alcoholics Anonymous (commonly known as ''AA'') found that 73 percent of AA members were sober longer than 1 year and attended 2.5 meetings per week.

(16) Research shows that combining treatment medications with behavioral therapy is an effective way to facilitate success for some patients. Treatment approaches must be tailored to address the drug abuse patterns and drug-related medical, psychiatric, and social problems of each individual. Different types of medications may be useful at different stages of treatment or recovery to help a patient stop using drugs, stay in treatment, and avoid relapse. Patients have a range of options regarding their path to recovery and many have also successfully addressed drug abuse through the use of faith-based, holistic, or drug-free models.

(17) Individuals with mental illness, especially severe mental illness, are at considerably higher risk for substance abuse than the general population, and the presence of a mental illness complicates recovery from substance abuse.

SEC. 3. DEFINITIONS.

In this Act—

(1) the term ''medication assisted treatment'' means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;

(2) the term ''opioid'' means any drug having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having such addiction-forming or addiction-sustaining liability; and

(3) the term ''State'' means any State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, and any territory or possession of the United States.

TITLE I—PREVENTION AND EDUCATION

SEC. 101. DEVELOPMENT OF BEST PRACTICES FOR THE USE OF PRESCRIPTION OPIOIDS.

(a) DEFINITIONS.—In this section—

(1) the term ''Secretary'' means the Secretary of Health and Human Services; and

(2) the term ''task force'' means the Pain Management Best Practices Inter-Agency Task Force convened under subsection (b).

(b) INTER-AGENCY TASK FORCE.—Not later than December 14, 2018, the Secretary, in cooperation with the Secretary of Veterans Affairs, the Secretary of Defense, and the Administrator of the Drug Enforcement Administration, shall convene a Pain Management Best Practices Inter-Agency Task Force to review, modify, and update, as appropriate, best practices for pain management (including chronic and acute pain) and prescribing pain medication.

(c) MEMBERSHIP.—The task force shall be comprised of—

(1) representatives of—

(A) the Department of Health and Human Services;

(B) the Department of Veterans Affairs;

(C) the Food and Drug Administration;

(D) the Department of Defense;

(E) the Drug Enforcement Administration;

(F) the Centers for Disease Control and Prevention;

(G) the National Academy of Medicine;

(H) the National Institutes of Health; and

(I) the Office of National Drug Control Policy;

(2) physicians, dentists, and non-physician prescribers;

(3) pharmacists;

(4) experts in the fields of pain research and addiction research;

(5) representatives of—

(A) pain management professional organizations;

(B) the mental health treatment community;

(C) the addiction treatment community;

(D) pain advocacy groups; and

(E) groups with expertise around overdose reversal; and

(6) other stakeholders, as the Secretary determines appropriate.

(d) DUTIES.—The task force shall—

(1) not later than 180 days after the date on which the task force is convened under subsection (b), review, modify, and update, as appropriate, best practices for pain management (including chronic and acute pain) and prescribing pain medication, taking into consideration—

(A) existing pain management research;

(B) recommendations from relevant conferences;

(C) ongoing efforts at the State and local levels and by medical professional organizations to develop improved pain management strategies, including consideration of alternatives to opioids to reduce opioid monotherapy in appropriate cases;

(D) the management of high-risk populations, other than populations who suffer pain, who—

(i) may use or be prescribed benzodiazepines, alcohol, and diverted opioids; or

(ii) receive opioids in the course of medical care; and

(E) the Proposed 2016 Guideline for Prescribing Opioids for Chronic Pain issued by the Centers for Disease Control and Prevention (80 Fed. Reg. 77351 (December 14, 2015)) and any final guidelines issued by the Centers for Disease Control and Prevention;

(2) solicit and take into consideration public comment on the practices developed under paragraph (1), amending such best practices if appropriate; and

(3) develop a strategy for disseminating information about the best practices to stakeholders, as appropriate.

(e) LIMITATION.—The task force shall not have rulemaking authority.

(f) REPORT.—Not later than 270 days after the date on which the task force is convened under subsection (b), the task force shall submit to Congress a report that includes—

(1) the strategy for disseminating best practices for pain management (including chronic and acute pain) and prescribing pain medication, as reviewed, modified, or updated under subsection (d);

(2) the results of a feasibility study on linking the best practices described in paragraph (1) to receiving and renewing registrations under section 303(f) of the Controlled Substances Act (21 U.S.C. 823(f)); and

(3) recommendations for effectively applying the best practices described in paragraph (1) to improve prescribing practices at medical facilities, including medical facilities of the Veterans Health Administration.

SEC. 102. AWARENESS CAMPAIGNS.

(a) IN GENERAL.—The Secretary of Health and Human Services, in coordination with the Attorney General, shall advance the education and awareness of the public, providers, patients, and other appropriate entities regarding the risk of abuse of prescription opioid drugs if such products are not taken as prescribed.

(b) DRUG-FREE MEDIA CAMPAIGN.—

(1) IN GENERAL.—The Office of National Drug Control Policy, in coordination with the Secretary of Health and Human Services and the Attorney General, shall establish a national drug awareness campaign.

(2) REQUIREMENTS.—The national drug awareness campaign required under paragraph (1) shall—

(A) take into account the association between prescription opioid abuse and heroin use;

(B) emphasize the similarities between heroin and prescription opioids and the effects of heroin and prescription opioids on the human body; and

(C) bring greater public awareness to the dangerous effects of fentanyl when mixed with heroin or abused in a similar manner.

SEC. 103. COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO ADDRESS LOCAL DRUG CRISES.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is amended by striking section 2997 and inserting the following:

"SEC. 2997. COMMUNITY-BASED COALITION ENHANCEMENT GRANTS TO ADDRESS LOCAL DRUG CRISES.

''(a) DEFINITIONS.—In this section—

''(1) the term 'Drug-Free Communities Act of 1997' means chapter 2 of the National Narcotics Leadership Act of 1988 (21 U.S.C. 1521 et seq.);

''(2) the term 'eligible entity' means an organization that—

''(A) on or before the date of submitting an application for a grant under this section, receives or has received a grant under the Drug-Free Communities Act of 1997; and

''(B) has documented, using local data, rates of abuse of opioids or methamphetamines at levels that are—

''(i) significantly higher than the national average as determined by the Attorney General (including appropriate consideration of the results of the Monitoring the Future Survey published by the National Institute on Drug Abuse and the National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration); or

''(ii) higher than the national average, as determined by the Attorney General (including appropriate consideration of the results of the surveys described in clause (i)), over a sustained period of time; and

''(3) the term 'local drug crisis' means, with respect to the area served by an eligible entity—

''(A) a sudden increase in the abuse of opioids or methamphetamines, as documented by local data; or

''(B) the abuse of prescription medications, specifically opioids or methamphetamines, that is significantly higher than the national average, over a sustained period of time, as documented by local data.

''(b) PROGRAM AUTHORIZED.—The Attorney General, in coordination with the Director of the Office of National Drug Control Policy, may make grants to eligible entities to implement comprehensive community-wide strategies that address local drug crises within the area served by the eligible entity.

''(c) APPLICATION.—

''(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application to the Attorney General at such time, in such manner, and accompanied by such information as the Attorney General may require.

''(2) CRITERIA.—As part of an application for a grant under this section, the Attorney General shall require an eligible entity to submit a detailed, comprehensive, multi-sector plan for addressing the local drug crisis within the area served by the eligible entity.

''(d) USE OF FUNDS.—An eligible entity shall use a grant received under this section—

''(1) for programs designed to implement comprehensive community-wide prevention strategies to address the local drug crisis in the area served by the eligible entity, in accordance with the plan submitted under subsection (c)(2); and

''(2) to obtain specialized training and technical assistance from the organization funded under section 4 of Public Law 107–82 (21 U.S.C. 1521 note).

''(e) SUPPLEMENT NOT SUPPLANT.—An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

''(f) EVALUATION.—A grant under this section shall be subject to the same evaluation requirements and procedures as the evaluation requirements and procedures imposed on the recipient of a grant under the Drug-Free Communities Act of 1997.

''(g) LIMITATION ON ADMINISTRATIVE EXPENSES.—Not more than 8 percent of the amounts made available pursuant to subsection (i) for a fiscal year may be used by the Attorney General to pay for administrative expenses.''.

TITLE II—LAW ENFORCEMENT AND TREATMENT

SEC. 201. TREATMENT ALTERNATIVE TO INCARCERATION PROGRAMS.

(a) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term ''eligible entity'' means a State, unit of local government, Indian tribe, or nonprofit organization.

(2) ELIGIBLE PARTICIPANT.—The term ''eligible participant'' means an individual who—

(A) comes into contact with the juvenile justice system or criminal justice system or is arrested or charged with an offense that is not—

(i) a crime of violence, as defined under applicable State law or section 16 of title 18, United States Code; or

(ii) a serious drug offense, as defined under section 924(e)(2)(A) of title 18, United States Code;

(B) has a current—

(i) substance use disorder; or

(ii) co-occurring mental illness and substance use disorder; and

(C) has been approved for participation in a program funded under this section by, as applicable depending on the stage of the criminal justice process, the relevant law enforcement agency or prosecuting attorney, defense attorney, probation or corrections official, judge, or representative from the relevant mental health or substance abuse agency.

(b) PROGRAM AUTHORIZED.—The Secretary of Health and Human Services, in coordination with the Attorney General, may make grants to eligible entities to—

(1) develop, implement, or expand a treatment alternative to incarceration program for eligible participants, including—

(A) pre-booking, including pre-arrest, treatment alternative to incarceration programs, including—

(i) law enforcement training on substance use disorders and co-occurring mental illness and substance use disorders;

(ii) receiving centers as alternatives to incarceration of eligible participants;

(iii) specialized response units for calls related to substance use disorders and co-occurring mental illness and substance use disorders; and

(iv) other pre-arrest or pre-booking treatment alternative to incarceration models; and

(B) post-booking treatment alternative to incarceration programs, including—

(i) specialized clinical case management;

(ii) pre-trial services related to substance use disorders and co-occurring mental illness and substance use disorders;

(iii) prosecutor and defender based programs;

(iv) specialized probation;

(v) programs utilizing the American Society of Addiction Medicine patient placement criteria;

(vi) treatment and rehabilitation programs and recovery support services; and

(vii) drug courts, DWI courts, and veterans treatment courts; and

(2) facilitate or enhance planning and collaboration between State criminal justice systems and State substance abuse systems in order to more efficiently and effectively carry out programs described in paragraph (1) that address problems related to the use of heroin and misuse of prescription drugs among eligible participants.

(c) APPLICATION.—

(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit an application to the Secretary of Health and Human Services—

(A) that meets the criteria under paragraph (2); and

(B) at such time, in such manner, and accompanied by such information as the Secretary of Health and Human Services may require.

(2) CRITERIA.—An eligible entity, in submitting an application under paragraph (1), shall—

(A) provide extensive evidence of collaboration with State and local government agencies overseeing health, community corrections, courts, prosecution, substance abuse, mental health, victims services, and employment services, and with local law enforcement agencies;

(B) demonstrate consultation with the Single State Authority for Substance Abuse;

(C) demonstrate consultation with the Single State criminal justice planning agency;

(D) demonstrate that evidence-based treatment practices, including if applicable the use of medication assisted treatment, will be utilized; and

(E) demonstrate that evidenced-based screening and assessment tools will be utilized to place participants in the treatment alternative to incarceration program.

(d) REQUIREMENTS.—Each eligible entity awarded a grant for a treatment alternative to incarceration program under this section shall—

(1) determine the terms and conditions of participation in the program by eligible participants, taking into consideration the collateral consequences of an arrest, prosecution, or criminal conviction;

(2) ensure that each substance abuse and mental health treatment component is licensed and qualified by the relevant jurisdiction;

(3) for programs described in subsection (b)(2), organize an enforcement unit comprised of appropriately trained law enforcement professionals under the supervision of the State, tribal, or local criminal justice agency involved, the duties of which shall include—

(A) the verification of addresses and other contacts of each eligible participant who participates or desires to participate in the program; and

(B) if necessary, the location, apprehension, arrest, and return to court of an eligible participant in the program who has absconded from the facility of a treatment provider or has otherwise violated the terms and conditions of the program, consistent with Federal and State confidentiality requirements;

(4) notify the relevant criminal justice entity if any eligible participant in the program absconds from the facility of the treatment provider or otherwise violates the terms and conditions of the program, consistent with Federal and State confidentiality requirements;

(5) submit periodic reports on the progress of treatment or other measured outcomes from participation in the program of each eligible participant in the program to the relevant State, tribal, or local criminal justice agency;

(6) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program, and specifically explain how such measurements will provide valid measures of the impact of the program; and

(7) describe how the program could be broadly replicated if demonstrated to be effective.

(e) USE OF FUNDS.—An eligible entity shall use a grant received under this section for expenses of a treatment alternative to incarceration program, including—

(1) salaries, personnel costs, equipment costs, and other costs directly related to the operation of the program, including the enforcement unit;

(2) payments for treatment providers that are approved by the relevant State or tribal jurisdiction and licensed, if necessary, to provide needed treatment to eligible participants in the program, including medication assisted treatment, aftercare supervision, vocational training, education, and job placement;

(3) payments to public and nonprofit private entities that are approved by the State or tribal jurisdiction and licensed, if necessary, to provide alcohol and drug addiction treatment and mental health treatment to eligible participants in the program; and

(4) salaries, personnel costs, and other costs related to strategic planning among State and local government agencies.

(f) SUPPLEMENT NOT SUPPLANT.—An eligible entity shall use Federal funds received under this section only to supplement the funds that would, in the absence of those Federal funds, be made available from other Federal and non-Federal sources for the activities described in this section, and not to supplant those funds.

(g) GEOGRAPHIC DISTRIBUTION.—The Secretary of Health and Human Services shall ensure that, to the extent practicable, the geographical distribution of grants under this section is equitable and includes a grant to an eligible entity in—

(1) each State;

(2) rural, suburban, and urban areas; and

(3) tribal jurisdictions.

(h) PRIORITY CONSIDERATION WITH RESPECT TO STATES.—In awarding grants to States under this section, the Secretary of Health and Human Services shall give priority to—

(1) a State that submits a joint application from the substance abuse agencies and criminal justice agencies of the State that proposes to use grant funds to facilitate or enhance planning and collaboration between the agencies, including coordination to better address the needs of incarcerated populations; and

(2) a State that—

(A) provides civil liability protection for first responders, health professionals, and family members who have received appropriate training in the administration of naloxone in administering naloxone to counteract opioid overdoses; and

(B) submits to the Secretary a certification by the attorney general of the State that the attorney general has—

(i) reviewed any applicable civil liability protection law to determine the applicability of the law with respect to first responders, health care professionals, family members, and other individuals who—

(I) have received appropriate training in the administration of naloxone; and

(II) may administer naloxone to individuals reasonably believed to be suffering from opioid overdose; and

(ii) concluded that the law described in subparagraph (A) provides adequate civil liability protection applicable to such persons.

(i) REPORTS AND EVALUATIONS.—

(1) IN GENERAL.—Each fiscal year, each recipient of a grant under this section during that fiscal year shall submit to the Secretary of Health and Human Services a report on the outcomes of activities carried out using that grant in such form, containing such information, and on such dates as the Secretary of Health and Human Services shall specify.

(2) CONTENTS.—A report submitted under paragraph (1) shall—

(A) describe best practices for treatment alternatives; and

(B) identify training requirements for law enforcement officers who participate in treatment alternative to incarceration programs.

(j) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary of Health and Human Services shall carry out this section using funds made available to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities.

SEC. 202. FIRST RESPONDER TRAINING FOR THE USE OF DRUGS AND DEVICES THAT RAPIDLY REVERSE THE EFFECTS OF OPIOIDS.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 103, is amended by adding at the end the following:

"SEC. 2998. FIRST RESPONDER TRAINING FOR THE USE OF DRUGS AND DEVICES THAT RAPIDLY REVERSE THE EFFECTS OF OPIOIDS.

''(a) DEFINITION.—In this section—

''(1) the terms 'drug' and 'device' have the meanings given those terms in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321);

''(2) the term 'eligible entity' means a State, a unit of local government, or an Indian tribal government;

''(3) the term 'first responder' includes a firefighter, law enforcement officer, paramedic, emergency medical technician, or other individual (including an employee of a legally organized and recognized volunteer organization, whether compensated or not), who, in the course of professional duties, responds to fire, medical, hazardous material, or other similar emergencies; and

''(4) the term 'Secretary' means the Secretary of Health and Human Services.

''(b) PROGRAM AUTHORIZED.—The Secretary, in coordination with the Attorney General, may make grants to eligible entities to allow appropriately trained first responders to administer an opioid overdose reversal drug to an individual who has—

''(1) experienced a prescription opioid or heroin overdose; or

''(2) been determined to have likely experienced a prescription opioid or heroin overdose.

''(c) APPLICATION.—

''(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application to the Secretary—

''(A) that meets the criteria under paragraph (2); and

''(B) at such time, in such manner, and accompanied by such information as the Secretary may require.

''(2) CRITERIA.—An eligible entity, in submitting an application under paragraph (1), shall—

''(A) describe the evidence-based methodology and outcome measurements that will be used to evaluate the program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program;

''(B) describe how the program could be broadly replicated if demonstrated to be effective;

''(C) identify the governmental and community agencies that the program will coordinate; and

''(D) describe how law enforcement agencies will coordinate with their corresponding State substance abuse and mental health agencies to identify protocols and resources that are available to victims and families, including information on treatment and recovery resources.

''(d) USE OF FUNDS.—An eligible entity shall use a grant received under this section to—

''(1) make such opioid overdose reversal drugs or devices that are approved by the Food and Drug Administration, such as naloxone, available to be carried and administered by first responders;

''(2) train and provide resources for first responders on carrying an opioid overdose reversal drug or device approved by the Food and Drug Administration, such as naloxone, and administering the drug or device to an individual who has experienced, or has been determined to have likely experienced, a prescription opioid or heroin overdose; and

''(3) establish processes, protocols, and mechanisms for referral to appropriate treatment.

''(e) TECHNICAL ASSISTANCE GRANTS.—The Secretary shall make a grant for the purpose of providing technical assistance and training on the use of an opioid overdose reversal drug, such as naloxone, to respond to an individual who has experienced, or has been determined to have likely experienced, a prescription opioid or heroin overdose, and mechanisms for referral to appropriate treatment for an eligible entity receiving a grant under this section.

''(f) EVALUATION.—The Secretary shall conduct an evaluation of grants made under this section to determine—

''(1) the number of first responders equipped with naloxone, or another opioid overdose reversal drug, for the prevention of fatal opioid and heroin overdose;

''(2) the number of opioid and heroin overdoses reversed by first responders receiving training and supplies of naloxone, or another opioid overdose reversal drug, through a grant received under this section;

''(3) the number of calls for service related to opioid and heroin overdose;

''(4) the extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions; and

''(5) the research, training, and naloxone, or another opioid overdose reversal drug, supply needs of first responder agencies, including those agencies that are not receiving grants under this section.

''(g) RURAL AREAS WITH LIMITED ACCESS TO EMERGENCY MEDICAL SERVICES.—In making grants under this section, the Secretary shall ensure that not less than 25 percent of grant funds are awarded to eligible entities that are

not located in metropolitan statistical areas, as defined by the Office of Management and Budget.''.

SEC. 203. PRESCRIPTION DRUG TAKE BACK EXPANSION.

(a) DEFINITION OF COVERED ENTITY.—In this section, the term ''covered entity'' means—

(1) a State, local, or tribal law enforcement agency;

(2) a manufacturer, distributor, or reverse distributor of prescription medications;

(3) a retail pharmacy;

(4) a registered narcotic treatment program;

(5) a hospital or clinic with an on-site pharmacy;

(6) an eligible long-term care facility; or

(7) any other entity authorized by the Drug Enforcement Administration to dispose of prescription medications.

(b) PROGRAM AUTHORIZED.—The Attorney General, in coordination with the Administrator of the Drug Enforcement Administration, the Secretary of Health and Human Services, and the Director of the Office of National Drug Control Policy, shall coordinate with covered entities in expanding or making available disposal sites for unwanted prescription medications.

SEC. 204. HEROIN AND METHAMPHETAMINE TASK FORCES.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 202, is amended by adding at the end the following:

"SEC. 2999. HEROIN AND METHAMPHETAMINE TASK FORCES.

''The Attorney General may make grants to State law enforcement agencies for investigative purposes—

''(1) to locate or investigate illicit activities through statewide collaboration, including activities related to—

''(A) the distribution of heroin or fentanyl, or the unlawful distribution of prescription opioids; or

''(B) unlawful heroin, fentanyl, and prescription opioid traffickers; and

''(2) to locate or investigate illicit activities, including precursor diversion, laboratories, or methamphetamine traffickers.''.

TITLE III—TREATMENT AND RECOVERY

SEC. 301. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 204, is amended by adding at the end the following:

"SEC. 2999A. EVIDENCE-BASED OPIOID AND HEROIN TREATMENT AND INTERVENTIONS DEMONSTRATION.

''(a) DEFINITIONS.—In this section—

''(1) the terms 'Indian tribe' and 'tribal organization' have the meaning given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603));

''(2) the term 'medication assisted treatment' means the use, for problems relating to heroin and other opioids, of medications approved by the Food and Drug Administration in combination with counseling and behavioral therapies;

''(3) the term 'Secretary' means the Secretary of Health and Human Services; and

''(4) the term 'State substance abuse agency' means the agency of a State responsible for the State prevention, treatment, and recovery system, including management of the Substance Abuse Prevention and Treatment Block Grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.).

''(b) GRANTS.—

''(1) AUTHORITY TO MAKE GRANTS.—The Secretary, acting through the Director of the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration, and in coordination with the Attorney General and other departments or agencies, as appropriate, may award grants to State substance abuse agencies, units of local government, nonprofit organizations, and Indian tribes or tribal organizations that have a high rate, or have had a rapid increase, in the use of heroin or other opioids, in order to permit such entities to expand activities, including an expansion in the availability of medication assisted treatment and other clinically appropriate services, with respect to the treatment of addiction in the specific geographical areas of such entities where there is a high rate or rapid increase in the use of heroin or other opioids.

''(2) NATURE OF ACTIVITIES.—The grant funds awarded under paragraph (1) shall be used for activities that are based on reliable scientific evidence of efficacy in the treatment of problems related to heroin or other opioids.

''(c) GEOGRAPHIC DISTRIBUTION.—The Secretary shall ensure that grants awarded under subsection (b) are distributed equitably among the various regions of the United States and among rural, urban, and suburban areas that are affected by the use of heroin or other opioids.

''(d) ADDITIONAL ACTIVITIES.—In administering grants under subsection (b), the Secretary shall—

''(1) evaluate the activities supported by grants awarded under subsection (b);

''(2) disseminate information, as appropriate, derived from the evaluation as the Secretary considers appropriate;

''(3) provide States, Indian tribes and tribal organizations, and providers with technical assistance in connection with the provision of treatment of problems related to heroin and other opioids; and

''(4) fund only those applications that specifically support recovery services as a critical component of the grant program.''.

SEC. 302. CRIMINAL JUSTICE MEDICATION ASSISTED TREATMENT AND INTERVENTIONS DEMONSTRATION.

(a) DEFINITIONS.—In this section—

(1) the term ''criminal justice agency'' means a State, local, or tribal—

(A) court;

(B) prison;

(C) jail; or

(D) other agency that performs the administration of criminal justice, including prosecution, pretrial services, and community supervision;

(2) the term ''eligible entity'' means a State, unit of local government, or Indian tribe; and

(3) the term ''Secretary'' means the Secretary of Health and Human Services.

(b) PROGRAM AUTHORIZED.—The Secretary, in coordination with the Attorney General, may make grants to eligible entities to implement medication assisted treatment programs through criminal justice agencies.

(c) APPLICATION.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application to the Secretary—

(A) that meets the criteria under paragraph (2); and

(B) at such time, in such manner, and accompanied by such information as the Secretary may require.

(2) CRITERIA.—An eligible entity, in submitting an application under paragraph (1), shall—

(A) certify that each medication assisted treatment program funded with a grant under this section has been developed in consultation with the Single State Authority for Substance Abuse; and

(B) describe how data will be collected and analyzed to determine the effectiveness of the program described in subparagraph (A).

(d) USE OF FUNDS.—An eligible entity shall use a grant received under this section for expenses of—

(1) a medication assisted treatment program, including the expenses of prescribing medications recognized by the Food and Drug Administration for opioid treatment in conjunction with psychological and behavioral therapy;

(2) training criminal justice agency personnel and treatment providers on medication assisted treatment;

(3) cross-training personnel providing behavioral health and health services, administration of medicines, and other administrative expenses, including required reports; and

(4) the provision of recovery coaches who are responsible for providing mentorship and transition plans to individuals reentering society following incarceration or alternatives to incarceration.

(e) PRIORITY CONSIDERATION WITH RESPECT TO STATES.—In awarding grants to States under this section, the Secretary shall give priority to a State that—

(1) provides civil liability protection for first responders, health professionals, and family members who have received appropriate training in the administration of naloxone in administering naloxone to counteract opioid overdoses; and

(2) submits to the Secretary a certification by the attorney general of the State that the attorney general has—

(A) reviewed any applicable civil liability protection law to determine the applicability of the law with respect to first responders, health care professionals, family members, and other individuals who—

(i) have received appropriate training in the administration of naloxone; and

(ii) may administer naloxone to individuals reasonably believed to be suffering from opioid overdose; and

(B) concluded that the law described in subparagraph (A) provides adequate civil liability protection applicable to such persons.

(f) TECHNICAL ASSISTANCE.—The Secretary, in coordination with the Director of the National Institute on Drug Abuse and the Attorney General, shall provide technical assistance and training for an eligible entity receiving a grant under this section.

(g) REPORTS.—

(1) IN GENERAL.—An eligible entity receiving a grant under this section shall submit a report to the Secretary on the outcomes of each grant received under this section for individuals receiving medication assisted treatment, based on—

(A) the recidivism of the individuals;

(B) the treatment outcomes of the individuals, including maintaining abstinence from illegal, unauthorized, and unprescribed or undispensed opioids and heroin;

(C) a comparison of the cost of providing medication assisted treatment to the cost of incarceration or other participation in the criminal justice system;

(D) the housing status of the individuals; and

(E) the employment status of the individuals.

(2) CONTENTS AND TIMING.—Each report described in paragraph (1) shall be submitted annually in such form, containing such information, and on such dates as the Secretary shall specify.

(h) FUNDING.—During the 5-year period beginning on the date of enactment of this Act, the Secretary shall carry out this section using funds made available to the Substance Abuse and Mental Health Services Administration for Criminal Justice Activities.

SEC. 303. NATIONAL YOUTH RECOVERY INITIATIVE.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 301, is amended by adding at the end the following:

"SEC. 2999B. NATIONAL YOUTH RECOVERY INITIATIVE.

''(a) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means—

''(A) a high school that has been accredited as a recovery high school by the Association of Recovery Schools;

''(B) an accredited high school that is seeking to establish or expand recovery support services;

''(C) an institution of higher education;

''(D) a recovery program at a nonprofit collegiate institution; or

''(E) a nonprofit organization.

''(2) INSTITUTION OF HIGHER EDUCATION.—The term 'institution of higher education' has the meaning given the term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

''(3) RECOVERY PROGRAM.—The term 'recovery program'—

''(A) means a program to help individuals who are recovering from substance use disorders to initiate, stabilize, and maintain healthy and productive lives in the community; and

''(B) includes peer-to-peer support and communal activities to build recovery skills and supportive social networks.

''(b) GRANTS AUTHORIZED.—The Secretary of Health and Human Services, in coordination with the Secretary of Education, may award grants to eligible entities to enable the entities to—

''(1) provide substance use recovery support services to young people in high school and enrolled in institutions of higher education;

''(2) help build communities of support for young people in recovery through a spectrum of activities such as counseling and health- and wellness-oriented social activities; and

''(3) encourage initiatives designed to help young people achieve and sustain recovery from substance use disorders.

''(c) USE OF FUNDS.—Grants awarded under subsection (b) may be used for activities to develop, support, and maintain youth recovery support services, including—

''(1) the development and maintenance of a dedicated physical space for recovery programs;

''(2) dedicated staff for the provision of recovery programs;

''(3) health- and wellness-oriented social activities and community engagement;

''(4) establishment of recovery high schools;

''(5) coordination of recovery programs with—

''(A) substance use disorder treatment programs and systems;

''(B) providers of mental health services;

''(C) primary care providers and physicians;

''(D) the criminal justice system, including the juvenile justice system;

''(E) employers;

''(F) housing services;

''(G) child welfare services;

''(H) high schools and institutions of higher education; and

''(I) other programs or services related to the welfare of an individual in recovery from a substance use disorder;

''(6) the development of peer-to-peer support programs or services; and

''(7) additional activities that help youths and young adults to achieve recovery from substance use disorders.''.

SEC. 304. BUILDING COMMUNITIES OF RECOVERY.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 303, is amended by adding at the end the following:

''SEC. 2999C. BUILDING COMMUNITIES OF RECOVERY.

''(a) DEFINITION.—In this section, the term 'recovery community organization' means an independent nonprofit organization that—

''(1) mobilizes resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from substance use disorders; and

''(2) is wholly or principally governed by people in recovery for substance use disorders who reflect the community served.

''(b) GRANTS AUTHORIZED.—The Secretary of Health and Human Services may award grants to recovery community organizations to enable such organizations to develop, expand, and enhance recovery services.

''(c) FEDERAL SHARE.—The Federal share of the costs of a program funded by a grant under this section may not exceed 50 percent.

''(d) USE OF FUNDS.—Grants awarded under subsection (b)—

''(1) shall be used to develop, expand, and enhance community and statewide recovery support services; and

''(2) may be used to—

''(A) advocate for individuals in recovery from substance use disorders;

''(B) build connections between recovery networks, between recovery community organizations, and with other recovery support services, including—

''(i) substance use disorder treatment programs and systems;

''(ii) providers of mental health services;

''(iii) primary care providers and physicians;

''(iv) the criminal justice system;

''(v) employers;

''(vi) housing services;

''(vii) child welfare agencies; and

''(viii) other recovery support services that facilitate recovery from substance use disorders;

''(C) reduce the stigma associated with substance use disorders;

''(D) conduct public education and outreach on issues relating to substance use disorders and recovery, including—

''(i) how to identify the signs of addiction;

''(ii) the resources that are available to individuals struggling with addiction and families who have a family member struggling with or being treated for addiction, including programs that mentor and provide support services to children;

''(iii) the resources that are available to help support individuals in recovery; and

''(iv) information on the medical consequences of substance use disorders, including neonatal abstinence syndrome and potential infection with human immunodeficiency virus and viral hepatitis; and

''(E) carry out other activities that strengthen the network of community support for individuals in recovery.''.

TITLE IV—ADDRESSING COLLATERAL CONSEQUENCES

SEC. 401. CORRECTIONAL EDUCATION DEMONSTRATION GRANT PROGRAM.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 304, is amended by adding at the end the following:

''SEC. 2999D. CORRECTIONAL EDUCATION DEMONSTRATION GRANT PROGRAM.

''(a) DEFINITION.—In this section, the term 'eligible entity' means a State, unit of local government, nonprofit organization, or Indian tribe.

''(b) GRANT PROGRAM AUTHORIZED.—The Attorney General may make grants to eligible entities to design, implement, and expand educational programs for offenders in prisons, jails, and juvenile facilities, including to pay for—

''(1) basic education, secondary level academic education, high school equivalency examination preparation, career technical education, and English as a second language instruction at the basic, secondary, or post-secondary levels, for adult and juvenile populations;

''(2) screening and assessment of inmates to assess education level, needs, occupational interest or aptitude, risk level, and other needs, and case management services;

''(3) hiring and training of instructors and aides, reimbursement of non-corrections staff and experts, reimbursement of stipends paid to inmate tutors or aides, and the costs of training inmate tutors and aides;

''(4) instructional supplies and equipment, including occupational program supplies and equipment to the extent that the supplies and equipment are used for instructional purposes;

''(5) partnerships and agreements with community colleges, universities, and career technology education program providers;

''(6) certification programs providing recognized high school equivalency certificates and industry recognized credentials; and

''(7) technology solutions to—

''(A) meet the instructional, assessment, and information needs of correctional populations; and

''(B) facilitate the continued participation of incarcerated students in community-based education programs after the students are released from incarceration.

''(c) APPLICATION.—An eligible entity seeking a grant under this section shall submit to the Attorney General an application in such form and manner, at such time, and accompanied by such information as the Attorney General specifies.

''(d) PRIORITY CONSIDERATIONS.—In awarding grants under this section, the Attorney General shall give priority to applicants that—

''(1) assess the level of risk and need of inmates, including by—

''(A) assessing the need for English as a second language instruction;

''(B) conducting educational assessments; and

''(C) assessing occupational interests and aptitudes;

''(2) target educational services to assessed needs, including academic and occupational at the basic, secondary, or post-secondary level;

''(3) target career technology education programs to—

''(A) areas of identified occupational demand; and

''(B) employment opportunities in the communities in which students are reasonably expected to reside post-release;

''(4) include a range of appropriate educational opportunities at the basic, secondary, and post-secondary levels;

''(5) include opportunities for students to attain industry recognized credentials;

''(6) include partnership or articulation agreements linking institutional education programs with community sited programs provided by adult education program providers and accredited institutions of higher education, community colleges, and vocational training institutions; and

''(7) explicitly include career pathways models offering opportunities for incarcerated students to develop academic skills, in-demand occupational skills and credentials, occupational experience in institutional work programs or work release programs, and linkages with employers in the community, so that incarcerated students have opportunities to embark on careers with strong prospects for both post-release employment and advancement in a career ladder over time.

''(e) REQUIREMENTS.—An eligible entity desiring a grant under this section shall—

''(1) describe the evidence-based methodology and outcome measurements that will be used to evaluate each program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program; and

''(2) describe how the program described in paragraph (1) could be broadly replicated if demonstrated to be effective.

''(f) CONTROL OF INTERNET ACCESS.—An entity that receives a grant under this section may restrict access to the Internet by prisoners, as appropriate and in accordance with Federal and State law, to ensure public safety.''.

SEC. 402. NATIONAL TASK FORCE ON RECOVERY AND COLLATERAL CONSEQUENCES.

(a) DEFINITION.—In this section, the term ''collateral consequence'' means a penalty, disability, or disadvantage imposed on an individual who is in recovery for a substance use disorder (including by an administrative agency, official, or civil court) as a result of a Federal or State conviction for a drug-related offense but not as part of the judgment of the court that imposes the conviction.

(b) ESTABLISHMENT.—

(1) IN GENERAL.—Not later than 30 days after the date of enactment of this Act, the Attorney General shall establish a bipartisan task force to be known as the Task Force on Recovery and Collateral Consequences (in this section referred to as the ''Task Force'').

(2) MEMBERSHIP.—

(A) TOTAL NUMBER OF MEMBERS.—The Task Force shall include 10 members, who shall be appointed by the Attorney General in accordance with subparagraphs (B) and (C).

(B) MEMBERS OF THE TASK FORCE.—The Task Force shall include—

(i) members who have national recognition and significant expertise in areas such as health care, housing, employment, substance use disorders, mental health, law enforcement, and law;

(ii) not fewer than 2 members—

(I) who have personally experienced substance abuse or addiction and are in recovery; and

(II) not fewer than 1 one of whom has benefitted from medication assisted treatment; and

(iii) to the extent practicable, members who formerly served as elected officials at the State and Federal levels.

(C) TIMING.—The Attorney General shall appoint the members of the Task Force not later than 60 days after the date on which the Task Force is established under paragraph (1).

(3) CHAIRPERSON.—The Task Force shall select a chairperson or co-chairpersons from among the members of the Task Force.

(c) DUTIES OF THE TASK FORCE.—

(1) IN GENERAL.—The Task Force shall—

(A) identify collateral consequences for individuals with Federal or State convictions for drug-related offenses who are in recovery for substance use disorder; and

(B) examine any policy basis for the imposition of collateral consequences identified under subparagraph (A) and the effect of the collateral consequences on individuals in recovery from resuming their personal and professional activities.

(2) RECOMMENDATIONS.—Not later than 180 days after the date of the first meeting of the Task Force, the Task Force shall develop recommendations, as it considers appropriate, for proposed legislative and regulatory changes related to the collateral consequences identified under paragraph (1).

(3) COLLECTION OF INFORMATION.—The Task Force shall hold hearings, require the testimony and attendance of witnesses, and secure information from any department or agency of the United States in performing the duties under paragraphs (1) and (2).

(4) REPORT.—

(A) SUBMISSION TO EXECUTIVE BRANCH.—Not later than 1 year after the date of the first meeting of the Task Force, the Task Force shall submit a report detailing the findings and recommendations of the Task Force to—

(i) the head of each relevant department or agency of the United States;

(ii) the President; and

(iii) the Vice President.

(B) SUBMISSION TO CONGRESS.—The individuals who receive the report under subparagraph (A) shall submit to Congress such legislative recommendations, if any, as those individuals consider appropriate based on the report.

TITLE V—ADDICTION AND TREATMENT SERVICES FOR WOMEN, FAMILIES, AND VETERANS

SEC. 501. IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 401, is amended by adding at the end the following:

''SEC. 2999E. IMPROVING TREATMENT FOR PREGNANT AND POSTPARTUM WOMEN.

''(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary'), acting through the Director of the Center for Substance Abuse Treatment, may carry out a pilot program under which the Secretary makes competitive grants to State substance abuse agencies to—

''(1) enhance flexibility in the use of funds designed to support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

''(2) help State substance abuse agencies address identified gaps in services furnished to such women along the continuum of care, including services provided to women in non-residential based settings; and

''(3) promote a coordinated, effective, and efficient State system managed by State substance abuse agencies by encouraging new approaches and models of service delivery that are evidence-based, including effective family-based programs for women involved with the criminal justice system.

''(b) REQUIREMENTS.—In carrying out the pilot program under this section, the Secretary—

''(1) shall require State substance abuse agencies to submit to the Secretary applications, in such form and manner and containing such information as specified by the Secretary, to be eligible to receive a grant under the program;

''(2) shall identify, based on such submitted applications, State substance abuse agencies that are eligible for such grants;

''(3) shall require services proposed to be furnished through such a grant to support family-based treatment and other services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, including opioid use disorders;

''(4) shall not require that services furnished through such a grant be provided solely to women that reside in facilities; and

''(5) shall not require that grant recipients under the program make available all services described in section 508(d) of the Public Health Service Act (42 U.S.C. 290bb–1(d)).

''(c) REQUIRED SERVICES.—

''(1) IN GENERAL.—The Secretary shall specify minimum services required to be made available to eligible women through a grant awarded under the pilot program under this section. Such minimum services—

''(A) shall include the requirements described in section 508(c) of the Public Health Service Act (42 U.S.C. 290bb–1(c));

''(B) may include any of the services described in section 508(d) of the Public Health Service Act (42 U.S.C. 290bb–1(d));

''(C) may include other services, as appropriate; and

''(D) shall be based on the recommendations submitted under paragraph (2).

''(2) STAKEHOLDER INPUT.—The Secretary shall convene and solicit recommendations from stakeholders, including State substance abuse agencies, health care providers, persons in recovery from a substance use disorder, and other appropriate individuals, for the minimum services described in paragraph (1).

''(d) DURATION.—The pilot program under this section shall not exceed 5 years.

''(e) EVALUATION AND REPORT TO CONGRESS.—

''(1) IN GENERAL.—Out of amounts made available to the Center for Behavioral Health Statistics and Quality, the Director of the Center for Behavioral Health Statistics and Quality, in cooperation with the recipients of grants under this section, shall conduct an evaluation of the pilot program, beginning 1 year after the date on which a grant is first awarded under this section. The Director of the Center for Behavioral Health Statistics and Quality, in coordination with the Director of the Center for Substance Abuse Treatment, not later than 120 days after completion of such evaluation, shall submit to the relevant Committees of the Senate and the House of Representatives a report on such evaluation.

''(2) CONTENTS.—The report to Congress under paragraph (1) shall include, at a minimum, outcomes information from the pilot program, including any resulting reductions in the use of alcohol and other drugs, engagement in treatment services, retention in the appropriate level and duration of services, increased access to the use of drugs approved by the Food and Drug Administration for the treatment of substance use disorders in combination with counseling, and other appropriate measures.

''(f) STATE SUBSTANCE ABUSE AGENCY DEFINED.—For purposes of this section, the term 'State substance abuse agency' means, with respect to a State, the agency in such State that manages the substance abuse prevention and treatment block grant program under part B of title XIX of the Public Health Service Act.''.

SEC. 502. REPORT ON GRANTS FOR FAMILY-BASED SUBSTANCE ABUSE TREATMENT.

Section 2925 of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797s–4) is amended—

(1) by striking ''An entity'' and inserting ''(a) ENTITY REPORTS.—An entity''; and

(2) by adding at the end the following:

''(b) ATTORNEY GENERAL REPORT ON FAMILY-BASED SUBSTANCE ABUSE TREATMENT.—The Attorney General shall submit to Congress an annual report that describes the number of grants awarded under section 2921(1) and how such grants are used by the recipients for family-based substance abuse treatment programs that serve as alternatives to incarceration for custodial parents to receive treatment and services as a family.''.

SEC. 503. VETERANS' TREATMENT COURTS.

Section 2991(j)(1)(B)(ii) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797aa(j)(1)(B)(ii)) is amended—

(1) by inserting ''(I)'' after ''(ii)'';

(2) in subclause (I), as so designated, by striking the period and inserting ''; or''; and

(3) by adding at the end the following:

''(II) was discharged or released from such service under dishonorable conditions, if the reason for that discharge or release, if known, is attributable to drug use.''.

TITLE VI—INCENTIVIZING STATE COMPREHENSIVE INITIATIVES TO ADDRESS OPIOID AND HEROIN ABUSE

SEC. 601. STATE DEMONSTRATION GRANTS FOR COMPREHENSIVE OPIOID ABUSE RESPONSE.

(a) DEFINITIONS.—In this section—

(1) the term ''dispenser'' has the meaning given the term in section 102 of the Controlled Substances Act (21 U.S.C. 802);

(2) the term ''prescriber of a schedule II, III, or IV controlled substance'' does not include a prescriber of a schedule II, III, or IV controlled substance that dispenses the substance—

(A) for use on the premises on which the substance is dispensed;

(B) in a hospital emergency room, when the substance is in short supply;

(C) for a certified opioid treatment program; or

(D) in other situations as the Attorney General may reasonably determine;

(3) the term ''prescriber'' means a dispenser who prescribes a controlled substance, or the agent of such a dispenser; and

(4) the term ''schedule II, III, or IV controlled substance'' means a controlled substance that is listed on schedule II, schedule III, or schedule IV of section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)).

(b) PLANNING AND IMPLEMENTATION GRANTS.—

(1) IN GENERAL.—The Attorney General, in coordination with the Secretary of Health and Human Services and in consultation with the Director of the Office of National Drug Control Policy, may award grants to States, and combinations thereof, to prepare a comprehensive plan for and implement an integrated opioid abuse response initiative.

(2) PURPOSES.—A State receiving a grant under this section shall establish a comprehensive response to opioid abuse, which shall include—

(A) prevention and education efforts around heroin and opioid use, treatment, and recovery, including education of residents, medical students, and physicians and other prescribers of schedule II, III, or IV controlled substances on relevant prescribing guidelines and the prescription drug monitoring program of the State ;

(B) a comprehensive prescription drug monitoring program to track dispensing of schedule II, III, or IV controlled substances, which shall—

(i) provide for data sharing with other States by statute, regulation, or interstate agreement; and

(ii) allow for access to all individuals authorized by the State to write prescriptions for schedule II, III, or IV controlled substances on the prescription drug monitoring program of the State.

(C) developing, implementing, or expanding prescription drug and opioid addiction treatment programs by—

(i) expanding programs for medication assisted treatment of prescription drug and opioid addiction, including training for treatment and recovery support providers;

(ii) developing, implementing, or expanding programs for behavioral health therapy for individuals who are in treatment for prescription drug and opioid addiction;

(iii) developing, implementing, or expanding programs to screen individuals who are in treatment for prescription drug and opioid addiction for hepatitis C and HIV, and provide treatment for those individuals if clinically appropriate; or

(iv) developing, implementing, or expanding programs that provide screening, early intervention, and referral to treatment (commonly known as ''SBIRT'') to teenagers and young adults in primary care, middle schools, high schools, universities, school-based health centers, and other community-based health care settings frequently accessed by teenagers or young adults; and

(D) developing, implementing, and expanding programs to prevent overdose death from prescription medications and opioids.

(3) PLANNING GRANT APPLICATIONS.—

(A) APPLICATION.—

(i) IN GENERAL.—A State seeking a planning grant under this section to prepare a comprehensive plan for an integrated opioid abuse response initiative shall submit to the Attorney General an application in such form, and containing such information, as the Attorney General may require.

(ii) REQUIREMENTS.—An application for a planning grant under this section shall, at a minimum, include—

(I) a budget and a budget justification for the activities to be carried out using the grant;

(II) a description of the activities proposed to be carried out using the grant, including a schedule for completion of such activities;

(III) outcome measures that will be used to measure the effectiveness of the programs and initiatives to address opioids; and

(IV) a description of the personnel necessary to complete such activities.

(B) PERIOD; NONRENEWABILITY.—A planning grant under this section shall be for a period of 1 year. A State may not receive more than 1 planning grant under this section.

(C) AMOUNT.—A planning grant under this section may not exceed $100,000.

(D) STRATEGIC PLAN AND PROGRAM IMPLEMENTATION PLAN.—A State receiving a planning grant under this section shall develop a strategic plan and a program implementation plan.

(4) IMPLEMENTATION GRANTS.—

(A) APPLICATION.—A State seeking an implementation grant under this section to implement a comprehensive strategy for addressing opioid abuse shall submit to the Attorney General an application in such form, and containing such information, as the Attorney General may require.

(B) USE OF FUNDS.—A State that receives an implementation grant under this section shall use the grant for the cost of carrying out an integrated opioid abuse response program in accordance with this section, including for technical assistance, training, and administrative expenses.

(C) REQUIREMENTS.—An integrated opioid abuse response program carried out using an implementation grant under this section shall—

(i) require that each prescriber of a schedule II, III, or IV controlled substance in the State—

(I) registers with the prescription drug monitoring program of the State; and

(II) consults the prescription drug monitoring program database of the State before prescribing a schedule II, III, or IV controlled substance;

(ii) require that each dispenser of a schedule II, III, or IV controlled substance in the State—

(I) registers with the prescription drug monitoring program of the State;

(II) consults the prescription drug monitoring program database of the State before dispensing a schedule II, III, or IV controlled substance; and

(III) reports to the prescription drug monitoring program of the State, at a minimum, each instance in which a schedule II, III, or IV controlled substance is dispensed, with limited exceptions, as defined by the State, which shall indicate the prescriber by name and National Provider Identifier;

(iii) require that, not fewer than 4 times each year, the State agency or agencies that administer the prescription drug monitoring program of the State prepare and provide to each prescriber of a schedule II, III, or IV controlled substance an informational report that shows how the prescribing patterns of the prescriber compare to prescribing practices of the peers of the prescriber and expected norms;

(iv) if informational reports provided to a prescriber under clause (iii) indicate that the prescriber is repeatedly falling outside of expected norms or standard practices for the prescriber's field, direct the prescriber to educational resources on appropriate prescribing of controlled substances;

(v) ensure that the prescriber licensing board of the State receives a report describing any prescribers that repeatedly fall outside of expected norms or standard practices for the prescriber's field, as described in clause (iii);

(vi) require consultation with the Single State Authority for Substance Abuse; and

(vii) establish requirements for how data will be collected and analyzed to determine the effectiveness of the program.

(D) PERIOD.—An implementation grant under this section shall be for a period of 2 years.

(E) AMOUNT.—The amount of an implementation grant under this section may not exceed $5,000,000.

(5) PRIORITY CONSIDERATIONS.—In awarding planning and implementation grants under this section, the Attorney General shall give priority to a State that—

(A)(i) provides civil liability protection for first responders, health professionals, and family members who have received appropriate training in the administration of naloxone in administering naloxone to counteract opioid overdoses; and

(ii) submits to the Attorney General a certification by the attorney general of the State that the attorney general has—

(I) reviewed any applicable civil liability protection law to determine the applicability of the law with respect to first responders, health care professionals, family members, and other individuals who—

(aa) have received appropriate training in the administration of naloxone; and

(bb) may administer naloxone to individuals reasonably believed to be suffering from opioid overdose; and

(II) concluded that the law described in subclause (I) provides adequate civil liability protection applicable to such persons;

(B) has in effect legislation or implements a policy under which the State shall not terminate, but may suspend, enrollment under the State plan for medical assistance under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) for an individual who is incarcerated for a period of fewer than 2 years;

(C) has a process for enrollment in services and benefits necessary by criminal justice agencies to initiate or continue treatment in the community, under which an individual who is incarcerated may, while incarcerated, enroll in services and benefits that are necessary for the individual to continue treatment upon release from incarceration;

(D) ensures the capability of data sharing with other States, such as by making data available to a prescription monitoring hub;

(E) ensures that data recorded in the prescription drug monitoring program database of the State is available within 24 hours, to the extent possible; and

(F) ensures that the prescription drug monitoring program of the State notifies prescribers and dispensers of schedule II, III, or IV controlled substances when overuse or misuse of such controlled substances by patients is suspected.

(c) AUTHORIZATION OF FUNDING.—For each of fiscal years 2016 through 2020, the Attorney General may use, from any unobligated balances made available under the heading ''GENERAL ADMINISTRATION'' to the Department of Justice in an appropriations Act, such amounts as are necessary to carry out this section, not to exceed $5,000,000 per fiscal year.

TITLE VII—MISCELLANEOUS

SEC. 701. GAO REPORT ON IMD EXCLUSION.

(a) DEFINITION.—In this section, the term ''Medicaid Institutions for Mental Disease exclusion'' means the prohibition on Federal matching payments under Medicaid for patients who have attained age 22, but have not attained age 65, in an institution for mental diseases under subparagraph (B) of the matter following subsection (a) of section 1905 of the Social Security Act and subsection (i) of such section (42 U.S.C. 1396d).

(b) REPORT REQUIRED.—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the impact that the Medicaid Institutions for Mental Disease exclusion has on access to treatment for individuals with a substance use disorder.

(c) ELEMENTS.—The report required under subsection (b) shall include a review of what is known regarding—

(1) Medicaid beneficiary access to substance use disorder treatments in institutions for mental disease; and

(2) the quality of care provided to Medicaid beneficiaries treated in and outside of institutions for mental disease for substance use disorders.

SEC. 702. FUNDING.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 501, is amended by adding at the end the following:

''SEC. 2999F. FUNDING.

''There are authorized to be appropriated to the Attorney General and the Secretary of Health and Human Services to carry out this part $77,900,000 for each of fiscal years 2016 through 2020.''.

SEC. 703. CONFORMING AMENDMENTS.

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.) is amended—

*(1) in the part heading, by striking ''**CONFRONTING USE OF METHAMPHETAMINE**'' and inserting ''**COMPREHENSIVE ADDICTION AND RECOVERY**''; and*

(2) in section 2996(a)(1), by striking ''this part'' and inserting ''this section''.

SEC. 704. GRANT ACCOUNTABILITY.

(a) GRANTS UNDER PART II OF TITLE I OF THE OMNIBUS CRIME CONTROL AND SAFE STREETS ACT OF 1968.—

Part II of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797cc et seq.), as amended by section 702, is amended by adding at the end the following:

"SEC. 2999G. GRANT ACCOUNTABILITY.

''(a) DEFINITIONS.—In this section—

''(1) the term 'applicable committees'—

''(A) with respect to the Attorney General and any other official of the Department of Justice, means—

''(i) the Committee on the Judiciary of the Senate; and

''(ii) the Committee on the Judiciary of the House of Representatives; and

''(B) with respect to the Secretary of Health and Human Services and any other official of the Department of Health and Human Services, means—

''(i) the Committee on Health, Education, Labor, and Pensions of the Senate; and

''(ii) the Committee on Energy and Commerce of the House of Representatives;

''(2) the term 'covered agency' means—

''(A) the Department of Justice; and

''(B) the Department of Health and Human Services; and

''(3) the term 'covered official' means—

''(A) the Attorney General; and

''(B) the Secretary of Health and Human Services.

''(b) ACCOUNTABILITY.—All grants awarded by a covered official under this part shall be subject to the following accountability provisions:

''(1) AUDIT REQUIREMENT.—

''(A) DEFINITION.—In this paragraph, the term 'unresolved audit finding' means a finding in the final audit report of the Inspector General of a covered agency that the audited grantee has utilized grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 12 months after the date on which the final audit report is issued.

''(B) AUDIT.—Beginning in the first fiscal year beginning after the date of enactment of this section, and in each fiscal year thereafter, the Inspector General of a covered agency shall conduct audits of recipients of grants awarded by the applicable covered official under this part to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited each year.

''(C) MANDATORY EXCLUSION.—A recipient of grant funds under this part that is found to have an unresolved audit finding shall not be eligible to receive grant funds under this part during the first 2 fiscal years beginning after the end of the 12-month period described in subparagraph (A).

''(D) PRIORITY.—In awarding grants under this part, a covered official shall give priority to eligible applicants that did not have an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under this part.

''(E) REIMBURSEMENT.—If an entity is awarded grant funds under this part during the 2-fiscal-year period during which the entity is barred from receiving grants under subparagraph (C), the covered official that awarded the grant funds shall—

''(i) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

''(ii) seek to recoup the costs of the repayment to the fund from the grant recipient that was erroneously awarded grant funds.

''(2) NONPROFIT ORGANIZATION REQUIREMENTS.—

''(A) DEFINITION.—For purposes of this paragraph and the grant programs under this part, the term 'nonprofit organization' means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

''(B) PROHIBITION.—A covered official may not award a grant under this part to a nonprofit organization that holds money in offshore accounts for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986.

''(C) DISCLOSURE.—Each nonprofit organization that is awarded a grant under this part and uses the procedures prescribed in regulations to create a rebuttable presumption of reasonableness for the compensation of its officers, directors, trustees, and key employees, shall disclose to the applicable covered official, in the application for the grant, the process for determining such compensation, including the independent persons involved in reviewing and approving such compensation, the comparability data used, and contemporaneous substantiation of the deliberation and decision. Upon request, a covered official shall make the information disclosed under this subparagraph available for public inspection.

''(3) CONFERENCE EXPENDITURES.—

''(A) LIMITATION.—No amounts made available to a covered official under this part may be used by the covered official, or by any individual or entity awarded discretionary funds through a cooperative agreement under this part, to host or support any expenditure for conferences that uses more than $20,000 in funds made available by the covered official, unless the covered official provides prior written authorization that the funds may be expended to host the conference.

''(B) WRITTEN AUTHORIZATION.—Written authorization under subparagraph (A) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

''(C) REPORT.—

''(i) DEPARTMENT OF JUSTICE.—The Deputy Attorney General shall submit to the applicable committees an annual report on all conference expenditures approved by the Attorney General under this paragraph.

''(ii) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Deputy Secretary of Health and Human Services shall submit to the applicable committees an annual report on all conference expenditures approved by the Secretary of Health and Human Services under this paragraph.

''(4) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this section, each covered official shall submit to the applicable committees an annual certification—

''(A) indicating whether—

''(i) all audits issued by the Office of the Inspector General of the applicable agency under paragraph (1) have been completed and reviewed by the appropriate Assistant Attorney General or Director, or the appropriate official of the Department of Health and Human Services, as applicable;

''(ii) all mandatory exclusions required under paragraph (1)(C) have been issued; and

''(iii) all reimbursements required under paragraph (1)(E) have been made; and

''(B) that includes a list of any grant recipients excluded under paragraph (1) from the previous year.

''(c) PREVENTING DUPLICATIVE GRANTS.—

''(1) IN GENERAL.—Before a covered official awards a grant to an applicant under this part, the covered official shall compare potential grant awards with other grants awarded under this part by the covered official to determine if duplicate grant awards are awarded for the same purpose.

''(2) REPORT.—If a covered official awards duplicate grants to the same applicant for the same purpose, the covered official shall submit to the applicable committees a report that includes—

''(A) a list of all duplicate grants awarded, including the total dollar amount of any duplicate grants awarded; and

''(B) the reason the covered official awarded the duplicate grants.''.

(b) OTHER GRANTS.—

(1) DEFINITIONS.—In this subsection—

(A) the term ''applicable committees''—

(i) with respect to the Attorney General and any other official of the Department of Justice, means—

(I) the Committee on the Judiciary of the Senate; and

(II) the Committee on the Judiciary of the House of Representatives; and

(ii) with respect to the Secretary of Health and Human Services and any other official of the Department of Health and Human Services, means—

(I) the Committee on Health, Education, Labor, and Pensions of the Senate; and

(II) the Committee on Energy and Commerce of the House of Representatives;

(B) the term ''covered agency'' means—

(i) the Department of Justice; and

(ii) the Department of Health and Human Services; and

(C) the term ''covered official'' means—

(i) the Attorney General; and

(ii) the Secretary of Health and Human Services.

(2) ACCOUNTABILITY.—All grants awarded by a covered official under section 201, 302, or 601 shall be subject to the following accountability provisions:

(A) AUDIT REQUIREMENT.—

(i) DEFINITION.—In this subparagraph, the term ''unresolved audit finding'' means a finding in the final audit report of the Inspector General of a covered agency that the audited grantee has utilized grant funds for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved within 12 months after the date on which the final audit report is issued.

(ii) AUDIT.—Beginning in the first fiscal year beginning after the date of enactment of this Act, and in each fiscal year thereafter, the Inspector General of a covered agency shall conduct audits of recipients of grants awarded by the applicable covered official under section 201, 302, or 601 to prevent waste, fraud, and abuse of funds by grantees. The Inspector General shall determine the appropriate number of grantees to be audited each year.

(iii) MANDATORY EXCLUSION.—A recipient of grant funds under section 201, 302, or 601 that is found to have an unresolved audit finding shall not be eligible to receive grant funds under those sections during the first 2 fiscal years beginning after the end of the 12-month period described in clause (i).

(iv) PRIORITY.—In awarding grants under section 201, 302, or 601, a covered official shall give priority to eligible applicants that did not have an unresolved audit finding during the 3 fiscal years before submitting an application for a grant under such section.

(v) REIMBURSEMENT.—If an entity is awarded grant funds under section 201, 302, or 601 during the 2-fiscal-year period during which the entity is barred from receiving grants under clause (iii), the covered official that awarded the funds shall—

(I) deposit an amount equal to the amount of the grant funds that were improperly awarded to the grantee into the General Fund of the Treasury; and

(II) seek to recoup the costs of the repayment to the fund from the grant recipient that was erroneously awarded grant funds.

(B) NONPROFIT ORGANIZATION REQUIREMENTS.—

(i) DEFINITION.—For purposes of this subparagraph and the grant programs under sections 201, 302, and 601, the term ''nonprofit organization'' means an organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

(ii) PROHIBITION.—A covered official may not award a grant under this section 201, 302, or 601

to a nonprofit organization that holds money in offshore accounts for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code of 1986.

(iii) DISCLOSURE.—Each nonprofit organization that is awarded a grant under section 201, 302, or 601 and uses the procedures prescribed in regulations to create a rebuttable presumption of reasonableness for the compensation of its officers, directors, trustees, and key employees, shall disclose to the applicable covered official, in the application for the grant, the process for determining such compensation, including the independent persons involved in reviewing and approving such compensation, the comparability data used, and contemporaneous substantiation of the deliberation and decision. Upon request, a covered official shall make the information disclosed under this clause available for public inspection.

(C) CONFERENCE EXPENDITURES.—

(i) LIMITATION.—No amounts made available to a covered official under section 201, 302, or 601 may be used by the covered official, or by any individual or entity awarded discretionary funds through a cooperative agreement under those sections, to host or support any expenditure for conferences that uses more than $20,000 in funds made available by the covered official, unless the covered official provides prior written authorization that the funds may be expended to host the conference.

(ii) WRITTEN AUTHORIZATION.—Written authorization under clause (i) shall include a written estimate of all costs associated with the conference, including the cost of all food, beverages, audio-visual equipment, honoraria for speakers, and entertainment.

(iii) REPORT.—

(I) DEPARTMENT OF JUSTICE.—The Deputy Attorney General shall submit to the applicable committees an annual report on all conference expenditures approved by the Attorney General under this subparagraph.

(II) DEPARTMENT OF HEALTH AND HUMAN SERVICES.—The Deputy Secretary of Health and Human Services shall submit to the applicable committees an annual report on all conference expenditures approved by the Secretary of Health and Human Services under this subparagraph.

(D) ANNUAL CERTIFICATION.—Beginning in the first fiscal year beginning after the date of enactment of this Act, each covered official shall submit to the applicable committees an annual certification—

(i) indicating whether—

(I) all audits issued by the Office of the Inspector General of the applicable agency under subparagraph (A) have been completed and reviewed by the appropriate Assistant Attorney General or Director, or the appropriate official of the Department of Health and Human Services, as applicable;

(II) all mandatory exclusions required under subparagraph (A)(iii) have been issued; and

(III) all reimbursements required under subparagraph (A)(v) have been made; and

(ii) that includes a list of any grant recipients excluded under subparagraph (A) from the previous year.

(3) PREVENTING DUPLICATIVE GRANTS.—

(A) IN GENERAL.—Before a covered official awards a grant to an applicant under section 201, 302, or 601, the covered official shall compare potential grant awards with other grants awarded under those sections by the covered official to determine if duplicate grant awards are awarded for the same purpose.

(B) REPORT.—If a covered official awards duplicate grants to the same applicant for the same purpose, the covered official shall submit to the to the applicable committees a report that includes—

(i) a list of all duplicate grants awarded, including the total dollar amount of any duplicate grants awarded; and

(ii) the reason the covered official awarded the duplicate grants.

COMMITTEE-REPORTED SUBSTITUTE AMENDMENT WITHDRAWN

The PRESIDING OFFICER. Under the previous order, the committee-reported substitute is withdrawn.

The Senator from Iowa.

AMENDMENT NO. 3378

(Purpose: In the nature of a substitute.)

Mr. GRASSLEY. Mr. President, I call up the substitute amendment No. 3378.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. GRASSLEY] proposes an amendment numbered 3378.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in the RECORD of March 1, 2016, under ''Text of Amendments.'')

AMENDMENT NO. 3362 TO AMENDMENT NO. 3378

Mr. GRASSLEY. Mr. President, I call up the Feinstein-Grassley amendment No. 3362.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. GRASSLEY], for Mrs. FEINSTEIN, proposes an amendment numbered 3362 to amendment No. 3378.

The amendment is as follows:

(Purpose: To provide the Department of Justice with additional tools to target extraterritorial drug trafficking activity, and for other purposes)

At the end, add the following:

TITLE ____—TRANSNATIONAL DRUG TRAFFICKING ACT

SEC. __01. SHORT TITLE.

This title may be cited as the ''Transnational Drug Trafficking Act of 2015''.

SEC. __02. POSSESSION, MANUFACTURE OR DISTRIBUTION FOR PURPOSES OF UNLAWFUL IMPORTATIONS.

Section 1009 of the Controlled Substances Import and Export Act (21 U.S.C. 959) is amended—

(1) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively; and

(2) in subsection (a), by striking ''It shall'' and all that follows and inserting the following: ''It shall be unlawful for any person to manufacture or distribute a controlled substance in schedule I or II or flunitrazepam or a listed chemical intending, knowing, or having reasonable cause to believe that such substance or chemical will be unlawfully imported into the United States or into waters within a distance of 12 miles of the coast of the United States.

''(b) It shall be unlawful for any person to manufacture or distribute a listed chemical—

''(1) intending or knowing that the listed chemical will be used to manufacture a controlled substance; and

''(2) intending, knowing, or having reasonable cause to believe that the controlled substance will be unlawfully imported into the United States.''.

SEC. __03. TRAFFICKING IN COUNTERFEIT GOODS OR SERVICES.

Chapter 113 of title 18, United States Code, is amended—

(1) in section 2318(b)(2), by striking ''section 2320(e)'' and inserting ''section 2320(f)''; and

(2) in section 2320—

(A) in subsection (a), by striking paragraph (4) and inserting the following:

''(4) traffics in a drug and knowingly uses a counterfeit mark on or in connection with such drug,'';

(B) in subsection (b)(3), in the matter preceding subparagraph (A), by striking ''counterfeit drug'' and inserting ''drug that uses a counterfeit mark on or in connection with the drug''; and

(C) in subsection (f), by striking paragraph (6) and inserting the following:

''(6) the term 'drug' means a drug, as defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).''.

Mr. GRASSLEY. Mr. President, I am pleased we are considering the bill before us entitled the ''Comprehensive Addiction and Recovery Act''—acronym CARA—and that we are on the floor discussing this very important issue.

Since I spoke about the bill earlier this week, I will not have any more opening remarks at this point. I look forward to a bipartisan process where we are able to consider many amendments and move this bill forward.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BARRASSO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. COTTON). Without objection, it is so ordered.

Mr. BARRASSO. Mr. President, I ask unanimous consent to speak as in morning business.

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

OBAMACARE

Mr. BARRASSO. Mr. President, I come to the floor today to discuss more of the troubling news that has come out on how the health care law has affected the people of this country. A new poll just came out from National Public Radio as well as the Robert Wood Johnson Foundation. This is what they found: According to the poll, 26 percent of Americans are telling us that the health care law—ObamaCare—has directly hurt them. Twenty-six percent of Americans say that ObamaCare, the health care law, has directly hurt them. Only 14 percent of the people in the poll said that their personal health care has gotten better under ObamaCare. So it is just one in seven who say it is better; over one-quarter say they have personally been hurt. So almost twice as many people have been directly hurt by the law compared to the people who have been helped.

American taxpayers are also being hurt by ObamaCare because of the waste and the fraud in the health care system. There is a new report just out from the Government Accountability Office. It came out last week. It found that the Obama administration is still failing to stop the fraud in health care subsidies.

Here is how the law was designed to work: People must have government-approved insurance because of the law. It is a mandate. There are a lot of people who have been forced to buy very expensive insurance to comply with the law, and in many cases it is far more coverage than they want, that they need, or that they can afford. So the health care law, which the Democrats voted for and the Republicans voted against, said that the government will give subsidies to people to help them pay for this Washington-mandated, expensive insurance.

To get the subsidy, people are supposed to be able to prove they are eligible for the subsidy. There are various criteria to make sure people are eligible. That means things like proving they make a certain income or how many people are in their family or that they are citizens of the United States or that they are here legally.

Washington then pays the subsidy directly to the insurance company. Then later, the government comes around and tries to figure out if the person even qualified for the money, so there is a huge potential for fraud and for wasting taxpayer dollars.

This new report from the Government Accountability Office found that, despite the billions of dollars at stake, the Obama administration has taken what they describe as a ''passive approach'' to identifying and preventing the fraud. The Obama administration has taken a ''passive approach.'' It says the Obama administration has struggled—struggled to confirm the eligibility of millions of people who applied for subsidies. This is a report from the Government Accountability Office. We want accountability in government.

The report found that there are 431,000 people who still had unresolved issues with the subsidy paperwork more than a year after they first applied. The cases amount to over $1.7 billion in taxpayer subsidies. Now, the insurance coverage that these people had for that year has already ended. The Obama administration still did not know if they should have gotten the money that was sent out to the insurance companies on their behalf.

There are another 22,000 cases where it still is not clear if the person who got the subsidy was serving time in prison. How can Washington not even know if someone is in prison? This should be one of the easiest things to find out. But there are millions of cases where the administration is taking this passive approach to figuring out if there is fraud occurring with these subsidies.

People all around the country are asking: Where is the accountability from the Obama administration? They are spending billions of taxpayer dollars. Where is the accountability to make sure that it is being spent properly and not wasted? There is no accountability because the Obama administration does not seem to care about protecting taxpayer money. It cares more about getting a large number of people enrolled in insurance. That is what they want, no matter what the law says, no matter how much money they waste to do it.

This report from the Government Accountability Office came out last Wednesday. The very next day, there was more bad news for taxpayers because of the health care law. There was an article in the Wall Street Journal on Thursday, February 25, under the headline ''Insurance Fight Escalates.'' It goes on to say: ''Health co-op leaders say the effort to recoup Federal loans will come up short.''

This is taxpayer money. Remember, the health care law gave out billions of dollars—billions of dollars in loans to set up these health insurance co-ops across the country. They set up 23. Already, more than half of them have collapsed and have gone out of business, 12 out of 23 have gone bust, and 700,000 Americans lost their insurance because these co-ops failed.

Now it looks as if hard-working taxpayers are going to lose the money that the government loaned to these failed insurance businesses. According to this Wall Street Journal article, leaders of the co-ops say that taxpayers are going to lose more than $1 billion in the failed co-ops. They say it is because most of the money has already been spent.

The article quotes the head of the co-op in New Mexico as saying: ''Will there be any money left?''

''Yeah, maybe.'' That is what he said. That is his answer: ''Yeah, maybe.'' Maybe there will be a little money left out of more than $1 billion in taxpayer loans. It is outrageous. It was not supposed to be a bailout of the insurance company. These were supposed to be loans.

Is that how the administration thinks loans are supposed to work? Does the Obama administration think that if they lend out money and people borrow it from the taxpayers and spend it, then they don't have to pay it? Where is the accountability from these co-ops for the American people? Where is the accountability for the Obama administration to make sure that they loan this money responsibly and don't waste it? Reports like this paint a very bad picture of health care and the health care law in this country.

We talked about these 23 co-ops and half of them have failed. This was headlined yesterday: ''Losses deepen for remaining ObamaCare co-ops.''

Losses snowballed in the fourth quarter at four co-op health plans [that have now reported their numbers for 2015].

The article says:

The nonprofit startups based in Illinois, Wisconsin, Ohio and Maine lost about $270 million last year. . . . That's more than five times the level of losses those plans recorded in 2014.

That was the first year they operated. They are still waiting for the updated financial reports on the other seven remaining co-ops that have not yet posted their returns.

Here we are. Six years ago, there was a debate in Congress about the Americans' health care system. Everyone in this body agreed we had a problem. Everybody agreed we needed to do something to help Americans. Republicans presented our ideas on the floor of the Senate. We went to meetings at the White House. We offered President Obama solutions. Democrats and the President rejected our ideas, and they came up with their own massive plan.

Washington took on too much power over the health care decisions of American families. More Washington control, less Washington accountability—they are never the right answers for our country. If Washington can't protect taxpayer dollars, it shouldn't be collecting so many of these dollars in the first place.

Republicans warned that ObamaCare would be bad for patients, bad for providers, and terrible for the taxpayers. The news keeps coming out, showing that we were exactly right. Republicans are going to continue to talk about our health care ideas and will continue to talk about ideas that will actually hold Washington accountable as Washington spends taxpayers' dollars. We will continue to talk about ideas such as giving families more control over their health care and their health care decisions and giving Washington less control. That is what Americans want.

This new report out from the National Public Radio poll showed 26 percent of Americans say that the health care law, ObamaCare, has directly hurt them. They didn't want this kind of health care reform that directly hurts them, instead of helping them; they wanted to be helped. They don't want an approach like we have; they want an approach that gives them control and, certainly, not a passive approach to preventing fraud. The American people do not want ObamaCare.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

AMENDMENT NO. 3345 TO AMENDMENT NO. 3378

Mrs. SHAHEEN. Mr. President, I wish to call up amendment No. 3345, which is my supplemental amendment to address the heroin and opioid epidemic.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from New Hampshire [Mrs. SHAHEEN] proposes an amendment numbered 3345 to amendment No. 3378.

Mrs. SHAHEEN. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To make appropriations to address the heroin and opioid drug abuse epidemic for the fiscal year ending September 30, 2016)

At the end, add the following:

TITLE VIII—ADDITIONAL APPROPRIATIONS FOR FISCAL YEAR 2016

SEC. 801. DEPARTMENT OF JUSTICE.

(a) STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE.—

(1) IN GENERAL.—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, $230,000,000, to remain available until expended, to the Department of Justice for State law enforcement initiatives (which shall include a 30 percent pass-through to localities) under the Edward Byrne Memorial Justice Assistance Grant program, as authorized by subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3750 et seq.) (except that section 1001(c) of such Act (42 U.S.C. 3793(c)) shall not apply for purposes of this Act), to be used, notwithstanding such subpart 1, for a comprehensive program to combat the heroin and opioid crisis, and for associated criminal justice activities, including approved treatment alternatives to incarceration.

(2) EMERGENCY REQUIREMENT.—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

(b) HEROIN AND METHAMPHETAMINE TASK FORCES.—

(1) IN GENERAL.—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, $10,000,000, to remain available until expended, to the Department of Justice to carry out section 2999 of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 204 of this Act, to be used to assist State and local law enforcement agencies in areas with high per capita levels of opioid and heroin use, targeting resources to support law enforcement operations on the ground.

(2) EMERGENCY REQUIREMENT.—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

SEC. 802. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.—

(1) IN GENERAL.—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016—

(A) $300,000,000, to remain available until expended, to the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, for ''Substance Abuse Treatment'', to address the heroin and opioid crisis and its associated health effects, of which not less than $15,000,000 shall be to improve treatment for pregnant or postpartum women under the pilot program authorized under section 508(r) of the Public Health Service Act (42 U.S.C. 290bb–1), as amended by section 501 of this Act; and

(B) $10,000,000, to remain available until expended, to the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, for grants for medication assisted treatment for prescription drug and opioid addiction under section 2999A of title I of the Omnibus Crime Control and Safe Streets Act of 1968, as added by section 301 of this Act.

(2) EMERGENCY REQUIREMENT.—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

(b) CENTERS FOR DISEASE CONTROL AND PREVENTION.—

(1) IN GENERAL.—In addition to any amounts otherwise made available, there is appropriated, out of any money in the Treasury not otherwise appropriated, for fiscal year 2016, $50,000,000, to remain available until expended, to the Centers for Disease Control and Prevention of the Department of Health and Human Services, for prescription drug monitoring programs, community health system interventions, and rapid response projects.

(2) EMERGENCY REQUIREMENT.—The amount appropriated under paragraph (1) shall be designated by the Congress as an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 901(b)(2)(A)(i)).

Mrs. SHAHEEN. Mr. President, I am not going to speak to this amendment right now because I hope to do it later. I spent a fair amount of time yesterday talking about the need to provide the resources to address the heroin and opioid epidemic, but I am very pleased to see my colleague from Maine on the floor to speak to it. He has been a cosponsor of the legislation and a huge advocate for addressing the challenge that Maine—like New Hampshire and so many other States—is facing from the heroin and opioid epidemic. I look forward to his remarks and to the opportunity for us to vote on this amendment later today.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, this week, this body is talking about one of the most serious problems facing our country. The word ''epidemic'' really isn't strong enough to represent what we are seeing in terms of drug addiction—opioids and heroin, in particular. The bipartisan support for the bill that is on the floor this week is an indication of the belief of Members of both parties, of all parties of all parts of the country, that this is a critically important question.

We have heard the appalling figures in committees and caucuses and on the floor. In the State of Maine, there are 200 deaths a year from overdoses. This is an eightfold increase in the last 3 years. The figure that got my attention most dramatically was that a year ago in Maine, we had 12,000 babies born, and of that number over 950 were addicted to a substance. That is almost 1 in 12 babies born in my State.

Nationally, the figures are just as shocking and as bad. In my neighboring State of New Hampshire, the number of overdose deaths is now over 380 a year. It is more than one a day. Nationally, there are 47,000 overdose deaths—more deaths than are caused by automobiles.

If this were Ebola or ISIS or any other kind of national crisis, we would be in 24-hour session to find a solution. We would be doing everything the equivalent of the Manhattan Project to deal with something that is killing so many of our citizens, particularly our young people.

Like any other problem that gets to this body, this is complicated. There isn't any single solution. It involves law enforcement. It involves national security—stopping drugs at the border. It involves treatment of mental illness. It involves treatment of drug addiction and figuring out what works. It involves figuring out prevention. It involves dealing with the overwhelming number of opioid prescription drugs that we now know lead to heroin and other addictions.

It is a very complex problem. There is no single answer, but there are some things we do know about this problem:

The first thing we know is that law enforcement alone isn't enough. Essentially, we have tried that for 25 years. Law enforcement alone isn't enough. It is important. It is a critical part of our defense against the scourge, but it is not the entire answer.

The second thing we know is that this epidemic is directly related to the dramatic rise of prescription painkillers based upon opioids. The data is that four out of five new heroin users started with prescription drugs. This is something we need to discuss. We need to discuss it with the medical community. We need to discuss it with the educational community, and we need to understand that when these drugs are prescribed, there are risks—serious, undeniable, dangerous risks that are taking an enormous toll on our society.

Four out of five new heroin users started with prescription drugs. I met a young man in Maine who was in treatment, who was trying to recover, who had become an addict. He got there starting with a high school sports injury, and he was prescribed opioid treatment—opioid pills—and he ended up in the drug culture that was destroying his life.

That is the second thing we know. We know that law enforcement isn't enough. We know that a big part of our focus has to be on opioids and prescription drugs.

The third thing we know is, there are some treatments that appear to work. We don't know for sure. One of the things that I think we need to do in this body is to provide for the research and the data sharing and the data collection from around the country so we can find out what works. It appears that medication and counseling together are something that works, but we need more research and more data.

The fourth thing we know is that treatment resources are grossly inadequate. This epidemic has exploded in the last few years, but the resources in terms of treatment have, in some cases, actually diminished. There are fewer beds today than there were 3 years ago because of budget cuts, because of policy changes, and we end up

with young people and people generally that have this terrible problem eating up their lives with no place to go.

The greatest tragedy is when we have someone who is suffering from addiction and wants treatment and is ready to take the step and say ''I need it,'' and there is no place to go. The estimates are that among teenagers who are caught in this trap, only 20 percent have treatment available to them.

All these numbers and statistics and policy prescriptions aren't really my subject today. I don't want to talk about politics or even policy. I want to talk about people. In particular, I want to talk about this little boy. This picture is of a young man from Maine named Garrett Brown. There was an extraordinary story about Garrett in the Bangor Daily News late last week. A reporter, Erin Rhoda, an editor at the Bangor Daily News—one of our great newspapers—got to know this young man named Garrett Brown and spent a lot of time interacting with him over the last 3 years and recounted it in this extraordinary piece of journalism. It is the story of this young man's attempts to survive and what happened in his life.

This isn't politics. It isn't policy. It is people. In reading this story as I sat in my darkened office late last week—as my staff went home, they thought there was something wrong with me. The lights were dimmed, the sun was setting, and I read this story. It was like reading the story of the Titanic or of the Lincoln assassination. You knew how it was going to come out, but you hoped it wouldn't happen. You kept seeing moments when it could have been avoided; the tragic end could have been avoided, but it didn't happen. That was what was so gripping to me about this story. It was so real, and it was so close to home.

I have four boys of my own. I venture to say that every family in America that has a son has a picture like it or just like it somewhere in their family scrapbooks or stored on their telephone or in their computer. This is a wonderful Maine kid—a smiling 8-year-old, happy, and ready to go to school with his backpack. Then, about 15 years later, he is with his mom, and he is on his way out. He had a mom who loved him, but he had a system that failed him.

He took responsibility, by the way. He said: It's not that my mom or my stepdad didn't care. They tried. My grandparents tried everything they could. They were devout Christians. There was nothing they would have done to change it.

He took responsibility. But when he took responsibility, we didn't provide the means for him to effectuate that and save his own life. He had to want to beat it, but he also had to have the means, the resources to take that step.

The Bangor Daily News quite accurately laid out the issue: ''Opioid addiction like Garrett's requires treatment.'' We have this idea in our society that it is just a choice. You make the choice; you don't have to take that pill. Well, the way these drugs work on your brain, they hijack the very parts of your brain that enable you to make that decision. They actually go to the parts of the brain that deal with executive function, decisionmaking, and fear, and derail those parts of the brain. It requires treatment. I am sure that occasionally there are people who can do this by themselves, but that is very rare. Most people require treatment, and odds are that those with an addiction to drugs or alcohol won't get any treatment at all. As I mentioned, only one out of five teenagers who needs treatment has it available to them. If they do go through treatment, they are likely to get the wrong treatment. There is a world of different theories on treatments options, and that is why I say we need to have the research so we can understand what works and put our resources into the things that will actually bring results. Often it means they die, and that is what happened to young Garrett.

Between 2010 and 2014, the number of overdose deaths in Maine involving heroin overdose increased eightfold. This is Maine. This could have been any State in the country. It seems to be striking rural States now as strongly or even worse than urban areas of the country.

I didn't know Garrett Brown, but he was a brave kid. I could tell by his conversations with Erin Rhoda and by his conversations with us. He knew he was talking to us. He knew this was going to be public. He knew he was communicating with us, and here is what he said:

> If this changes one kid's life, saves one kid from being in jail, saves his family the pain of seeing him go through it—

This is a guy with an addiction saying this. It is extraordinary.

He continued:

> If this . . . saves one kid from overdosing and dying, then all that I've done hasn't been in vain. I guess that's why I keep doing this with you?

This is a tragedy. It is not a tragedy of numbers. It is a tragedy of real people. It is a tragedy of young lives lost, of treasures squandered, and of hearts broken. I have never in my adult life seen a problem like this that is facing my State and every State in this country. We can't solve it all at once. There is no magic wand. But if we find young people like Garrett who are ready to take a step toward a cure—if not a cure, at least have an ongoing recovery—we need to meet them halfway. We need to meet them halfway through the support of treatment, the support of creating options that are available, by understanding the relationship between addiction and the criminal justice system, and ultimately by loving our neighbors as ourselves.

People sometimes ask me: What is so special about Maine? I tell them Maine is a small town with very long streets. We know each other, care about each other, think about each other, and we try to help each other. I think this country can also be a community—should be a community where we think about and care about each other.

Young lives lost, treasures squandered, and hearts broken. I hope we can start to change that tragic trajectory that is breaking so many hearts in this country this week so we can make a difference, not for Garrett but for the young people to whom he was desperately sending this message. We can, we should, and we shall.

I thank the Presiding Officer and yield the floor.

Mr. GRASSLEY. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

COMMEMORATING TEXAS INDEPENDENCE DAY

Mr. CORNYN. Mr. President, I rise to speak about a very important day in the history of my State of Texas, a day that inspires pride and gratitude in the hearts of all Texans. I rise to commemorate Texas Independence Day.

In a moment, I wish to read a letter that was written 180 years ago from behind the walls of an old Spanish mission called the Alamo—a letter written by a 26-year-old lieutenant colonel in the Texas Army, William Barret Travis—and in doing so, I carry on a tradition that was started by the late Senator John Tower, who represented Texas and this body for more than two decades. This tradition was upheld by his successor, Senator Phil Gramm, and then by Senator Kay Bailey Hutchison after him. So it is an honor today to carry on this great tradition.

On February 24, 1836, with his position under siege and outnumbered nearly 10-to-1 by the forces of the Mexican dictator Antonio Lopez de Santa Ana, Travis penned the following letter:

> To the people of Texas and all Americans in the world:
>
> Fellow citizens and compatriots, I am besieged by a thousand or more of the Mexicans under Santa Ana. I have sustained a continual bombardment and cannonade for 24 hours and have not lost a man.
>
> The enemy has demanded a surrender at discretion. Otherwise, the garrison are to be put to the sword if the fort is taken.
>
> I have answered the demand with a cannon shot, and our flag still waves proudly from the walls. I shall never surrender or retreat. Then, I call on you in the name of Liberty, of patriotism and everything dear to the American character, to come to our aid, with all dispatch.
>
> The enemy is receiving reinforcements daily and will no doubt increase to 3,000 or 4,000 in 4 or 5 days. If this call is neglected, I am determined to sustain myself as long as possible and die like a soldier who never forgets what is due to his own honor and that of his country. Victory or death.

Signed:

William Barret Travis.

Of course, we know in the battle that ensued, all 189 defenders of the Alamo lost their lives, but they did not die in vain. The Battle of the Alamo bought precious time for the Texas revolutionaries allowing General Sam Houston to maneuver his army into position for a decisive victory at the Battle of San Jacinto.

With this victory, Texas became a sovereign nation, and so today we celebrate the adoption of the Texas Declaration of Independence on March 2, 1836. For 9 years, the Republic of Texas thrived as a separate nation. In 1845, it was annexed to the United States as the 28th State. Many Texan patriots who fought in the revolution went on to serve in the U.S. Congress, and I am honored to hold the seat of one of them, Sam Houston. More broadly, I am honored to have the opportunity to serve 27 million Texans, thanks to the sacrifices made by these brave men 180 years ago.

RETURN FROM SPACE OF COMMANDER SCOTT KELLY AND MANIFEST FOR HUMAN SPACE FLIGHT ACT

Mr. President, on a separate matter, one thing William Barret Travis and the other early settlers of Texas had in common was a thirst for adventure and a hunger for the great next frontier. It is an attitude of optimistic perseverance that has become a trademark of Texans for generations. So I think it is fitting today that we also celebrate a man who has devoted his life to expanding our footprint in space.

Last night Scott Kelly returned to Earth after almost a year in space—one of the longest lasting space flights of all time. By tomorrow Scott should be back in Houston, home to the Johnson Space Center.

In June I was able to tour the Johnson Space Center and meet some of the men and women who made Scott Kelly's mission possible. They make their work look easy. They literally have a hand in sending someone to space, ensuring their safety, and executing multiple projects all at the same time. Yet for them it is all in a day's work. They are doing an outstanding job, not only for Houston but for Texas and the United States. As you might expect, Texans view the space center with a particular pride. The world has turned to it as a leader in space exploration and research for more than 50 years. As one of NASA's largest research centers, it continues to keep the United States in the forefront of innovation and research related to science, technology, engineering, and medicine as well.

Importantly, the Johnson Space Center also leads our commercial space partnerships—a growing sector in my State—and helps design and test the next generation of exploration capabilities and systems. The space center also trains members of our brave astronaut corps, people such as Scott Kelly, to ensure they are prepared for the incredible challenge they face.

A real highlight of my most recent visit to the Johnson Space Center was my ability to actually speak to Scott Kelly while he was in space in the International Space Station. As you can tell from his social media presence—and I follow him on Twitter; he publishes pictures of his incredible view from space on his Twitter feed—he is an optimistic guy, and it is easy to see that he loves his job, but I am sure he is looking forward to being back home.

Scott's mission aboard the International Space Station was about something much bigger than just he, which I am sure he would say if he were here. It was about an investment in the next generation and a commitment to new discoveries and exploring new frontiers. The research he was a part of, included studies to evaluate the effects of living in space on the human body. Scott is actually a twin. His twin brother was here on Earth while he was in space for a year, and I am sure there will be a lot of extensive studies, given the fact that they are twins, on what changes Scott experienced in his own metabolism, body, and the like. They also grew plants in zero gravity in space and much more, which will lay the groundwork for preparing future Americans to go farther, explore more places, and push the outer limits of human space exploration safely without endangering their health and well-being.

The work Scott Kelly accomplished, along with all of the men and women at the Johnson Space Center and with NASA, is so important because it secures America's position as the global leader in space exploration. As important, this research and development impacts more than our space program. It helps applications in the medical field, for our military, and other scientific endeavors. I remember growing up, when we landed the first astronaut on the Moon and what an inspiration it was to me as a young person. I think space exploration has a way of opening the eyes and the imaginations of young people even today about the future—a future perhaps in space exploration or other fields of science, lured as they are to work in the forefront of discovery or help engineer the next great innovation.

Developments like this don't occur automatically and they don't occur overnight. We have to task our space program with taking on new challenges to reap the full benefits, technological breakthroughs, and scientific advancements, and that is why we needed a long-term strategy for the U.S.-manned space mission.

Today I am introducing legislation called the Manifest for Human Space Flight Act that would require NASA to provide Congress with a clear goal and thoughtful strategy. This would include outlining our exploration goals and selecting destinations for future manned space missions that fully utilize our existing assets, provide opportunities to work with commercial and international partners, and position our overall space program on a more focused and stable trajectory. This legislation would also, for the first time, designate a human presence on Mars as a long-term goal of NASA.

Lieutenant Watley was perhaps an American on Mars in a great movie ''The Martian,'' but I believe actually establishing a human presence on Mars would be a worthy goal that would then necessitate the strategy to accomplish that goal. With this bill, I hope we can rightly prioritize space exploration and confirm our commitment to discovering the next great frontier.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, while the distinguished senior Senator from Texas is still on the floor, he mentioned the astronaut and his year in space. As one who has a hobby of photography, I was envious as I looked at all those. I am sure the distinguished Senator from Texas has the same feeling I had seeing these photographs and seeing what an amazing country we are in all times of days and nights and seasons. So I thank him for raising that issue.

Mr. President, this week we are considering the Comprehensive Addiction Recovery Act or as they call it CARA. There are few problems in this country that have had more of a devastating impact on American families than opioid abuse. Communities across the country are struggling and they are seeking help. Vermont is no exception, and I found this as I held hearings around the State.

Finally, after years of a misguided approach, Congress now sees addiction for what it is, a public health crisis. We have before us a bipartisan bill we are considering that demonstrates strong bipartisan support by Senators for addressing addiction.

CARA authorizes a critical public health program that I helped create to expand access to medication-assisted treatment programs. Some Vermonters who have been struggling with addiction have had to wait nearly a year to receive treatment. In fact, several died waiting. Unfortunately, the story is not unique.

The bill also includes my provision to support rural communities with the overdose reversal drug naloxone. Rural locations have the highest death rates in the country from opioid poisoning, talking about my small State of Vermont, but every State, no matter how large or how small, has rural areas. I want people to know that rural locations have the highest death rate. Now, if we can get naloxone into more hands, we can save lives.

Last week, the police in Burlington, VT, were equipped with naloxone, and they were able to save a man's life with this impactful treatment. In fact, the man was unconscious. They saved his life, and Police Chief Brandon del Pozo

called it ''a textbook case of how police save lives using naloxone.''

Now, CARA recognizes that law enforcement will always play a vital role. That is why I worked to include an authorization for funding to expand State-led anti-heroin task forces.

These are important efforts, but I can't emphasize enough that one authorization bill alone is not going to pull our communities out of addiction—not the communities in my State, in the distinguished Presiding Officer's State or in anybody else's State. We can't pretend that solving a problem as large as opioid addiction does not require more resources.

That is why the amendment proposed by Senator SHAHEEN is so essential. It puts real dollars behind the rhetoric. It is going to ensure that the important programs authorized in CARA can actually succeed.

We can all feel good about going on record saying we are against the problem and that we want to solve the problem of opioid addiction. But if we say we are not going to give you any money to do it, it sounds more like empty rhetoric.

In fact, Congress has approved much larger emergency supplemental bills addressing Ebola and swine flu. Even though we didn't have a single Ebola case in this country, we had supplemental funds addressing it, while we have thousands of opioid addiction cases across the country. These efforts were appropriate—but for Ebola and swine flu. Now we have a public health crisis that is here in our own country, and we must respond. Of course, we have responded to epidemics in other countries, but this is an epidemic here at home.

I think everybody agrees that opioid addiction is an epidemic. We should start treating it like one. The Shaheen amendment provides that commitment. I urge every Member who supports CARA—and that is a strong bipartisan group in this body—every Member who is concerned about addiction in their community—and I have to assume that includes every Senator—to put real resources behind CARA.

I think of the different hearings I have held around our State. In one city, where some had suggested maybe we shouldn't have a hearing yet because we shouldn't talk about what is going on, the mayor of that city took just the opposite view. He said: We have a problem; so we should talk about it to see what we can do about it. He was happy I came there. Although he is a Republican and I am a Democrat, we both said there is no politics and partisanship in this and we ought to face it.

But here is what happened. We scheduled that hearing, and we thought we could use a hall of such-and-such a size. As the days toward the hearing kept coming, we found we needed a bigger and bigger hall because more and more people wanted to come there. We found we had the faith community, law enforcement, the medical profession, mothers and fathers, addicts, and educators. All of these people came together and said: We have a problem, and we need the resources to work together. Law enforcement can't do it alone. The medical profession can't do it alone. The faith community can't do it alone. Educators can't do it alone. But together, with the resources, we might be able to do something.

For another hearing I held—again, the very same thing in a small town—we had to keep enlarging the place where we were going to meet. I recall several people testifying, but one was a now-retired but highly respected, decorated pediatrician. He told us about talking to a couple. He didn't identify them for obvious reasons. But he said: You know, we have this opioid problem here in our city. We have young teenagers who come from very good families—families that are well educated, prosperous, have good income, nice homes. But these teenagers are addicts, and they are getting some of this right from their home medicine cabinet. In this hall with hundreds of people, you could hear a pin drop. He stopped and paused for a moment, and he said: The parents thanked me and said: This is something we should watch out for. He said: No, I am talking about your daughter. Your 14-year-old daughter is an addict. I am talking about her. There are a lot of others in this community, but I am talking about her. I am talking about her.

To this day, I can hear the collective gasp in that room.

I later had the opportunity to meet the parents and the doctor and see the things they were doing. They had the ability, and to the extent that there were things available, they could pay for them, but most people couldn't.

Yes, we should pass CARA, but we should also acknowledge that we have this problem in every single State in the Union, across every demographic, every income level, every area of education. Let's pass some appropriations so that we are not just giving empty words and we are not addressing a terrible problem with just empty words. But the Senate is saying: We will stand up for a problem in our own country, as we have in other countries when we have helped other countries, and we will stand up for a serious problem right here at home, and we have the courage to spend the money to do it.

I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The Senator from New Jersey.

FILLING THE SUPREME COURT VACANCY

Mr. MENENDEZ. Mr. President, I appreciate the distinguished ranking member of the Judiciary Committee for yielding at this time. I agree with him on the issue of the legislation before us, but I felt compelled to come to the floor to speak about the vacancy in the U.S. Supreme Court.

I rise to support this President's obligation—any President's obligation—to name a Supreme Court nominee to fill a vacancy, no matter when that vacancy occurs—election year or not. We should rightfully expect any President to fulfill his or her constitutional duty and send an eminently qualified nominee to the Senate. All logic, all reason, and the Constitution itself dictates that every President has the duty to do so, under any interpretation of constitutional law. Likewise, we should rightfully expect the Senate to do its job and send that name to the Judiciary Committee, hold a hearing, debate the nomination on the floor, and take a vote.

We are not talking about a vague clause that invites interpretation. We are talking about a very clear and concise clause—article II, section 2, clause 2—that states: ''The President. . . . shall nominate, and by and with the Advice and Consent of the Senate, shall appoint . . . Judges of the Supreme Court. . . . ''

It does not say: except in an election year. It does not say: except when it does not suit the political agenda of the majority party in the Senate. It does not say: No appointments can be made in the final year of a President's term. And it does not say: The Senate can arbitrarily and preemptively choose to obstruct the President's responsibility to make appointments.

The point is, the Constitution is clear. In fact, in the last 100 years, the Senate has taken action on every Supreme Court nominee, regardless of whether the nomination was made in a Presidential election year.

But this goes far beyond the filling of a Supreme Court vacancy. This goes to the very heart of the constant and continuous attacks this President has had to endure. For more than 7 years, some Republicans have, time and again, questioned the legitimacy of this President. From his election, beginning with the legitimacy of his birth certificate to accusing the President of lawlessness, having a Republican Member of Congress shout ''liar'' during the State of the Union to questioning his legitimate authority in his final year in office to fill the vacancy left by the death of Justice Scalia. It begs the question of why this President is being denied the opportunity to fulfill his constitutional obligation.

Why are constitutional standards, backed by history and precedent, being questioned for this President's Supreme Court nominee? If we were to rely on pure logic and simple consistency, the question to ask is, Would our friends on the other side deny a President of their own party the right to make that appointment? I think not.

The only conclusion we can draw is that this is yet another validation of their strategic decision 7 years ago at a Republican retreat to make Barack Obama a one-term President and obstruct this President at every turn, and then claim political victory for their own misguided inaction and refusal to govern.

What is most astonishing is that they claim, like Justice Scalia, that the

Constitution is carved in stone, that it is undeniable and impervious to interpretation. Yet, somehow, they can completely ignore what it clearly states in yet another effort to obstruct this President's ability to govern.

So I say to my friends on the other side: This President was elected twice to serve two full terms. It has only been 7 years. It is time to accept it and move away from obstructionism and on to governing.

The President and I may have differences on certain policies, but we are in complete agreement that he should not be denied the ability to fill this vacancy on the Court. Democrats did not deny President Reagan the ability to confirm Justice Kennedy in an election year, and the Republicans should not deny this President the same ability under the same circumstances. We should have the decency and respect for the Constitution to let the unambiguous wisdom of article II, section 2, clause 2 to determine our actions today, as we did then.

So let's stop the political posturing. Let the President fulfill his constitutional responsibility and the Senate fulfill its advice and consent role. Let's fulfill one of the most basic and solemn duties we have. Let's have a hearing and take a vote. The American people deserve a fully functioning Supreme Court.

There is a bipartisan tradition of giving full and fair consideration to Supreme Court nominees. Even when a majority of the Senate Judiciary Committee has not supported the nominee, the committee has still sent the nominee to the full Senate for a floor vote. And it should be noted that at no time since World War II has the Court operated with fewer than nine Justices because of the Senate simply refusing to consider a nominee.

Now, every day when I come to work, I pass the Supreme Court, and the words over the portal of the Supreme Court say: ''Equal Justice Under Law.'' Equal justice under law demands that the judicial branch be fully functional.

When we have a Supreme Court deadlocked in a decision, the decision in the lower court stands and the highest court in the land has no precedential value. Let's be clear. When there is a difference between different Federal courts in our country in different jurisdictions, it is the Supreme Court that determines what is the law of the land so that Federal law is not different in New Jersey than it is in Texas. But if the Court is deadlocked in two similar cases and the decision reverts to the finding of the lower court, there could be differences in how a person in New Jersey is treated than a person is in Texas under the same Federal statute. It is not equal justice under the law.

To have equal justice under the law, the Nation needs the Supreme Court to be fully functioning. Justice Scalia himself spoke of the problems with an eight-Justice Court. In 2004, in explaining why he would not recuse himself in a case involving former Vice President Dick Cheney, he said:

> With eight Justices, [it raises] the possibility that, by reason of a tie vote, the Court will find itself unable to resolve the significant legal issue presented by the case. Even one unnecessary recusal impairs the functioning of the Court.

So I believe that in life, Justice Scalia, as a textualist, would say the President has an obligation to nominate a Supreme Court Justice. In 1987, before the Democratic Senate confirmed Justice Kennedy, it was President Reagan who said: ''Every day that passes with the Supreme Court below full strength impairs the people's business in that crucially important body.''

I ask my Republican colleagues: How long are you willing to impair the people's business? How long are you willing to stick to a strategy of obstructionism over good governance? How long are you willing to deny this President his constitutional authority and obligation to appoint a nominee to satisfy your political agenda? How long are you willing to deny equal justice under the law?

It was John Adams who reminded us that this is ''a government of laws, not of men.''

It was Justice Felix Frankfurter who said: ''If one man can be allowed to determine for himself what is law, every man can. That means first chaos then tyranny. Legal process is the essential part of the democratic process.''

Let's not in this Chamber be the ''one man.'' Let's respect the Constitution and do our jobs. In this case, the Constitution is settled law. Let's not unsettle it through a misguided determination to score political points to undermine the legitimacy of this President.

The American people understand that our obligation in this process is to advise and consent, not neglect and obstruct. The American people will see the harm to our country and our courts if the majority continues these political tactics. Let's do the right thing. Let's do our jobs and respect this institution and the Constitution by holding hearings and voting on a Supreme Court nominee.

Let's provide for equal justice under the law.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, we just heard some very legitimate questions from the previous speaker that ought to be answered, and I am going to go back to the familiar to answer that—to the so-called Biden rules.

By now everyone is pretty familiar with the Biden rules, so I am not going to take time to go over all of them again, but they boil down to a couple basic points.

First, the President should exercise restraint and ''not name a nominee until after the November election is completed,'' or, stated differently, the President should let the people decide. But if the President chooses not to follow this model, but instead, as Chairman BIDEN said, ''goes the way of Fillmore and Johnson and presses an election-year nomination,'' then the Senate shouldn't consider the nomination and shouldn't hold hearings.

It doesn't matter, he said, ''how good a person is nominated by the President.'' So the historical record is pretty clear. But we haven't talked as much about one of the main reasons Chairman BIDEN was so adamant that the Senate shouldn't consider a Supreme Court nominee during a heated Presidential election. It is because of the tremendous damage such a hyperpolitical environment would cause the Court, the nominee, and the Nation. In short, if the Senate considered a Supreme Court nominee during a heated Presidential election campaign, the Court would become even more political than it already is.

That is a big part of what was driving Chairman BIDEN in 1992 when he spoke these strong words. Here is how Chairman BIDEN described the problem in an interview—not the speech on the floor that I have quoted in the past—about a week before his famous speech of 1992:

> Can you imagine dropping a nominee . . . into that fight, into that cauldron in the middle of a Presidential year?

He continued:

> I believe there would be no bounds of propriety that would be honored by either side. . . . The environment within which such a hearing would be held would be so supercharged and so prone to be able to be distorted.

As a result, Chairman BIDEN concluded:

> Whomever the nominee was, good, bad or indifferent . . . would become a victim.

My friend the Vice President—but a friend when he was in the Senate—then considered the tremendous damage that thrusting a Supreme Court nominee into a frenzied political environment would cause and weighed it against the potential impact of an eight-member Court for a short time. He concluded that the ''minor'' cost of the ''three or four cases'' that would be reargued were nothing compared to the damage a hyperpoliticized fight would have on ''the nominee, the President, the Senate, and the Nation, no matter how good a person is nominated by the President.''

The former chairman concluded that because of how badly such a situation would politicize the process, and based on the historical record, the only reasonable and fair approach—or as he said, the ''pragmatic'' approach—is to not consider a nominee during a Presidential election.

He said.

> Once the political season is underway . . . action on a Supreme Court nomination must be put off until after the election campaign is over. That is what is fair to the nominee and is central to the process. Otherwise, it seems to me, Mr. President, we will be in deep trouble as an institution.

He concluded:

Senate consideration of a nominee under these circumstances is not fair to the President, to the nominee, or to the Senate itself.

This, in part, is why Chairman BIDEN went to such lengths to explain the history of the bitter fights that occurred in Presidential years. He said: ''Some of our Nation's most bitter and heated confirmation fights have come in Presidential election years.''

I will state this about the discussion we are having today and will probably have every day for the next several months: Everyone knows that this nominee isn't going to get confirmed. Republicans know it, Democrats know it, the President knows it, and, can you believe it, even the press knows it. That is why the Washington Post called the President's future nominee a ''judicial kamikaze pilot,'' and the New York Times noted that the nominee would need an ''almost suicidal willingness to become the central player in a political fight that seems likely to end in failure.''

So the only question is, Why would the other side come to the floor to express outrage about not having a hearing? It is because they want to make this as political as possible.

The press has already picked up on it. For instance, CNN reported that the other side hopes to use the fight over a Supreme Court nominee to ''energize the Democratic base.'' They are already using the Supreme Court and the eventual nominee as a political weapon. They want nothing more than to make the process as political as possible. That is why the President wants to push forward with a nominee who won't get confirmed. That is why the other side is clamoring for a hearing on a nominee everyone knows won't get confirmed. Making the Court even more political is absolutely the last thing the Supreme Court needs.

The Court has been politicized enough already. A recent Gallup poll documents the frustration I hear expressed even at the grassroots of my State of Iowa. In the 6 years since President Obama has appointed two Justices, the American people's disapproval of the Supreme Court jumped from 28 percent disapproval in 2009 to 50 percent disapproval in 2015. That is what happens when Justices legislate from the bench. This Senator might say there is even a Republican nominee sitting on that bench that has legislated from the bench as well.

That is what happens when Justices make decisions based on their personal political preferences or what is in their heart rather than what is in the Constitution and the law. The last thing we need is to further politicize that process and the Court.

I just want to make sure that everyone understands what all of this outrage is really about. It is about making this process as political as possible.

We aren't going to let that happen to the Court, the nominee or the Nation, to follow the suggestion of then-Senator BIDEN. We are going to have a debate—a national debate—between the Democratic nominee and the Republican nominee about what kind of Justice the American people want on the Supreme Court. That is what the American people deserve, and that is why we are going to let the people decide.

But beyond one Justice, there is an even more basic debate occurring. At my town meetings, often somebody will come in very outraged about why I won't impeach Supreme Court justices. They say: ''They're making law, instead of interpreting law. How come you put up with that?''

So we can have a debate between the Republican nominee and the Democrat nominee on what the constitutional role of the Court is. And we can have a debate about whether we want a Justice who expresses empathy and understanding of people's problems—the President's standard. As we all know, that is not the purpose of the judicial branch of government. That branch of government isn't supposed to let their personal feelings be involved whatsoever. And the President should not encourage the Justices he appoints to let their feelings decide cases. Their job is to look at what the law says, what the Constitution says, what the facts of the case are, and to make an impartial judgment.

Consider a Justice appointed to the Supreme Court by a Republican president, who wrote that the Affordable Care Act didn't fit into what Congress could do in regards to regulating interstate commerce—because that reasoning could not be upheld under the Constitution. Instead, that Justice decided the Court could uphold the Act under the Congressional taxing power and found a way to sustain this President's legacy. It was also a Republican Justice who said: Find all kinds of ways to do what you want to do as opposed to what the Constitution requires or what Congress intends in legislation.

It would be nice to have a debate between a Democratic nominee and a Republican nominee, whether we have two, three, or four national debates or whether they have hundreds of appearances around the country, to have these basic constitutional issues discussed. And then we should let the people decide not only who appoints the next Justice but who will decide the direction of the Supreme Court for generations to come.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, I found this interesting. When my children were little, I would read fairy tales to them, and they especially loved ''Through the Looking-Glass'' and ''Alice in Wonderland.'' And listening to this speech, I thought of ''Through the Looking-Glass'' and ''Alice in Wonderland.''

It is interesting how President Obama gets blamed for everything. ''Oh, the approval rating of the Supreme Court has gone down.'' The majority of the Supreme Court Justices have been appointed or nominated by Republican Presidents. And we are going to blame President Obama because the Republican Justices, nominated by Republican Presidents, are bringing down the approval rating of the U.S. Supreme Court? According to my dear friend from Iowa—he is saying President Obama should be blamed for what those Republican Justices on the Supreme Court did. This is ''Alice in Wonderland.''

I don't care what happens; President Obama has to get blamed for it. Even if we have a hurricane or something, it must be President Obama's fault. But this is about as far a stretch as I've ever heard. If the approval rating of the court goes down because of the five Republicans who constitute the majority of it, it is about as farfetched as ''Alice in Wonderland'' to blame President Obama for it.

Let's talk about facts. I like to talk about facts. It's the way Democrats have handled Republicans' nominees. What my distinguished friend doesn't point out, even though it has been pointed out to him by the Vice President and by the President personally, certainly in my presence, Vice President BIDEN's speech—you should read the whole speech—he is talking about what happens after the election. Vice President BIDEN as Chairman BIDEN put through, in an election year, a Republican nominee to the Supreme Court and got a unanimous vote of Democrats and Republicans in this body. Those are the facts. The fact is that we now use a different standard, it appears. In President Bush's final 2 years, Democrats controlled the Senate. I was chairman. We confirmed 68 of his nominees. In President Obama's final years in office, Republicans have allowed only 16. These are facts. This isn't rhetoric, these are facts. We allowed 68 for a Republican President and Republicans allowed only 16 for a Democratic President, and then they are going to blame the state of the judiciary on President Obama?

Then he talked about Vice President BIDEN when he was chairman and what he might have said during President H.W. Bush's last year in office. Do you know what Vice President BIDEN did? They tried to imply that he blocked judges. He put through 11 Republican nominees for the circuit court and 53 Republican nominees for the district court—11 for the circuit court, 53 for the district court. Do you know what Republicans have allowed? Five lower court nominees this year. So if you say we want to follow the Biden rule, I wish we would. We put through 53 district court nominees and 11 circuit court nominees, and during a Democrat President's last year in office the Republican-controlled Senate has allowed only five. Come on, let's be fair.

The fact is, in a Presidential election year, we have never blocked a Supreme

Court nominee because it was a Presidential election year. In fact, since the Judiciary Committee began holding confirmation hearings for Supreme Court nominees in 1916, it has never denied a nominee a hearing.

I tell you this because the Constitution requires the President to make a nomination—it is very clear—and then it says that we shall advise and consent. Well, they are saying: ''No, we won't advise; we won't consent; we won't even have a hearing.''

Mr. President, I have taken the oath of office here seven times. It is a moving, thrilling moment. I am sure the distinguished Presiding Officer, when he was sworn in, knew it was a solemn moment. You promise to uphold the Constitution, so help me God. The Constitution says the President shall nominate. It says we shall advise and consent.

I took my oath very, very seriously. That is why—just as Vice President BIDEN did when he was chairman—I moved a significant number of Republican judges through, even in the last year that President Bush was in office. And that is so different from what we see now.

Just think about it. They criticize Vice President BIDEN. The last year President George H.W. Bush was in office, Vice President BIDEN was chairman of the Judiciary Committee. He put through 11 circuit court judges and 53 district court judges. If you want to talk about the Biden rule, the Republicans have allowed only five lower court judges. Come on, let's get this out of partisanship. By any standard whatsoever, when there has been a Republican President and a Democratically-controlled Senate, we have treated that Republican President far better than they have treated Democratic Presidents.

But then to hear that because the five Republican-appointed majority members of the Supreme Court are bringing down the approval rating of the Supreme Court for the American people, telling the American people it must be President Obama's fault—even if those five members were nominated and approved before President Obama's Presidency—that goes too far. That is ''Through the Looking-Glass.'' That is ''Alice in Wonderland.''

I see the distinguished senior Senator from Rhode Island on the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. I thank the distinguished ranking member of the Judiciary Committee very much. While he is on the floor, let me thank him for his leadership, support, and passion for the Comprehensive Addiction and Recovery Act, which was shepherded through the Judiciary Committee under his guidance and with his wise and benevolent support. I am very grateful.

I am on the floor to talk about the Comprehensive Addiction and Recovery Act today because it has been said by several of my colleagues that there is funding to implement this bill and that that funding is already in the government's accounts, that if we pass the CARA bill, we will be able to fund it and put it to work right away. Let me say with regret that I disagree with that assertion.

I am sorry to have a disagreement with my colleagues over this funding question after all the very excellent bipartisan work we have done to get this bill to this point. This really has been a legislative model. For years we worked on the statute. We had five different full-on national seminars in Washington, bringing people in from all around the country to advise us on all the different aspects of the opioid problem. We had an advisory committee that supported us which was broadly represented from all the different interests that are affected by the opioid crisis. We came up with a bipartisan bill which came through committee in regular order, without objection from anyone, and which is now on the Senate floor awaiting passage. That is the way it is supposed to work. But on this question of whether it is funded, I must disagree, and I wish to explain why.

For openers, let me explain that in Congress, there are committees that authorize funding. In the case of this bill, the relevant committees are the HELP Committee and the Judiciary Committee. But it is the Appropriations Committee that actually determines what funding will go into which accounts. The Appropriations Committee, in turn, is broken up into subcommittees, which determine the funding of different accounts in different areas of government. So one subcommittee has jurisdiction in one set of accounts and another subcommittee has the appropriations authority over other accounts.

The funding my colleagues have referred to as the funding for this CARA bill was appropriated by what we call in the Senate the Labor-HHS Appropriations Subcommittee. The Labor-HHS Appropriations Subcommittee appropriates two accounts that generally correspond to the authorizing power of the HELP Committee. So there are three committees involved: Judiciary, HELP, and Appropriations. The subcommittee on Appropriations that appropriated this money generally correlates to the authorizing power and jurisdiction of the HELP Committee. There are other Appropriations subcommittees. For instance, there is one that we refer to as CJS. CJS appropriates to, among others, the accounts within the authorizing power of the Judiciary Committee. So that is the background.

Now let's go through the problems. One problem with my friend's argument that the bill is funded is that the funding measure to which they refer originally passed out of its Appropriations subcommittee last June. We didn't even take up the CARA bill in the Judiciary Committee until this February. So there is a timing problem. How could the appropriators last June have predicted this state of affairs on the floor right now? The appropriators would have had to have had an astonishing, wizard-like ability to read the future in order to fund back then an unpassed bill—indeed, a bill that then didn't even have a committee hearing scheduled, let alone markup, passage, and the choice to bring it to the floor. Clearly, in June the Labor-HHS appropriators were funding existing programs, and when the omnibus passed in December, these same programs were funded at an even higher level. In fact, Democrats demanded they be funded at nearly the identical level proposed in the President's budget. The President's budget goes even further back in time. The President's budget certainly could not have foreseen CARA, the Comprehensive Addiction and Recovery Act. So there is a timing problem.

Second, this CARA bill, back when these appropriations were passed in June, was funded through different accounts than the accounts it is funded through now as we see it on the floor. When the appropriations were passed, it was funded through accounts that would be funded by CJS appropriators. So there is a committee mismatch as well as a timing problem to any claim that these funds were intended for the CARA bill.

The bulk of the CARA bill back then—in fact, 10 out of its 13 programs—authorized funding through Judiciary Committee programs, which is why the bill was sent by the Parliamentarians here to the Judiciary Committee. So if back then the intention was to fund CARA, it would have been CJS that would have funded 10 of those 13 programs. The appropriators for the funds my colleagues speak of were not the CJS appropriators but the Labor-HHS appropriators. Again, there is a committee mismatch.

Here is what happened that explains the shift. After the fiscal year 2016 omnibus had passed, we were informed—the sponsors and authors of the legislation—that in order to get our bill out of the Judiciary Committee, the CARA bill had to be rewritten so that it operated only through existing Federal programs. There are Republicans, as the Presiding Officer well knows, who live by the principle of no new Federal programs, even for new crises, and we were asked in the Judiciary Committee to accommodate them. So we accommodated them. We rewrote the bill in January to accommodate those concerns.

So this February, when CARA came before the Judiciary Committee, it had been revised to move the bulk of its new programs out of the Judiciary Committee accounts and into accounts under the jurisdiction of the Committee on Health, Education, Labor, and Pensions. Now, of the 10 programs remaining in the bill, 8 are located at

the Department of Health and Human Services, in the jurisdiction of the HELP Committee. But that move was long after these appropriations were made. You cannot connect them.

I should interject that this change created an intrusion by our Judiciary bill into the jurisdiction of the HELP Committee. All here today who support the CARA bill owe a great debt of gratitude and appreciation to Chairman ALEXANDER and to Ranking Member MURRAY for allowing this bill to proceed, even though it now involves a considerable number of accounts under their committee's jurisdiction. They have done so very graciously, without demanding further hearings or otherwise asserting their HELP Committee's turf. So to both of them I offer, and we should all offer, our sincere and heartfelt thanks.

It does seem a stretch to think that the appropriators in the Appropriations subcommittee that funds these HELP accounts could have foreseen last June not only that CARA would pass out of the Judiciary Committee in February and not only that it would come to the floor now, but also could have foreseen that so many of its programs would have been transferred from Judiciary Committee to HELP Committee accounts. That would have been an astonishing—indeed, truly magical—feat of prediction.

The simple fact is that the Labor-HHS appropriations that my friends rely on as the funding for this CARA bill passed out of the relevant subcommittee with little or no regard for CARA.

Mr. President, I ask unanimous consent to have printed in the RECORD a letter dated April 2, 2015, regarding this matter.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,
Washington, DC, April 2, 2015.

Hon. RICHARD SHELBY,
Chairman, Subcommittee on Commerce, Justice, Science and Related Agencies, Committee on Appropriations, Washington, DC.

Hon. ROY BLUNT,
Chairman, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, Washington, DC.

Hon. BARBARA MIKULSKI,
Ranking Member, Subcommittee on Commerce, Justice, Science and Related Agencies, Committee on Appropriations, Washington, DC.

Hon. PATTY MURRAY,
Ranking Member, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, Committee on Appropriations, Washington, DC.

DEAR CHAIRMAN SHELBY, CHAIRMAN BLUNT, RANKING MEMBER MIKULSKI, AND RANKING MEMBER MURRAY: As you may know, heroin use and prescription opioid abuse are having devastating effects on public health and safety across the United States. According to the Centers for Disease Control and Prevention (CDC), drug overdoses now surpass automobile accidents as the leading cause of injury-related death for Americans ages 25 to 64. Every day, more than 120 Americans die as a result of drug overdose. Over half of these drug overdoses are related to prescription drugs. While addiction is a treatable disease, only about ten percent of those who need treatment receive it.

We write to express our strong support for fiscal year (FY) 2016 funding for programs that would support the integrated strategies for addressing opioid abuse included in the Comprehensive Addiction and Recovery Act of 2015 (CARA, S. 524). This bipartisan legislation was developed over the past year and a half through a cooperative process involving key national stakeholders in the public health, law enforcement, criminal justice, and drug policy fields, and is designed to fight prescription opioid abuse and heroin use holistically—from expanding prevention to supporting recovery.

Among other objectives, CARA would:

Expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent prescription opioid abuse and the use of heroin.

Expand the availability of the overdose reversal drug naloxone to law enforcement agencies and other first responders.

Expand resources to promptly identify and treat individuals suffering from substance use disorders in the criminal justice system.

Expand disposal sites for unwanted prescription medications to keep them out of the hands of children and adolescents.

Launch an evidence-based prescription opioid and heroin treatment and intervention program to expand best practices throughout the country.

Launch a medication-assisted treatment and intervention demonstration program.

Strengthen prescription drug monitoring programs to help states monitor and track prescription drug diversion and to help at-risk individuals access services.

As you begin consideration of the FY 2016 appropriations bills, we urge you to provide sufficient funding for the provisions included in CARA, which would provide the resources and incentives necessary for states and local governments to expand treatment, prevention, and recovery efforts for the millions of Americans who are affected by substance use disorders. Among other things, we ask that you ensure adequate funding for CDC's prescription drug surveillance and monitoring activities and the Substance Abuse and Mental Health Services Administration's Medication-Assisted Treatment for Prescription Drug and Opioid Addiction program. Because we know that medication-assisted treatment should be an important component in treating those suffering from opioid abuse in the criminal justice system, we urge you to continue your support for the Medication-Assisted Treatment Pilot Program at the Bureau of Prisons.

Only through a comprehensive approach that leverages evidence-based law enforcement initiatives, treatment, and support for recovery can we reverse the current skyrocketing numbers of heroin and prescription opioid overdoses and deaths. Thank you for your consideration.

Sincerely,

KELLY A. AYOTTE,
SUSAN COLLINS,
CHRISTOPHER A. COONS,
SHELDON WHITEHOUSE,
AMY KLOBUCHAR,
United States Senators.

Mr. WHITEHOUSE. Mr. President, the letter I have submitted was written to bring CARA to the attention of both the CJS and the Labor-HHS subcommittees. But those subcommittees, when they got this letter, had no idea the bulk of this would move from the Judiciary Committee to the HELP Committee. Back then, CARA was mostly funded through another subcommittee—CJS. Back then, CARA had not even been scheduled for its hearing in Judiciary.

So why was the funding for the opioid crisis put in and, indeed, increased by the appropriators of the HELP accounts? Obviously, because 47,000 people died last year—in 2014, the last year we have on record—of opioid overdose deaths. This is a national crisis. They were paying attention to it. They were putting resources in, but not resources to implement the bill that we are about to vote on in the next few days.

Indeed, as we speak, SAMSHA, the relevant agency, is gearing up its grant applications to go forward and solicit bids for all the money the appropriators approved and that was dialed up in the omnibus. And SAMSHA is proceeding under the pre-CARA laws. SAMSHA intends to spend every dollar of the appropriated funds, CARA or no CARA. That means if this CARA bill passes, every dollar that goes this year to fund a CARA program will take away funds from that pre-CARA grant array that SAMSHA is preparing right now. In that case, we will necessarily be robbing Peter to pay Paul. You cannot count the same funding twice, and there is no new money for CARA.

One can make the argument, and, indeed, I would accept the argument that though we are robbing Peter to pay Paul, CARA's Paul is better than pre-CARA's Peter. CARA is, after all, a very good bill, but the funding math is still undeniable. We are, in fact, robbing pre-CARA Peter to pay for a new CARA-improved Paul. So one can argue that funded programs may improve because of CARA, at least to the extent the funding goes to new CARA-authorized purposes. But that is an argument that the same money will be better spent. It is not a fair argument that there is new money for CARA programs. There is no new money.

In sum, the timing does not support the argument that there is new funding for CARA. That money was appropriated long ago. Indeed, this bill will not even be law if we get it through the Senate. There is still the House, the Conference, and the President. What kind of wizards do we think our appropriators must have been 8 months ago at seeing a future for this bill which we even now cannot see?

On top of that, the jurisdictional problem between Judiciary and HELP shows that the HELP appropriations had to be intended back in June for other programs, specifically for the HELP grants now underway at SAMSHA, which we would be robbing to fund CARA programs.

Unless they were time-traveling wizards, if the appropriators had intended to add extra money for CARA for this fiscal year, they would have added the money to the Judiciary accounts that were what CARA authorized back then

when it was introduced and when the appropriators passed the appropriations in the subcommittee.

Finally, it is a fact that all of this appropriated money my friends speak of is already on its way to being spent. It will be spent even without CARA. It will be spent even if, for some reason, CARA fails. It may even be spent before CARA becomes law, and it will be spent in programs to support addiction recovery.

That is the logic of my conclusion that there is no funding for CARA. That is the logic of my conclusion that to fund CARA without robbing other addiction recovery programs, we would need new funding, not just last year's appropriations. And that, my friends, is why Senator SHAHEEN's emergency funding bill is so important.

With that, I see my distinguished chairman on the floor, and I yield the floor.

Mr. GRASSLEY. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MARKEY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. MARKEY. Mr. President, I would like to start my remarks on the Comprehensive Addiction and Recovery Act today by complimenting all of the Members—Senator WHITEHOUSE, Senator GRASSLEY, Senator PORTMAN, Senator AYOTTE, Senator SHAHEEN, and all the Members who have been working so hard on this legislation to produce something which is very much needed by our country.

I will start my remarks by telling a little story of a constituent who wants to remain anonymous. This is her story:

On July 20, 2009, I was the passenger in a vehicle with my close friend at the time behind the wheel. The light turned green and as expected he hit the gas. While he was hitting the gas, the oncoming car never hit their brakes to stop at the red light they were approaching.

I was painfully pinned in the passenger's seat. All I could hear was my friend asking me if I was OK. Upon arriving in the ER I was quickly poked, prodded, and injected with high-level painkillers. This is where it all began.

Walking out of the hospital, I wasn't only walking out with crutches, but a prescription that changed the next 5 years of my life. I was prescribed OxyContin to help manage the pain I was experiencing. With continuing follow-up appointments and check-ins, also came more prescriptions for ''pain management prescriptions.''

Two months after getting into a car accident, I was a heroin addict. How quickly all things I knew changed. In September of 2009 I not only began shooting heroin but I also began my first semester of college. I was a freshman at UMass Boston, worked full time, but, secretly, I was also a heroin addict. I kept my addiction a secret from everyone I knew including my close friends and family.

On August 31, 2014 I woke up and said to myself ''enough is enough.'' It took three overdoses in order to open my eyes. Since leaving treatment in November of 2014, my recovery has not stopped; I continue to learn and to grow daily. I have also learned of the medical issues and complications that my heroin use has led to. I now suffer from seizures because the excessive drug use over 5 years has led to minor brain damage. Along with the seizures, I have tested positive for Hepatitis C and HIV, which is common with injection drug users.

At the end of the day, all I want to do is to help others who are struggling because I know what they are going through.

Mr. President, she is one of the fortunate ones. She found the help she needed and had the strength and support to get clean. But I am hearing enormous frustration from people who don't feel that sufficient resources are being brought to bear on this enormous epidemic of prescription drug and heroin addiction.

All week we have heard the statistics here in this Chamber. Our Nation is experiencing more deaths from drug overdoses than from gun violence or auto accidents. Eighty percent of the people suffering from heroin addiction started with opioid pain medications approved by the FDA and prescribed by doctors, with 27,000 people dying from an opioid overdose in 2014 and 1,300 of those coming from the State of Massachusetts.

This issue is one that doesn't just affect the Bay State. America is drowning in a tsunami of heroin and prescription drug addiction that we must stop before it drowns any more families and communities.

Let us compare what we are did as a nation when confronted with other deadly epidemics. A bipartisan majority in Congress funded more than $5 billion to respond to Ebola. We dispatched the medical community and public health experts. Today the Obama administration is asking Congress for $1.8 billion in emergency funding to fight the Zika virus.

Imagine if we applied the same commitment, the same urgency, and the same level of resources to the prescription drug and heroin epidemic. We need an immediate and comprehensive strategy that requires commitment from all levels of government—State, local, and Federal. That means Congress must step up to respond with leadership and with resources. We need to stop the overprescription of opioid pain medication, we must prevent addiction before it takes hold, and we must provide the funding necessary to ensure that we stem this tide of deadly addiction.

The Food and Drug Administration must change its decision not to seek expert advice about the risks of addiction before it approves abuse-deterring opioids. Abuse-deterring opioids is a contradiction in terms. Whether an opioid is used as a deterrent or not, it has not prevented tens of thousands of people who have had their wisdom teeth removed or experienced lower back pain from getting addicted to these painkillers. By refusing to convene the advisory committee to inform all of its opioid approval decisions, the FDA continues to ignore outside experts who could help stem the tide of tragic deaths and overdoses plaguing this country.

That is why I have filed an amendment to require the FDA to convene advisory committees of outside experts for all opioid approval decisions—period. Now is the time to implement effective and commonsense solutions, but we need funding to do that; funding for families, funding for treatment providers, funding for our sheriffs and firefighters who carry overdose prevention drugs that save lives. We need to provide the real resources necessary to address a crisis that is only growing in numbers and severity, and that comes in the form of emergency funding. We are hemorrhaging lives by the day, and supplemental funding is the first step needed to staunch the flow of suffering and death.

Ladies and gentlemen, we are at a watershed moment in this national debate to address the public health crisis of addiction. So let us be clear. Stopping the overprescription of pain medication that is fueling opioid addiction and overdoses starts with the prescribers. We need to require anyone who prescribes opioid pain medication and other controlled substances to undergo mandatory training on safe prescribing practices and the identification of possible substance abuse disorders. That is why I have filed an amendment that requires prescribers to get the education needed to help staunch this wall of suffering and death.

The doctors will say they don't want education to be mandated; that it should be voluntary. Well, the FDA has had voluntary education for opioid prescribers in place since 2013 and has been actively encouraging doctors to take these voluntary education modules, but in more than 2 years, less than 12 percent of prescribers have actually completed the FDA's voluntary education program. A survey of 1,000 physicians nationwide found that nearly one-half of doctors erroneously reported that abuse-deterrent formulations were less addictive than their counterparts. It is unconscionable that our doctors know so little about these potentially deadly painkillers.

I intend to call up amendment No. 3382 later so we can make consideration of the bill. The amendment would ensure that as a condition of receiving a license to prescribe opioids, the recipient of the license is educated in the best practices for using opioids and the connection with addiction and with diversion. I intend to call up that amendment later, asking for consideration.

From my perspective, if we are going to have a real strategy, then we have to make sure there is a requirement that there is continuing education. We also need to remove the barriers to effective treatment, including outdated Federal restrictions on medication-assisted therapies like SUBOXONE.

Medication-assisted therapy for opioid addition is cost-effective, it decreases overdose deaths, and it reduces transmission of HIV and hepatitis C. That is why I have filed an amendment that would lift the caps that are limiting the number of patients doctors can treat with medication-assisted therapy. If we are going to reduce the supply of heroin and illicit prescription drugs, we have to reduce the demand through effective treatment. I have been working with Senator PAUL from Kentucky on that amendment.

Also, fear of a lawsuit should not deter anyone from trying to save the life of someone suffering from an overdose. That is why I have filed an amendment that creates a Federal Good Samaritan provision that shields from civil liability family members, friends, and other bystanders who administer opioid prevention treatments like Narcan.

The debate we are having on this legislation this week is just the beginning. We must let prescribers know that unless they get basic education in opioids, they will have to turn off the spigot of painkillers that are flooding this country and leading to deadly overdoses. We must let law enforcement and the judicial system know we cannot incarcerate our way out of this problem. We must let Big Pharma know we are going to work to ensure that we have a lifting of awareness of this issue every single day. Enough is enough in this country. Enough is enough. We have just seen an explosion in terms of this problem.

We must now let all of those struggling with addiction know that help is on the way and that no matter how dark life seems right now, there is hope and the Sun will rise for them once again.

I thank the Presiding Officer for giving me the opportunity to speak for some time, and I yield the floor.

The PRESIDING OFFICER (Mrs. ERNST). The Senator from Oregon.

(The remarks of Mr. MERKLEY pertaining to the introduction of S. 2621 are printed in today's RECORD under ''Statements on Introduced Bills and Joint Resolutions.'')

The PRESIDING OFFICER. The Senator from Virginia.

FILLING THE SUPREME COURT VACANCY

Mr. KAINE. Madam President, I rise to offer some thoughts about the current discussion over a vacancy on the Supreme Court.

I had high hopes yesterday for the meeting in the White House between the majority leader, the chairman of the Judiciary Committee, President Obama, and Vice President BIDEN. I had high hopes that meeting might lead to an opening and a willingness to entertain the important business of filling a vacancy on the Supreme Court, but the announcements made directly after that meeting suggested—a phrase we sometimes use back home—that the schoolhouse door is going to stay closed. There will not be a debate. There will not be a vote. There will not be a committee hearing. In fact, there was even a suggestion, a commitment, that the majority would refuse even to entertain courtesy office visits with the nominee that President Obama is expected to send up soon.

I was disappointed in that, and I wanted to take the floor to offer a simple message. It is very important that the Senate do its constitutional duty and do its job with respect to the Supreme Court vacancy. The job is pretty plain. We have a job description, as most people do who have jobs. The job description is contained mostly in article I of the Constitution, but there are also descriptions of what we must do in the Senate in article II. Article II, section 2, clause 2 of the Constitution says the President ''shall nominate, and . . . with the Advice and Consent of the Senate, shall appoint'' a variety of officials, including Supreme Court Justices.

This is part of our job description, to entertain Presidential nominations for Supreme Court Justices. We volunteer for the job. We take an oath to do the job. We cash a paycheck written by the American people to pay for us to do the job. Frankly, we don't have the option of refusing to do the job.

Is there anything unusual about this situation, a vacancy on the Supreme Court occurring during the last year of a President's term? The answer to that is no.

On 17 occasions, this body has entertained and had a confirmation vote on a Supreme Court Justice in the final year of a President's term—17 times. When this happened, people thought it seemed rare, but when you go back and look at the historical record, it is not rare at all. On each of those occasions in a Presidential election year, the Senate has done its job under article II, section 2, clause 2, and entertained a nominee. There is no reason why this Senate should not do exactly the same thing, follow that historical precedent.

As I have traveled around Virginia in the weeks since the vacancy became open, I have talked to a lot of citizens about this. Sometimes it is helpful for us in this body to think about the way others—especially our citizens—look at what we are doing or not doing here. Citizens ask me: What possibly could be the reason why the Senate would not follow its clear historical precedent and do a job description that is contained in the Constitution and would refuse a vote, refuse debate, refuse committee hearings, refuse even to meet with a nominee? Why would Congress not do its job? Why would the Senate not do its job?

I have been thinking about that, and I can only conceive of two reasons why this Senate would not do its job, and both of the reasons are highly illegitimate, in my opinion.

The first reason—and this is a reason that occurs to many citizens, and they are very concerned about this—is that the Senate is announcing that it will not do its job because of the identity of this particular President. The Senate has been willing to do the job for other Presidents, but is there something about this particular President that is making the Senate decide to break its historical traditions and violate article II, section 2, clause 2, and not do the job?

This question has given some added oomph because of another recent event. In early February, President Obama sent his budget to the Congress. Pursuant to the Budget Act of 1974—and this has been followed uniformly by the Senate and the House—when the President sends up a budget, the Budget Committees have a hearing about the President's budget—even if they do not like it, and they often don't like it, but that is what you do. You have a hearing about the President's budget. If you don't like it, you criticize the budget and then you write a different budget. That is what has happened for every President since the Budget Control Act of 1974 passed.

In the last year of the Bush administration, when there were Democratic majorities in both Houses when President Bush sent up his budget, hearings were held on the budget. But in this instance, just within the last month, when the budget was sent up from President Obama, both committees said: For this President—breaking the statute, breaking all tradition—we will not even have a hearing on this President's budget.

So if we are going to break a constitutional command and break a history in which 17 Justices have been confirmed in a Presidential year, and if we are going to break it for this President, and if we are going to break the Budget Control Act and break a uniform history since 1974 by not according even a hearing for the budget submitted by this President, then a question that is being asked by the citizens of this country—certainly the citizens of this Commonwealth—is whether the actions taken here on this Supreme Court nomination to not allow a vote, not allow a debate, not allow a committee hearing, and not even allow courtesy office visits, is actually not about the Supreme Court at all, not even about the nominee, whosoever it shall be, but it is a particular mark of disrespect for this President that is unprecedented in the history of this body. That is an explanation which many of my citizens are deeply worried about and which many of my citizens are talking about and asking about, and frankly I don't have a good answer to that concern.

There is a second reason that suggests itself to me with respect to breaking all of the historical precedent on this particular Supreme Court vacancy. It connects to another concern that I have taken to the floor many times to talk about as a member of the Foreign Relations and Armed Services Committees. There is another clause of the Constitution that I care deeply

about, and that is article 1, section 8, clause 11. We should not be at war without a vote of Congress.

We are now in the 20th month of a war, and Congress hasn't even voted—this war against ISIL. I go to hearings all the time where Members of the Senate criticize the President for what he is doing or not doing in the war, but I see a complete unwillingness in this House and the House of Representatives to actually do what the Constitution commands and have a vote on the war.

This circumstance reminds me of that: a clear constitutional command in article 2, section 2, clause 2; a clear historical precedent of the Senate engaging; but now, for this President, on this vacancy, a decision: Hold on a second. Maybe we can just avoid voting yes or no. If we vote yes for a nominee the President might send up, we will make some people mad. If we vote no on a nominee the President sends up, we will make some other people mad. Maybe we can just avoid the commands of article II, section 2, clause 2, avoid the uniform history of this body, and not vote at all. If we can avoid voting at all, maybe we can evade accountability; maybe we can evade the criticism that might come to us from our constituents.

That is also highly troubling.

I can't think of any other reasons why this body would violate the clear commands of article II, section 2, clause 2, and violate a uniform history of approving 17 Supreme Court Justices during a Presidential year other than, A, it is fundamentally a sign of disrespect for this particular President or, B, it is a desire by a Senate that certainly has the votes to confirm or deny, consistent with the constitutional provision, to avoid taking a vote and thereby think we can avoid the accountability to our citizens for casting a vote on something that might be controversial. Needless to say, both of those reasons are highly illegitimate and, in my view, are really beneath what we should be doing in this Chamber.

The last thing I will say is this: The job description of a Senator is laid out in the Constitution, but there are other parts of the job that may not be laid out so plainly but that we all understand to be our job. For example, I don't think it is laid out that we should passionately represent our citizens and do constituent service for them, but we all understand that is part of the job.

Well, another part of the job of a U.S. Senator that may not be spelled out as directly as the power to advise and consent on nominations or the power to declare war is that we are elected guardians of this institution, and more than just the institution of the Senate, we are elected to be guardians of the Democratic traditions that are set out in the Constitution, in this marvelous Constitution that establishes three branches of government that have checks and balances against each other.

We should always act, regardless of our disagreements, regardless of our debates or arguments, and the differences of opinion are legitimate. We should always act to promote respect for our institutions, not only the institution of the Senate but the institution of the court system, which has a vacancy right now on the Supreme Court, the institution of the Presidency, toward whom we are sending a signal of disrespect by the actions that are being undertaken in this body. It is part of the job we need to do to build up the respect for the institutions of our government. If Senators don't respect the institutions of our government, why would anyone else respect them? If we act in a way that subverts or tears them down, why would we expect anyone else to respect the institution?

I came here to this body because I do respect the institution. I respect its history. We are all humans; we can make mistakes. Votes have been cast that in the light of day you could look at and expect to be different. But compared to other systems in the world—and I lived in a country that was a military dictatorship when I was a young man, and I can certainly see the great blessing it is to live here in this country and serve here in this body. I deeply fear that the actions we are embarking on in connection with the Supreme Court nomination are expressing a profound disrespect for the article III branch, the courts; a profound disrespect for the article II branch of the Presidency; and, frankly, a profound disrespect for our own history, traditions, and job description in this article I branch of the legislature.

It is not too late for us to turn this around. It is not too late for us to take a pause and, when the President sends over a nomination for the Supreme Court, to do what justice demands. If justice demands anything, it should be that we would analyze an individual on that person's own merits instead of just saying that the blanket rule is that no matter who you are, no matter what your qualifications, because you were sent by this President, we will create a unique rule for you and refuse to entertain you.

We still have time to turn this around. I have no idea when the President will send a nominee over, and I have no idea who that nominee will be, but when that nominee is delivered and recommended to the Senate, it is my prayer that this body will do what article II, section 2, clause 2, demands; that we will do what we have done in every other instance when a President has sent a nominee over in a Presidential election year; that we will not bar the schoolhouse door but we will open the doors to our office to accord a nominee the courtesy of a discussion; that we will have hearings in the Judiciary Committee; and that we will have a robust debate and a vote on this floor. If that vote is a yes, that will be great. If that vote is a no, that will still be fully in accord with the constitutional job description of this Congress. But to not entertain a nominee at all, in my view, would violate our oath, would violate the Constitution, and would express a significant disrespect for all three branches of government.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

AMENDMENT NO. 3367 TO AMENDMENT NO. 3378

(Purpose: To establish a life-saving program to prevent drug and opioid abuse in Medicare.)

Mr. GRASSLEY. Madam President, I call up the Toomey amendment No. 3367.

The PRESIDING OFFICER. Without objection, the pending amendment is set aside.

The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Iowa [Mr. GRASSLEY], for Mr. TOOMEY, proposes an amendment numbered 3367 to Amendment No. 3378.

Mr. GRASSLEY. I ask unanimous consent that the reading of the amendment be dispensed with.

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

(The amendment is printed in the RECORD of March 1, 2016, under ''Text of Amendments.'')

Mr. GRASSLEY. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

AMENDMENT NO. 3395 TO AMENDMENT NO. 3378

Mr. WYDEN. Madam President, I call up amendment No. 3395.

The PRESIDING OFFICER. Without objection, the pending amendment is set aside.

The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Oregon [Mr. WYDEN] proposes an amendment numbered 3395 to amendment No. 3378.

Mr. WYDEN. Madam President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To provide for comprehensive provisions for the prevention and enforcement of opioid abuse and treatment of opioid addiction)

At the appropriate place, insert the following:

SEC. ___. INCREASED ANTI-KICKBACKS PENALTIES.

Paragraphs (1) and (2) of section 1128B(b) of the Social Security Act (42 U.S.C. 1320a–7b(b)) are each amended by inserting ''(or, beginning January 1, 2017, $50,000)'' after ''$25,000''.

SEC. ___. CENTER FOR MEDICARE AND MEDICAID INNOVATION TESTING OF OPIOID ABUSE TREATMENT PROGRAM MODEL FOR PART D PRESCRIPTION DRUG PLAN ENROLLEES.

Section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended—

(1) in subsection (b)(2)(A), by adding at the end the following new sentence: ''The models

selected under this subparagraph shall include the model described in subsection (h).''; and

(2) by adding at the end the following new subsection:

''(h) OPIOID ABUSE TREATMENT PROGRAM MODEL.—

''(1) IN GENERAL.—The Secretary shall test a model requiring prescription drug plans under part D of title XVIII to have in place, directly or through appropriate arrangements, an opioid abuse treatment program for applicable enrollees in lieu of the medication therapy management program under section 1860D–4(c)(2) with respect to such applicable enrollees.

''(2) START DATE.—The model under this subsection shall start in plan year 2018.

''(3) SELECTION.—The Secretary shall select a limited number of Medicare part D regions in which to the model, giving priority to regions based on the number of total opioid prescriptions in the region.

''(4) REQUIREMENTS FOR PROGRAM.—Under an opioid abuse treatment program, the PDP sponsor offering the plan shall—

''(A) establish a care team that includes at least—

''(i) a pharmacist;

''(ii) a physician; and

''(iii) an individual licenced in a State with expertise in behavioral health (as determined by the Secretary), which may be the physician described in clause (ii); and

''(B) develop, in consultation with the applicable enrollee and with input from the prescriber to the extent necessary and practicable, a care plan for the applicable enrollee that is intended to treat the applicable enrollee's pain and limit any unnecessary opioid prescriptions when possible.

''(5) PAYMENT.—

''(A) IN GENERAL.—Under the model under this subsection, the Secretary shall make a monthly payment to the PDP sponsor offering the prescription drug plan for each applicable enrollee who receives services under the opioid abuse treatment program.

''(B) SHARED SAVINGS.—Under the model under this subsection, the Secretary shall (using a methodology determined appropriate by the Secretary) make payments (in addition to the payments under subparagraph (A)) to the PDP sponsor offering the prescription drug plan if the Secretary determines that total spending under parts A, B, and D of title XVIII (and including the payments under subparagraph (A)) for applicable enrollees who receive services under the opioid abuse treatment program is less than a historical benchmark of total spending under such parts A, B, and D for such enrollees or similar enrollees. Such benchmark shall be adjusted at the Secretary's discretion for changes in law or regulation, unforeseen circumstances, or advances in medical practice.

''(6) QUALITY.—Under the model under this subsection, the Secretary shall measure the quality of care furnished by opioid abuse treatment programs, including elements related to access to care, the unnecessary use of opioids, pain management, and the delivery of behavioral health services.

''(7) APPLICABLE ENROLLEE.—In this subsection, the term 'applicable enrollee' means an individual who is, with respect to a prescription drug plan—

''(A) enrolled with the plan; and

''(B) an at-risk beneficiary for prescription drug abuse (as defined in section 1860D–4(c)(5)(C)).

''(8) MODEL NOT APPLICABLE TO MA–PD PLANS.—The model under this subsection shall not apply to MA–PD plans or enrollees of such plans.

''(9) CLARIFICATION OF APPLICATION.—For purposes of the preceding provisions of this section (including paragraphs (3) and (4) of subsection (b) and subsections (d) and (f)), the model under this subsection shall be deemed to be a model under subsection (b).''.

Mr. WYDEN. Madam President, along with my colleague Senator SCHUMER, I rise to offer what, in my view, are some needed changes to the amendment Senator TOOMEY has now offered to the opioid bill. My bottom line for the opioid legislation is that a real solution has to include three priorities: more prevention, better treatment, and tougher enforcement. To be successful, all three priorities must work in tandem.

The Toomey amendment, which is often called the Part D lock-in, would allow Part D plans to identify people in Medicare who may be abusing opioids. These people would then be assigned to one prescriber and one pharmacy to get their pills. This is an enforcement policy, and it cracks down on those who game the system.

What is important, what is critical for the Senate to understand is that the story does not stop there. If someone is addicted to opioids, they need a path—a real path—to treatment. Without treatment, they may get their pills on the street or they may turn to heroin. This amendment ensures those who are at risk for opioid abuse are connected to meaningful treatment choices so they can better manage their pain and limit excessive prescriptions. Those struggling with addiction need the health care system to be all hands on deck, working to ensure that there is adequate treatment. That means your doctor, your health care plan, and your pharmacy need to come together and develop a treatment plan in order to ensure that Americans are on the road to real recovery. Without access to treatment, the Toomey amendment alone would simply lock persons suffering from addiction into a pharmacy, and they would still be without a path out of addiction. Effective treatment has to be more than handing a pamphlet to somebody struggling with a condition as powerful as addiction.

My amendment also aims to end the tide of overprescribing in the first place. It doubles the penalties for opioid manufacturers that provide kickbacks to prescribers in order to boost their profits by promoting the unapproved use of these drugs at the expense of a patient's safety. The inappropriate practices of these companies have been well documented in recent years, and it is high time for real accountability when the opioid manufacturers go too far.

I will close by saying that at the Finance Committee hearing, which was held last week, I asked the three panelists—one was a witness chosen by the distinguished chairman, Senator HATCH, one was a witness I chose, and one was an individual that both of us thought would make an important contribution. The panel consisted of a pharmacist, a State assistant attorney general, and a child welfare and substance abuse expert. I asked all of them one simple question, and that question was: Does treatment and enforcement have to work in tandem to solve the opioid crisis? Each one of these witnesses—a witness chosen by Chairman HATCH, a witness chosen by me, and an independent witness—answered yes to my question. Prevention, treatment, and enforcement must work in tandem, and to do that we have to adopt this amendment.

We ought to take action to improve policies in our government that will actually solve the opioid crisis. I hope all of my colleagues will support my perfecting amendment to the Toomey amendment.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Madam President, I rise to speak in favor of amendment No. 3354. I filed this amendment with my colleague from West Virginia, Senator CAPITO, who has been a leader in our fight against opioid addiction. The opioid addiction problem in our country is severe. It is growing, and it is not going to end unless Congress comes together to pass a law that targets the root causes of this epidemic. The stakes are simply too high to ignore.

Last year alone, in communities all across our country, including many in New York, 1.4 million more Americans started abusing opioids. Every day, 44 more people are killed by an overdose. We have seen enough data to know that our opioid addiction problem is spiraling out of control. Opioid addiction is destroying too many lives in our cities, too many families in our rural communities, and too many young men and women in our suburbs.

I wish to tell the story of one of my constituents whose name is Sean Murdick. Sean was a really special and gifted young man. He was cocaptain of his high school football team and had that rare ability to bring people together and connect with anyone. Sean didn't care if you were on the football team or had a disability, he was always the first one there to help you when you needed it.

After high school, Sean loved working with his hands, so he got a good job as a construction worker. One day Sean broke his arm. Sean's doctor gave him a prescription for oxycodone, a powerful opioid to mask his pain. By the time his prescription ran out, Sean was already addicted. He couldn't shake the addiction no matter how hard he tried. He started using heroin and tried to quit many times, but the system failed. The system failed him nearly every step of the way, and last fall Sean overdosed and died.

I would like to tell you Sean's story from the perspective of his parents. My hometown paper, the Times Union, did an incredible story about his life. I can imagine the pain they suffer because I have two young sons. The Murdicks

had many questions but very few answers, and they have been lost in a fog of grief since their son's death 2 months ago.

The Times Union wrote:

They want to speak out in Sean's memory, to reclaim what heroin stole from them in the hope that it might help other parents struggling with a child's addiction.

''Sean did not die in vain,'' his father said, choking back tears.

''We tried our best to save him. It wasn't enough,'' his older brother said, his voice cracking. . . . His mother walked over, embraced her son and spoke soothing words into his ear. The father buried his head in his hands. It was a tableau of sorrow.

We have seen this happen far too often. When their son spiraled down into addiction—

His parents could see something was wrong with Sean. He lost a lot of weight and seemed distant and fidgety. He nodded off at the dinner table.

His father found a syringe in the bathroom and confronted Sean.

''Dad, I'm sick. I need help,'' he said. ''This is not me. I don't want to be like this.''

The parents told their story to our paper. The paper says:

It was a revolving door of failure: detox, intensive outpatient care, relapse. He did not qualify for the most intensive and costliest level of care, inpatient residential treatment. They denied him because he was not homicidal or suicidal and had a stable home environment. ''It was a never-ending battle with the insurance companies,'' his mother said. ''They treated him like the scum of the Earth.''

Now imagine being a parent and going through this with your son—going from treatment center to treatment center.

When Sean finally died, he had the best care. He was in a treatment center. When he called his mother, he said:

''Mom, I've gotta go. My steak's ready,'' he said. ''Love you, mom.''

He went into the bathroom, and he overdosed.

Sean left his parents a final solace. Not long before he died, he thanked them for their unconditional love and how they supported him through a long road of misery.

''You did everything right,'' he told them.

I don't know how a parent can hear those words and think they did everything right, but I can tell you as a Senator that the U.S. Congress is not doing everything right.

Too many parents are telling these stories about their children who have died and too many patients are being prescribed opioids, such as Percocet, Vicodin, and OxyContin for acute pain. This medication is prescribed to patients for a broken wrist or when they have a wisdom tooth pulled—medication that they may need for only 2 or 3 days. Why in Heaven's name are they sent home with a dose of 30 oxycodone pills? What happens to those pills? Are they given to kids at a party? Are they sold to addicts?

We know there is a huge issue with how prescriptions are being made, how much medicine is being given to patients for this acute care, and right now there are no guidelines—no guidelines—given to doctors.

I have a bill to create that guideline. We need a guideline for the CDC. Our amendment is very simple. It would require the CDC to issue clear guidelines to our medical community for when it is appropriate to prescribe opioids instead of something nonaddictive, such as Extra Strength Tylenol.

Our amendment simply requires the CDC to issue these clear guidelines for how much opioid medication our medical professionals can prescribe without putting a patient at high risk for addiction. These guidelines are already being done for chronic pain, so they should also do them for acute pain.

We need to do something. As Members of Congress, we need to respond to the suffering of so many of our constituents. It is truly an epidemic, and it needs a response.

I thank the Presiding Officer, and I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. MCCONNELL. Madam President, I ask unanimous consent that at 2:30 p.m. today, the Senate vote in relation to the following amendments in the order listed: 3362, Feinstein; 3395, Wyden; 3367, Toomey; 3345, Shaheen; that there be no second-degree amendments in order to the amendments and that, where applicable, Senator ENZI or his designee be recognized to offer a budget point of order against the respective amendment and that the sponsor or their designee be recognized to make a motion to waive; further, that all the amendments be subject to a 60-affirmative-vote threshold for adoption and that there be 2 minutes equally divided in the usual form prior to each vote.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The PRESIDING OFFICER. The Senator from Nebraska.

KARI'S LAW

Mrs. FISCHER. Madam President, I rise today to discuss a bipartisan bill that ensures all Americans can access 911 in emergencies.

In December of 2013, Kari Hunt was attacked in her Texas hotel room. As this was unfolding, her 9-year-old daughter tried desperately to call 911, but the call did not go through. Like millions of American children, Kari's brave daughter was taught to dial 911 for emergency assistance, but because they were in a hotel room, the phone required her to dial 9 followed by 911.

In any emergency, a few precious seconds can mean the difference between life and death. And although we cannot prevent tragic events from taking place, we do have the ability to make it easier to get help. That is why I have teamed up with Senators AMY KLOBUCHAR, JOHN CORNYN, TED CRUZ, and BRIAN SCHATZ to put forward a new bill that could save countless lives. Our legislation, named in honor of Kari Hunt, would require that everyone has the ability to call 911 in an emergency. This problem isn't isolated to one hotel room or a particular incident.

As of March 2014, consumers could not directly dial 911 in 44.5 percent of hotel franchises and 32 percent of independent hotels. Over the past 2 years, the hotel industry and phone manufacturers have undertaken voluntary efforts to improve the problem, and I do commend those efforts, but we need to do more. If one person cannot call 911 in a life-or-death situation, that is one person too many.

The bill we have introduced, known as Kari's Law, would require multiline telephone systems, such as those used in hotels and schools and office buildings, to have a default setting that enables people to directly call 911 without first dialing an access code such as 9 or 1. The bill also requires that these phone systems be programmed to allow a central location—such as the hotel front desk—to be notified if a 911 call is made. Through our legislation, first responders can more easily locate people during an emergency. Then they face fewer barriers while this is unfolding.

Kari's Law has already received generous support from across the country. For example, in Nebraska, the bill is supported by the firefighters associations in Omaha and Lincoln, the Buffalo County Sheriff's Office, the city of Beatrice Fire and Rescue Department, Cheyenne and Scotts Bluff County 911 representatives, and the chairman of the Scotts Bluff County Board of Commissioners. The bill is also supported by the hotel industry and the American Hotel and Lodging Association.

I would also like to acknowledge the efforts of FCC Commissioner Pai, who has devoted time and resources to bring attention to this very important issue. Commissioner Pai traveled to Nebraska last June, and he participated in a workshop on direct-dial 911 issues while at the University of Nebraska in Lincoln. He has continued to encourage the industry to work with him in an effort to find solutions to this important issue. The Nebraska Public Service Commission, which led the workshop, has also been at the forefront of the discussion.

And finally, we would not be here discussing this bill without the tireless work of Kari's father, Hank Hunt. Hank has worked day in and day out to advocate for this legislation at both the State and the national level. Hank has made it his mission to ensure that no other family will have to suffer through a similar tragedy. I paraphrase Hank: It was the look on my granddaughter's face when we failed her. A 9-year-old did what she was instructed to do by her parents, teachers, and adults. She was in a true, dire emergency, and she followed instructions, but it didn't work.

I would call on all my colleagues to support this important legislation. We owe it to Kari Hunt, her family, and the Americans who rely on their ability to call 911 for emergency help.

SPOOFING PREVENTION ACT

Madam President, I also want to take a moment to speak about another bipartisan bill that is currently before the Senate. This legislation also seeks to protect Americans by updating our telecommunications laws. It would fix loopholes in our laws that are allowing scammers to take advantage of innocent Americans through a practice known as caller ID spoofing.

Caller ID spoofing allows predators to deliberately falsify their identification and telephone numbers relayed through caller ID. The scammers frequently ask for personal information and for money. Often, senior citizens and our veterans are the target of these predatory practices. Caller ID spoofing has become a major problem for Nebraskans and for law enforcement, which is why I am committed to eliminating this practice.

In September 2013, USA Today highlighted the story of Marian Kerr from Hastings, NE. Ms. Kerr is an 83-year-old retired hospital nursing administrator who fell victim to a spoofing scam. She received a call from individuals who claimed to work for the Federal Government, and they asked for her bank account information. The scammers told her they were Federal officials and already had her name, address, and her phone number. They used this information to trick Marian into providing her bank account number. Ms. Kerr had caller ID, but it displayed a number in Nevada, not Washington, DC, or Hastings, NE. She attempted to call back repeatedly, but she either received a busy signal or was sent to voice mail. Ms. Kerr reported the incident to the police, but by then it was too late. Her money was gone, and there was nothing that law enforcement could do.

Last fall, the Omaha FBI issued a warning about the danger posed by scammers using the Bureau's identification to target Nebraskans. The callers claimed to be offering a grant from the Federal Government, and they proceeded to solicit credit card and banking information. This practice is happening across the country and it needs to stop. Whether it is hard-working Nebraskans like Ms. Kerr or veterans who bravely served our country, no one is immune to this form of fraud.

That is why I was very pleased to join with Senator NELSON last month to introduce the bipartisan Spoofing Prevention Act. This bill would amend the Truth in Caller ID Act. Currently, loopholes in this law are allowing scammers to manipulate caller ID information and to harass millions of Americans.

While the Truth in Caller ID Act has helped to curb spoofing, the growth in new technologies has allowed scammers, especially those operating overseas, to continue this fraudulent practice. The Spoofing Prevention Act would crack down on spoofing by prohibiting caller ID spoofing on all voice calls, including those originating outside the United States, and all calls made using IP-enabled voice services. It would also prohibit caller ID spoofing done via text messaging, which is now becoming a really common practice. Additionally, the bill directs the GAO to look at what the FCC and the FTC have done to combat spoofing.

We must call for new solutions as technology continues to evolve, and I urge all my colleagues to support this important legislation so we can ensure that our citizens are protected from fraud and abuse.

Thank you.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Indiana.

Mr. DONNELLY. Mr. President, I would like you to recognize the assistant minority leader from Illinois, Senator DURBIN.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. I thank my colleague from Indiana.

Mr. President, the bill before us is the Comprehensive Addiction and Recovery Act. It is one of the few bills on which we find so much bipartisanship. It really is an issue that all of us understand back home is a major problem, wherever home may be. In my State of Illinois, there is no town too small and no suburb too wealthy to avoid the challenge of this heroin crisis.

Here is what is happening. Over the last 10 years, we have seen the pharmaceutical industry dramatically increase the number of painkiller pills for sale. One classification of those opioids includes OxyContin, hydrocodone, and other names that are pretty familiar to us. It turns out that there have been so many of these pills produced that they have now created an industry of their own—an illicit industry where people are buying and selling them to get high. When they reached a point where they can't find these pills or they are too expensive, they switch, in the same category of narcotics, to heroin. Of course, heroin can kill you if you have an overdose.

We now have more people dying from overdoses of heroin across the United States than people who are dying in traffic accidents. To give you an idea of the volume of this challenge, I have been all across my State, from one end to the other, from Southern Illinois all the way up to Chicago and the suburbs and towns in between. There is hardly a single town that has been spared where some teenager wasn't found dead because of a heroin overdose. There are things we are doing to try to resolve this, but we are not doing enough and not doing it fast enough.

So the bill that is on the floor, the Comprehensive Addiction and Recovery Act, is an attempt to find new ways for prevention, education, and treatment of substance abuse. There is an amendment offered by Senator SHAHEEN from New Hampshire. It is really a test. All of us can agree on the goals. Senator SHAHEEN says that is not enough. That is an empty promise unless you pay to achieve the goals. We have to put the money into substance abuse treatment. We have to put the money into efforts with law enforcement to reduce the likelihood of these drugs coming into the United States. That is why I support her amendment.

I will offer another amendment too. What we are finding is that there are not enough treatment facilities for this huge growth in people who are addicted to heroin and other narcotics. There just aren't enough. So my bill takes a look at Medicaid. That is the health insurance plan for people in low-income categories. A few years ago, we changed this law and said you can't treat people for substance abuse if you have any more than 16 beds in your facility—16. Can you imagine in the city of Chicago what that means?

Well, I went to Haymarket, which is a wonderful operation started by Monsignor Ignatius McDermott decades ago, which treats people for alcoholism and substance abuse. They have empty beds now that can treat people who are addicted to heroin and help them to break away from this habit. But if they are under Medicaid, they can't offer these beds to these individuals. So I have an amendment with Senator ANGUS KING of Maine, and this increases the number of beds in each facility to 40. This isn't a runaway number. It is a manageable number, and it is a realistic number. If we are going to deal with heroin addiction, we have to deal with it in an honest fashion.

Let me give an example of what I consider to be one of the more effective approaches. In Gloucester, MA, the chief of police decided to try something new. They were having too many heroin overdose deaths, so he made the decision and announced that if you came to his police department or sheriff's office and announced your addiction, they wouldn't arrest you. They would put you into treatment. What happened was a number of people came forward and went into treatment. It was a good outcome for them and for the community.

I have a similar story from the town of Dixon in Illinois. They had too many scary instances where people were either close to a heroin overdose or actually passed away. They tried the same thing as Gloucester, MA, and offered that if you came in and confessed your need for help and treatment, they wouldn't arrest you. They would take you into treatment. It worked. Over 20 local teenagers showed up because of their addiction and they were put into treatment.

Of course, the problem is there aren't enough treatment facilities. So this amendment I have would expand the

opportunities for treatment, and we have to do that.

The good news about this, if there is a good part of this, is that we are finally dealing with addiction in reality. It is no longer viewed just as a moral failing or characterized as some omission of conscience. It is being viewed as a disease—a medical condition that should and can be treated—and that is why we are making a step in the right direction.

We also—I think it bears repeating—we also changed the law in this Chamber not that many years ago, a law which was brought to the floor originally by Senator Paul Wellstone of Minnesota and Senator Pete Domenici of New Mexico, and that bill required that health insurance policies in the United States, in the future, would cover mental health counseling and substance abuse treatment. So, now, because that became the law, the health insurance plans we buy cover our families for those needs. Many families who never dreamed they would need substance abuse treatment for their kids, thank goodness, can turn to their health insurance plan for that kind of help. We have to protect that. Those who talk about repealing the Affordable Care Act would be repealing this very protection that families are using now for substance abuse treatment. That isn't the answer. The answer is to have more treatment facilities available so people can rid themselves of this addiction and get on with their lives.

I have met so many of these people in my roundtables, including law enforcement and doctors, but the ones I remember the most are the young people addicted in high school who finally were able to break the habit. They have a chance now for real life, but it is because there was treatment there when they needed it.

I hope my colleagues will consider this amendment. It will not come up today, but it will soon.

This is a good bill. I hope they will vote for the Shaheen amendment because it pays for the services we are promising. I don't want to end up making an empty promise to America as we face this heroin crisis.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. DONNELLY. Mr. President, I thank the assistant minority leader for those inspiring words, and I recognize the Senator from Virginia.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I ask unanimous consent to speak for up to 6 minutes as in morning business.

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

Mr. WARNER. Mr. President, let me also join my colleague in agreeing with the Senator from Illinois on his comments, and I, too, will join him on voting in favor of the Shaheen amendment. It is important we not only take on this question of opioid drug abuse but that we also make sure we fund the program. I thank him for his leadership.

FILLING THE SUPREME COURT VACANCY

Mr. President, I wish to take a couple of moments and join with many of my colleagues to talk about an issue of enormous importance on the constitutional obligation to fulfill our duty in terms of reviewing whomever the President of the United States nominates for the Supreme Court. I wish to start, though, by saying a few words about Supreme Court Justice Antonin Scalia and to offer my condolences to his family. Whether you agreed or disagreed with Judge Scalia's decisions—and mechanically I disagreed with many of them—he was a remarkable jurist and he was a remarkable individual. Over the last 10-plus years, I got to know him and his wife Maureen more in a social setting. He was warm, witty, charming, brilliant, and he will be missed by all who agreed or disagreed with him. My thoughts continue to be with Maureen and his family.

I rise, I think, almost in the mode of what I believe Justice Scalia would have said as someone who was a strict constructionist and someone who believed so firmly in the words of the Constitution. The words of the Constitution are quite clear in article II, section 2, where it says the President shall nominate Justices to the Supreme Court, and it is the responsibility of the Senate to advise and consent.

So my request to all colleagues in this body is simply let's do our job. It is not if the President will nominate, it is when the President will nominate—and I hope he nominates soon—we should give that nominee their due consideration, a fair hearing, and then an up-or-down vote. The President has repeatedly voiced his strong commitment to nominating an eminently qualified replacement. That is his duty, and we must do ours.

To those who suggest we should wait and let the American people decide, the truth is, they already did. In 2012, the American people voted to return President Obama to the White House for a second 4-year term. That 4-year term doesn't end until January 20, 2017. I believe there is ample time to vet a nominee and still wrap up this process this spring.

Are we going to allow politics to totally overtake the work of this body? Are we resigned to a complete and utter failure to govern until next January?

I know the Presiding Officer and I both share a common background; that is, a background in business. It is remarkable to me. No business in America—no business in the world—would operate under the presumption that because it is a Presidential year, that somehow we can default on all of our duties and simply kick over every issue until next year. If we operated a business that way, we would be out of business.

I believe it is absolutely essential that when the President—and I hope expeditiously—nominates an individual to the Supreme Court, that this body do its job constitutionally: review that applicant, meet with that applicant, hold hearings on that nominee, and then give that nominee the up-or-down vote the Constitution requires.

The remarkable thing is in a year where there is a lot of commentary about what the public wants, I can at least tell my colleagues what the public wants in Virginia. They want us to do our job.

I have received an overwhelming response from Virginians from one end of the Commonwealth to the other. They are expressing their opinion clearly about how the nomination process should move forward. A lot of Virginians are expressing their thoughts about what kind of nominee the Senate should confirm or not confirm, but what they are not saying is that the U.S. Senate should punt on this constitutional responsibility. They want us to do our job.

Over the past week, what I have found most striking is the awkward public position held by so many people who otherwise claim to be advocates of a strict reading of the words of the U.S. Constitution, who somehow are saying—imagining something that doesn't appear in the Constitution, that a President or at least this President in his last year—we are not going to follow the Constitution. We are going to kick it over until next year. I believe that is irresponsible. I believe it is inappropriate. I believe that does not follow the interpretation of the Constitution and quite honestly I don't believe it would follow what Justice Scalia, who was a strict constitutionalist, would want to see this body do.

Yet we saw some on the other side of the aisle, literally within hours of Justice Scalia's passing, saying: No vote. No proceeding. We are not going to do our job. We saw certain members of the leadership meet yesterday with the President, again reaffirming their unwillingness to do their job.

This failure to act, this failure to do our constitutional duty, could result—will result—in a vacancy on the Supreme Court stretching close to a year, across two distinct terms of our highest Court. Over that time, the Supreme Court could be deciding extremely important cases, and in many ways they are not going to function as the Constitution laid out.

Many of my friends on the other side of the aisle often quote President Reagan. President Reagan himself said: ''Every day that passes with a Supreme Court below full strength impairs the people's business in that crucially important body.''

As a matter of fact, if we don't do our job, in effect, what we will be doing is potentially shutting down another branch of government. Regardless of where we fall on the political spectrum, if there is one message we have

heard loud and clear over the last couple of years, the American people do not abide shutting down various branches of government. The American people deserve better than this.

I would again urge my colleagues on both sides of the aisle to step up and do their job. Let's give the President's Supreme Court nominee the appropriate respect, hear them out, have those hearings, and give the Senate a chance to exercise its will in a straight up-or-down vote.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. DONNELLY. Mr. President, I rise for all Hoosiers who have been touched by addiction or suffered the loss of a loved one as a result of opioid abuse, heroin use or other drug epidemics. I am here for every Hoosier community that has been gripped by addiction.

I am here from Austin, IN, a small town of 4,200, much like many small towns in the Presiding Officer's home State of North Carolina, where more than 185 people tested positive for HIV, largely caused by injection drug users who shared needles. I am here for Connersville, which was devastated by a heroin epidemic that saw 41 overdoses and 8 deaths in a 3-month span. I am here for my hometown of Granger, which was shaken last year when two teenage brothers, Nick and Jack Savage, died in just one night from a prescription drug-related overdose. I am here for Fort Wayne, Lafayette, and Terre Haute, and Indianapolis, and every community across our State. No part of Indiana or our country is immune from the pain of addiction and these drug epidemics.

By now many of us have heard the staggering statistics. One person in America dies every 25 minutes from an opioid overdose, and overdose deaths in the United States now outnumber fatal auto accidents.

Ultimately, this is about people. People like Mike Zoss of Tippecanoe County. Mike was the youngest of three boys. Mike was creative, enjoyed reading, and had a ton of friends. In high school he began experimenting with prescription drugs. During his senior year, Mike's mom Donna got a call no parent wants to receive. Mike had overdosed at a friend's house from a combination of LYRICA and methadone. He landed in intensive care and was in a coma for nearly 3 weeks. Miraculously, Mike survived, but after struggling for nearly 3 more years with his addiction, Mike died from another overdose.

This scourge is about families and the heartbreak they endure and all the people whose lives are shattered by addiction or even cut short. That is why I have been working on this issue for over 2 years, listening to Hoosiers, introducing bipartisan legislation, partnering with Federal, State, and local officials, and bringing stakeholders together.

These families are why I support the Comprehensive Addiction and Recovery Act. This bill provides States and local communities with the tools to prevent and treat drug addiction and to support individuals in recovery. CARA strengthens prevention efforts, increases access to treatment and recovery services, develops best prescribing practices, and expands access to naloxone, also known as Narcan, which can reverse the effects of an opioid overdose. In addition, CARA expands disposal sites for unwanted and unused prescription drugs to keep them out of the hands of children and teens, and CARA strengthens prescription drug monitoring programs. This bill provides States and local communities with the tools to prevent and treat drug addiction and to support individuals in recovery.

CARA strengthens prevention efforts, increases access to treatment, develops best prescribing practices, and expands access to naloxone, as I said. Naloxone can reverse the effects of an opioid overdose. These are incredible steps that can make a huge change in what happens in the future of our country.

While this bipartisan bill includes many important provisions that help families in my home State of Indiana and across our entire country, it will take all of us working together to prevent and treat addiction. Prescribers and pharmacists, law enforcement and first responders, parents and families, and officials at the Federal, State, and local levels all have a role to play.

I want to talk today about how CARA can best help in these efforts. First, I want to talk about prescribers. Our prescribers play a vital role in addressing addiction because they are our partners in the fight to reduce the risk of prescription drug abuse. They have the knowledge and authority to help our patients, friends, neighbors, and family members understand both the benefits of prescription opioids and the potentially devastating dangers associated with opioid abuse.

Last year, we hosted a roundtable discussion in Indianapolis on prescribing practices with my colleague, Congresswoman SUSAN BROOKS. By bringing together State officials, doctors, and pharmacists, all of whom play key roles in curbing overprescribing, we can better engage health professionals in the fight against the opioid epidemic. We want to make sure doctors have the training, the tools, and the resources to prevent overprescribing and also to help them make the best possible decisions about how to treat their patients.

Right now there is not one set of currently nationally accepted best practices that can help prescribers make the best informed decisions about prescribing opioid drugs. Existing guidelines vary in the recommendations that are made.

CARA would help. It includes a provision adopted from my bipartisan legislation that I reintroduced last year with my friend and colleague, Senator KELLY AYOTTE from New Hampshire, which brings experts together to review, modify, and update, where necessary, best practices for pain management and prescribing pain medication.

Second, I want to talk about our first responders and our law enforcement who are on the front line of this crisis. Frequently they are called to scenes where an individual has overdosed, and they are working to find ways to address these drug epidemics. In Northwest Indiana, the Porter County sheriff's department is reaching out to educate families about the heroin crisis there with a video that includes first-person accounts about how the epidemic has impacted the local community. In the northeast part of our State, over by the Ohio border, the Fort Wayne Fire Department began using Narcan just last August to try to help save people who had overdosed. In the first 4 days, they had to use it three different times—and many times since then. In Central Indiana last year, Indianapolis EMS had administered naloxone an astounding 1,227 times. We need to make the overdose reversal drug naloxone more readily available to first responders and law enforcement.

CARA includes a provision similar to one from my bill with Senator AYOTTE that provides grants to train law enforcement and other first responders in the administration of naloxone to save lives. I have also offered an amendment that encourages first responder units receiving funding through this program to use outreach coordinators to ensure that every individual who receives naloxone also receives in-person followup. Indianapolis EMS recently began a similar outreach program designed to connect overdose victims who receive naloxone with the help they need.

CARA assists law enforcement by expanding resources to identify and treat individuals facing addiction in criminal justice centers. I hear frequently from my friends—the police officers, sheriffs, judges, and court personnel throughout the Hoosier State—that more resources are sorely needed.

Third, I want to talk about families. There are countless personal stories across our State and almost every State about moms and dads, brothers and sisters, wives and husbands, and grandparents who have been impacted by addiction. I want to share a couple of these stories.

Our young friend Aaron—Justin Phillips remembers her son Aaron, a talented athlete who had dreams of playing football in college and the NFL. He was a starting quarterback on Lawrence North's varsity team. He was smart and charming, with a generous heart.

It started for Aaron with a prescription pain medicine and then led to heroin. At the age of 20 years old, in October 2013, Aaron died of a heroin overdose. His mom said, ''We can't pretend it is not our kid because it very well may be our kid who is next.''

There are people like Michelle Standeford of Lebanon, IN, who lost her son and her nephew to addiction. Her nephew Greg died 3 years ago from a heroin overdose at the age of 21. Her son Troy, 33, died following a long battle with addiction. His struggle began when he was prescribed opioids for the pain he was struggling with after a jet ski accident. This past Christmas, Michelle visited Troy, who was in South Florida seeking treatment. She said he was in great spirits and eager to reunite with his family. A few weeks after Troy came back home to Indiana, he passed away. Think of this. He left behind parents, a wife, and two sons, 2 and 4 years old. These stories are way too common.

As Donna Zoss of Lafayette said, ''There are way too many kids dying, and as a community we need to do something.'' She wants to make sure other families learn from her experience before it is too late.

CARA would help families by raising awareness about opioid abuse and heroin abuse and expanding access to treatment. It includes a provision from our bipartisan bill with Senator AYOTTE that establishes a national drug awareness program. By helping families learn about the serious effects of opioid abuse and its connection to heroin, it can make a difference.

CARA also would strengthen additional prevention efforts and increase access to treatment and recovery services with the goal of helping more people overcome addiction, including specific initiatives for women, youth, and vets.

We are not doing enough, and the burden of addressing the opioid and heroin use epidemic has fallen heavily on our criminal justice system, which is clearly not equipped to treat all those struggling with addiction. That is why CARA is so important and why we need to pass this critical legislation quickly.

We have an opportunity to work together—all of us—to pass a good bipartisan bill that helps confront opioid abuse, heroin abuse, and other drug epidemics. On the Federal level, it is our job to support and strengthen partnerships on the State and local levels to make sure every town in every State is accounted for and can heal. CARA will do just that. It would be a significant step forward, although I think we can all agree that it is just a first step.

Mr. President, I yield back.

The PRESIDING OFFICER. The Senator from Pennsylvania.

AMENDMENT NO. 3367

Mr. TOOMEY. Mr. President, I rise on the same topic that the Senator from Indiana was addressing very eloquently through the absolutely heartwrenching stories he told of his constituents and their families. These are stories we hear all across America. I hear them all across Pennsylvania day in and day out.

Drug addiction is an enormous problem. It is devastating families and communities in our States. I share the view of the Senator from Indiana that this legislation is very important. It takes a number of steps that are very constructive. I congratulate Senator WHITEHOUSE and Senator PORTMAN for a very good piece of legislation that is going to help save lives. It is going to help save families and communities.

I have an amendment that I am going to address that is going to take another step to help save lives, and I hope my colleagues will overwhelmingly support this because it is an epidemic the likes of which I don't know we have seen in a very long time.

Last October, I convened a field hearing of the Senate Finance Subcommittee on health care to learn more about this very epidemic of opioid addiction and heroin addiction and the overdoses that are resulting. We did it in Pittsburgh, and Senator CASEY joined me. We reserved a very large auditorium, and we invited some of the leading local experts, doctors who were dealing with people who were suffering from addiction, law enforcement folks, recovering addicts. We had a standing-room-only crowd in that room. Such was the intensity of the concern of this issue and the breadth of it because we all know people who are affected by this terrible scourge.

A couple of things I learned in the hearing that are important is that we have to figure out how we can reduce some of the overprescribing of these narcotics—these prescription opioids—upon which people then become addicted. We also have to find ways to address the diversion from prescriptions that are obtained through the conventional process, the black market, the streets, and the places where it feeds the addiction.

I think one of the overlooked elements of this problem has been the opioid epidemic that is affecting older folks, aging baby boomers, and senior citizens who have become addicted to opioids for a variety of reasons.

The headlines have screamed about this. USA Today's headline said: ''Many seniors Hooked On Prescription Drugs.'' The Wall Street Journal had a headline recently: ''Aging Baby Boomers Bring Drug Habits Into Middle Age.'' This came from a TV news channel: ''Senior citizens getting hooked on painkillers.''

This is growing problem, and it doesn't know any demographic limits. It affects senior citizens as well as young people. In fact, to give a sense of one of the, perhaps, contributing elements to this, in 2013 there were 55 million opioid prescriptions written in America for Americans over the age of 65. It is a stunning number. It is a 20-percent increase in just 5 years. We have not had a comparable increase in the number of senior citizens. It is a huge increase in the number of prescriptions per person. This is probably related to the fact that the number of opioid-addicted seniors has itself tripled in the last decade.

One of the problems has been identified by the Government Accountability Office. They estimate that in 1 year alone, 170,000 Medicare enrollees engaged in doctor shopping. That is the process by which beneficiaries go to multiple doctors to get multiple prescriptions for the same or similar powerful narcotics. They go to multiple pharmacies to get them all filled, and they end up with these commercial quantities of prescription drugs—vastly beyond anything that any individual could need.

The GAO discovered that one beneficiary had visited 89 different doctors in one year just to get prescription painkillers—89 doctors in one year. That is almost 2 a week. Another beneficiary received prescriptions for 1,289 hydrocodone pills. That is almost like a 2-year supply. It makes no sense. I could go on and on with cases in which fraud is being committed for the purpose of obtaining these prescriptions, which are then sold in the black market.

There is also a subset of Medicare beneficiaries who are innocently getting duplicate opioid prescriptions because they are being treated by different doctors for different maladies. They have multiple illnesses. They get multiple prescriptions because in many cases there is nobody providing adequate oversight and coordination for their care. So we have both, people who are intentionally and fraudulently getting multiple prescriptions and then we have people who are innocently getting it. So there is a way we can deal with this inappropriate prescription and diversion into the black market, and the administration has asked us to do this.

This administration—the Obama administration—has asked Congress to give them, in Medicare, the power to limit certain beneficiaries who are engaged in doctor shopping, exactly as people already can do so within Medicaid and with private health care providers. So the simple idea is to give Medicare the power when it identifies a beneficiary who is engaged in doctor shopping—getting multiple, duplicative prescriptions, either intentionally or unintentionally—to allow Medicare to lock that patient into one prescriber and one pharmacy. That way you don't have this problem. That is what the administration has asked us to do.

So I have introduced a bill that does exactly that. It is called the Stopping Medication Abuse and Protecting Seniors Act. Senator BROWN of Ohio is the lead Democrat on this bill. I thank Senators PORTMAN and MCCAIN also for their work. This is the amendment we are offering to this bill to give Medicare the very same tool that Medicaid has, the tool that the administration is asking for, and the tool that all experts say makes sense.

As I said, Medicaid and commercial users already do this, and we are not inventing something new. What we are doing is simply applying a proven technique that limits overprescribing and

diversion, applying that to Medicare, where it does not exist today. No one who legitimately needs a prescription for opioids will be denied that. That would be completely unreasonable and inappropriate.

In fact, we exempt seniors in nursing homes, where the nursing home can provide the monitoring, and seniors who are in hospice, and cancer patients who might need unusually large quantities are exempted. In fact, this legislation would actually lock in a small fraction of 1 percent of Medicare enrollees, but that is the fraction that is engaging in this very dangerous behavior.

First, I am grateful for the very broad bipartisan support that we have. As a result, if we get this passed today—which I certainly hope we will—we will help opioid-addicted seniors find treatment because they will be notified when they come up on this list—when it is discovered that they are going to multiple doctors and multiple pharmacies. It will stop the diversion of these powerful narcotics.

It will save taxpayer money because taxpayers reimburse for all of these prescriptions, even those that are fraudulent. Maybe, most importantly, it will reduce the availability of these opioids. We have 25 Republican and Democratic cosponsors on the bill. We have the support of the National Governors Association. Nearly identical language was already passed in the House. It was embedded in the 21st Century Cures Act, where it passed overwhelmingly.

The President's budget has asked for this very mechanism repeatedly. The CMS Acting Administrator was before our committee, and Administrator Slavitt said this legislation ''makes every bit of sense in the world.'' The CDC Director is for it. The White House drug czar is for it. The Pew Charitable Trusts testified on behalf of our legislation, and the Physicians for Responsible Opioid Prescribing support it—not to mention many law enforcement groups and senior groups, such as the Medicare Rights Center.

This is a tool that is overdue. We have this tool in private health care insurance coverage. We have this tool in Medicaid. We just need to have this tool in Medicare.

I wish to single out for a special thanks my coauthor SHERROD BROWN. Senator BROWN and his staff worked very hard and did a tremendous job. They provided, in fact, very valuable feedback to make sure that all the stakeholders were going to be treated fairly and specifically, that beneficiary rights would be properly respected. That is a very important and very constructive contribution that Senator BROWN made to this legislation. He also helped to secure many endorsements from outside groups.

My fellow Pennsylvanian, Senator CASEY, was very helpful and is passionate about this issue. He has seen firsthand the damage that is being done across Pennsylvania from opioid abuse. He is a cosponsor of the legislation.

We had a very successful hearing in the Finance Committee. I thank Senator HATCH for having this very topic of how we can limit the diversion through Medicare of these very dangerous narcotics, and I thought that was a very constructive hearing.

I also thank Senator KAINE, who, through his work on the Senate Aging Committee, has been very active and extremely helpful on this issue.

Again, this is an amendment that has broad, bipartisan support. It has been vetted by the stakeholders. It has been vetted by and requested by the administration. It is endorsed by numerous health care and law enforcement groups. The reason it has such broad support is because it will save lives, it will protect seniors from opioid overprescriptions, it will stop fraud, and it will dramatically reduce pill diversion. So to vote no on this would be to allow the continued flooding of very dangerous prescription opioids onto the black market, and I can't think of any reason we would want to do that.

I urge my colleagues to support the bipartisan Toomey-Brown-Portman-Kaine amendment. Let's get this adopted and then let's pass this underlying bill, which is very, very constructive as well.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, as one of the authors of the bill before us on the floor now, I wish to say that I appreciate and welcome the Senator's amendment, and I appreciate the bipartisan way in which it was achieved, with SHERROD BROWN and TIM KAINE, as well as with the other cosponsors of the bill.

With that, I yield the floor back so that we may hear from another coauthor of this legislation who was with us through the long and arduous process of preparing this bill, running the seminars, putting together the advisory committee, and crafting the legislation.

I yield for the Senator from New Hampshire.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. AYOTTE. Mr. President, I very much thank the Senator from Rhode Island for the work that we were able to do together on this important legislation, for his leadership, and, really, his passion for this issue that is devastating my State—the heroin and opioid epidemic that is facing all of us. I thank him for a very thoughtful approach and bringing people together around this. I am so pleased we are debating this on the Senate floor today.

HONORING OFFICER ASHLEY GUINDON AND LIEUTENANT JAMES ''JIMMY'' GERAGHTY

Mr. President, I come to the Senate floor today with great sadness to discuss and to honor the lives of two of our outstanding law enforcement officers from New Hampshire who were taken from us far too soon. One is New Hampshire State Police Lieutenant Jimmy Geraghty, a U.S. Army veteran and outstanding public servant. Another is Prince William County Officer Ashley Guindon of Merrimack, NH.

Ashley was a Merrimack, NH, native and a Marine Corps veteran who was killed in the line of duty in Virginia 1 day after being sworn in as a police officer to serve in the Prince William County Police Department.

These individuals represent the very best of law enforcement. It is with such a heavy heart that I pause to remember Ashley Guindon, an incredible young woman whose life was tragically cut short. Ashley was killed in the line of duty last week, tragically, on her first day as a police officer with the Prince William County Police Department in Virginia.

Ashley could not have known her fate when she responded to an emergency call, but she responded to the call with the same sense of duty and resolve that all of our faithful law enforcement officers do every single day because they don't know at that next stop, at that next house that they respond to help someone in need, what they are going to be confronted with.

Ashley's death is a terrible, unthinkable tragedy and serves as a somber reminder of the tremendous sacrifices that our law enforcement officers make every single day by putting their lives on the line to keep us safe.

My heart breaks for Officer Guindon's mother Sharon, for her family, for her friends, and for the public safety community, as they mourn the loss of this tremendous young woman whose life ended far, far too soon. I will keep them in my thoughts and prayers as I know everyone in this Chamber will.

But Officer Guindon should not be remembered because of the circumstances of her death. Rather, she should be remembered for her tremendous life of service to her Nation, to the people whose community she worked to keep safe, and for the sacrifices that she has made and her family has made on behalf of all of us.

Officer Guindon demonstrated an incredible commitment to her country in so many ways. Following her graduation from Merrimack High School in 2005, she joined the Marine Corps. In doing so, she was honoring the life of her father and the service of her father, who deployed to Iraq as a member of the New Hampshire Air National Guard. So she comes from a family of service. Her father lost his life after returning home from serving in Iraq, and Officer Guindon felt that she could honor his memory by joining the armed services herself. So she joined and became a marine.

In her high school yearbook she wrote:

> As I take flight it only makes me closer to u daddy. Mom, thanks for everything it'll be a long road but we can manage and it will only make u stronger.

Underneath her picture in her high school yearbook, the caption read: ''live for something rather than die for nothing.''

Think about that: ''live for something rather than die for nothing.''

Well, absolutely, Officer Guindon did live for something. She lived for our country in her service as a marine. She lived for members of her community, giving of herself and making the ultimate sacrifice to keep others in her community safe. She lived with such honor and distinction, and she answered the call to duty.

Officer Guindon was taken from us far too soon. But by working to ensure that we honor her service, her heroism, her commitment, and the sacrifice she and all law enforcement officers make on our behalf every single day, we can ensure that her inspiring legacy of dedication to others, of service to her country and to her community will never be forgotten. We will never forget her service or her sacrifice. We will continue to honor her and her family for what they have done in service to our Nation every single day.

I also wish to take a moment to honor another law enforcement officer, someone with whom I had the privilege of working personally when I served as attorney general of our State, someone whom I probably called a friend, and who has also been taken from us far too soon.

I honor Lieutenant James ''Jimmy'' Geraghty, who passed away recently following a courageous battle with cancer. I join his family, his friends, and the law enforcement community in New Hampshire who mourn his death. I am speaking about someone who touched so many people in our State, who really lived a life of service, a life of heroism, a life of integrity. I honor his service, his integrity, and his dedication to excellence.

He was a member of the New Hampshire State Police for 24 years and rose to the rank of commander of the New Hampshire State Police Major Crimes Unit. The New Hampshire State Police Major Crimes Unit is the unit that handles the most difficult cases in our State—murder cases, very difficult cases. It is a unit where you are called upon at every hour of the day in the most difficult of circumstances.

Lieutenant Geraghty handled some of the most troubling cases and the most horrific cases you can imagine as a law enforcement officer. He handled them with such incredible dedication, compassion, and commitment, and he did his job so well.

In the most high-profile case of his career, Lieutenant Geraghty led the investigation into the brutal 2009 Mount Vernon homicide—a horrific, horrific case. It was a complex and extremely time-consuming investigation that focused on multiple juvenile defendants.

Because of the thoroughness, professionalism, and dedication brought to the case by Lieutenant Geraghty and the major crimes unit, the prosecution was able to pursue the successful conviction of all the defendants involved.

For their work on the 2009 Mount Vernon case, Lieutenant Geraghty and the major crimes unit were presented with the New Hampshire Congressional Law Enforcement Award for unit citations.

I had the privilege of being there when Lieutenant Geraghty received that award, when he was there with his family. Really, the incredible work that he did on that case made such a difference in bringing to justice defendants who committed horrific, horrific crimes and in keeping New Hampshire safe.

Lieutenant Geraghty will also be remembered for his entire outstanding career of service to both New Hampshire and the Nation.

Lieutenant Geraghty also served very honorably in the U.S. Army for 5 years, holding posts at Fort Benning in Georgia, Fort Polk in Louisiana, and at Fort Richardson in Arkansas.

He also served overseas by participating in the REFORGER exercise in Germany. He achieved the rank of sergeant, E–5, during his career with the U.S. Army and received an honorable discharge. But his service did not end there. After serving in the armed services, he then returned home and embarked on his career in law enforcement, first serving as a police officer in the Hudson Police Department, after which he was accepted as a trooper in the New Hampshire State police.

During his time with the New Hampshire State police, Lieutenant Geraghty spent 8½ years with the Narcotics and Investigations Unit, and he did a phenomenal job there investigating a variety of cases, from street-level buys to multistate trafficking organizations.

While serving in the Narcotics and Investigations Unit, Lieutenant Geraghty was assigned to the HIDTA—high-intensity drug trafficking area—for 2½ years, so he understood and worked hard on the issues we are trying to address on the Senate floor today regarding heroin and opioid addiction and so many other illegal substances as he fought to keep them off our streets. Lieutenant Geraghty's natural talent for leadership and keen ability to work with others were critical in the role he played in HIDTA. During his time with HIDTA, he received several awards and recognitions for his dedication and commitment to excellence.

He was promoted to the rank of sergeant in May of 2006, and from there he was assigned to the Major Crime Unit as a detective sergeant in February of 2008. In 2010 he was promoted to the rank of lieutenant within his unit, assuming the commanding officer's position—a post in which he served until he became ill last year. And he served with such distinction.

I have many friends at the attorney general's office who worked with the Major Crime Unit and with whom I have spoken—the chief of the criminal bureau unit and with other prosecutors—and they speak of Jim Geraghty's service with such glowing reviews, with such incredible compassion, and they speak of the incredible hard work he put in. He represented the very best of our law enforcement officers.

I wanted to talk about his career today because it was important for me to mention his professional accolades, and there are many, because he was such a humble man and he never liked to talk about all of his accomplishments. He liked to focus on something I want to make sure we remember about Jim Geraghty: He lived by the motto ''family first,'' which was incredibly apparent to anyone who knew him. He was married to his wife Valerie for 30 years. Together they had four wonderful children. They are an amazing family, son Jimmy and daughters Colleen, Katie, and Erin.

I want to offer my thoughts and prayers to Valerie, to Jimmy, to Colleen, and to Katie and Erin. You are an incredible family, and your husband and father will never be forgotten. What an incredible person he was. He impacted the lives of so many people with the service he gave to his State.

It has been said that although Geraghty had an exceptional law enforcement career, he considered his family his greatest adventure. In a 2015 letter, his fellow local law enforcement officers described him as a ''gallant public servant who has spent most of his life serving others.'' Others said of him that ''he [was] truly a consummate team player who demonstrated the true meaning of a quiet professional.'' Another individual said that ''he [was] humble, dedicated, and resilient with any duties and/or responsibilities [he was] faced with.'' And, lastly, ''His remarkable and unblemished career within law enforcement is a true testament and shining example of what we all wish to aspire to.'' This is how the officers who served with him, the troopers who served with him, described Lieutenant Jim Geraghty. He will be deeply missed.

I am honored to recognize Lieutenant Jim Geraghty and to honor his tremendous contributions as the commander of the State Major Crime Unit and to say what an amazing family man and great human being. He was someone who lived his life with great integrity. He was truly someone we would all want to emulate in living our lives.

Again, I offer my prayers to his family. They are an incredible family as well, and I hope they know we will continue to stand with them in their most difficult days ahead.

So today I wish to say about both Officer Ashley Guindon and Lieutenant Jim Geraghty that they were incredible law enforcement officers who gave so much to New Hampshire, to our country, and that they really represented the very best in what it means to be an American.

Mr. President, with that, I yield the floor.

The PRESIDING OFFICER (Mr. SCOTT). The Senator from Florida.

RETURN FROM SPACE OF COMMANDER SCOTT KELLY

Mr. NELSON. Mr. President, I rise to welcome a national hero back to planet Earth—CDR Scott Kelley. After spending 340 days in space on his most recent visit to the International Space Station, Commander Kelley has smashed the previous U.S. record in space flight and for most of the total time spent in space as well. But Commander Kelley's accomplishment, while notable in its own right, is serving a greater purpose. NASA is preparing to undertake one of the greatest technological challenges in human history—a voyage to the planet Mars. Depending on the alignment of the planets, Mars is anywhere from 35 million miles to an astounding 250 million miles from Earth. It is all according to the alignment of the planets.

If you want to put that into perspective, Mr. President, the distance from you and me reflecting the 238,000 miles from Earth to the Moon, which is as far as we have gone and is a long way—that is the farthest we have ever been—if that distance from the Earth to the Moon were represented by the distance from you to me, then the distance to Mars from right where this Senator is standing would be way out to the edge of the District of Columbia and Maryland.

Commander Kelley's mission is a milestone on this journey to Mars. The International Space Station—our football-sized laboratory orbiting in space, as large as a football field from one goalpost to the other—is our test bed for exploration. Indeed, Commander Kelley spent those 340 days at the International Space Station.

Now, as we venture out, traveling those vast distances between Earth and Mars, it is going to mean that humans are going to spend more time in space than ever before, so Commander Kelley's yearlong stay aboard the station is an important validation of our ability to live and work in space for the long periods of time someone would be in zero-g.

But there is another very interesting aspect to his mission. Scott Kelley has an identical twin, his brother Mark. Retired Navy CAPT Mark Kelley, also an astronaut, remained on Earth while his brother was in space, and now he is a baseline to compare the changes in the body and the psychological effects to his brother Scott. This comparison is going to provide important insights into the effects of space flight on the human body and perhaps even effects on the Human Genome itself. The more we learn about how the human body changes in space, the better off we are because we can prepare for the longer and longer voyages in space. But we also gain insights into the fundamental working of the human body that we may never have learned confined to Earth's gravity. And who knows where these discoveries are going to lead—perhaps to new cures and therapies for afflictions folks suffer here on the face of the Earth.

The space station where Commander Kelley stayed for almost a year is a powerful tool for science and for discovery and for exploration. That is why at the end of last year we extended the authorization of the space station all the way until at least through the year 2024. It is also why I am so excited about the crewed flights from U.S. soil to the space station resuming next year. Next year, Americans on American rockets will go to and from low-Earth orbit. Once we have the Dragon on the SpaceX or the Starliner on the Atlas V, those crewed capsules are going to make regular trips to and from the space station. But we should also then be able to expand the space station crew, because of that regular visitation, from six to seven doing their research projects on board the station. That means a lot more discoveries.

Some people may not appreciate how difficult it is to spend a year in space, but I can tell you it is not only an amazing experience, but it is tough on your body. The body experiences muscle atrophy in zero-g and also bone loss. This is why astronauts have to be in peak physical condition and also try to continue that as they are out in space for long durations. And spending a year away from loved ones, of course, is no easy task. This demonstrates the strength and the courage Scott Kelley has shown.

So I want the Senate to recognize CDR Scott Kelley for this accomplishment. It is going to take him some days to readapt to the Earth's gravitational pull. I commend him for the contributions to space exploration and thank him for the sacrifices he has made and the sacrifices his family has made over the last year.

Welcome home, Commander, and thank you for offering to be a part of this great adventure we call space exploration.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, prescription drug abuse is the fastest growing problem in the country. It is a problem the Centers for Disease Control and Prevention classifies as an epidemic.

The availability of prescription painkillers is a leading factor in the increase of opioid abuse. Since 1999, opioid abuse overdose deaths have quadrupled nationwide.

Unfortunately, my home State of Arkansas is not immune to the problem. CDC data shows that it is one of 12 States with more painkiller prescriptions than people—I repeat, one of 12 States with more painkiller prescriptions than people.

Benton, AR, police chief Kirk Lane has seen the impact in his community. During a recent visit to my office, he said: ''A lot of people become addicted very innocently and can't find a way back.''

Placing prescription drugs in the medicine cabinet for safekeeping is no longer the best option because 70 percent of Americans misusing painkillers are getting them from friends and family.

Arkansas has implemented measures to combat this problem by decreasing the availability of prescription drugs and properly disposing expired and unneeded medication through the Arkansas Take Back Program. This is an important step that has resulted in the removal of more than 72 tons of unneeded medication from homes in the State.

Congress has taken action to fight this epidemic. As a member of the Senate Veterans' Affairs Committee, I have pushed the Department of Veterans Affairs to reform its culture of prescription. Nationwide, pharmacies have a system in place to prevent overfilling prescriptions. It is time for VA to adopt a similar system.

I pressured the DEA—the Drug Enforcement Administration—to reform its policy to allow clinics and pharmacies to serve as dropoff sites for the collection of unused or unwanted prescription drugs.

Last year, we passed legislation to improve the prevention and treatment of opioid abuse by pregnant women and care for newborns affected by this abuse. That bill was signed into law.

Congress approved more than $400 million in funding to address the opioid epidemic this fiscal year. That is an increase of more than $100 million from the previous year. Calls for additional funds for this legislation are premature. We need to see the progress and results made with the current finding.

We must continue our commitment to the fighting of this epidemic and providing our communities with the tools they need to improve response to addiction and promote treatment and recovery. That is why we need to pass the Comprehensive Addiction and Recovery Act.

This bill can help give communities the ability to combat the growing opioid epidemic in Arkansas and across the country by expanding prevention efforts, supporting law enforcement, combating overdoses, and expanding access to treatment.

I have heard from many Arkansans who support this bill. It has the support of a wide range of organizations that represent law enforcement officials, drug treatment providers, and health care professionals. This speaks to the comprehensive approach we are taking to fight this epidemic.

It also authorizes the Attorney General to award grants to veterans treatment courts. These courts are critical in helping our veterans break the cycle of addiction and turning their lives around.

Prescription drug abuse is a widespread problem that impacts all ages

and populations of Americans. I am committed to providing Arkansas communities the resources they need to fight this epidemic.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

AMENDMENT NO. 3345

Mrs. SHAHEEN. Mr. President, I appreciate the comments from my colleague from Arkansas about the challenges of the heroin and opioid epidemic. I think it is really a pandemic that we are facing in too many States across this country. Certainly it is a huge issue in New Hampshire, my home State, where we have the highest percentage of deaths from overdoses of any State in the country.

In a few minutes, we are going to be voting on the Comprehensive Addiction and Recovery Act, which is an excellent piece of legislation, sponsored by my colleagues SHELDON WHITEHOUSE from Rhode Island and AMY KLOBUCHAR from Minnesota, as well as my colleague from New Hampshire, Senator AYOTTE, and Senator PORTMAN.

We are also going to be voting on a number of amendments, including an amendment that I have proposed, which is emergency supplemental funding to make sure that the changes we are making as a result of the CARA legislation actually get the resources that need to be provided in order to make those changes work.

In 2014, more than 47,000 Americans died from lethal drug overdoses. Each day, 120 Americans die from drug overdoses in New Hampshire. We are losing more than a person a day from drug overdoses—three times as many people as we lost last year in automobile accidents. These are numbers we have been using a lot on the floor of the Senate in the last couple of days, but I think they are numbers that we need to continue repeating and repeating because losing 47,000 Americans from drug overdoses is not acceptable.

Everywhere I go in New Hampshire, I am told one thing consistently by drug treatment professionals and by law enforcement, and that is, they need more resources and they need them now. Health workers are being overwhelmed. Nationwide, nearly 9 out of 10 people with substance use disorders don't receive treatment. They are being turned away. They are being denied treatment because of a chronic lack of resources.

The amendment Senator WHITEHOUSE and I have proposed addresses this problem. It provides $300 million in emergency funding for the Substance Abuse Prevention and Treatment Block Grant Program. This is funding that will save lives in our States of New Hampshire, Rhode Island, Arkansas, and in the Presiding Officer's home State of South Carolina. This is funding that will save lives in each of our States.

Not only are health workers being overwhelmed, but law enforcement officials are also being overwhelmed. We need an infusion of new funding to mobilize additional efforts to stop opioid traffickers and drug dealers.

This emergency supplemental amendment would allocate $230 million to the Byrne JAG Program to directly combat the opioid crisis. These are efforts that will keep drugs off the streets.

In total, the Shaheen-Whitehouse amendment appropriates $600 million in emergency funding that will be immediately available to States and those working on the frontlines to address this crisis. I think that is why the National Governors Association, the Fraternal Order of Police, the American Public Health Association, the American Society of Addiction Medicine, the American Academy of Pain Management, the American College of Physicians, the National Association of State Alcohol and Drug Abuse Directors, and so many other groups support this amendment. Again, the critical point here is that this amendment funds key provisions of the CARA bill.

The Comprehensive Addiction and Recovery Act is a good bill. It is excellent work that so many people have been involved in. The sponsors did great work in writing the legislation. I support it. I am a cosponsor. But it is an authorization bill that does not provide funding. So if we support making the changes in law that are included in the CARA bill, we should also support providing emergency funding to those same programs.

To all my colleagues in this body, we know that doing the same thing is not working. Every year more and more people are dying from drug use. Congress needs to rise to this challenge, just as it has in so many previous public health emergencies, because, make no mistake about it, this is a public health emergency, and we have a history of providing supplemental funding to address public health emergencies. In 2009, Congress appropriated $2 billion in emergency funding to fight swine flu—a bill that passed the Senate 91 to 5. Many of us who voted for that are still in this body. Just last year, Congress approved $5.4 billion to combat the Ebola outbreak—an outbreak that killed just one person in the United States. Compare that to the 47,000 people we lost in 2014 to drug overdoses. Surely—surely Congress can come together now to fight this raging epidemic that is right here at home.

We can't avert our eyes from the 47,000 Americans who are killed by lethal overdoses each year. We can't accept that 9 out of 10 Americans with substance use disorders don't get treatment. We can't ignore the fact that law enforcement officers in communities across this country are overwhelmed by aggressive drug traffickers and a rising tide of opioid-related crimes. The $600 million emergency funding in the amendment I am proposing will help stem the tide. It will make a powerful difference in communities all across America.

CARA is important legislation. I intend to vote for it. I hope this body will pass it. But I urge my colleagues to also support the amendment that makes sure we have the urgent emergency funding to ramp up this fight in the months immediately ahead. Passing CARA without any funding is like offering a life preserver to people who are drowning and not putting air in that life preserver. This is a nationwide crisis. It is way past time we mobilized a nationwide response that is equal to the challenge.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I know we have a vote coming. I ask unanimous consent to complete my remarks.

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

FILLING THE SUPREME COURT VACANCY

Mr. PERDUE. Mr. President, I rise today to discuss why I believe the Senate should not hold hearings or schedule a vote on any Supreme Court nominee offered by President Obama until the American people choose our next President this November.

The American people are reacting to our global security and debt crises when they go to the polls, and this upcoming election will not only determine the direction of our country, but it also serves as a referendum on the Presidency, Congress, and now the Supreme Court balance.

The last 7 years have shown that this President has sought to exceed the constitutional bounds of the Executive office by assuming powers that were delegated to this body. For instance, in January of 2013 the President attempted to recess-appoint nominees to the National Labor Relations Board in direct violation of the Senate's will. Of course, the Supreme Court later intervened and struck down those appointments. As well, my colleagues across the aisle have repeatedly shown a willingness to aid this administration in making unprecedented power grabs, including employing the nuclear option for judicial nominees. The American people were outraged at these events, as was I.

So while I acknowledge the President's position on insisting that the Senate consider a nominee, it is vital that the people get their say on this lifetime appointment. It is the role of the Senate to rise above current political theater. It is about upholding principle and not about the individual. The Senate simply should not consider a nominee at this time and let the people have their say.

I should also point out that my position and the position of many of my colleagues is not a novel idea. For instance, it was then-Senator Obama who filibustered Justice Alito's nomination in 2006. It was then-Senator BIDEN who in 1992 preemptively said that President George H.W. Bush should avoid a Supreme Court nomination until after that year's election. As chairman of

the Senate's Judiciary Committee, then-Senator BIDEN also made the same point we are today when he came to the floor of the Senate and made this quote: ''It is my view that if a Supreme Court justice resigns tomorrow or within the next several weeks, or resigns at the end of the summer, President Bush should consider following the practice of a majority of his predecessors and not—and not—name a nominee until after the November election is completed.''

The balance of the Supreme Court is in serious jeopardy. We must ensure that balance remains as a check against efforts by government to bypass the will of the people.

As a member of the Senate Judiciary Committee, I stand with Chairman GRASSLEY and other members in saying we will not consider a nominee to the Supreme Court before the next President is sworn into office. We are already in the midst of a political campaign season, so any nominee will be seen through the lens of partisan politics. It is disingenuous for the minority party to say otherwise. And this is to the point that then-Senator BIDEN was speaking in 1992.

As we said in our letter last week, we intend to exercise the constitutional power granted to the Senate under article II, section 2. While the President shall nominate judges to the Supreme Court, the power to grant or withhold consent of such nominees rests solely with this body.

At a time when the stakes are so high, the American people deserve the opportunity to engage in a full and robust debate over the type of jurist they wish to decide some of the most critical issues of our time and for the next generation. Not since 1932 has the Senate confirmed a Supreme Court nominee in a Presidential election year to a vacancy arising in that year—not since 1932.

It is necessary to go even further back, to 1888, to find an election year nominee who was both nominated and confirmed under divided government, as we have now. Today, the American people are presented with an exceedingly rare opportunity to decide the direction the Court will take over the next generation. The people should have this opportunity.

Mr. President, I yield the floor.

AMENDMENT NO. 3362

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3362, offered by the Senator from Iowa, Mr. GRASSLEY.

The PRESIDING OFFICER. Who yields time?

The Senator from California.

Mrs. FEINSTEIN. Mr. President, I ask unanimous consent to speak for 2 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mrs. FEINSTEIN. Mr. President, I wish to say a few words in support of amendment No. 3362, which Judiciary Committee Chairman GRASSLEY and I, with Senators CANTWELL and AYOTTE, have cosponsored.

This bill has passed the Senate by unanimous consent three times. It ensures that international drug traffickers can be prosecuted when there is reasonable cause to believe that their illegal drugs will be trafficked into our country. It also better enables the prosecution of manufacturers and distributors of listed precursor chemicals who know or intend that these chemicals will be used to manufacture illicit drugs destined for the United States.

Finally, it makes a technical fix to the Counterfeit Drug Penalty enhancement Act of 2012 at the request of the Justice Department.

I would like to thank Senators GRASSLEY, AYOTTE, and CANTWELL for cosponsoring this amendment. I hope my colleagues will pass it this time with a vote, since it has been done by unanimous consent three times in the past.

I yield the floor.

Mr. GRASSLEY. Mr. President, I wish to speak in strong support of amendment No. 3362, offered by Senator FEINSTEIN and me, the Transnational Drug Trafficking Act. This is a bill that she and I have worked on for many years.

One of the many reasons for the ongoing heroin epidemic in this country is the increase in heroin supply on the streets of the United States.

Mexican cartels are aggressively expanding into new territory here. And they are flooding our communities with cheap, pure heroin. Indeed, heroin seizures at the border have more than doubled since 2010. The U.S. Government estimates that Mexican heroin production jumped an incredible 62 percent from 2013 to 2014 alone.

And the reality is that it isn't just heroin coming over the border. Between 2009 and 2014, U.S. Customs and Border Protection reported a 300 percent increase in methamphetamine seizures on the southwest border as well.

This bill is a natural complement to CARA. We can't arrest our way out of this heroin epidemic. We can try to reduce the heroin supply on our streets by making it easier to target these cartels for prosecution.

This is in part why Senator FEINSTEIN and I introduced this legislation. Our bill would make it easier for the Department of Justice to prosecute cartels who harm our communities from abroad by trafficking heroin, other drugs, and precursor chemicals for ultimate delivery here.

If this amendment is adopted, prosecutors would need to prove only that an international drug trafficker had reasonable cause to believe that the illegal drugs or chemicals he manufactured or distributed would be unlawfully imported into the United States, as opposed to knowing or specifically intending that result.

This amendment passed the Senate by unanimous consent in October. It also passed the Senate unanimously the past two Congresses.

But the House still hasn't taken it up. So I ask my colleagues to vote for this amendment so we can send it to the House again, this time along with CARA.

We need to attack the problem of opioid addiction from every angle, and this amendment should be part of a comprehensive approach.

Mr. WHITEHOUSE. I yield back all time.

The PRESIDING OFFICER. Is there objection?

Without objection, all time is yielded back.

The question is on agreeing to the amendment.

Mr. GRASSLEY. 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 senior assistant legislative clerk called the roll.

Mr. PAUL (when his name was called). Present.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ), the Senator from Florida (Mr. RUBIO), and the Senator from Alabama (Mr. SHELBY).

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The result was announced—yeas 94, nays 0, as follows:

[Rollcall Vote No. 28 Leg.]

YEAS—94

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

ANSWERED ''PRESENT''—1

Paul

NOT VOTING—5

Cruz	Rubio	Shelby
McCaskill	Sanders	

The PRESIDING OFFICER. Under the previous order requiring 60 votes

for the adoption of this amendment, the amendment is agreed to.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the votes following this first vote in the series be 10 minutes in length.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENT NO. 3395

Under the previous order, there will be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3395, offered by the Senator from Oregon Mr. WYDEN.

The Senator from Oregon.

Mr. WYDEN. Mr. President, this amendment keeps the Toomey amendment on enforcement completely intact and makes two critical improvements. It adds prevention and treatment.

Colleagues, this is what the Republican witness in the Finance Committee said is needed. It is what the Democratic witness in the Finance Committee said is needed. We need more prevention, better treatment, and tougher enforcement to work in tandem. The Toomey amendment is about enforcement, but we also need prevention and treatment. If somebody is addicted to opioids, they need a real path out of addiction. This amendment ensures people who need help are connected to meaningful treatment choices to better manage their pain and limit excessive prescriptions.

My amendment also aims to end the tide of overprescribing in the first place. It does that by doubling the penalties for manufacturers that provide kickbacks to prescribers in order to boost their profits.

I offer this with my colleagues Senator SCHUMER and Senator MURRAY. I very much hope we can get this amendment adopted. If we can have a bipartisan effort in the Senate that ensures there is tougher enforcement but also better treatment and better prevention to do that we have to vote for this amendment.

I yield back.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, the pending amendment, No. 3395, offered by Senators WYDEN and SCHUMER, would establish a new demonstration program within Medicare Part D to coordinate the treatment of opioid addiction. The proposal would also increase the penalties on drugmakers.

According to the Congressional Budget Office, the amendment would increase direct spending over both the 2016 through 2020 and the 2016 through 2025 periods. If the amendment were adopted, then the Judiciary Committee would exceed its spending allocation over both of these time periods. As a consequence of the new spending proposed, the Wyden-Schumer amendment is a violation of section 302(f) of the Congressional Budget Act.

As I said before, we all agree that the heroin and opioid abuse epidemic is real and has to be addressed, but I believe we ought to address the problem living within the confines of the budget we previously agreed to just last December. The underlying bipartisan bill provides a good framework for tackling this problem. It provides a comprehensive, specific, and evidence-based approach to help Americans combat this epidemic.

In light of that, the pending amendment No. 3395, offered by the Senator from Oregon, would cause the underlying legislation to exceed the authorizing committee's section 302(a) allocation of new budget authority or outlays. Therefore, I raise a point of order against the measure pursuant to section 302(f) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive the applicable sections of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER (Mr. TOOMEY). Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Florida (Mr. RUBIO).

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 46, nays 50, as follows:

[Rollcall Vote No. 29 Leg.]

YEAS—46

Ayotte	Franken	Nelson
Baldwin	Gillibrand	Peters
Bennet	Heinrich	Reed
Blumenthal	Heitkamp	Reid
Booker	Hirono	Schatz
Boxer	Kaine	Schumer
Brown	King	Shaheen
Cantwell	Klobuchar	Stabenow
Cardin	Leahy	Tester
Carper	Manchin	Udall
Casey	Markey	Warner
Collins	Menendez	Warren
Coons	Merkley	Whitehouse
Donnelly	Mikulski	Wyden
Durbin	Murphy	
Feinstein	Murray	

NAYS—50

Alexander	Ernst	McCain
Barrasso	Fischer	McConnell
Blunt	Flake	Moran
Boozman	Gardner	Murkowski
Burr	Graham	Paul
Capito	Grassley	Perdue
Cassidy	Hatch	Portman
Coats	Heller	Risch
Cochran	Hoeven	Roberts
Corker	Inhofe	Rounds
Cornyn	Isakson	Sasse
Cotton	Johnson	Scott
Crapo	Kirk	Sessions
Daines	Lankford	Shelby
Enzi	Lee	
Sullivan	Tillis	Vitter
Thune	Toomey	Wicker

NOT VOTING—4

Cruz	Rubio
McCaskill	Sanders

The PRESIDING OFFICER (Mr. BARRASSO). On this vote, the yeas are 46, the nays are 50.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 3367

Under the previous order, there will now be 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3367, offered by the Senator from Pennsylvania, Mr. TOOMEY.

The Senator from Pennsylvania.

Mr. TOOMEY. Mr. President, this is a bipartisan, commonsense policy. I wish to thank my coauthors, Senators BROWN, PORTMAN, and KAINE.

Lock-in is a tool by which beneficiaries who are abusing prescription opioids are locked in to a single prescriber and a single pharmacy for access to these powerful narcotics. It would make it difficult or impossible for these excessive prescriptions to continue when a patient is so locked in.

It is a tool that is already used by Medicaid and private insurers. What our amendment would do is extend this important tool to Medicare. It is a policy that has been requested by the administration. It is in the President's budget. It has broad bipartisan support. It will help stop fraud, help coordinate care for seniors, and save taxpayer money.

As Senator WYDEN observed, his amendment, had it proceeded, would not have actually extended this tool to Medicare. The only way we can do that on this bill is to pass this amendment.

I would encourage everyone's support. I think we have an agreement for a voice vote on this, but before we go to that, I wish to yield to Senator BROWN for his comments.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I thank the Senator from Pennsylvania for his leadership.

Various doctors may not realize they are prescribing duplicative opioid painkillers. We have done the lock-in with Medicaid. In many States, it has worked. This is a commonsense solution to help a relatively small number of people but a growing number of seniors whom a Medicare lock-in could assist.

I urge support for the Toomey-Brown amendment.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. TOOMEY. Mr. President, in light of the agreement for a voice vote, I ask unanimous consent that the 60-vote affirmative threshold with respect to amendment No. 3367 be vitiated.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The question is on agreeing to the amendment.

The amendment (No. 3367) was agreed to.

AMENDMENT NO. 3345

The PRESIDING OFFICER. Under the previous order, there will be 2 minutes of debate prior to a vote in relation to amendment No. 3345, offered by the Senator from New Hampshire, Mrs. SHAHEEN.

The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, we are voting on very good legislation with the Comprehensive Addiction and Recovery Act. This is a way to expand programs that work to address what is a real pandemic of heroin and opioid abuse in this country. But the reality is that unless we provide the resources to make these programs work, it is like giving a drowning person a life preserver that has no air in it. It doesn't make a difference. We are losing 47,000 people a year—120 people a day—to overdoses. Our law enforcement needs additional funding. The substance abuse treatment folks need additional support.

What my emergency supplemental amendment would do is to support the programs that are in the CARA legislation. It is about equally divided between support for law enforcement and support for treatment. It helps with prescription drug monitoring, with education, and with recovery. It is the kind of support we need to provide if we are really going to make a difference in this epidemic we are all facing.

I urge my colleagues to not just support the underlying legislation—that is good and we should support it, but unless we provide the funding, we will not have done what we need to to accomplish real change to keep people from dying. I urge all of my colleagues to support this amendment.

Mr. GRASSLEY. Mr. President, I wish to speak in opposition to the Shaheen amendment No. 3345.

Of course, the opioid crisis demands resources, and significant resources are being directed to it. But this amendment is political gamesmanship by some of my Democratic colleagues for whom the Senate's advancement of CARA doesn't fit their preferred political narrative.

CARA is a bipartisan bill that addresses the clear and present public health crisis of heroin and prescription opioid abuse. Through the hard work of many on both sides of the aisle, it passed the Judiciary Committee unanimously. And just a few weeks later, we are considering it on the Senate floor. This is the Senate working in a constructive, bipartisan way on behalf of the American people, unlike the way it worked under Democrat control.

But that is not a narrative some Democrats want the American people to hear. So a controversy must be manufactured to create a distraction. And the controversy that has been manufactured today is that CARA doesn't appropriate any funds for this crisis.

CARA, of course, is an authorizing bill. It does many significant things that I talked about here on the floor earlier in the week. But it was never intended to appropriate funds.

That is what we have the Appropriations Committee for. That is why we have an appropriations process. We should follow that process.

In fact, according to the Office of National Drug Control Policy, the fiscal year 2016 appropriations act passed in December provides more than $400 million in funding specifically to address the opioid epidemic.

This is an increase of more than $100 million over the previous year. None of that money has even been spent yet—it is available today. So there is simply no reason to leap ahead of the fiscal year 2017 appropriations process.

The reality is that this public health crisis festered while the Senate was in Democratic control for years. For example, heroin overdose deaths more than tripled from 2010 to 2014.

And all the while, no emergency supplemental spending bill was brought to the floor specifically to address it. In fact, no authorization bill like CARA was brought to the floor either during those years.

So I ask my colleagues to ignore this manufactured controversy. $400 million is available today to combat this crisis, an increase of $100 million. We should follow the appropriations process, which is just around the corner, where competing priorities and tradeoffs can be evaluated.

That is the best way to ensure both that adequate resources are directed to this epidemic while at the same time maintaining fiscal discipline.

I urge my colleagues to vote against the amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, the pending amendment offered by the Senator from New Hampshire appropriates $600 million on top of the $571 million provided in the bill as reported by the Judiciary Committee over the 2016–2020 period. Unlike the underlying bill, which requires appropriators to provide the authorized funding within the discretionary spending caps, the Shaheen amendment would designate new spending as emergency not subject to budget enforcement.

I am also concerned that this amendment lacks specificity in how the funds are allocated. For example, the bill provides $300 million to the Substance Abuse and Mental Health Services Administration for substance abuse treatment to address the heroin and opioid crisis and its associated health effects. While we all agree that the heroin and opioid abuse epidemic must be addressed, I believe the underlying bipartisan bill provides a better framework to tackle this problem. It provides a comprehensive, specific, and evidence-based approach to help Americans combat this epidemic.

In the meantime, the Senate Appropriations Committee shepherds resources to the opioid problem in the consolidated appropriations bill signed into law late last year. Nearly $600 million was included to start down the road to helping States and communities to address this problem.

The appropriators, working with our authorizers inside the framework of this bill, can evaluate the effectiveness of this year's spending as they make decisions about how much to spend and how to spend most effectively in upcoming years.

Finally, last year's budget resolution conference report contained a deficit neutral reserve fund, spearheaded by Senator AYOTTE and adopted unanimously by the committee, to address the opioid challenge. Together, Republicans and Democrats agreed that, if Congress were to agree on policies and funds to tackle this urgent problem, we should work to pay for it. The Shaheen amendment does not do that.

Also, the Obama administration did not request opioid funding in the supplemental request sent just last week for emergency Zika funding.

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. ENZI. In that case, let me say that the pending amendment, No. 3345, offered by the Senator from New Hampshire would cause the aggregate level of budget authority and outlays for fiscal year 2016 as established in the most recently agreed to concurrent resolution on the budget, S. Con. Res. 11, to be exceeded; therefore, I raise a point of order against the amendment under section 311(a)(2)(A) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, do I have any time left to speak under the previous 2 minutes?

The PRESIDING OFFICER. There is no time remaining.

Mrs. SHAHEEN. Then pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER (Mr. TOOMEY). Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Texas (Mr. CRUZ) and the Senator from Florida (Mr. RUBIO).

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL), the Senator from Nevada (Mr. REID), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 48, nays 47, as follows:

[Rollcall Vote No. 30 Leg.]

YEAS—48

Ayotte	Franken	Murphy
Baldwin	Gillibrand	Murray
Bennet	Graham	Nelson
Blumenthal	Heinrich	Peters
Booker	Heitkamp	Portman
Boxer	Hirono	Reed
Brown	Kaine	Schatz
Cantwell	King	Schumer
Cardin	Kirk	Shaheen
Carper	Klobuchar	Stabenow
Casey	Leahy	Tester
Collins	Manchin	Udall
Coons	Markey	Warner
Donnelly	Menendez	Warren
Durbin	Merkley	Whitehouse
Feinstein	Mikulski	Wyden

NAYS—47

Alexander	Fischer	Paul
Barrasso	Flake	Perdue
Blunt	Gardner	Risch
Boozman	Grassley	Roberts
Burr	Hatch	Rounds
Capito	Heller	Sasse
Cassidy	Hoeven	Scott
Coats	Inhofe	Sessions
Cochran	Isakson	Shelby
Corker	Johnson	Sullivan
Cornyn	Lankford	Thune
Cotton	Lee	Tillis
Crapo	McCain	Toomey
Daines	McConnell	Vitter
Enzi	Moran	Wicker
Ernst	Murkowski	

NOT VOTING—5

Cruz	Reid	Sanders
McCaskill	Rubio	

The PRESIDING OFFICER. On this vote, the yeas are 48, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained, and the amendment falls.

The Senator from Iowa.

AMENDMENT NO. 3374, AS MODIFIED, TO AMENDMENT NO. 3378

Mr. GRASSLEY. Mr. President, I call up Donnelly amendment No. 3374, as modified.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Iowa [Mr. GRASSLEY], for Mr. DONNELLY, proposes an amendment numbered 3374, as modified, to amendment No. 3378.

Mr. GRASSLEY. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment, as modified, is as follows:

(Purpose: To provide follow-up services to individuals who have received opioid overdose reversal drugs)

On page 33, line 9, strike the period and insert ''. which may include an outreach coordinator or team to connect individuals receiving opioid overdose reversal drugs to follow-up services.''.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that I, Senator SHAHEEN, and Senator KING be recognized for a 15-minute colloquy.

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

AMENDMENT NO. 3345

Mr. WHITEHOUSE. Mr. President, we rise to express our disappointment with what just took place. I am one of the authors of the underlying bill. I think it is a very good piece of legislation, but it would make a very significant difference if it had some funding.

The simple fact that we have to face is this bill has no funding right now. I know colleagues on the other side have come to the floor to say there is funding—$80 million, $400 million—but in point of fact I must disagree with them. Let me list the points that show, I believe, why there is no funding to this bill at this point.

The first is that the funding they point to was passed out of the Appropriations subcommittee 7 months before this bill even had its markup. It would have been an astonishing feat of prediction to be able—back then—to fund this bill now.

If that weren't clear enough, there was a change in the bill between then and now. Then, if you wished to fund this bill, you would have put the bulk of the money through the CJS Appropriations Subcommittee because the bulk of this bill was written in the CJS Appropriations Subcommittee. We only changed it this January in response to Republican objections that nobody wanted to create new programs. So we rerouted the new programs through existing programs. That is when it became a Labor-HHS-dominated bill. So there is no way that last June, when this money came through that Appropriations subcommittee, they knew it was going to this.

Moreover, if you go to the agency that is responsible for distributing this money, they are bidding the money out right now. They have a use right now for every dollar of it. If we don't pass this bill, they will put the money out and it will be spent. If we do pass this bill, they will put the money out and it will be spent. If we don't get the bill out soon enough, they will have to pass it out and get it spent under existing law. So you simply can't say with a straight face that this is a funded bill.

The only way this is funded is by robbing the accounts that SAMHSA is now putting out now to bid to fund, in order to fund this bill. You can say the money will be better spent under this legislation. I think that is true. I support this bill. I am going to be for the bill all the way through, even if it is not funded, but you can't say there is funding.

This is a very solvable problem. We have done it before. As Senator SHAHEEN pointed out on the floor, when it was the swine flu, on an emergency appropriations process, we appropriated $2 billion and when it was Ebola, $5 billion. If you say: Well, no, now something has changed, we can't do that, we have pay for it—Senator MANCHIN has a pay-for. A penny per milligram of opioid raises over $1 billion. You could do half a penny that could be contributed by the pharmaceutical industry that is so culpable in this predicament, in this tragedy we have, but, no, rather than allow this good program, this bipartisan program to be expedited out there, to help the people who are dying—47,000 in 2014, the last year—what we have done is protect the pharmaceutical industry from having to pay any share of the solution.

I yield to my colleagues.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I appreciate the comments from my colleague from Rhode Island, who is the author of the Comprehensive Addiction and Recovery Act. That is the underlying bill we were trying to amend.

I would just point out that despite what the honorable chairman of the Budget Committee said, the fact is that the emergency supplemental funding amendment we introduced is very specific about where the funding goes. It goes to programs that are addressed in CARA, expanded, and improved; the substance abuse prevention and treatment block grants that go to the States to be distributed, funding the law enforcement through the Byrne-JAG and COPS grants that are very specific in how they can be used to fight heroin and opioid abuse.

Like my colleague, I am disappointed—not surprised but disappointed. I very much appreciate those people who voted for this amendment, who were willing—particularly some of my colleagues from the other side of the aisle—who were willing to step forward and say, if we are going to address this problem, we have to provide the resources that communities, that States need to fight this addiction.

The question I have for those people who didn't vote to support this amendment is, How many more people have to die before we are willing to provide the resources that are needed to fight this epidemic—47,000 people in 2014. In New Hampshire, we are losing more than a person a day. In 2015, we lost over 400 people to overdose deaths from opioid and heroin, three times as many people as we lost in traffic accidents. So many communities will continue to be ravaged because we are not willing to commit the resources to tackle this pandemic.

What do we tell the families of those people who have overdosed? What do we tell the parents of young people such as Courtney Griffin, whose father came and testified at a hearing Senator AYOTTE and I had last fall in New Hampshire. He talked about the difficulties of getting Courtney treatment before she overdosed and died.

I met a man at a treatment center in Lebanon, NH, a man in recovery who had been in and out of prison. I thought he put it very well when he said: You know, it costs about $35,000 a year to keep somebody in prison. Wouldn't it make more sense to put dollars into treatment because it is a whole lot less expensive to provide the funding to

treat people who are using opioids and heroin, who are substance abusers, than to put them in jail?

To all of my colleagues, I am disappointed, but I am not defeated. The fact is, this is coming back. It will come back in the appropriations process, and it will come back at every opportunity because I am not going to quit on those families in New Hampshire who need help. I am not going to quit on the treatment professionals who are trying to provide treatment for the people who are in need. I am not going to quit on the law enforcement, the police officers, the sheriffs, and all of the people in law enforcement in New Hampshire who are trying to put pushers behind bars and trying to get people off the streets and into treatment.

I hope at some point the rest of the Members of this body are willing to take up this cause and provide the resources people need because I will tell you it is certainly worth it to address the 47,000 people we lost. We were willing to put $5.4 billion into Ebola, and we lost one person in America. We were willing to put $2 billion into fighting swine flu, and we lost about 12,000 people in the swine flu epidemic. We have not been willing to put funding in to address the thousands, the tens of thousands of people we are losing each year in this country.

So we are going to keep at it. We are going to keep fighting until we get the resources that families and communities need to fight this scourge.

I yield to my colleague from Maine, who has been—like my colleague from Rhode Island—a real leader in trying to address this issue.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, I rise in disappointment, surprise, and some confusion that we have this bill. We spent a week—I went to the Judiciary Committee. The bill came out of the committee unanimously. There is tremendous interest in this subject. When I have talked about it at home, I have said to my people in Maine, this is something we are going to be able to do because every Member of this body is being affected by this tragedy that is engulfing our country. This is something we are going to be able to do together and indeed we have done a lot together. We have a good bill. We have passed some good amendments. One of the President's amendments was in the bill that we passed this afternoon. This is important work, but it has to be funded—the old saying in Maine, and I suspect everywhere else, put your money where your mouth is.

I was on a teleconference with some folks in Maine just 2 hours ago talking about this, and one of the chiefs of police said: It is time to move from talking about being interested in this to investing in it. We cannot solve this problem without money. It would be nice if we could. There is a drastic and dramatic shortage of treatment facilities in this country, and the only way we are going to be able to do it is to pay for it.

We had a point of order on the budget. I have to tell you I am confused because I stood here less than 3 months ago when we passed the budget bill and $680 billion of tax extenders. Where was the point of order then? It wasn't funded. A dime of it wasn't funded. Maybe there was a point of order, but it was rejected and overwritten so fast that none of us noticed it. It was the speed of light.

My mother used to say we strain at gnats and swallow camels. We swallowed $680 billion of entirely unfunded tax extenders, and we cannot solve it and bring it into our hearts to save lives for one one-thousandth of that amount, $500 million—one one-thousandth of the amount that we passed in a matter of minutes last December. I am confused by this. I don't understand it.

By the way, 47,000 people, that sounds like a lot, but this is what really sounds like a lot. Since this debate started at 2 o'clock this afternoon, 10 people have died; 10 people have died in the last 2 hours; 47,000 people is 5 people every hour, 24 hours a day, 365 days of the year. We are not talking about abstractions here, we are talking about people's lives. We are talking about what I consider one of the most serious problems I have ever seen in my State. We talk about Ebola. We talk about ISIS. We talk about all of these challenges we have. Yet this is something that is killing five people an hour, and we are not willing to put the funds in to do it. It is a false promise.

I believe this bill is going to do a lot of good, but it is not going to meet the promise we are making to the American people by all of this drama this week about drug abuse and that we are going to do something about it. We are not going to do enough about it because in order to deal with this problem—and this is true everywhere—it is going to take money to provide treatment for people who need it.

As I talked about this morning, the tragedy is when someone is ready to change their life and ready to try to defeat this awful disease—and they cannot find any place to give them treatment. I was at a detox center in Portland just last week. They are turning away 100 people a month from a detox center—not even a treatment center but a detox center—because they do not have the beds.

I am delighted we are working on this bill. I am delighted we are passing it. I think there is a lot of good in it, and it is, in fact, a bipartisan bill. But to venture up to the edge of this problem and then step away because we are not willing to pay for what, in my mind, is one of the most serious emergencies we have faced since I have been in public life is disappointing, surprising, and it is a great missed opportunity for the country.

I join my colleagues in regretting the decision that was just made. I think it was an opportunity where we could have spoken as one to realistically attack this scourge that is devastating our people. We are losing lives, we are squandering treasure, and we are breaking hearts. The only way we are going to be able to solve this problem or at least make a dent in it is to provide the wherewithal to the programs throughout the country that are struggling manfully and mightily to confront the problem and defeat it.

I yield the floor.

The PRESIDING OFFICER (Mr. GARDNER). The Senator from Ohio.

Mr. PORTMAN. Mr. President, I thank my colleague from Nevada for yielding to me to speak for a moment in response to the comments made by my colleagues about the legislation before us, which is legislation to address the horrible problem we have in all our States of the addictions caused by heroin and prescription drugs. About 100 people will die today from overdoses, and that is just the tip of the iceberg because there are so many other people whose lives are being ruined, families being torn apart, and communities being devastated.

Senator WHITEHOUSE, other Members of this body, and I drafted this legislation over the period of the last few years, including five summits we had in this Congress to bring in experts from all over the country on prevention, education, treatment, and recovery—dealing with the law enforcement side and the importance of having Narcan available and also helping to get prescription drugs off bathroom shelves and ensure we had drug-monitoring programs. It is a comprehensive approach.

I will say I disagree a little with my coauthor, my colleague from Rhode Island, in saying that if we could pass this bill, there would be no funding for it somehow. There was a huge increase in funding, as everyone knows, at the end of the year for opioids. Senator WHITEHOUSE, others, and I approached the appropriators and asked them to be sure that funding was consistent with where we were on CARA at that time—in the middle of the Judiciary Committee. When we had some jurisdictional issues, we worked hard to draft the legislation so that if we could get it enacted this fiscal year—that is between now and September 30—there would be funding to help us accomplish what is in the legislation.

However, as my colleagues know, this bill is an authorization bill. What does that mean? It means it is a bill that directs how funding will be spent. It is not a spending bill.

Having said all that, as Senator SHAHEEN knows, I supported her efforts to add additional resources over and above what could be spent this year on CARA because I believe this is such an urgent problem, and I believe it does rise to the level of being an emergency. That is saying a lot. I am a fiscal conservative. But that means it is not paid for by offsetting other programs. It is

just additional funding because it is such an urgent need.

We have done this on other occasions with health care emergencies when we have had something like the Ebola crisis. Well, I think this is a crisis too, so I voted with Senator SHAHEEN today. I am a cosponsor of her amendment. I support it, but I don't support the efforts of some who say somehow there is no money in here. This is an authorization bill. This is the first step toward getting the money, not just this year but into the future. That is the point.

Back in the House, I was the author of the Drug-Free Communities Act. Some 19 years later, $1.3 billion has been spent in support of the Drug-Free Communities Act, helping to create over 2,000 community coalitions, including in just about every State represented in this body. Was that a spending bill? No. It was like this—an authorization bill to direct the spending based on a lot of research and effort, evidence-based practices we know would work. That is what this is. This is taking it to the next level.

Specifically directed to the points my good friend from Maine just mentioned about treatment centers being filled and detox centers not having room for someone to go to get the detox and then get into treatment, these are real problems in our communities now. That is what this legislation is meant to address, not just by appropriations for 1 year but by changing the law for the future.

If we do this, and do it right, in another 19 years in this legislation, we will spend even more than we spent on the Drug-Free Communities Act. It will be well over $2 billion that will have been spent that would otherwise not have gone out because of this legislation. So just as Senator WHITEHOUSE said that he strongly supports this bill because it is evidence based, because we spent the right time putting the effort into making sure it would be money well spent, this bill is really important.

I appreciate the support of my colleagues—Senators SHAHEEN, KING, and WHITEHOUSE. Senator WHITEHOUSE and I have been at this for a few years together. It is the right thing to do for our country at a time when we do face a crisis.

Again, I will support the additional spending because I think this is so critical. But let's not go forward with this sense that somehow this doesn't matter. This does matter in a very big way. This is a necessary first step. And in terms of this year, because we increased funding dramatically at the end of the year for this fiscal year—not one penny of that has been outlaid, by the way; it has been appropriated but there has been no outlay yet—I believe anything we could get done this year—getting it through the House, getting it through the Senate, and the President signing it—would be funding we could use for these important CARA programs just in the 7 months of this fiscal year.

Certainly we should right now—as I have done and I know Senator WHITEHOUSE is doing and others are doing—go to the Committee on Appropriations and say: With regard to next fiscal year, let's be sure that we have the entire bill funded. And again, I would support even additional funding beyond that. But at a minimum, let's get this done. This is an opportunity on a bipartisan basis to actually get something done to help people who are crying out for our help. Communities need our help. Families that are being broken apart need our help.

I appreciate the fact Senator SHAHEEN made her best effort today. She was right, in my view, but let's also continue to work together to get this legislation passed with whatever funding we can add to it. That is great with me, but let's get this bill passed to ensure that going into the future we are directing this funding effectively and increasing this funding to help those who need it most.

Again, I appreciate my colleague from Nevada, and I am sorry to take so much of his time.

I yield the floor.

Mr. WHITEHOUSE. Mr. President, if I can have 1 minute before the Senator departs.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. I thank the Chair.

I would like to end this conversation on a happy note, after what I consider to be a very unhappy vote, and that is to express my appreciation to Senator PORTMAN for his collegiality and his work over many years to get this bill to where it is now in the Senate. I express my appreciation to him for voting for the amendment of Senator SHAHEEN. I express my appreciation to him for publicly pledging to work as hard as we can together to get funding for this bill into the appropriations process that is underway right now.

I look forward to working with him on all those endeavors. I do believe that we missed a big opportunity, because Senator SHAHEEN's bill, had it passed, would have flooded a lot more money, a lot faster, into the solution of this problem.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. HELLER. Mr. President, I want to thank my colleagues on both sides of the aisle on this particular piece of legislation. I know there is a lot of passion behind this, and there should be, and I do believe at the end of the day there will be an appropriate authorization and spending level so we can get this bill passed, which is something I support.

I also want to thank Chairman GRASSLEY, Ranking Member LEAHY, and all those who have been involved in this particular topic of bringing opioid abuse to the forefront. Opioid abuse is an issue every Member of the Senate hears about when they go home. For many Nevadans, substance abuse is an issue that hits close. It is an issue I read about in constituents' letters and hear in far too many calls that come in to my office on this issue.

Like many of my colleagues, I have heard from those who are struggling with addiction or who have lost a loved one to this epidemic. In my home State of Nevada, there were 545 drug overdose deaths in 2014 alone. I have heard countless stories from young Nevadans who have experienced addiction themselves or seen their friends slip into this scary spiral of abuse.

I recently met a young man from Reno who was advocating on behalf of multiple friends whom he had lost to heroin overdose. He said it started with experimenting with leftover painkillers in his friend's parents' medicine cabinet. Eventually, the pills were gone, and the group of friends started experimenting with harder and cheaper drugs. Some of their friends fell into the juvenile court system after being caught with illegal drugs.

Unfortunately, the court system wasn't equipped to adequately treat their addiction. They slipped back into their old habits, and the young man from Reno has now gone to multiple funerals.

I am glad he had the courage to tell his friends' stories. Opioid abuse and addiction has stolen the lives of far too many Nevadans, and it is time we do something about it.

I know my colleagues also hear the same stories in their offices on a daily basis. In 2014, opioids were involved in almost 30,000 American deaths. That means more Americans now die each year from drug overdoses than they do from car crashes.

The unfortunate reality of opioid abuse has become a major public health concern, and something needs to be done. We know this epidemic hits all ages, all socioeconomic levels, all races, and all genders.

Opioid use often starts with treating legitimate pain needs. There are two groups of Nevadans that are extremely important, and I have focused my efforts today on these two very important populations: our veterans and our seniors.

First, I have two amendments that improve access to treatment for our Nation's veterans. My first amendment, Heller amendment No. 3346, would include veterans service organizations in the Pain Management Best Practices Interagency Task Force. Giving VSOs a seat at the table on this task force will help us better understand the unique circumstances our Nation's veterans face that drive them to use opioids in the first place.

My second amendment, Heller amendment No. 3351, would allow veterans nonprofit organizations to be eligible for grants from the Building Communities of Recovery program. The Building Communities of Recovery program is designed to pool community resources to help those affected by

opioid abuse seek the proper treatment to recover from these highly addictive pain medications and avoid slipping into a cycle of chronic drug abuse.

Including veterans nonprofit organizations in this grant program will allow places like Veterans Village in Las Vegas to access more resources to treat the servicemen and -women in our State. As a member of the Senate Veterans' Affairs Committee, I am concerned about how opioid abuse impacts America's heroes. Some of these veterans are in severe pain due to the injuries they sustained during service to our Nation, and numerous veterans have reached out to my office for help when the VA's policies are negatively impacting them.

As we debate the Comprehensive Addiction and Recovery Act, it is critical for Congress to ensure VSOs have a voice. These organizations understand the unique challenges veterans face with opioids and how to resolve these issues. That is why I have filed two amendments to allow this important stakeholder to come to the table and help reduce opioid abuse.

I encourage my colleagues to accept these amendments, and I would like to continue to work with the bill managers as we find a path forward on them.

The senior population is another group of Nevadans that face unique circumstances on how they become dependent on opioids. They are prescribed opioids to cope with chronic pain and discomfort after surgery and, obviously, rightfully so. In fact, about 40 percent of Nevada's seniors are on some type of opioid, but opioids have qualities that make them highly addictive and prone to abuse.

Pain is a highly complex issue, and there are many barriers to pain management. Just recently I had a constituent reach out to my office because they were being denied access to a lifesaving opioid pain medication for a very rare and serious condition. Fortunately, we were able to help resolve the situation, but it was disappointing that this Nevadan had to go to such extremes to receive the treatment they deserved.

No doubt Congress should play a role in addressing opioid addiction and this epidemic, and I think there are ways to accomplish this goal while ensuring that seniors in Nevada and throughout the United States continue to receive the care they need. One of those ways is to permanently repeal the Medicare caps on therapy services. Right now, current law places an annual per-beneficiary payment limit of $1,880 for all outpatient therapy services.

I firmly believe that if patients had better access to physical therapy, they would not be as dependent on highly addictive pain medication. Seniors would also have a higher quality of life by treating the sources of the pain and rebuilding their strength. With proper access to care, seniors will be able to enjoy a happy and healthy retirement rather than cope with the pain through highly addictive medication that only masks their discomfort.

Senator CARDIN and I have been working on a responsible alternative to the Medicare's therapy cap. I believe more work needs to be done to ensure that these proposals will solve the problem and ensure that these seniors have access to the therapies and treatments they need.

Right now, the cap has been lifted until March of 2017. We have until early next year to come up with a permanent solution to the therapy cap issue, and I have no doubt that Senator CARDIN and I will be able to deliver results for seniors across this country.

The American people want us to put partisan politics aside and come up with solutions to the problems we see every day. CARA is an example that Congress can, and should, come together to solve these problems. The epidemic of opioid abuse has reached a serious point in our debate. I believe the Comprehensive Addiction and Recovery Act is a step in the right direction.

I encourage my colleagues to pass this important legislation, and I am hopeful that we can do it this week, showing Nevadans and all Americans that we are serious about addressing this problem.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise today to talk about the Supreme Court vacancy for the second time on the floor, but I did want to thank the cosponsors of our bill, Senator PORTMAN, Senator WHITEHOUSE, and Senator AYOTTE, and also Senator SHAHEEN for her strong amendment that I think would have made such a difference if we could get some immediate emergency funding.

As we know, there are other important provisions in this bill, especially the work I am focused on with prescription drug monitoring, the simple idea that when I talk to doctors, they are never sure if this is someone who is actually abusing the system. They want to do well. They have been trained to do well to get people out of pain. But so often there is not a lot of monitoring about what is going on. And this is going to help get the States to start doing their work. I again thank Senators WHITEHOUSE, PORTMAN, AYOTTE, and SHAHEEN for their work on this bill.

FILLING THE SUPREME COURT VACANCY

Mr. President, I come today to talk about the Supreme Court.

Last Wednesday, I led a meeting of the steering and outreach committee on the Supreme Court and the Senate's constitutional responsibilities. We had the opportunity at that meeting to hear from four distinguished law professors on the constitutional implications of the current vacancy and to put some historical and constitutional context about the choice before us. I would like to share some of the insights with my colleagues.

First of all, Jamal Greene, a professor of law at Columbia Law School, looked to the original intent of the Framers of the Constitution, noting that ''the Framers did not contemplate the use of the Senate's advice and consent power solely to run out the clock on a presidential appointment. As [Alexander] Hamilton speculated in Federalist 76, rejection of a nominee 'could only be to make place for another nomination by [the President].' ''

The critical point made by Professor Greene, which was echoed by the rest of the panel, is that inaction is not an appropriate response when the Constitution says that the President shall nominate and that the Senate has a duty to advise and consent. In fact, Professor Gerhardt from the University of North Carolina at Chapel Hill noted that the only time Members truly abandoned their constitutional duties and left this position open was during the Civil War. Think about that. Senators before us in this great Chamber—even before we had this Chamber, when they were meeting in other places. We have been through World War I, we have been through World War II, we have been through the Vietnam war, we have been through civil rights tumult, and always the position was filled and not left vacant for that year time period. We have to go back to the Civil War.

Another common theme we heard from all of the panelists is that the proposed inaction by our colleagues on the other side of the aisle is without precedent in our Nation's history. In the last 135 years, no President has been refused a vote on a nominee for an open seat on the Court. The Senate has confirmed more than a dozen Supreme Court Justices in Presidential election years, including five in the last 100 years. So it is not as if we have to go way back in time; five of them were in the last 100 years. Probably the most oft-cited example is the example of President Reagan nominating Justice Kennedy in his last few years in the White House. He nominated Justice Kennedy, and a Democratic Senate confirmed—not just confirmed but confirmed unanimously.

Another member of the panel was Professor Jeff Stone. He is a professor at the University of Chicago Law School—actually, my professor, my evidence professor. I always enjoy asking my professors questions now that I am a Senator as opposed to when they used to ask questions of me. He was, of course, a former colleague of Justice Scalia's. In fact, when Justice Scalia left the University of Chicago to be appointed to the bench, he actually gave his papers and all of his notes to Professor Stone. While they had some different political views, without a doubt, he had admiration for Professor Stone and Professor Stone had admiration for Justice Scalia, as he has written about since his death.

After reviewing the history of Supreme Court nominations, Professor Stone concluded:

> Despite all the fuss and fury over the Supreme Court confirmation process, the plain and simple fact is that the Senate always defers to the president as long as the president puts forth nominees who are clearly qualified and who are reasonably moderate in their views. And this is true even when the Senate is controlled by the opposing party. In short, nominees who are both qualified and moderate are confirmed. Period.

I think he was using as an example—we know there have been nominees who have been turned down by the Senate in past, including in the recent past, but the point is, they got a hearing and they got an up-or-down vote. There are cases where people withdrew their names. There are cases where the up-or-down vote was not in their favor. But they always were moved forward.

Although we have been accustomed to a certain level of partisanship in Congress, Professor Stone pointed out that the nomination process for Supreme Court Justices has remained in large part a bipartisan process. Again, people may vote differently, but as a member of the Judiciary Committee and a relatively new member in confirmation processes for both Justice Kagan and Justice Sotomayor, those hearings were very civil. At the time, Senator SESSIONS was the ranking member and Senator LEAHY was the chair. At those hearings, people asked the questions they wanted to. They went on for a number of days. Then we had a final vote, and then we came to the Senate and all was done. As we know, among the Justices currently serving, the longest time from the nomination to the confirmation was actually 99 days; that was Justice Thomas.

So we have always had a process that has worked. And while the result has, sadly, become more partisan—although there have been a number of Republicans who voted for the recent nominees, it has been more partisan over time. When we look at the unanimous vote Justice Kennedy got, the process itself worked, and that is very important to the functioning of the Senate.

The fact is, we may have a very difficult atmosphere around us politically and sometimes right here in this Chamber, but we have tried to keep our dignity and move forward with our processes, and we find ways to work together and we treat each other with respect. For me, that is a lot about what this is about, this process for a nominee. Yes, it is about what the Constitution says. Yes, it is about respecting history. Yes, it is about not leaving a vacancy on the third pillar of our government when, in fact, our only job as Senators is not to determine what happens in those cases or what the individual decisions are, but it is to fund that Court and make sure that vacancies are filled in our advice and consent function. But it often goes beyond all of that for me. It is about how we function as a body, that we keep to our processes, that we move legislation, that we move nominees, and that we respect our traditions, we respect the Senate, and we respect each other.

Looking beyond the constitutional duties of the Senate and the historical precedent of the Senate considering Supreme Court nominees, we have had the opportunity to hear from our panel, as I mentioned, as well as from a number of others, about the importance of filling a vacancy on the Supreme Court.

Professor Greene, whom I mentioned before, and others noted that this inaction could leave the Court for two full terms without the ability to resolve closely contested cases. They don't get the easy cases on the Supreme Court. That is not why they are there. That is not why they are called the Supreme Court. They get the tough cases. They get the cases in the gray area. When the lower courts are in disagreement and can't figure out what to do, they are the decisionmaker.

Professor Greene went on to say in our panel: ''The Supreme Court has multiple responsibilities, but one of its main, core functions is to resolve those disagreements [among the lower courts], and [this vacancy] leaves the law in a state of uncertainty.''

The people of this country have enough uncertainty to deal with. Of course, because of our democratic functions, we do not know who our next President will be. There is a lot of blame and a lot of finger-pointing going on throughout our political system right now. There is a lot of uncertainty. There is uncertainty with the way our laws have worked. But one of our jobs is to put some certainty in people's lives. We did that with the budget at the end of last year. We did that with the Transportation bill last year. We did that with a number of pieces of legislation that were passed on a bipartisan basis. Now it is our job to not leave the entire legal system in a state of uncertainty.

Former Justice Sandra Day O'Connor has also spoken out. When asked about Republicans seeking to wait a year until considering a nominee, she said: ''I don't agree. I think we need somebody there to do the job now and let's get on with it.''

In fact, former President Ronald Reagan, who nominated Justice O'Connor to the Supreme Court, said in 1987: ''Every day that passes with a Supreme Court below full strength impairs the people's business in that crucially important body.''

He made that statement around the same time he nominated Justice Kennedy, who was confirmed, as I noted, unanimously by a Senate controlled by the opposite party in the last year of a Presidency. That is our closest and most recent example—confirmed in the last year of the Reagan Presidency by a Democratic Senate, with a Republican President.

We now have a Democratic President who is not running for President again—he can't—who is in the last year of his Presidency, with a Republican Senate.

The critical importance of filling this seat is clear, and it is not something we can wait on for over a year. Not since the Civil War have we had a vacancy for over a year. And, may I add, there is plenty of time for the Senate to consider and confirm the nominee. Is it convenient? No, it is not convenient. There is a lot going on. It is an election year. Things happen. Unexpectedly, Justice Scalia died. And many people who knew him well, such as my law professor in Chicago, miss him. But he died, and that triggered a duty on the part of the President and on our part.

The Senate has taken an average of only 67 days—about 2 months—from the date of the nomination to the confirmation vote since 1975. This means that if the President offers a nomination this month, that nominee should receive a vote in the Senate by Memorial Day. If for some reason that doesn't happen and the hearings take longer than we think, I would put one other day forth: We could finish this by the Fourth of July. For those who love the Constitution, that is certainly a good holiday and end date.

Looking at the text of the Constitution, the precedent of the Senate, and the importance of the circumstances, the matter is clear: It is the duty of the Senate to thoughtfully consider the President's nominee to the Supreme Court, and anything less than that disregards our oaths of office.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, I wish to associate my remarks with the Senator from Minnesota and just say that what the Constitution says is so clear. It says that the President shall—not may—it says shall nominate and then the Senate will advise and consent. That is clear. The President is going to nominate. So are we going to wait around for a whole year without giving our advice and/or consent? In other words, just do your job. So I thank the Senator for her comments.

TAKATA AIRBAGS

Mr. President, I have a very touchy subject to talk about again—the ongoing Takata airbag fiasco. It is now a recall fiasco. To this point, some 26 million of these airbags that are in the center of the steering column that we drive around with right in front of us or in front of the passenger's seat or on the sides, side airbags—some 26 million of them have already been recalled.

A little over a week ago, I spoke about this continuing customer confusion over this recall fiasco. For the sake of the safety of our American consumers who happen to be drivers in these vehicles with these Takata airbags, we need to end this confusion. I think the process has to begin with having the National Highway Traffic Safety Administration, or NHTSA,

take a hard look at whether they need to start the process of recalling all Takata airbags with ammonium nitrate-based inflaters.

Ammonium nitrate seems to be the problem. It is a chemical compound that is ignited when you have a collision. Within less than a second, it inflates with gases. This is the airbag that is supposed to save our lives. But what is supposed to save lives has been killing lives because the explosive force is so great that it starts to shred the metal housing. That is sending pieces of shrapnel right into the driver or into the passenger.

Last week, I showed the Senate one of these airbags, and then I showed them a piece of metal that became, in effect, shrapnel, like a grenade, only this piece was that big and it had killed a lady in Orlando, FL. As a matter of fact, when the police got to the intersection where she had a collision and the airbag deployed and they got there and found her in the car, they thought it was a murder because her neck had been slashed. But, in fact, it was this airbag, exploding with such force that it shredded the metal. In this case, it was a piece that big.

On February 10, I sent a letter to the NHTSA Administrator, Mark Rosekind, asking him to do two things. First, I asked him to use his authority to phase out the production of the new Takata ammonium nitrate-based airbag inflaters as soon as possible. With all that we know about these things, this ammonium nitrate should not be used as replacement for the old Takata inflaters, and it certainly shouldn't be used in the new cars that are produced and sold to consumers.

Second, in this letter, I asked him to seriously consider a total recall of all Takata ammonium nitrate-based inflaters that are currently in vehicles. My goodness, that is a big number. That is potentially another 90 million units in this country alone. That could be as much as 260 million worldwide. But with all the manipulation of data and the serious safety lapses that our staff on the Senate Commerce Committee has detailed in two separate reports, I think it is something that we should seriously look at. Potentially, it is a big number of recalls of this ammonium nitrate-based inflater that is currently in vehicles.

I want to say that I supported Administrator Rosekind's nomination, and I think he has done a number of things to try to improve NHTSA. But I was not too pleased with his written response to my letter that I received from him on February 26, just a few days ago. In my letter, I asked him to provide me with the total number of inflaters that Takata could supply under existing contracts with automakers. He didn't supply that.

Will Takata continue to produce millions of these things? We don't know. We don't know the answer.

Are consumers today basically getting a newer version of the old version that has been so defective? No answer to that either. In other words, are we going to replace an old live grenade with a new live grenade?

In the letter, I also asked the Administrator to consider an accelerated phaseout of the production of new Takata ammonium nitrate-based inflaters. In his letter, he declined.

As to the request for NHTSA to look at a larger recall of Takata ammonium nitrate-based airbags, Administrator Rosekind declined to call for a larger recall. He based that statement on the fact that most of the Takata airbags that have not been recalled contain something called desiccant, which removes the moisture and is supposed to stabilize the ammonium nitrate in the inflaters.

That desiccant is there because moisture is considered to be the culprit that causes the ammonium nitrate to be defective in its explosion. So desiccant is supposed to remove that moisture, and it is supposed to stabilize the ammonium nitrate.

The exact quote in his letter is this: ''In fact, to date, NHTSA is unaware of any inflator rupture, in testing or in the field, of a Takata inflator using chemical desiccant to counteract the effects of moisture.''

He says that NHTSA is unaware of any inflater rupture using the chemical desiccant.

That statement is not true. On October 15 of last year, General Motors recalled about 400 vehicles for Takata side airbags with the chemical desiccant. Fortunately, in that testing, nobody was injured. But that wasn't correct information given to the Commerce Committee, and NHTSA finally admitted their error to our staff on Monday of this week.

Why didn't NHTSA seem to know about it beforehand? This really raises serious questions when a regulator doesn't even seem to know about its own data. NHTSA had that data. As a result, it continues to raise questions about who is really in control of this recall. Is it who ought to be, NHTSA, or is it the manufacturer of the defective airbag, Takata?

Deaths and serious injuries have occurred as a result of these defective airbags. They have been in Florida, but they have been in many other places. The last one was in the Carolinas in December, and a Ford driver is dead as a result of it.

I can tell you that this Senator and many of the members of the Senate Commerce Committee are not going to sit quietly and wait for this to get sorted out in good time. Lives are at stake. We are going to keep pushing until all consumers who have vehicles with Takata airbags get answers and get help.

I wish I didn't have to bring this to the Senate floor, but in the safety and sake of consumers we have to.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Ms. HIRONO. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Ms. HIRONO. Mr. President, I rise to speak on the Texas case that was heard by the U.S. Supreme Court, Whole Woman's Health. This morning, I joined hundreds of pro-choice advocates on the steps of the Supreme Court in advance of the oral arguments. They came from all parts of the country with signs such as ''Don't mess with access'' and ''Respect my fundamental human dignity.''

The lead-up to this case was a Texas law, HB2, which imposes unnecessary medical requirements on the State's clinics that provide abortion services.

According to the American Medical Association and the American College of Obstetricians and Gynecologists, these requirements are not necessary to protect the health of women seeking these services. Rather, these onerous restrictions, known as targeted regulation of abortion providers, or TRAP laws, have only one purpose—to deny abortion services to women.

Three-quarters of clinics in Texas will close if this law is upheld, leaving nearly a million women without adequate access to reproductive services. By making the false claim that restrictions like those passed in Texas will actually protect women's health, opponents of abortion hope to conceal their true agenda, which is putting an end to abortion and women's reproductive choices.

The Texas law is just one more example of a litany of legislation and other attempts to limit a woman's constitutionally protected right to choose. Attacks on reproductive rights, such as misleading undercover videos, violence at clinics, and numerous attempts in Congress to roll back progress on women's health care continued in 2015.

Since Roe v. Wade was decided, State legislatures have passed hundreds of laws to chip away at a woman's right to choose. In the last 4 years alone, States have passed 231 anti-choice laws. Among the most invasive are those requiring ultrasounds of women seeking abortion care, and some of the most ill-conceived laws require providers to give medically unsound information to scare women seeking abortion care. Laws that are not based on medical science and opposed by medical practitioners do not protect a woman's health. No matter how loudly or how often these arguments—or these claims—are repeated, they are lies. Lies repeated do not become truths.

While these restrictive laws impact all women, they impact minority and lower income women most. For example, the Texas law will result in the closure of more and more provider clinics. Women in Texas will have to travel farther and farther to get to open clinics. Women who have limited resources

to travel for needed services or cannot afford to take time from work to travel these long distances are the most negatively impacted by TRAP laws.

Why do women need to be protected from being able to access the reproductive services they need and choose? Fundamentally, what is the point of a constitutional right if one is unable to exercise that right? I cannot think of any other constitutionally protected right that has seen so many restrictions placed upon it, except perhaps the right to vote, but that is a subject for another speech.

It is more than ironic that while many of our anti-choice colleagues vehemently speak out in support of constitutional rights, when it comes to women's bodies and reproductive choice, they are all too willing to set aside their constitutional principles to invade those fundamental rights. Neither Congress nor the States have a right to do that.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. ISAKSON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. ISAKSON. Mr. President, I ask unanimous consent to address the Senate as in morning business.

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

FILLING THE SUPREME COURT VACANCY

Mr. ISAKSON. Mr. President, I am not a lawyer. I am a politician. I was a businessman before I was elected to the Senate. I watched with interest the debates since the death of Antonin Scalia about what the Senate and country should do in terms of filling its vacancy, in terms of its timing.

The Constitution tells us what to do. The Constitution tells us that the President shall make an appointment, or a nomination, to fill that vacancy and the Senate shall offer its advice and consent. There is no deadline or trigger date. There are no other rules or guidelines.

There have been a lot of historic debates on both sides of the aisle over whether or not a nomination for a Supreme Court justice should be named in the last year of a Presidency. Interestingly enough, if you read the history, sometimes it is the Republicans saying they shouldn't do it and sometimes it is the Democrats. In fact, if you really go back and look, we have all said the same thing. It would just depend on whose ox was getting gored in the politics of a particular day.

I love JOE BIDEN. He is a personal friend of mine and a great Vice President of the United States. I served with him in the Senate and on the Foreign Relations Committee, which the Presiding Officer serves on today.

I did a little research on what JOE had to say because I appreciate his wisdom. In the last year of the Bush administration—H. W. Bush—in 1992 on June 25, then-Senator BIDEN made two statements, and I would like to share those statements. The first is the following:

> [I]t would be our pragmatic conclusion that once the political season is under way, and it is, action on a Supreme Court nomination must be put off until after the election campaign is over. That is what is fair to the nominee and is central to the process. Otherwise, it seems to me, we will be in deep trouble as an institution.

Let's take that quote and apply it to the current contemporary time we are in today. We are in a politically unknown territory. Yesterday was Super Tuesday, and 15 States went to the polls. We had newcomers getting the most votes, and we had old-timers getting the most in one primary. We have women getting votes. We have men getting votes. We have conservatives and we have liberals. We don't know who our President is going to be or what party he or she will be from. But we do know that when they are elected and sworn in January of next year, they will be the President of the United States most contemporarily appointed and elected by the people of the United States of America.

The Supreme Court is the ultimate arbitrator of what the executive and legislative branches do. It is only appropriate that the Supreme Court majority, as it is cast, be made up of nine people, five of whom are in the majority, who were appointed freely and without political influence, judged for their best political and legal acumen and in the best interest of the country.

I don't think going to the current President, Mr. Obama, who is in the last year of his term, and getting him to make an appointment that will only last a few months of his last year in office is the right way to go.

I think we need to say the following: The President of the United States who is elected this November and sworn in next January will be the President of all the people most contemporarily voted by the people of America. That is the President who should make the nomination, and that is the Senate that should make the confirmation.

I urge my colleagues who argued about going ahead and moving forthrightly and quickly on filling Antonin Scalia's seat to think about this. Next year the Senate will be a new Senate. It won't be this Senate. Many of us are up for reelection. I may not be here. I don't know who will be here. I am trying. I don't know who will be here. I want to get here, but I don't know if I will be here.

We don't know who the President will be. Each of us, Republicans and Democrats, have our pick. We hope it is our President. We hope it is the man or woman we want, but we don't know that. But we do know that on the first Tuesday in November, we will elect a new President. In January, that President will be sworn in, and it will be his or her opportunity, if we wait, to make the nomination for whomever will fill Antonin Scalia's place. It will be the new Senate's place to confirm that nomination. The Senators who are elected will be the ones most recently elected to the Senate, and the President who is elected will be the most recently elected President of the United States. That is the person who should make that appointment, and that Senate should make that confirmation.

Think about this. Ronald Reagan appointed Antonin Scalia in 1986. Antonin Scalia served on the Court for 30 years until 2016. The next person appointed to take his place may serve 30 years as well. That takes us to 2046. That is a long time from now. Shouldn't we take the most contemporarily elected President to make that appointment rather than one who is going away and will be in the history books? I think it is right to allow the President who has been most recently elected to make that nomination and allow the newest Senate to make the confirmation and do what is right for the American people.

This is not a Republican or Democratic thing. I respect my colleagues on both sides of the aisle. We have all made the same statements. It would just depend on whether it was our President or the other guy's President, whether it was our Senate or the other guy's Senate.

In fact, I will close my remarks by again quoting my friend JOE BIDEN from the same speech he made on June 25, 1992. He said: ''Others may fret that this approach would leave the court with only eight members for some time, but as I see it, the cost of such a result . . . [is] quite minor compared to the cost that a nominee, the President, the Senate, and the Nation would have to pay for what would assuredly be a bitter fight, no matter how good a person is nominated by the President.''

Vice President BIDEN made that statement when he was a Senator and faced the same situation that we face today. He was smart and wise beyond his years. He said: It is best to look to the future for the appointment, the next President for the nomination, and the next Senate for the confirmation and look to the future of the of the Court, because it is the Supreme Court—many times on a vote of 5 to 4—that will decide the fate of legislative and executive action. It is only right that we have the best and most contemporarily appointed Court that we could possibly have, and the only way to do that is to make sure that the next President makes the appointment.

I underscore what I said at the beginning. It is not a Republican or Democratic thing. It is a political thing. We are all politicians and creatures to our politics. All of us have said the same thing. It would just depend on who was in charge at the time as to whether we spoke like JOE BIDEN as a Republican or spoke like JOE BIDEN as a Democrat.

I commend Antonin Scalia for being a great servant to the American people. He was a great jurist, a great writer, and a great judge. He will be missed.

Somewhere out there in America today, there is another Antonin Scalia just waiting to be nominated and confirmed by the Senate. I don't know who it is, but I know this: I want them to be found by the next President of the United States elected this November and confirmed next January by this Senate. That is the right person. That is the right way, and I submit that is the way I recommend we do it.

I yield back the remainder of my time.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. LEE). Without objection, it is so ordered.

WOMEN'S HEALTH PROTECTION ACT

Mr. BLUMENTHAL. Mr. President, earlier today I joined a number of my colleagues outside the Supreme Court to work with advocates who were gathered there, thousands of people, including many young people. Looking into their faces, I realized that for them Roe v. Wade is history, but my mind went back to 1974, the year after Roe v. Wade, when I was a law clerk to Justice Blackmun. I heard similar voices from the serene, contemplative chambers of Justice Blackmun and thought then—in fact all of us thought then—that Roe v. Wade would settle for all time, at least for the next decades, the reproductive rights of women in the United States of America, and we were wrong. We were wrong that the law would be settled, that rights would be protected, that Roe would be accepted, and that privacy would become enshrined as a matter of constitutional law or at least accepted politically. We were wrong.

Today, in a historic case, the U.S. Supreme Court heard arguments on a challenge to the basic fundamental right of privacy with practical implications that will alter the lives of women in Texas, where the case rose, and throughout the country.

I know firsthand from my experience as a law clerk, but even more so in the decades since as an advocate for reproductive rights and women's health care, as U.S. attorney, as a member of the Connecticut General Assembly, first as a member of the House and then in the State Senate, and as our State attorney general, working and fighting to enshrine in State law the rights protected by Roe v. Wade and then protect them from physical threat and intrusion at the clinics where those rights were made real.

Those rights mean nothing if they are unprotected. If women need to travel hundreds of miles, if women need to leave their jobs and their children for days, if women have no access to those rights, they are unreal for them. That is the net fact of the law that is underchallenged in the case before the U.S. Supreme Court, Whole Woman's Health v. Hellerstedt. That law, HB2, in effect, so restricts the availability of reproductive rights in practical, real terms as to place an insurmountable burden for many women on the exercise of those rights. Those rights are prevented from being real for them, for countless others, and they will be put out of reach for countless women across the country if this law is not struck down.

That is what we are asking the Supreme Court to do: to strike down this law that under the pretense of protecting women's health, imposes restrictions that deny rights, rights to privacy that are basic to the human condition. They are constitutional rights, but nothing is more basic than the right to control your own body. Nothing is more essential than protection of rights to decide when to have a child. These issues of control over one's body involve control over one's faith, rights of privacy, and power to make basic life decisions.

That is what it means to have a right to privacy. It is the right to be left alone—as one of our Supreme Court Justices said, the right to be left alone from unwarranted and unnecessary government intrusion. The Supreme Court will have to make a judgment about whether the burden placed on that right is justified by this supposed protection of women's health.

Anybody familiar with this case knows that supposed reason for these laws that require many privileges for doctors or particular widths of hallways in clinics is a ruse, a pretense, in fact, a falsehood.

My view is the outcome should be clear in this deliberative battle before the Court, but the ramifications, the practical impacts, are severe for those women in Texas who would have no access to reproductive health care, and for women around the country because the simple stark fact is, since 2011, State legislatures have enacted 288 laws like the one in Texas, designed to restrict access to reproductive rights. We are not talking about a situation limited to Texas. In State after State, legislature after legislature, these rights would be restricted by similar laws.

That is the reason I have introduced the Women's Health Protection Act, to stop this invasion—it is truly an invasion—of women's reproductive rights. The measure I have introduced would, in effect, strike down such measures, prevent them, so as to reduce, and hopefully even eliminate, the cost and the time required for litigation challenging them in State after State, like what happened in Texas where women have been denied the certain assurance, the basic security of knowing that this care will be available to them, because of the continuing litigation, the costs of lawsuits, and the time-consuming contention and controversy that arises from it.

The arbitrary and arcane restrictions imposed by the Texas law concerning admitting privilege requirements and building specifications are unrelated to health and safety and clearly create an undue burden on women's right to choose. That is the legal principle, the core tenant that needs to be upheld by the U.S. Supreme Court.

I joined with a number of my colleagues, and in fact led the amicus brief to the Supreme Court, which urges them to reach the right result and strike down this law. My hope is that the outcome will not only be right for Texas and the women of Texas—and the people of Texas because the right of privacy is not guaranteed only to women, it is to men, and the decisions that women make affect families and children as well as their spouses. I hope the Supreme Court finally does what Roe v. Wade was thought to do in clear, bright-line text that will prevent States from intruding with these pretense, ruse laws, supposedly protecting health when, in fact, all they do is restrict the right to privacy.

I am proud to join with my colleagues in fighting these attacks on women's health care. But I hope that the clerks, as I once was, in the Supreme Court will look from those windows today and think to themselves that this case will, in fact, finally settle these issues, finally give women the assurance and security they need.

There is no need to keep returning and relitigating these issues. There is no need for this body to consume time and energy on defunding Planned Parenthood. There is no need for these kinds of repeated battles over rights that should be secure and unchallengeable in 21st Century America. Rehashing this fight simply costs us in time and other precious commodities that we should be spending on jobs, economic progress, veterans, national security, investment in infrastructure, investment in our human capital, and college affordability. All of the present issues—those and others of this day—are what should occupy us on this floor and occupy the country as we move forward, hopefully guaranteeing that the rights in Roe will be real for every American woman.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MANCHIN. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

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

Mr. MANCHIN. Mr. President, I rise today to speak in support of the Comprehensive Addiction and Recovery Act of 2015, which is bipartisan, I might

add, and to discuss several amendments that I have submitted.

Mr. President, our country is facing a prescription drug epidemic, and today is a good step toward addressing this crisis. This is a crisis I have been dealing with since my days as Governor of the great State of West Virginia. Opioid abuse is ravaging my State of West Virginia and many other States. I know the Presiding Officer has the same problem in Utah. Our State has been hit harder than any other State in the country. Drug overdose deaths have soared more than 700 percent since 1999. We lost 627 West Virginians to opioids last year alone. Mr. President, 61,000 West Virginians used prescription pain medication for nonmedical purposes in 2014. This includes 6,000 teenagers. Our State is not unique. Every day in our country, 51 Americans die from opioid abuse. Since 1999 we have lost almost 200,000 Americans to prescription opioid abuse.

The fact that we have with the bill in front of us is simply this: It is an important first step. It will authorize $77.9 million in grant funding for prevention and recovery efforts, which we need, and expand prevention and education efforts particularly aimed at teens, parents and other caretakers, and aging populations. It will also prevent the abuse of opioids and heroin and promote treatment and recovery. It will expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives. It will expand disposal sites for unwanted medication to keep them out of the hands of our children and adolescents. It will also launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country. It will strengthen prescription drug monitoring programs to help States monitor and track prescription drug diversion.

While the bill is a good start and addresses critical problems, there is more that needs to be done. I have a few amendments I want to speak about and explain that I think will improve the bill by changing the FDA mission statement, providing grants for consumer education, and requiring prescription prescriber training.

First of all, I firmly believe we need cultural change at the FDA. That is why I submitted the Changing the Culture of the FDA Act as an amendment to this bill. This amendment would strengthen the actions that the FDA recently announced that they were committed to taking into consideration the public health impact of approving opioid medications. Mind you, what they said is that they were committed to taking it into consideration. I don't think that is much of a change, and it is definitely not a cultural change. It is a movement in the right direction, which I acknowledge. By solidifying this commitment in the agency's mission statement, we ensure that the agency oversees the approval of these dangerous drugs and cannot waiver from their stated goals.

The language in my amendment is similar to the language in the FDA's current mission statement regarding tobacco, and we all know the devastating effects of tobacco. The mission statement says simply this: ''FDA also has the responsibility for regulating the manufacturing, marketing, and distribution of tobacco products to protect the public health and to reduce tobacco use by minors.''

If we think it is that serious that we put this in the mission statement for tobacco, why can't we do it for opiates? Tobacco kills hundreds of thousands of Americans every year, and we have rightly recognized this as a public health crisis. However, opiates killed more than 18,000 people just by the end of 2014. That is 51 people every day. This, too, is a public health crisis. It is absolutely ridiculous that the FDA has treated opiates like any other drug up for approval.

To date, the agency has failed to consider the devastating public health impact of their repeated decisions to approve dangerously addictive opiates. We have seen that in their resistance to rescheduling hydrocodone, their approval of Zohydro against the advice of their own advisory committee, and their refusal to consult an advisory committee on other dangerous opioid approvals, including their decision to allow the use of OxyContin in children as young as 11 years old. Opioids are simply different from many types of drugs the FDA oversees. As I noted before, they have killed almost 200,000 people since 1999 and have ruined the lives of countless others.

The FDA must be held accountable for their actions. Like our efforts to protect the public—particularly children—from the dangers of tobacco, the U.S. Congress must take action to ensure that the FDA does, in fact, do what it has promised to do and take the devastating public health impact of opiate addiction into account when approving new drugs. It is putting it on par with tobacco, that is all. In a mission statement, one has more responsibility than just passing it through as a business plan.

My second amendment also relates to the critical role the FDA plays in addressing the opiate epidemic. It would require the FDA to seek the advice of its advisory committee before approving any new opiate medication. These are experts, scientists, people who know the makeup and composites of these chemicals and what they do to human beings. If the FDA approves a drug against the advice of the advisory committee—that means if they do not take the recommendation by their own experts and they wish to put this drug on the market—the agency would be required to submit a report to us, the people's representatives, the Congress, justifying that decision. The approval will be delayed until the report is submitted. Tell us why you won't take the advice of your experts and why you even subvert and basically pay no attention.

The FDA plays a critical role in addressing the opiate epidemic as the agency overseeing the approval of these drugs. Under the FDA's own rules, they are supposed to convene a committee of scientific experts when a matter is of significant public interest, highly controversial, or in need of a specific type of expertise. With 51 people dying every day in the country from an overdose of prescription opiates, it is clear that the approval of opiates meets every one of these standards and that the FDA should seek the counsel of its expert panel and adhere to its recommendations with regard to approving dangerously addictive opioids.

Unfortunately, this hasn't happened. It truly hasn't happened. Let me give an example. It took us 3 years just to get rescheduled from a schedule III to a Schedule II all opiates—Zohydro, Vicodin. These are the most widely prescribed opiates. It took us 3 years, which what should have been a 3-week turnaround.

The week after they even approved the taking down of these drugs from a schedule III to a schedule II, which took over 1 billion pills off the market, they came right back and they recommended a drug called Zohydro. This is a drug that their expert panel had basically advised 11 to 2 not to put on the market. They failed to seek their council's advice on the concerns with the safety of this drug.

Since that time, three new extended-release opioid medications—Targiniq, Hysingla, and Morphabond—have been approved without any advisory committee meeting at all. Let me give my reasoning on why I think this happened. There was so much pushback on Zohydro from the Governors, Senators, and Congress people for putting this high-powered drug on the market against the advice of their own council that they didn't want to go through that again, so basically they just skipped it altogether and brought these drugs right to market. They also approved OxyContin for use in children as young as 11, again without seeking the advice of a pediatric advisory committee. This is a dangerous precedent and must stop.

I am encouraged that in the FDA's recent announcement on opioid approvals, the FDA has finally agreed that the approval of these powerful drugs must be subject to an advisory committee. I am very concerned, however, that the FDA will continue to exempt abuse-deterrent opioids from this process and has not promised to abide by the advice. They said they will take it under consideration. They are not bound to take the advice of the advisory committee.

While abuse-deterrent formulations, which are harder to crush or liquify, have a role to play in reducing the impact of this epidemic, these drugs are

no less addictive than traditional opiates. In addition, in the real world, we have seen these so-called abuse-deterrent properties easily overcome. The tragic HIV outbreak we saw in Scott County, IN, last year occurred after hundreds of people in that community shared needles to shoot up Opana. They used the same needle to shoot up Opana—something that should have not been possible if it were truly abuse-deterrent.

This amendment would solidify the FDA's commitment to seek the advice of an advisory committee when approving opioid medications and would strengthen it by extending that commitment to all opioids and by holding the FDA accountable. The FDA does not listen to its own experts. This is such a reasonable request and such a reasonable amendment to protect all the people in all of our States. It is a commonsense measure that would ensure that the FDA is fully considering the public health impact and the many lives lost as a result of these dangerous opioid medications.

Another amendment I have is on mandatory prescriber education. This epidemic is one that needs to be fought on all fronts, but most importantly, we need to fight it on the frontlines with prescribers, which is precisely what my third amendment seeks to do. It requires medical practitioners, our doctors—the people we trust—it basically requires them to receive training. You would think they are getting training on this now, but they are not. There is no specific training, going through school or at any other time, on the safe prescribing of opiates prior to receiving and renewing their DEA license to prescribe a controlled substance. That is all we are saying. This training must include information on safe opioid prescribing guidelines, the risks of overprescribing opioid medication, pain management, early detection of opiate addiction, and the treatment of opiate-dependent patients. This is something only the doctors can do. These are the people writing on their prescription pads, sending them to the pharmacists, and fulfilling all of our prescriptions. We are asking for them to have that type of required training when they get their DEA license and renew their DEA license.

This must be fought on all fronts, but most importantly we need to fight it on the frontlines with the prescribers. According to the National Institutes of Health, more than 259 million prescriptions were written in 2012. Think about that—259 million prescriptions were written in 2012 just in the United States for opiate painkillers. That equals one bottle of pain pills for every adult in the United States of America. We are the most addicted country on planet Earth. With a population of less than 5 percent of us living in this great country of ours, we consume 80 percent of the opiates produced in the world. The other 6.7 billion people don't use what we use. Why? That is a 400-percent increase in the number of prescriptions since 1999. In a little over a decade, there has been a 400-percent increase, and we are pumping out more pills, thinking this is going to cure America. This is without a corresponding increase in reported pain. They are not complaining any more about pain; they are just getting more pills. But it has come with a corresponding 400-percent increase in overdose deaths. So if overdose deaths are related to the increase of pills on the market, don't you think we ought to do something about it? It is pretty simple.

I have too many stories from my constituents that they receive significantly more pain medication than they need to treat their pain, and those extra pills increase the risk of addiction for individuals and are dangerous for society if diverted. Someone can get their teeth worked on, get their teeth extracted, and they will get 30 days of pain pills when they may only need them for 1 or 2 days. It is ridiculous.

I hear from physicians themselves that they do not receive enough training. These are doctors telling us it is not in their basic education as they go through medical school—prescribing these drugs—or even after they leave medical school. There is no continuing education demanded about this. Until we ensure that every prescriber has a strong understanding of the state of opiate prescribing practices and the very great risk of opiate addiction, abuse, and overdose deaths, we will continue to see too many people prescribed these dangerous drugs which can lead them down the tragic path of addiction.

Finally, we must improve our consumer education efforts. My fourth amendment would establish consumer education grants through SAMHSA to raise awareness about the risks of opiate addiction and overdose. There are 2.1 million Americans addicted to opiates. Many of these individuals began the road to addiction with a seemingly innocent prescription and little or no warning about the danger from a physician. They weren't told they could be addicted. They weren't told they would be hooked and it would change their life forever. Or it began when a friend offered a pill that they thought couldn't be that dangerous because a doctor had given it to them: Here, I have got something that will help you. Try this.

And they get started. There is simply too little understanding about the dangers of these drugs, and too many get sucked into opioid addiction because they don't understand the risk and because the people close to them don't know how to recognize the signs of addiction or know how to access the resources to help their loved ones.

It is the silent killer. It is the one we all keep quiet—every one of us. Every one of us in America knows somebody—either in our immediate family, extended family or a close friend—who has been affected, but we say nothing. Use and abuse of prescription drugs cost the country an estimated $53.4 billion a year in lost productivity. These are people who can't function, who can't work, and are basically drawing off of their unemployment or off of their insurance.

Medical costs and criminal justice costs—you name it. You talk to any law enforcement anywhere in the United States of America and they will all tell you a minimum of 80 percent of the crimes that are reported that they have to go and serve are drug related—80 percent. So the cost is probably even higher than that.

This amendment provides $15 million a year to help prevent these costs in the first place. It makes sense. That is $15 million. OK, you are going to say: Oh, that is a lot of money.

Let me just tell say that as a society we regularly invest in efforts to prevent unnecessary deaths. We already have done that, and we continue to do that. Thirty thousand people died in car accidents in 2013, and we invested $668 million in motor vehicle safety and accident prevention. That is more than $22,000 per death that we have invested trying to prevent people from getting killed in automobile accidents, driving safely, DUI, everything. With 28,000 people dying of prescription opioid or heroin overdose in 2014, this $15 million funding represents an investment of $500 per person for a life that we could save. We spend $22,000 trying to prevent accidents in automobiles.

As to opiates, all we are asking for is a $500 investment to save their lives. We have to put our priorities where our values are, and we can do that. The grants that would be authorized under this amendment would help those on the frontlines of this terrible epidemic to provide their communities with the information they need to help stop the spread of opioid addiction and to help people seek treatment. This funding will better enable us to educate individuals about the dangers of opioid abuse.

There are practices to prevent opioid abuse, including the safe disposal of unused medication and how to detect the warnings of early addiction. I would venture to say that most people do not know how to look at their children and know that there is a chance that they may get addicted or are getting addicted. It is sometimes too late.

It will help us save lives by raising awareness about the dangers of prescription opioid medications to prevent opioid addiction in the first place and ensuring that loved ones know how to help when a friend or family member becomes addicted.

This amendment that we are asking for, this amendment that I am asking for is one that really makes sense. If we can't educate the public, then we have little chance of ever curing this epidemic.

We have had a lot of talk about the funds and how much money we are spending. We just had a final amendment that I would like to address, as there is a great need for funding to pay for substance abuse treatment.

Well, I strongly agree with my colleagues who supported Senator SHAHEEN's amendment to provide $600 million in funding, which we desperately need to support Federal programs that work to prevent opioid abuse and provide much needed treatment.

If you look at the amount of money it is costing now for incarceration, all the lost time, all of the drug-related crimes that have been committed, it would have been an investment well made, but I know there are people who believe differently.

In 2014, 42,000 West Virginians, including 4,000 youths, sought treatment for illegal drug use but failed to receive it. There was no place to get it. In your State and my State people are looking. Sometimes they are looking for this, and there is no place to put them. If you have day courts or drug courts in your State, they will tell you: We have no place to put them. There is no place to get the treatment to cure a person who truly is looking for a cure. This is just unacceptable. There are people who recognize that they need it, and they beg for it. They have been turned away because there simply weren't enough facilities, beds or health care providers in their community.

But we spend money every year building new prisons all over the country. We have a backlog, and we have an overcrowding prison population. We know from long experience that when a person asks for help, that is our opportunity. If we turn them away, they will never come back. They just don't when they are turned away. That is why I wish to introduce this amendment, and I would like a very vigorous discussion on it.

We have tobacco, which we know is very dangerous and kills people. It is harmful, and we spend a lot of money trying to prevent people from using it and young people from starting to use it. We even tax it. We tax it so that basically we can deter the use of it.

We have alcohol. We know alcohol can be very addictive and, basically, it ruins people's lives. We know that and we tax that. We have nothing on opioids—nothing.

What we are asking for is consideration of a 1-cent fee on every milligram of opiates that are produced—one penny per milligram. This fee would be levied on the pharmaceutical company, and the money raised will be used to create a permanent funding stream to strengthen the substance abuse prevention and treatment block grant.

I know so many people have taken a pledge: We are not going to pass any new taxes.

I understand that. We are really at a crunch. We basically have cut back, and our military is struggling. Every part of a program that we think is near and dear to our States and to the people in our States is having trouble. I am not asking to take away from another one. I am asking that this one penny per milligram of opioids that are produced in this country would give us permanent funding to start having the treatment centers that we so desperately need. I don't know of any other way to do it in a more compassionate way. We do it for cigarettes; we do it for alcohol. We have opiates killing more than all of that. I am just asking for that dialog, that consideration. It could be something of a bipartisan movement, because this silent killer—opiates—doesn't have a partisan home. It is not Democratic. It is not Republican. It is not Independent. It is killing Americans—all of us.

The substance abuse prevention and treatment block grant goes to the States to pay for critical substance abuse treatment programs. The new funding raised, which is based on past opiate sales—I am basing it on past opiate sales—could be anywhere between $1.5 billion to $2 billion a year, and all the States will be able to participate. Every State would participate in these moneys that would be available. They could be used by States to establish new addiction treatment facilities, to improve access to drug courts, to operate support programs for recovering addicts, to care for babies born with neonatal abstinence syndrome or to meet any other treatment need that your State or my State might face. These treatments save lives and strengthened communities. We are losing a generation, a whole generation.

Opioid producers have made billions of dollars selling their drugs over the past several decades. I am not here railing against the pharmaceuticals. They do a lot of good for our country and save a lot of lives too. This is one that doesn't, and this one has been proven that it is a killer.

This amendment asks them to contribute a small portion of their profits to help pay for this treatment. Everyone says: They are going to pass it on. Don't worry; you will be paying more. This is one time, one penny—one penny a milligram. That is all we are asking.

For the 2.1 million Americans who are addicted to their products, my amendment also provides exemptions. I am talking about the exemptions now because I know people are going to say: What about our veterans? What about those in severe chronic pain? What about those who are terminally ill?

We have, basically, exemptions built into this amendment for those people, so they are not put into hardship, and for the neediest in our country. They are not going to be put in a hardship.

This is a cost that if we look at it, I don't know of any other way to fix it. I really don't. I know people have taken pledges: We are not going to do this, not going to do that, not going to consider it. Well, you ought to consider the damage that is doing to America. I am not asking for any other program to be sacrificed at all. So I think this is responsible. This one penny. That is all I am asking for—one penny.

I am pleased the Senate is addressing this epidemic. It is in a bipartisan way. We have the CARA package in front of us. I appreciate that, and I know we all have a great passion for trying to cure this.

This is how we need to work to solve the major challenges in our country that face us. I am pleased to see we are going through regular order. We have amendments that we are able to put on and talk about. I think it is worthy to have these discussions. We must provide the critical resources needed, and I think we have a solution to that. I hope we can have that discussion. I hope all of us can have an adult discussion about how we save Americans, how we save our families, our children, and the next generations to come.

I look forward to working with all of my colleagues and with you to see if there is a better way we can strengthen and make a piece of legislation better than what it is.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I appreciate the comments from my friend from West Virginia and his work on this issue that has hit West Virginia and, particularly, southeast Ohio kind of first and hardest. But it has spread to so many other places and caused so much heartache and so much family disruption—not just for the young men or women, in the case of young people who are addicted, but the whole family. As one mother of a teenager said to me in Youngstown, OH, or in Warren, OH, one day, this is really a family affair.

I am pleased to see bipartisan support for finally tackling the opioid addiction epidemic. It has touched every State and almost every community in our country. In 2014, more people died from drug overdoses than any year on record, with 2,482 in Ohio. That is a record number of prescription drug overdoses and a record 1,177 overdoses related to heroin. People often start with pain medication, sometimes overprescribed prescription medicine that will, in far too many cases, lead to heroin addiction. Heroin is cheaper to buy on the street than for people to get OxyContin or oxycodone or Percocet or any number of legal morphine pain medications.

These numbers mean that in 1 year alone, 2,500 Ohioan families lost a loved one to addiction. What those numbers don't account for are the thousands of other families and hundreds of other communities that continue to struggle with opioid abuse. It should not be easier for Americans to get their hands on opioids than it is for them to get help to treat their addiction. It should not be easier for Americans to get their hands on opioids than it is to get help to treat their addiction.

Addiction is not an individual problem. It surely is not a character flaw,

as many people half a generation ago liked to say when it was people who didn't look like them. But the fact is it was not a character flaw then and it is not a character flaw now. It is a chronic disease.

When left untreated, it places a massive burden on our health care system and a terrible, terrible cost on families who have an addicted family member. When we think about this epidemic, we have in our minds a young worker who turned to painkillers after a back injury or a car accident, someone who started with oxycodone—maybe as a party drug—and then turned to heroin. This problem is bigger than that.

Our national conversation forgets the hundreds of thousands of seniors who often are given unsafe and duplicative prescriptions for opioids. It is not uncommon for seniors to be treated by multiple specialists and physicians. Doctors may not know they are prescribing duplicative painkillers, meaning this doctor prescribed a painkiller—maybe oxycodone or OxyContin or Vicodin or another—and this other doctor may have done the same thing. They weren't communicating, and didn't know. Seniors find it difficult to manage all of their different prescriptions far too often.

Take, for example, Ohioan Dennis Michelson. I met him at the Benjamin Rose Institute on Aging in Cleveland last August. He is one of the estimated 170,000 Medicare beneficiaries who recently battled an addiction to pain medication.

He was prescribed pain medication by his doctor to manage chronic migraines. When his primary care doctor sought to wean him off the medication, he went to other doctors and pharmacists to obtain those opioids. He was eventually arrested and charged with felonies for tampering with prescriptions. He has since recovered. He is now an advocate for reform to address the prescription drug epidemic.

After hearing his story, it strikes me that if a patient with legitimate and sometimes complex medical needs winds up getting pain medication from several different doctors—you could see how that would happen; none of those doctors know about one another—the system has failed the patient.

It is why I worked with Senator TOOMEY from Pennsylvania to introduce the Stopping Medication Abuse and Protecting Seniors Act. I was proud to see this body support it as an amendment today. We already have a proven tool to address the problem of patients getting duplicative opioids from multiple doctors and pharmacists. It is called Patient Review & Restriction Programs. But despite their success in State Medicaid programs and commercial plans, these programs aren't available in Medicare prescriptions under current law. That is the purpose of the Toomey-Brown amendment and what we are trying to fix.

The amendment will ensure that a small number of seniors who receive high doses of addictive opioids from multiple doctors get those painkillers from one doctor and one pharmacist. It is what we did on so-called Medicaid lock-in—for people who were abusing the system on purpose or more likely those who sort of fell into this trap and went from doctor to doctor, pharmacist to pharmacist, in some sense doctor shopping or pharmacy shopping—so that practice would end. We have done the same sort of thing now with so-called Medicare lock-in. It would save taxpayers $100 million over the next decade. It will reduce overprescribing, and it will crack down on fraud.

I am pleased we have bipartisan support for this commonsense measure, but this amendment and this bill are a step. We need a comprehensive approach that addresses the entire spectrum of addiction from crisis to recovery. I have introduced the Heroin and Prescription Drug Abuse Prevention and Reduction Act. It will boost prevention efforts, it will improve tools for crisis response, it will expand access to treatment, and it will provide support for lifelong recovery.

Addiction is chronic. It doesn't mean that when somebody overcomes their addiction and seems to defeat it, it won't come back later in life. If we are serious about fighting this epidemic, we have to make sure we provide a serious investment that will deliver results long term.

My colleagues, Senator SHAHEEN of New Hampshire and Senator WHITEHOUSE of Rhode Island, introduced an amendment that would have provided $600 million to fight this epidemic. It would have gone directly to public health workers, directly to law enforcement officials who are working on the frontlines of this battle every day. It would have shown constituents we are serious about addressing this crisis.

I was disappointed this body was unwilling and unable to find the money necessary to address these problems. This legislation is a good bill. Without the money, it is a good bill, but it is really only half a good bill because my colleagues are simply unwilling—maybe it is the tea party influence, maybe they are afraid of a Republican rightwing primary, whatever it is—to ante up the dollars that would fully help us deal with this epidemic. We can't do this without an investment.

I met with a number of tuberculosis experts in my office today. We have been successful in this country with eliminating smallpox, eliminating polio, and keeping Ebola from being contracted in the United States and killing any Americans. We have done all of that because we invested in a public health system. We can't address this opioid epidemic without dollars. Yet my colleagues will simply always back off and say: Well, we can't afford to do this. They can afford tax cuts for wealthy people, and they can afford continuing to pump money into expensive weapons systems, but they will not spend money to address probably the most serious public health crisis we have seen in this country in years.

Once again, I say that it should not be easier for Americans to get their hands on opioids than it is to get help to treat their addiction. This Senate should get serious about this. We should pass this bill, to be sure, but there is so much else. I am distressed my colleagues chose not to step up to the plate and do what deep down they know we should do.

VOTE EXPLANATION

Mr. REID. Mr. President, earlier today, I missed the vote on the Shaheen amendment No. 3345. If I had voted, I would have voted yea.

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's amendment votes in relation to S. 524, the Comprehensive Addiction and Recovery Act of 2015.

On amendment No. 3362 by Senator FEINSTEIN, I would have voted yea.

On the motion to waive the Budget Act with respect to amendment No. 3395 by Senator WYDEN, I would have voted yea.

On the motion to waive the Budget Act with respect to amendment No. 3345 by Senator SHAHEEN, I would have voted yea.•

Mrs. FEINSTEIN. Mr. President, today I wish to join my colleagues in supporting the Comprehensive Addiction and Recovery Act.

This bipartisan legislation takes a strong and balanced approach to tackling the prescription drug and heroin epidemic our Nation faces, and I am proud to be a cosponsor.

I would like to note the hard work by many of my colleagues and their staffs—Senators WHITEHOUSE, AYOTTE, COONS, KIRK, KLOBUCHAR, and PORTMAN. Their States have been especially hard hit by this epidemic, and this bill would help alleviate some of the suffering.

We are all well aware of the sobering statistics. Drug overdoses kill more than 120 Americans each day—more than motor vehicle crashes or gunshot wounds. Opioid and heroin overdoses account for more than half of these deaths. According to the Centers for Disease Control and Prevention, in 2014, 25,760 people died from prescription drugs, and of that, 18,893 deaths were caused by opioid painkillers. Heroin caused an additional 10,574 deaths.

These numbers have continually increased over the past 15 years, and today we are in the midst of an epidemic. That is why we need this bill. We need a comprehensive response to a problem that has touched every State of our country.

The Comprehensive Addiction and Recovery Act strengthens our substance abuse prevention, treatment, recovery, and law enforcement infrastructure. While it focuses on prescription opioid abuse and heroin use, it also has the potential to help other drug problems that we face. Specifically, it authorizes a number of programs to: ensure access to appropriate, evidence-based medical treatment; address local and emerging drug threats and trends; equip first responders with lifesaving tools, such as Naloxone, an opioid overdose-reversal drug; and strengthen prescription drug monitoring programs to reduce overprescribing, doctor shopping, and ultimately overdose deaths. The bill also establishes an interagency task force on pain management and opioid painkiller prescribing. The overprescription and overuse of these drugs are a major factor in this epidemic.

Lastly, to examine ways to improve access to drug treatment, the bill requires a Government Accountability Office study on the 16-bed limit for Medicaid reimbursement to drug treatment programs, also known as the Institutions for Mental Disease exclusion.

The holistic nature of this bill is a clear step in the right direction. It also supports the administration's efforts to confront this epidemic and can help accomplish the goals laid out in the 2015 National Drug Control Strategy.

However, there are two things that I believe would have made this comprehensive bill even more effective: 1, addressing the sheer volume and availability of opioid painkillers; and 2, full funding.

First, on the widespread availability of prescription opioids, I would like to outline a few often-cited facts from the Centers for Disease Control and Prevention. Health care providers wrote 259 million prescriptions for opioid painkillers in 2012. This was enough for every American adult to have their own bottle of pills. Since 1999, the sale of prescription opioid painkillers has increased by 300 percent. At the same time, there has been no change in the amount of pain patients reported. During this same time period, deaths from overdose of prescription opioid painkillers quadrupled.

Additionally, according to the National Institute on Drug Abuse, 20 percent of people ages 12 and older have used prescription drugs nonmedically at least once. The majority of those who abuse prescription opioids get them for free from a friend or relative, often from legitimate prescriptions written in excess.

And, over the past 5 years, the Drug Enforcement Administration has collected more than 5.5 million pounds of unused or unwanted drugs, including opioids.

Moreover, data from Express Scripts shows that while there are fewer individuals filling prescriptions for opioids, the overall number of prescriptions filled, as well as the number of days per prescription, both increased.

All of this shows there are simply too many pills available for diversion and abuse, and I believe better prescribing practices can play an important role in reducing excess supply.

Our doctors and health care providers must improve the way they prescribe these opioids, to ensure safe and effective pain relief, but also to prevent misuse and overdose. At the same time, we must also maintain appropriate access for legitimate medical needs.

Updated guidelines, such as those the Centers for Disease Control and Prevention will soon release, will help improve prescribing practices. Increased prescriber education can also help.

I am also looking into the possibility of responsibly regulating initial opioid prescriptions to reduce risk for misuse, addiction, and diversion. In my view, a patient who has a simple dental procedure does not need a 30-day supply of Vicodin. This is the type of prescribing that I believe we need to fix. Second, a bill like this can only have a positive impact if its programs are actually funded.

My colleague from New Hampshire, Senator SHAHEEN, has introduced an amendment that would provide emergency funding for the programs authorized in this bill, and I urge its passage.

I do not need to tell you that opioid and heroin abuse are very serious problems, but today we have an opportunity to address the issue head-on and save lives. I encourage my colleagues to join me in voting for this important bill.

Thank you.

Mrs. BOXER. Mr. President, the United States is in the midst of a full-blown drug crisis. More people died from drug overdoses in 2014 than any previous year on record, claiming more lives than car accidents across the country. Since 2000, there has been a 200 percent increase in the rate of overdose deaths involving opioid pain relievers and heroin, with 61 percent of all drug overdose deaths in 2014 involving some type of opioid.

These tragedies are proof of the fierce bonds of addiction, and it seems no State has been spared from the opioid epidemic. In my State of California, deaths involving prescription pain medications have increased by 16.5 percent since 2006. In fact, there were more than 1,800 opioid-related deaths in 2012 alone, and 72 percent of those involved prescription pain medications.

We cannot ignore the opioid crisis anymore. This is not a problem for only the local communities or State officials. This is a nationwide crisis and addressing it requires a multi-pronged response at all levels of government. Last year, California was one of only 16 States selected to receive funding from the Centers for Disease Control and Prevention, CDC to help improve safe prescribing of opioid painkillers, an important step forward in tackling the root cause of this debilitating drug crisis.

The pain and sorrow of drug addiction knows no limits. This is a tragedy that impacts families from all backgrounds, including our servicemembers and veterans. There is substantial evidence that prescription drug use and abuse is a major contributing factor to military and veteran suicides. This has been a concern of mine for several years, and I was proud to work with my colleagues in 2013 to ensure that military and veterans hospitals were included in the Drug Enforcement Administration's prescription drug takeback efforts so that our military personnel, veterans, and their families could voluntarily dispose of unwanted or unused prescription drugs.

However, much more must be done to combat this epidemic. To address this emergency fully and effectively, we need to provide immediate funding to the key grant programs included in the Comprehensive Addiction and Recovery Act, CARA. I applaud Senator SHAHEEN and Senator WHITEHOUSE for introducing an amendment to give the Department of Justice, DOJ, and the Department of Health and Human Services, HHS, the tools they need to fund the essential prevention, treatment, and law enforcement programs to help the families and communities torn apart by drug abuse.

American lives are on the line, and we cannot wait to act. I urge my colleagues to support this legislation.

Mr. BROWN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TILLIS). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

WHOLE WOMAN'S HEALTH V. HELLERSTEDT

Mr. REID. Mr. President, today the Supreme Court heard the oral arguments in Whole Woman's Health v. Hellerstedt. At issue in this case is a Texas law that puts restrictions on women's health clinics and providers.

Contrary to what proponents claim, these restrictions do not enhance women's health in any way. They are medically unnecessary, according to groups like the American Medical Association and the American College of Obstetricians and Gynecologists. Instead, these restrictions serve just one purpose: to restrict women's access to clinics.

If the Texas law stands, nearly three-quarters of the State's clinics will be