

According to the Centers for Disease Control, drug overdose death rates more than doubled between 1999 and 2014.

Each day, more than 100 Americans die as a result of an overdose, making drug overdoses the leading cause of death in the United States.

Compounding this tragedy is the fact that many of these deaths could have been prevented if the victim had received emergency medical treatment.

Opioid reversal drugs such as Naloxone have proven effective in reversing opioid drug overdoses and reviving victims.

But a victim's chances of surviving an overdose can depend on how quickly medical assistance is received.

Those closest to a victim—family, friends, or other drug users—are commonly the first to become aware that an individual is suffering an overdose and needs emergency medical assistance.

Their prompt call to 911 can mean the difference between life and death.

Similarly, first responders or other persons serving as caregivers to individuals with drug problems are often in the best position to promptly administer a reversal drug.

However, such life-saving assistance may not be made available in time if a witness to an overdose delays or fails to call 911, or a caregiver or first responder does not promptly administer an overdose reversal drug or device, due to fear that they might be prosecuted or otherwise held responsible for their involvement, or held liable if something goes wrong.

To encourage people to seek medical attention for someone suffering an overdose, and to have first responders trained, equipped, and able to administer opioid reversal drugs or devices, states and localities need to enact Good Samaritan laws that protect from criminal or civil liability individuals who seek or provide life-saving assistance in drug overdose situations.

In 2013, only ten states and the District of Columbia had such drug overdose Good Samaritan laws.

The Office of National Drug Control Policy (ONDCP) has been working with states and municipalities to enact Good Samaritan laws providing protections to individuals who call for emergency assistance and first responders, law enforcement personnel, and caregivers who administer opioid reversal drugs or devices.

Thanks in part to ONDCP's efforts, 35 states and the District of Columbia now have some form of Good Samaritan or emergency drug treatment immunity law.

Under this bill, the General Accounting Office would provide the appropriate House and Senate committees with a report on the results of ONDCP's work, as well as a compilation of the various Good Samaritan laws currently in effect.

While the report will not take a position on any formulation of such laws, this information will be helpful to Congress and the states in cataloging and understanding the various approaches states are taking with respect to this issue.

With more information, we can make better decisions and adopt the best approach.

Therefore, I urge my colleagues to support H.R. 5048.

Mrs. LAWRENCE. Mr. Speaker, I rise today in support of H.R. 5048 the Good Samaritan

Assessment Act of 2016. Addiction to opioids and other prescription pain relievers have become an epidemic in the United States. According to the National Institute on Drug Abuse, about 2.1 million Americans have an addiction to opioid drugs. While the use or prescription can assist individual pain, the risk for addiction is becoming a major problem. This has resulted in people being put into situations to try to save someone's life a drug overdose. According to current law, any emergency personnel who administers drugs to combat an overdose can be prosecuted.

If individuals are worried that they will be punished for saving someone's life, many lives could be lost to drug overdoses. According to estimates between 2002–2014 the number of deaths from heroin have quadrupled and prescription opioids have killed more Americans than all other drugs combined. In my district, I have seen many people affected by drug abuse issues and the Good Samaritan Assessment Act will not only help save the lives of people in our district, but American's nationwide. This bill will start the process to allow individuals to not be criminally charged for people administering drugs to save someone's life.

The Good Samaritan Assessment Act of 2016 will require the Comptroller General of the United States to study Good Samaritan laws that pertain to opioid overdoses and other purposes. By passing this legislation to do research there would be more efforts to encourage Good Samaritan laws to be put into place in the United States.

I would like to close by saying that I am proud of our chamber for taking this important step to make sure that Americans would not face the possibility of being criminally prosecuted for trying to save someone's life. I also want to thank my colleagues for recognizing the importance of being a good samaritan, and actively helping those in need.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 5048.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

OPIOID PROGRAM EVALUATION ACT

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5052) to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5052

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Opioid Program Evaluation Act" or the "OPEN Act".

SEC. 2. EVALUATION OF PERFORMANCE OF DEPARTMENT OF JUSTICE PROGRAM.

(a) EVALUATION OF JUSTICE DEPARTMENT COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM.—Not later than 5 years after the date of enactment of this Act, the Attorney General shall complete an evaluation of the effectiveness of the Comprehensive Opioid Abuse Grant Program under part LL of the Omnibus Crime Control and Safe Streets Act of 1968 administered by the Department of Justice based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Attorney General shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Attorney General shall identify outcomes that are to be achieved by activities funded by the Comprehensive Opioid Abuse Grant Program and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Attorney General shall require grantees under the Comprehensive Opioid Abuse Grant Program (and those receiving subawards under section 3021(b) of part LL of the Omnibus Crime Control and Safe Streets Act of 1968) to collect and annually report to the Department of Justice data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Attorney General shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and the final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on the Judiciary of the House of Representatives and the Committee on the Judiciary of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Attorney General shall enter into an arrangement with the National Academy of Sciences.

SEC. 3. EVALUATION OF PERFORMANCE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAM.

(a) EVALUATION OF DEPARTMENT OF HEALTH AND HUMAN SERVICES PROGRAMS.—Not later than 5 years after the date of enactment of this Act, except as otherwise provided in this section, the Secretary of Health and Human Services shall complete an evaluation of any program administered by the Secretary that provides grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse based upon the information reported under subsection (d) of this section.

(b) INTERIM EVALUATION.—Not later than 3 years after the date of enactment of this Act, the Secretary shall complete an interim evaluation assessing the nature and extent of the incidence of opioid abuse and illegal opioid distribution in the United States.

(c) METRICS AND OUTCOMES FOR EVALUATION.—Not later than 180 days after the date of enactment of this Act, the Secretary shall identify outcomes that are to be achieved by activities funded by the programs described

in subsection (a) and the metrics by which the achievement of such outcomes shall be determined.

(d) METRICS DATA COLLECTION.—The Secretary shall require grantees under the programs described in subsection (a) to collect and annually report to the Department of Health and Human Services data based upon the metrics identified under subsection (c).

(e) PUBLICATION OF DATA AND FINDINGS.—

(1) PUBLICATION OF OUTCOMES AND METRICS.—The Secretary shall, not later than 30 days after completion of the requirement under subsection (c), publish the outcomes and metrics identified under that subsection.

(2) PUBLICATION OF EVALUATION.—In the case of the interim evaluation under subsection (b), and each final evaluation under subsection (a), the National Academy of Sciences shall, not later than 90 days after such an evaluation is completed, publish the results of such evaluation and issue a report on such evaluation to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate. Such report shall also be published along with the data used to make such evaluation.

(f) ARRANGEMENT WITH THE NATIONAL ACADEMY OF SCIENCES.—For purposes of subsections (a), (b), and (c), the Secretary shall—

(1) enter into an arrangement with the National Academy of Sciences; or

(2) enter into a contract or cooperative agreement with an entity that is not an agency of the Federal Government.

(g) EXCEPTION.—If a program described under subsection (a) is subject to an evaluation substantially similar to the evaluation under subsection (a) pursuant to another provision of law, the Secretary may opt not to conduct an evaluation under subsection (a) of such program.

SEC. 4. DEFINITION.

In this Act, the term “opioid” has the meaning given the term “opiate” in section 102 of the Controlled Substances Act (21 U.S.C. 802).

SEC. 5. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out this Act.

SEC. 6. MATTERS REGARDING CERTAIN FEDERAL LAW ENFORCEMENT ASSISTANCE.

Section 609Y of the Justice Assistance Act of 1984 (42 U.S.C. 10513) is amended—

(1) in subsection (a), by striking “There is” and inserting “Except as provided in subsection (c), there is”; and

(2) by adding at the end the following:

“(c) For fiscal year 2022, there is authorized to be appropriated \$16,000,000, to provide under this chapter Federal law enforcement assistance in the form of funds.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Virginia (Mr. GOODLATTE) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Virginia.

GENERAL LEAVE

Mr. GOODLATTE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 5052, currently under consideration.

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

There was no objection.

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

H.R. 5052, the Opioid Program Evaluation Act, or OPEN Act, is a bill that would require an evaluation of the Comprehensive Opioid Abuse Reduction Grant Program that will be authorized by H.R. 5046, and other opioid-related grant programs administered by the Department of Health and Human Services.

This bipartisan bill, sponsored by the gentleman from California (Mr. MCCARTHY), the majority leader, and the gentleman from Maryland (Mr. HOYER), the minority whip, requires the Attorney General, through an arrangement with the National Academy of Sciences and the Secretary of HHS, through an arrangement with the National Academy of Sciences, or other entity, to:

Identify outcomes that are to be achieved by the activities funded by Congress to address opioid abuse;

Develop the metrics by which each program’s performance will be evaluated;

Complete an interim evaluation assessing the nature and extent of opioid abuse and illegal opioid distribution in the United States;

And carry out an evaluation of the effectiveness of the programs.

Additionally, to increase transparency and facilitate the evaluation of the performance of the programs, the bill requires grantees to collect and annually report data on the activities conducted pursuant to these programs.

Evaluations such as these can be Congress’ best measure of how well a Federal program or agency is operating. At their conclusion, we hope to learn, for example, whether a substantial number of criminal justice agency personnel have received training on substance abuse disorders and co-occurring mental illness and adapted their procedures accordingly.

We also hope to learn the extent to which offenders offered a treatment alternative to incarceration have benefited from a response that integrates substance abuse services into the traditional criminal justice system.

I agree with the bill’s sponsors that Congress must demand greater achievement and increased transparency and accountability with respect to our Federal grant programs. Therefore, I thank the bill’s sponsors for the contribution this bill makes to the effort to address opioid abuse, as well as to our congressional oversight efforts.

I urge support of this important bill. Mr. Speaker, I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,

Washington, DC, May 3, 2016.

Hon. BOB GOODLATTE,
Chairman, Committee on the Judiciary, Washington, DC.

DEAR CHAIRMAN GOODLATTE: I am writing to notify you that the Committee on Energy and Commerce will forgo action on H.R. 5052,

a bill to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce’s jurisdictional interests over this and similar legislation are in no way altered. In addition, the Committee reserves the right to seek conferees on H.R. 5052 and requests your support when such a request is made.

I would appreciate your response confirming this understanding and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE JUDICIARY,
Washington, DC, May 4, 2016.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Washington, DC.

DEAR CHAIRMAN UPTON: Thank you for your letter regarding H.R. 5052, a bill to direct the Attorney General and the Secretary of Health and Human Services to evaluate the effectiveness of grant programs that provide grants for the primary purpose of providing assistance in addressing problems pertaining to opioid abuse, and for other purposes, which the Judiciary Committee ordered reported favorably to the House on April 27, 2016.

I am most appreciative of your decision to forego formal consideration of H.R. 5052 so that it may proceed to the House floor. I acknowledge that although you are waiving formal consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bill that fall within your Rule X jurisdiction. In addition, I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

Finally, I am pleased to include this letter and your letter in the Congressional Record during floor consideration of H.R. 5052.

Sincerely,

BOB GOODLATTE,
Chairman.

□ 1715

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

I rise in support of H.R. 5052, the Opioid Program Evaluation Act, otherwise known as the OPEN Act. The OPEN Act is part of a comprehensive, bipartisan series of proposals being considered by Congress to combat the opioid abuse epidemic that is afflicting millions of Americans. For example, the Comprehensive Opioid Abuse Reduction Act will provide critical funding assistance to States so that they can create and implement a wide variety of strategies, including alternatives to incarceration, that are designed to reduce opioid abuse.

These grant programs have tremendous promise, as they will enable criminal justice agencies to focus on what is likely to be the most effective

solutions based on their specific, individual needs. Jurisdictions, for example, may choose to implement the Law Enforcement Assisted Diversion approach established with success in Seattle and which is beginning to be used in other cities.

The Comprehensive Opioid Abuse Reduction Act would also assist with the provision of medication-assisted treatment and help first responders prevent deaths by allowing them to obtain and administer drugs that revive overdose victims. Strategies like these are worthy of our continued support.

At the same time, it is important that we track the actual results of these programs so that we can objectively determine the most successful strategies for combating opioid abuse and adjust our efforts and resource allocation accordingly.

The OPEN Act is a commonsense measure that will provide a meaningful way to assist the effectiveness of these grants. Under this act, the Departments of Justice and Health and Human Services will identify outcomes achieved by activities funded under these grant programs. The OPEN Act requires these agencies to develop the metrics by which the achievement of such outcomes can be objectively analyzed. Those outcomes and metrics will, in turn, be studied by the National Academy of Sciences or other independent evaluators and reported on to Congress. Armed with this information, Congress will then be able to assess the success of the programs funded by these grants.

I, therefore, support H.R. 5052 and commend it without reservation to my colleagues.

Mr. Speaker, I reserve the balance of my time.

Mr. GOODLATTE. Mr. Speaker, it is my pleasure to yield such time as he may consume to the gentleman from California (Mr. MCCARTHY), the majority leader, who is also the chief sponsor of this legislation.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding, and I want to thank the chairman for his work in dealing with opioid abuse throughout the country.

Mr. Speaker, where I come from in Kern County, California, over 160 people are sent to the emergency room for opioid overdoses every single year. Every single one of those stories is tragic.

Addiction tears families apart, it uproots communities, and it deprives people of the basic freedom to live the lives they want. Opioid addiction is only getting worse in this country. The most recent Centers for Disease Control and Prevention data show that 78 Americans die every single day from overdose—78 Americans.

We need to do something about it. Ultimately, it is individuals, families, and the communities that are on the front line in the fight against addiction. But Congress can do something, too. The Federal Government can and

should support community efforts to stop opioid abuse and help those in recovery.

So we have over one dozen bills we will pass this week that target at the center of the opioid addiction: the drug trade, prescription abuse, health care, prevention, you name it.

But it is not enough to pass laws and start new programs. After all, a lot of government programs sound good, but they don't mean as much if they don't work. Most programs, if not every government program, are created with the very best of intentions; but good intentions don't make good government.

When Congress decided to set up a program using money and resources from the American people, we had better be sure that what we are doing is making a difference and actually helping those in need as best we can. That is why Congressman STENY HOYER and I drafted the Opioid Program Evaluation Act, better known as the OPEN Act, because we need to actually help stop the abuse, not just create programs to talk about it. We need to prevent addiction from happening. We need to help those addicted to recover, and we can't afford to waste time and money accomplishing these goals.

Ultimately, we need to use the power of data to determine if these programs actually work. It is that simple. We live in the age of data, and innovators around the country and around the world are using data to do everything from providing better service to customers, to preventing disease and to preventing crimes across this country.

We can learn from that. We need to bring data and innovation into government. When we do that, we can ensure government programs work as intended and that it is in the most effective way possible. That is what this bill will do. It gives healthcare officials, researchers, and engaged citizens the opportunity to see exactly what their government is doing and then to use the information to make the best possible treatment for those who are addicted to opioids.

For months now, I have been working with other Members on the Innovation Initiative with this exact goal: to modernize government. This is just the latest bill shaping our policies and reforming the way Washington works.

Mr. Speaker, I urge the Members to join and support this bill.

I want to thank the minority whip for his work, his thoughtfulness, and his research in making this happen.

Today is a vote for accountability. Vote for more than just words. Vote to effectively fight the opioid epidemic.

Mr. CONYERS. Mr. Speaker, I am pleased to yield such time as he may consume to the gentleman from Maryland (Mr. HOYER), the distinguished minority whip of the Congress and the co-author of this measure.

Mr. HOYER. Mr. Speaker, I thank my friend, the ranking member and former chairman of the Judiciary Committee, and, if I could say, in a bipar-

tisan bill, maybe the next chairman of the Judiciary Committee, with all due respect to my friend Mr. GOODLATTE. I thank the gentleman very much for bringing this bill to the floor.

I thank the majority leader for his comments, and I rise in support, obviously, of this legislation, which I am proud to cosponsor with my friend, the majority leader, Mr. MCCARTHY, from California.

Mr. Speaker, this bill, as he said, will help ensure that future investments in the fight against opioid addiction are allocated in the most effective way possible. We owe that to the American people, and we owe it to the effectiveness of our efforts against this scourge on our country.

Our bill requires the Departments of Justice and Health and Human Services to develop, as you have heard, metrics by which opioid-related grant programs will be evaluated: Do they work? Are they worth the investment? It will facilitate data collection and analysis in order to determine best practices—what works and what doesn't—so policymakers can best target resources.

The opioid epidemic is a major public health challenge that requires and demands bipartisan cooperation and leadership across the branches and offices of our government at the Federal, State, and local levels. This crisis has already quadrupled—quadrupled—the rate of overdose deaths between 2000 and 2013 and continues to plague communities across the country.

Between 2007 and 2014, 237 people in southern Maryland died as a result of prescription opioid overdoses, and 287 more died from using heroin, a drug to which those addicted to opioid painkillers often turn when they can no longer access prescription medications. This is a critical problem affecting lives and families across the Nation, which is why the Congress must take action and is doing so on a bipartisan basis.

In addition to the OPEN Act, the House is considering a number of bipartisan bills this week that will likely be adopted as part of an amendment to the legislation passed in the Senate, the Comprehensive Addiction and Recovery Act, CARA.

Democratic Members have been instrumental in writing these bills in such a way that the policies and programs they create have the greatest chance of saving lives and preventing addiction. The good news is they have worked with their Republican colleagues, and their Republican colleagues have worked with them. These bills reflect the seriousness with which Democrats and Republicans have been leading on this issue and the bipartisan nature of efforts in Congress to address the challenge.

But it isn't enough to enact these bills and the ones put forward by my Republican colleagues. We need to ensure that our efforts to combat opioid addiction receive the funding necessary

to succeed. That funding is not in this bill, nor is it in some of the other bills that will be considered. It is nice to say that we ought to get something done, but if we do not apply the resources to accomplish the objective, it is empty rhetoric and political posturing.

President Obama has requested \$1.1 billion to fight opioid addiction, but the majority has not yet committed to acting on that request, nor has it committed to funding the bipartisan legislation that we expect to pass this week. The legislation is good, but if we don't give it the resources to be implemented, it will not bring the relief that is needed.

So as we work together to take these important steps to prevent opioid abuse and promote recovery, Congress needs to work together to ensure that these efforts are not left unfunded. I am certain that there is a way we can work together to pay for them and help our communities fight this epidemic that has destroyed so many lives and devastated communities and families across this country.

Again, I want to thank the Republican leader, Mr. MCCARTHY. He and I have found opportunities to work together, and we believe those have had positive results. He has partnered with me on this OPEN Act, and I hope we can keep working together to fund these initiatives and help end the scourge, the cancer, of opioid abuse and addiction in our country. If we do so, Americans will thank us, and they will think we have done a better job, frankly, than they think we are doing.

Mr. CONYERS. Mr. Speaker, I yield myself the balance of my time.

I want to say to my colleagues I deeply appreciate the observations and perceptions on both sides of the aisle in dealing with this subject.

The approaches to dealing with opioid abuse should be based on evidence of their effectiveness and ability to save lives. The OPEN Act will provide the information necessary to properly make that evaluation. Accordingly, I sincerely urge my colleagues to support H.R. 5052.

Mr. Speaker, I yield back the balance of my time.

Mr. GOODLATTE. Mr. Speaker, I urge my colleagues to support this good legislation.

I yield back the balance of my time. Ms. JACKSON LEE. Mr. Speaker, I rise in support of H.R. 5052, the "Opioid Program Evaluation Act of 2016," otherwise known as the "OPEN" Act.

This is an important bill intended to provide a mechanism to evaluate the effectiveness of the grant programs being considered by Congress to address the serious and growing problem of opioid abuse.

The current surge in the use of heroin and other opioid drugs such as hydrocodone and oxycodone requires a strong, national response.

Opioid abuse leads to physical and functional changes to parts of the brain affecting, impulse, reward, and motivation.

In recent years, it is estimated that the number of heroin users in the United States has grown to over 680,000 people.

Similarly, the use of other opioids, such as hydrocodone and oxycodone has grown by 100 percent and 500 percent respectively.

To fight this crisis involving illegal opioids and the abuse of prescription opioids, we must employ a multi-faceted approach that actually achieves results.

This bill would evaluate the effectiveness of H.R. 5046, the "Comprehensive Opioid Abuse Reduction Act," a bill reported by the Judiciary Committee.

That bill was written with the goal of assisting States in the implementation of a variety of strategies, including:

Providing treatment alternatives to incarceration; training criminal justice agency personnel on substance use and co-occurring mental illness; increasing collaboration between State criminal justice agencies and State substance abuse systems; purchasing opioid reversal drugs and devices for first responders and providing training to carry and administer opioid reversal drugs and devices; and implementing medication-assisted treatment programs used or operated by criminal justice agencies.

As opioid abuse grant programs move forward, it is important we find a way to evaluate the success of these strategies and the effectiveness of the programs in implementing them.

This is why I support the requirements of the OPEN Act.

Specifically, the OPEN Act will:

Instruct the Departments of Justice and Health and Human Services to identify outcomes to be achieved and develop metrics for evaluating success in achieving those outcomes; enlist the National Academy of Sciences to evaluate and report to Congress on the outcomes and metrics of the grant programs; require grantees to report annually on the progress made through the grants; and instruct the Departments of Justice and Health and Human Services to complete an evaluation of the effectiveness of their grant programs after five years.

I am confident that the comprehensive approach we are taking to address opioid abuse will help address the Nation's growing epidemic.

For these reasons, I support the OPEN Act and the goal of ensuring the best possible response to treat and prevent opioid abuse in America, and I urge my colleagues to join me in supporting this bill.

The SPEAKER pro tempore (Mr. JENKINS of West Virginia). The question is on the motion offered by the gentleman from Virginia (Mr. GOODLATTE) that the House suspend the rules and pass the bill, H.R. 5052, as amended.

The question was taken.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

□ 1730

BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM REAUTHORIZATION ACT OF 2015

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 125) to amend title I of the Omnibus Crime Control and Safe Streets Act of 1968 to extend the authorization of the Bulletproof Vest Partnership Grant Program through fiscal year 2020, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 125

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Bulletproof Vest Partnership Grant Program Reauthorization Act of 2015".

SEC. 2. EXTENSION OF AUTHORIZATION OF APPROPRIATIONS FOR BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM.

Section 1001(a)(23) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3793(a)(23)) is amended to read as follows:

"(23) There is authorized to be appropriated to carry out part Y, \$25,000,000 for each of fiscal years 2016 through 2020."

SEC. 3. EXPIRATION OF APPROPRIATED FUNDS.

Section 2501 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l) is amended by adding at the end the following:

"(h) EXPIRATION OF APPROPRIATED FUNDS.—

"(1) DEFINITION.—In this subsection, the term 'appropriated funds' means any amounts that are appropriated for any of fiscal years 2016 through 2020 to carry out this part.

"(2) EXPIRATION.—All appropriated funds that are not obligated on or before December 31, 2022 shall be transferred to the General Fund of the Treasury not later than January 31, 2023."

SEC. 4. SENSE OF CONGRESS ON 2-YEAR LIMITATION ON FUNDS.

It is the sense of Congress that amounts made available to carry out part Y of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l et seq.) should be made available through the end of the first fiscal year following the fiscal year for which the amounts are appropriated and should not be made available until expended.

SEC. 5. MATCHING FUNDS LIMITATION.

Section 2501(f) of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 37961l(f)) is amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following:

"(3) LIMITATION ON MATCHING FUNDS.—A State, unit of local government, or Indian tribe may not use funding received under any other Federal grant program to pay or defer the cost, in whole or in part, of the matching requirement under paragraph (1)."

SEC. 6. APPLICATION OF BULLETPROOF VEST PARTNERSHIP GRANT PROGRAM REQUIREMENTS TO ANY ARMOR VEST OR BODY ARMOR PURCHASED WITH FEDERAL GRANT FUNDS.

Section 521 of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3766a) is amended by adding at the end the following:

"(c)(1) Notwithstanding any other provision of law, a grantee that uses funds made