

seeing a dramatic increase in hateful, discriminatory, and anti-LGBT legislation across the United States. It is imperative that we stand together to ensure that no one is discriminated against because of their sexual orientation or gender identity.

That is why I am a proud sponsor and a proud cosponsor of the Quality Act and I am also a member of the Quality Caucus. I wholeheartedly believe that preventing this type of discrimination only makes our country a better place.

The fight for LGBT equality has seen tremendous progress, but we still have a lot of work to do to make sure that all of our students feel safe in school.

I am honored to stand in solidarity with Dr. Scribner. I ask my colleagues to stand with me as we support the rights of all Americans.

#### OPIOID ADDICTION

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Tennessee (Mrs. BLACKBURN) for 5 minutes.

Mrs. BLACKBURN. Mr. Speaker, opioid addiction has proven to destroy hope, it destroys opportunity, and it is destroying families.

Certainly we see this across the country, but we are also seeing the devastating effects of addiction in Tennessee. Tennessee has the second highest rating nationally for opioid addiction.

As many States are exceedingly aware, drug overdose is the leading cause of accidental death in this country. As we started working on this issue in the Committee on Energy and Commerce, so many people did not realize that prescription drug abuse is the leading cause of accidental death in our country, with over 18,000 fatalities last year. Addiction does not care about race, gender, or politics. It is an issue that affects all of us, and it affects the people that we are here to serve.

Together many of us—families and those that we love in our communities—are working to find solutions that will combat this epidemic and help remedy those who are suffering from addiction the most. Just this week—and you can look at the bills that have been on the agenda and have passed the House; many of these are being done with bipartisan support—there have been 15 amendments to these bills. They have all passed by voice vote.

What the bills will do is streamline the burdensome bureaucracy which currently debilitates finding a solution for this crisis.

I commend my colleagues for focusing on this issue and for saying: What do we do to get to the root cause of this problem and put the tools in place so that, at the local, State, and Federal levels, this can be addressed and it can be solved?

One of the things that we have done is to improve the situation with the

VA and the oversight mechanisms that they have to make certain that our veterans are being protected and that the issues of addiction are being appropriately addressed and dealt with.

Earlier this year we achieved a success that is one way that the Federal Government can help in the work that our State legislators are doing. In my State of Tennessee, State Senator Dr. Joey Hensley and State Representative Barry Doss have been the leaders on these issues for our general assembly.

The legislation that I authored along with Congressman TOM MARINO was signed into law and ensures access to proper medication for patients with legitimate needs while allowing us to continue battling the drug diversion and abuse problem that exists here in our country. It will enable our local and State officials to move forward, address the pill mills, and, at the same time, make certain that patients with needs have access.

The legislation is called the Ensuring Patient Access and Effective Drug Enforcement Act of 2016. What it will do is to combat the inappropriate use of prescription drugs by bringing greater clarity—something that is needed in so many laws and rules—but bringing greater clarity and transparency to the requirements needed for safe and secure distribution of medications.

Mr. Speaker, the people battling addiction are moms and dads, brothers and sisters and children, neighbors and friends. They are saying: We need your help. Our healthcare professionals and our pharmacists have said: We need clarity. That is what we in the House are seeking to do this week.

□ 1030

#### 2016 CALL TO ACTION: COMBATING OPIOID ABUSE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Hawaii (Ms. GABBARD) for 5 minutes.

Ms. GABBARD. Mr. Speaker, in the United States, 2.1 million people suffer from dependency and addiction to prescription opioid drugs. Eighty percent of the world's pain pills are consumed in the United States, but we only have 5 percent of the world's population. This is an epidemic that reaches every corner of our Nation, transcending regional, State, community, and neighborhood lines. More people died from drug overdose in 2014 than ever before. Over 60 percent of those deaths involved the use of an opioid. Seventy-eight Americans die every single day from an opioid overdose. There are more people dying from prescription drug overdoses than from car accidents.

This week, the House is considering 15 bipartisan measures that seek to address some of the widespread problems that have caused and perpetuated this national crisis; but as we look at treatment options and support for those who are dealing with this addiction, it

is important that we actually focus on the root cause of the problem.

We have seen for decades major pharmaceutical companies that have misled the FDA, doctors, and patients about the safety and risks of opioid dependence on commonly prescribed prescription drugs in their efforts to sell more drugs. Three top executives from Purdue Pharma even pleaded guilty to criminal charges.

Just last week, the LA Times revealed how Purdue Pharma has made over \$31 billion off of OxyContin, America's best-selling painkiller, by advertising the drug's 12-hour pain relief. Investigations have found that for many people the drug actually doesn't last for 12 hours. In fact, it wears off hours earlier for most people. This often leads to "excruciating symptoms of withdrawal, including an intense craving for the drug."

Despite multiple complaints from doctors, sales representatives, and independent research showing that many patients don't experience this 12-hour pain relief, the company has continued to market the drug's 12-hour relief and is even encouraging doctors to prescribe stronger doses when patients complain about its shortened effects. According to the National Survey on Drug Use and Health, more than 7 million Americans have abused OxyContin.

Many abusers then turn to heroin, which is made from the same poppy plant and has the same effect. After people are addicted to opioid prescription drugs, they turn to heroin when they can't get their hands on those pills. To give you some context, one 60-milligram pill costs, on average, around \$60. To get the very same amount of heroin, you will pay one-tenth of the price.

The problems created by companies like Purdue are felt deeply by families all across the country. It is happening to our police officers, to teachers, to nurses, and to others in our communities who all share the same stories. They used to take prescription drugs, but now they inject heroin. In my home State of Hawaii, the rate of pain medicine abuse is more than 10 percent above the national average. According to the Hawaii State Department of Health data, opioid-related deaths have increased 133 percent from 2000 to 2016.

Veterans, people who have served our country in uniform, have been disproportionately impacted by this epidemic. I have heard from some of my friends and fellow veterans of how, during their visits to the VA in their seeking treatment, even after telling their doctors "I don't want drugs," they received prescriptions for those drugs. Up until recently, the VA prescribed opioids almost exclusively to veterans who were experiencing chronic pain.

Prescriptions for opiates spiked by 270 percent over 12 years, according to the 2013 analysis by the Center for Investigative Reporting. This led to addictions and to a fatal overdose rate