

throughout the Chicago suburbs. Tragically, relapses and overdoses still claim lives.

I have met families and parents who know this too well. Tim Ryan grew up in my district in Crystal Lake and overcame his own heroin habit only to see his own 20-year-old son die of an overdose.

Today, this afternoon, tonight, young people are still using heroin. Prescription drugs are still being abused in our communities. Our fight is far from over. We must continue to work through meaningful community and State partnerships.

Connecting affected individuals and organizations with each other is paramount to our future success. The faces and the stories of heroin are real. They demand and deserve hope and solutions.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO YEMEN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 114-134)

The SPEAKER pro tempore (Mr. HULTGREN) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency declared in Executive Order 13611 of May 16, 2012, with respect to Yemen is to continue in effect beyond May 16, 2016.

The actions and policies of certain members of the Government of Yemen and others continue to threaten Yemen's peace, security, and stability, including by obstructing the implementation of the agreement of November 23, 2011, between the Government of Yemen and those in opposition to it, which provided for a peaceful transition of power that meets the legitimate demands and aspirations of the Yemeni people for change, and by obstructing the political process in Yemen. For this reason, I have determined that it is necessary to continue the national emergency declared in Executive Order 13611 with respect to Yemen.

BARACK OBAMA,
THE WHITE HOUSE, May 12, 2016.

COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

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 material on H.R. 5046, about to be considered by the House.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 720 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 5046.

The Chair appoints the gentlewoman from North Carolina (Ms. FOXX) to preside over the Committee of the Whole.

□ 1234

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, with Ms. FOXX in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

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.

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

Today the United States is in the throes of an epidemic of prescription opioid and heroin abuse. Every Member of this body has heard a tragic story about a constituent who has become addicted to opioids, and, tragically, many have lost their lives to the addiction.

The statistics are shocking. In 2014, 47,055 Americans died from a drug overdose. Of those deaths, 18,893 were attributable to prescription pain relievers and 10,574 were related to heroin. The number of opioids prescribed nearly tripled from 1991 to 2013.

Though the United States has 5 percent of the world's population, Americans consume 80 percent of the global opioid supply. More than half of chronic prescription drug abusers obtain those pills from prescriptions written for them or for friends or family members. In 2014, nearly half a million teenagers used prescription painkillers for nonmedical purposes.

My home State of Virginia is not immune to the ravages of opioid addiction. In 1999, approximately 23 people died from abuse of fentanyl,

hydrocodone, methadone, and oxycodone, the leading prescription opioids abused. By 2013, that number jumped to 386 prescription opioid deaths, a staggering increase of 1,578 percent.

In 2013 alone, deaths attributed to fentanyl use increased by more than 100 percent. Data also shows a sharp rise in heroin deaths in Virginia. In 2010, 49 deaths were attributed to heroin use. By 2013, just 3 years later, that figure had risen to 213, an increase of 334 percent. The number of drug overdose deaths in Virginia surpassed the number of traffic fatalities for the first time in 2014.

This is a problem that affects Americans in all regions of the country, across all socioeconomic levels, and one that Congress will address with passage of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act of 2016, and other opioid legislation approved by the House this week.

H.R. 5046, sponsored by Crime, Terrorism, Homeland Security, and Investigations Subcommittee Chairman JIM SENSENBRENNER, provides resources to States, localities, Indian tribes, and others to help fight the historic problem of opioid abuse. I am pleased to be an original cosponsor of this bill.

H.R. 5046 is an important, reasonable piece of legislation that will do a great deal to combat the opioid epidemic. It creates a comprehensive opioid abuse reduction program at the Department of Justice, which will direct Federal resources for drug abuse programs targeted at the opioid problem within our criminal justice system. By styling this as a competitive grant program for opioids, this bill will give States and localities maximum flexibility to attack opioid abuse issues unique to their communities.

States will be able to use the grant funds for a variety of important criminal justice programs, including alternatives to incarceration, treatment programs for incarcerated individuals, juvenile opioid abuse, investigation and enforcement of drug trafficking and distribution laws, and significant training for first responders in carrying and administering opioid overdose reversal drugs like naloxone.

States will also be allowed to enlist nonprofit organizations, including faith-based organizations, in the fight against opioid abuse. The bill authorizes this new program at \$103 million annually over 5 years.

Importantly, the comprehensive grant program created by H.R. 5046 is fully offset in accordance with the House CutGo protocol. This means that Congress has successfully directed funds to address the opioid epidemic by taking advantage of existing funding streams to Department of Justice grant programs. The result is no net increase in spending authorizations and no additional burden on the American taxpayer, which is a responsible, good government approach to this epidemic.

H.R. 5046 is thoughtful, historic legislation that, once enacted, will help fulfill Congress' duty to protect the American people.

I urge my colleagues to support this important bill.

I reserve the balance of my time.

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

I am pleased to rise in support of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act.

H.R. 5046 is an important complement to a wide range of legislation being considered in the House this week that is aimed at combating the devastating impact of drug abuse and addiction that is afflicting communities across our Nation.

We are, in fact, in the midst of a major public health crisis caused by prescription and opioid abuse. It is a crisis that affects Americans of all ages, races, and income levels in our cities, suburbs, and rural areas across the United States.

Drug overdoses are now the leading cause of death in our Nation. In my State of Michigan, for example, there were 1,745 drug overdose deaths in 2014, and more than half of these overdose deaths were attributed to opioids and heroin. In fact, 78 Americans die from an opioid overdose every single day. I am very familiar with the devastation heroin can exact over people and their communities.

Heroin took a deadly toll on Detroit in the 1970s and is now threatening to take hold of a new generation of addicts. Armed with lessons learned from that era and the crack epidemic of the 1980s, we are wiser and more capable. This time we can and must do more to respond to this crisis.

Fortunately, a number of States have undertaken various innovative measures to better respond to the rapid increase of individuals addicted to prescription opioids and heroin and to prevent individuals from dying as a result of drug overdose.

For instance, the Judiciary Committee's Crime, Terrorism, Homeland Security, and Investigations Subcommittee held a hearing last year that examined, among other things, the promising use of the law enforcement-assisted diversion approach employed in cities such as Seattle and Santa Fe.

We have learned that there are successful ways to get addicts to treatment and to quickly provide them with needed services that address their addiction and prevent recidivism. We know that evidence-based treatment and treatment alternatives to incarceration work.

The Comprehensive Opioid Addiction Recovery Act, as authorized by H.R. 5046, would establish a competitive grant program to provide funds to State and local governments to continue and improve their efforts to protect Americans from the dangers of opioid and heroin abuse and to make

sure that addicts have access to the services that are provided.

Funds from the new grant program could be used for the following purposes: treatment alternatives to incarceration, collaboration between State criminal justice agencies and State substance abuse systems, for first responders to purchase and be trained in the use of naloxone, medication-assisted treatment programs by criminal justice agencies, investigating the legal distribution of opioids, prescription drug monitoring programs, addressing juvenile opioid abuse, and for comprehensive opioid abuse response programs.

□ 1245

Our communities need our assistance in meeting the threat of opioid abuse, and this bill before us will fund innovative approaches to the problem such as the LEAD program developed in Seattle that I mentioned earlier.

H.R. 5046 would go a long way toward providing that critical help, and so, accordingly, I support this bill. I urge all my colleagues to give it their support as well.

Madam Chair, I reserve the balance of my time.

Mr. GOODLATTE. Madam Chair, I yield 5 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER), the chairman of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations of the Committee on the Judiciary, and the chief author of this legislation.

Mr. SENSENBRENNER. Madam Chairman, I rise in support of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act.

The misuse of and addiction to opioids, such as heroin, morphine, and other prescription pain medications, has had a devastating hold on this country. It affects every State and every district. Prescription painkillers and heroin are the primary driving forces behind this epidemic. According to the Federal Centers for Disease Control and Prevention, in 2014, 45 percent of the people who used heroin reported that they were also addicted to prescription painkillers.

Additionally, drug overdoses now surpass automobile accidents as the leading cause of injury-related death for Americans between the ages of 25 and 64. Nearly a half million Americans lost their lives to drug overdoses in 2015. More than 800 of those deaths occurred in my home State of Wisconsin, double the number of deaths from overdoses in 2004, just 11 years earlier. Yet, despite these staggering numbers, the crisis is getting worse. Drug overdose deaths have increased 137 percent since 2010, with opioid-related overdose deaths increasing by 200 percent.

The moment to reverse our current course and make a genuine and lasting impact in the fight against addiction is here. All over the country, people are calling on Congress to find solutions. In townhall meetings, on the campaign

trail, and through social media, lawmakers are hearing heartbreaking stories from families and friends of addicted individuals and leaders of impacted communities.

There is no single solution to this epidemic. The most effective way to approach addiction is to pursue a comprehensive response, which must include a strict focus on prevention, law enforcement strategies to stop drug dealers and traffickers, a plan to address overdosing, and a plan to strengthen opioid abuse treatment and recovery options for those struggling with their addiction.

The Comprehensive Opioid Abuse Reduction Act is an important piece of this puzzle. While State and local officials and community organizations must be at the forefront of confronting this challenge, the Federal Government should help support these efforts. My legislation authorizes the Attorney General to make grants available to States and localities for a number of services related to opioid and heroin abuse.

The grant program contains eight allowable uses of the grant funds, which are broadly construed to give States flexibility in responding to the epidemic within their borders, meaning not a one-size-fits-all program. These include alternatives to the incarceration programs; collaboration between criminal justice agencies and substance abuse systems; training for first responders in carrying and administering opioid overdose reversal drugs, including naloxone; and prescription drug monitoring programs.

It is imperative that we pursue aggressive measures to stunt opioids' dangerous progression, for a stronger, more prosperous America. The Comprehensive Opioid Abuse Reduction Act is a commonsense and bipartisan approach that addresses the issue head-on and will make a positive impact on our fight against addiction. H.R. 5046 is fully offset and contains strong accountability provisions to ensure funding is spent wisely.

I want to thank Chairman GOODLATTE and my colleagues in the Senate for their tremendous work while addressing the opioid epidemic. I am optimistic that, with passage of this bill and the additional opioid measures the House of Representatives is considering this week, we can go quickly to conference and send meaningful legislation to the President for his signature. I urge my colleagues to vote for H.R. 5046.

Mr. CONYERS. Madam Chairwoman, I yield 5 minutes to the gentlewoman from Texas (Ms. JACKSON LEE), the ranking member on the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations of the Committee on the Judiciary, who has done tremendous work on this subject.

Ms. JACKSON LEE. Madam Chair, I thank the distinguished ranking member and the dean of this institution for yielding and for his leadership; but it is

even more powerful that the leadership joins with our distinguished chairman of the full committee, Mr. GOODLATTE, because this is the beginning of our effort of criminal justice reform that certainly has been one of the guiding focuses of the chairman of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, Mr. SENSENBRENNER, who has, likewise, been a former chair of the full committee but has steadily worked on thoughtful legislation dealing with the overall issue of criminal justice reform.

I am delighted to be a partner in this legislation and to be a cosponsor and to work on this whole concept of dealing with opioids but, as well, to deal with the question of criminal justice reform with a whole new attitude.

I might say that I heard words from Leader PELOSI yesterday evening as she received the Hubert H. Humphrey Civil and Human Rights Award. She indicated that there are three major issues that we should be governed by in this Congress: number one, children; number two, children; and number three, children.

One might ask: Why are we discussing children? I thought we were discussing the Comprehensive Opioid Abuse Reduction Act of 2016, and that we are. I am very pleased that it is a very forthright and thoughtful approach to this issue. I support it. But it is a compilation, if you will, of many thoughts about how we should deal with the question of mass incarceration.

What does mass incarceration deal with? It deals with human beings. It deals with men and women. It deals with families. It deals with mothers who have children. Previously, if you were on any manner of drugs or you possessed drugs, you were nonviolent, you were incarcerated. If you were on crack or cocaine, you were incarcerated.

I commend the chairman of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, Mr. SENSENBRENNER, for his work, as I said, and Chairman GOODLATTE and Ranking Member CONYERS because we now have, from the Committee on the Judiciary, a legislative initiative that does not have mandatory minimums. In fact, it deals with a passionate and compassionate approach, and it deals with the issue of addiction and recovery, the bill that I was a sponsor of earlier, a predecessor to this one, the Comprehensive Addiction and Recovery Act.

I would be happy to see the committee pass that bill, but I am pleased that we have been able to work together to produce an alternative bill that will help address issues related to opioid abuse—again, I emphasize, no mandatory minimums, but a way of addressing this question, Madam Chair, that I think will be long term.

I look forward to continued collaboration with my colleagues to find additional solutions to the drug crisis

America now faces. We must take action because today a leading killer of Americans is drug overdose. Between 2000 and 2014, almost a half million people died from drug overdoses. Many of these deaths were preventable. In 2014 alone, more than 47,000 people died of drug overdoses. The largest percentage of overdose deaths in 2014 was attributable to opioids like prescription painkillers, methadone, morphine, and heroin. Therein lies the origin of this massive impact, including our juveniles, who find them in many different ways. Specifically, 28,647 people overdosed and died because of an opioid in 2014.

We are experiencing an emergency that impacts citizens in every State, city, and town in this country—that is, prescription painkiller and opioid abuse. This emergency is compounded due to the perilous connection between prescription painkillers and heroin. I get it. We understand that physicians who did take their oath very seriously wanted to provide the medical care, the legitimate medical care when there was a massive response to pain from all of their patients and others.

Prescription painkiller abuse is the strongest risk factor for future heroin use, but it came about maybe not through the prescription and the initial prescription, but from lack of information that patients should have about the impact of opioids: what it does to the brain, what it does when you do not have it, how you become addicted. So out of this, approximately three out of four new heroin users report that their use began with their abuse of prescription painkillers initially given to them legitimately for medical reasons.

Heroin use becomes appealing to those addicted to prescription painkillers because it is cheaper and easier to obtain. Due to its potency, heroin use tends to lead to addiction. The same kind of lack of information maybe led to a young woman, in my district, on hydrocodone with two little babies in the car driving and side-swiping two cars and killing an innocent person on a motorcycle.

The CHAIR. The time of the gentlewoman has expired.

Mr. CONYERS. Madam Chair, I yield the gentlewoman an additional 2 minutes.

Ms. JACKSON LEE. Or the mother who gave hydrocodone and alcohol as a prom gift to her son and his date. That date wound up dead at the end of that prom.

The rate at which the occurrence of heroin overdose deaths increased is cause for alarm. In the 4 years between 2010 and 2014, heroin overdoses more than tripled.

This legislation encourages the development of alternatives to incarceration that provide treatment as a solution to the underlying motivation for criminal behavior or conduct associated with mental disorders. We must make our best efforts. It puts police in

a position to be trained to use those drugs that will help when they come upon an unconscious person, like naloxone. It allows the criminal justice system to talk to the substance abuse system. In essence, it increases the use and availability of those drugs. Addiction is a disease; we recognize that.

Finally, if I might say, I started with children, children, children. Just today, Dr. Phil is here discussing the foster care system. He said that most children are taken away because of neglect, and that neglect is based upon the use of drugs. That is a wrong direction. The direction should be that we keep families together, we invest, and we provide the training to provide them parental skills and, if they are addicted, to get them off of those addictive ways to be able to keep families together.

Today I will introduce a bill that provides for nurseries in the Federal prison system for women in short-term nonviolent offenses, mostly drug offenses, to reinforce the value of mothers and children being together. This bill, even though it may not point to that, is an overall change of attitude that looks to America and says: We want you not to be addicted. We don't want you to be on prescription drugs and lead you to addiction after your illness is over. We want you to be cared for medically, but we don't want you to become addicted. In order to do that, we are not going to criminalize you. We are going to give you treatment and allow the criminal justice system—police, prosecutors, and others—to have an alternative to ensure that that can be done.

I am very pleased that we are on the floor today. I know that we will have an omnibus tomorrow. I hope that you will support the underlying bill.

Mr. GOODLATTE. Madam Chairman, it is now my pleasure to yield 2½ minutes to the gentleman from Kentucky (Mr. ROGERS), the chairman of the Committee on Appropriations.

Mr. ROGERS of Kentucky. Madam Chair, I thank the chairman and congratulate him on a great bill.

When the abuse of prescription medications silently took hold of rural towns in Appalachia over a decade ago, we knew we had to do something to curb the rising tide of addiction and overdose deaths.

□ 1300

We gathered individuals from all disciplines and backgrounds—teachers, preachers, parents, judges, cops, doctors, pharmacists, community leaders, and others—to brainstorm as to what we could do to address the staggering problem.

We quickly realized there was no silver bullet that could easily solve the crisis, but we responded by creating a holistic, multidisciplinary organization called Operation UNITE: Unlawful Narcotics Investigations Treatment and Education.

Since 2003, UNITE's law enforcement agents have confiscated more than \$12

million worth of these drugs and arrested over 4,300 bad actors. But we also established 30 drug courts so that the nonviolent offenders could get their lives back on track.

UNITE established a toll-free treatment referral helpline, receiving 1,200 calls a month. We have provided 4,000 free vouchers to individuals who otherwise would be unable to access treatment for their addiction.

UNITE also works hard to engage our young people through community coalitions of thousands of people as well as UNITE clubs in our schools. Over 100,000 students have taken part in antidrug education activities to warn about the dangers of prescription drugs.

Today it is difficult to imagine a single town in the country that has eluded the devastating grasp of opioid addiction. So UNITE took its model to the national stage.

Over the past 5 years, the National Prescription Drug Abuse and Heroin Summit in Atlanta has brought together thousands of our country's brightest, most dedicated minds.

At the Federal level, we should be replicating UNITE's holistic, multipronged approach. I am, therefore, proud to support this bill, which will enable communities around the country to unite to implement similar strategies, incorporating law enforcement, treatment, and education.

There is no silver bullet, Mr. Chairman, to bring an end to addiction, but together we can certainly save lives and restore hope in every community. I think this bill allows that to occur.

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the gentleman from Ohio (Mr. RYAN), who is very concerned about this issue.

Mr. RYAN of Ohio. Mr. Chairman, I want to thank the gentleman from Virginia (Mr. GOODLATTE) and Mr. SENSENBRENNER for all their good work on this. This is really one of the great days, great weeks, I think, on this House floor because of what we are doing here to address the heroin and opioid crisis in America.

It is sad to watch someone from Virginia and someone from Wisconsin and someone from Michigan and someone from Ohio and someone from Texas all get up and really kind of embody and express how deep this problem is in our country today. I know we have all been to calling hours and we have all been to funerals and seen up close and personal how devastating this epidemic is here in the United States.

Like many of my colleagues, unfortunately, Ohio has now seen accidental deaths by overdose surpass even car accidents. So we all need to come together, Democrats and Republicans, to try to solve this problem. I think this week is a major step in that direction.

I am supporting the Comprehensive Opioid Abuse Reduction Act and many other bills that are coming to this floor this week.

In Trumbull County alone, one of my biggest counties, a few months back we

had 22 overdoses and, of that, 7 deaths in that one county. This is pervasive in Cuyahoga County, which is Cleveland. We have almost one death a day that we are dealing with in Ohio.

So the Comprehensive Opioid Abuse Reduction Act program creates at the Department of Justice a real opportunity for us to fix this program. It focuses on how we can tackle substance abuse through preventative programs, expansion of the prescription drug programs, and resources for veteran treatment court programs. That is one of the key elements of this: how we are going to make sure our veterans can get diverted through veteran courts.

The Acting CHAIR (Mr. DONOVAN). The time of the gentleman has expired.

Mr. CONYERS. Mr. Chairman, I yield the gentleman an additional 1 minute.

Mr. RYAN of Ohio. In Ohio alone, we have seen first responders use naloxone. In 2013, over 12,000 doses were administered. This is a huge problem. We have seen the men and women and we have seen the families that have been destroyed because of this.

I hope that, as we get the Senate bill out of conference, we make sure that it is comprehensive, that it is addiction, treatment, and recovery, and, as we move through the budget process, through the appropriations process, we make sure that there is the appropriate revenue, the appropriate amount of money, going to these programs that will ultimately hit the ground and help us get our arms around this program.

Mr. GOODLATTE. Mr. Chairman, I yield 1 minute to the gentlewoman from California (Ms. MIMI WALTERS), a member of the Judiciary Committee.

Ms. MIMI WALTERS of California. Mr. Chairman, across the United States we are faced with a substance abuse epidemic that results in overdoses, addiction, and, for too many, death. From opioids to heroin, no community—not even Orange County, the place I have called home for 50 years—is immune.

Statistics show that nearly 130 people die every single day from drug abuse. Though this is a nationwide epidemic, there is not a one-size-fits-all cure to addiction. That is why the Comprehensive Opioid Abuse Reduction Act is so important.

This bill will create a grant program to help State and local governments combat opioid addiction in their communities and give them flexibility to dedicate resources to the needs of their specific community, whether that means prescription drug monitoring programs, overdose treatment training for first responders, or rehabilitation programs.

This legislation passed the Judiciary Committee with unanimous support. I urge my colleagues to join me in supporting this bill because its passage will save lives and help Americans suffering from addiction reclaim their lives.

Mr. CONYERS. Mr. Chairman, I yield 3 minutes to the distinguished gentleman from Florida (Ms. FRANKEL).

Ms. FRANKEL of Florida. I thank the gentleman for yielding.

Mr. Chairman, I rise in support of this critical legislation to address the nationwide opioid epidemic which has affected south Florida, where I am from, as it has communities from California to New Hampshire.

Today I want to tell you about a related crisis that is obstructing the recovery of addicts and damaging the character of south Florida neighborhoods, and neighborhoods across the Nation. I am talking about the overproliferation in residential areas of group homes for recovering addicts called sober homes.

In theory, it is a very good thing, a way to reintegrate addicts back into the community. It is activity protected by two historic laws that prohibit discrimination in housing against persons with disabilities.

But this civil rights protection is being abused by two many unscrupulous actors who are luring young adults away from their families and placing them in group homes that have no standards and then leaving them to their own devices until their insurance runs out. The result is an overdosing nightmare as well as an increase in homelessness, code enforcement violations, and crime.

Making matters worse, cities and towns feel regulation and consumer protection would be in violation of Federal law. As a consequence, we are seeing thousands of sober homes in south Florida disrupting services and the health and safety of neighborhoods and leaving young people who are trying to repair their lives spiraling back into hopelessness.

Mr. Chair, I urge this Congress and the President to work with folks in my area and around the country to find the proper balance between protecting the rights of addicts and getting them recovered and keeping the integrity and character of our neighborhoods.

Mr. GOODLATTE. Mr. Chairman, I yield 1½ minutes to the gentleman from Arkansas (Mr. WESTERMAN).

Mr. WESTERMAN. Mr. Chairman, I rise today in support of H.R. 5046. I thank the gentleman from Wisconsin for his work to combat the Nation's opioid epidemic.

This legislation is important to the whole country and will especially have positive impacts in Arkansas by freeing up new grants for funds for drug courts. Drug courts have a positive impact on people's lives and are integral to countering our Nation's opioid epidemic.

Drug courts in Arkansas have a strong record of success. Last week I visited with Judge Berlin Jones in Pine Bluff, Arkansas. His Jefferson County drug court has a recidivism rate of only 4.9 percent.

Drug courts have also saved billions of taxpayer dollars, on average, because it costs \$14 a day to send a person to a drug court whereas incarceration costs \$58 per day in my State of Arkansas. Taxpayers also save money because these individuals can return to

the workforce and provide for their families.

Mr. Chairman, I ask my colleagues to support H.R. 5046 to counter this epidemic ruining our families and communities.

Mr. CONYERS. Mr. Chairman, I reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I yield 2 minutes to the gentleman from New Hampshire (Mr. GUINTA).

Mr. GUINTA. Mr. Chairman, I am proud to rise in support of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act, which will provide more effective cooperation between our law enforcement and treatment agencies, grow our treatment capabilities, and strengthen programs for training and veterans. This bill is an important step in combating the growing costs of the terrible opioid epidemic.

Just last year, in my home State of New Hampshire, deadly overdoses following the abuse of heroin killed over 430 people. That staggering figure marks the rising toll of this epidemic.

I commend my colleagues for offering this legislation as part of the response to the epidemic and as part of a wider plan moving through the House this week.

This bill aims to bring sorely needed resources to different groups and agencies working to help families and individuals in need, sometimes in desperate need.

For too long, too many of those helping our sons and daughters and our veterans have been underfunded in their efforts. This week we have heard and shared stories of people suffering from this epidemic all over the country. These stories help us draft and pass effective response to the needs of our communities.

We know that no one bill or amendment on its own is equal to the massive scale of this epidemic, but together they can begin to address some of its worst effects and harshest consequences. We need to incorporate the best practices that have emerged across disciplines and different agencies, and we need to ensure cooperation between actors on the ground.

As part of the House response to the Senate-passed Comprehensive Addiction and Recovery Act, this bill represents our commitment to restoring hope in shattered communities. I have been a proud sponsor of many of the bills coming forward this week, and I am pleased that so many have passed and many more are expected to pass today.

We provide a cohesive, unified, and far-reaching legislative package to meet the enormity of this epidemic, and I believe we have begun to move in that direction. I thank my colleagues for their dedication and tireless work to support this effort.

I particularly want to commend Chairman GOODLATTE on his leadership and his efforts as we continue to help and provide hope for people not just in New Hampshire, but all across the country.

Mr. CONYERS. Mr. Chairman, I continue to reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I yield 1 minute to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. I thank the gentleman for yielding.

Mr. Chairman, I rise today in support of H.R. 5046, the Comprehensive Opioid Reduction Act of 2016, because we need to ensure that every State has the tools they need to fight the opioid abuse epidemic.

H.R. 5046 establishes a comprehensive opioid abuse grant program to provide training to first responders, criminal investigation for the distribution of opioids, resident treatment centers, and drug courts.

Approximately 47,000 Americans died from drug overdoses in 2014, and approximately 21.5 million people ages 12 and older suffer from substance abuse. As a lifelong pharmacist, I have seen firsthand the struggles that these people face.

H.R. 5046 seeks to fight the opioid epidemic through a grant program that would provide States with the resources to provide programs to help Americans fight this disease.

It would help improve prescription drug monitoring programs, help address juvenile opioid abuse, give first responders the training to reverse opioid overdoses, and improve access for veterans in treatment court.

The only way we are going to be able to fight this battle is if we work together as a team to educate and help victims of the opioid abuse.

I encourage my colleagues to support this bill.

□ 1315

Mr. CONYERS. Mr. Chairman, I continue to reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, at this time, it is my pleasure to yield 1½ minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Chairman, like many States across the country, heroin and opioid addiction is shattering people's lives in my State of Michigan as well.

To the families that are suffering, we are here to offer solutions, to provide hope, and help them recover and get back on their feet.

There are many community-based programs and groups in my district working on the front lines to raise awareness and combat this public health crisis; groups like the Monroe County Substance Abuse Coalition, the Eaton County Substance Abuse Advisory Council, Andy's Angels in Jackson, and many more.

In Lenawee County, my home county, community stakeholders recently came together to hold an addiction summit, and a recovering addict from Monroe County recently organized a march to show there is hope after heroin. Their work on the local level is absolutely critical.

Here at the Federal level, we must work side-by-side with our State and local partners to stop the damaging trends of addiction in its tracks.

The bipartisan legislation we are considering today establishes a comprehensive opioid abuse reduction program, and gives State and localities the flexibility to tailor prevention and treatment efforts to the specific needs of their communities.

I want to thank my colleague, Representative SENSENBRENNER, for his leadership on the Comprehensive Opioid Abuse Reduction Act, and I encourage its passage so we can help rebuild and save lives in our communities.

Mr. CONYERS. Mr. Chairman, I continue to reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, at this time, it is my pleasure to yield 1½ minutes to the gentleman from Pennsylvania (Mr. MEEHAN).

Mr. MEEHAN. Mr. Chairman, I want to thank the gentlemen from Virginia and from Wisconsin for their great work on this important issue.

I rise in strong support of the Comprehensive Opioid Abuse Reduction Act for many reasons, but one in particular, for the support that it now gives to Veterans Treatment Courts.

As a former prosecutor, I saw firsthand the effectiveness of this. But we are also seeing amongst those who are struggling with opioid addiction a unique cohort being veterans. Many of them are returning—in fact, 67 percent of our returning vets face mental health challenges, and too many of them are choosing to self-medicate, or are dealing with injuries that they have acquired, through opioids. It has led to not only addiction, but other kinds of behaviors.

When we are able to bring them into the court system under the guidance, it creates not only the oversight of the system but, as well, the promotion of this peer-to-peer in which other veterans enable them to work together to get back not only their dignity and their lives, but they take advantage of the kinds of resources that we have within the veterans system to deal with the underlying addiction and other kinds of issues.

This is a tremendous additional effort to authorize a program which we have been able to support here in Congress and create permanence for it. I believe this is another important opportunity for us not to leave our injured back on the battlefield.

I thank the gentlemen for their support.

Mr. CONYERS. Mr. Chairman, I continue to reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, at this time, it is my pleasure to yield 2 minutes to the gentleman from Illinois (Mr. LAHOOD).

Mr. LAHOOD. Mr. Chairman, I rise in support of this measure.

As a former State and Federal prosecutor who has been in charge of prosecuting narcotics cases, I have seen

firsthand the devastating effect that opioid and heroin addiction has had. This nationwide opioid and heroin epidemic stretches home into my district in central and west central Illinois.

Seventy-eight people die from heroin or opioid overdoses each day. That has quadrupled since 1999. Now it is the leading cause of death, far surpassing deaths by motor vehicle accidents.

Just last week I hosted a series of roundtable forums across my district to personally hear from law enforcement officers, medical professionals, treatment providers, local government officials, and those who have lost loved ones due to overdose.

They shared with me the reality of the situation back home. Law enforcement has had to double its on-hand stock of Narcan, and expand training for police officers when it comes to these overdoses.

Heroin is now the primary abused substance in drug court programs like the one in Springfield, Illinois, but those programs are at capacity. Treatment centers have waitlists over 40 days.

The consensus is clear. This is a public health crisis. To end it, we need to do a number of things. Update medical best practices for coping with pain. We need to expand access to addiction specialists and treatment centers. We need to give law enforcement the tools they need, and we must continue to promote programs like drug courts.

Because this problem is complex, it must be addressed from all angles, and that is precisely what we are doing in the House this week.

This bill will address this epidemic, and the concerns I heard last week. It would establish a comprehensive opioid abuse reduction program at the Department of Justice, target Federal resources directly at the opioid problem, give States flexibility, and create a streamlined comprehensive opioid abuse grant program.

Without raising taxes, this measure authorizes \$103 million each year for a variety of programs, including residential substance abuse treatment, drug courts, training for law enforcement and first responders.

The Acting CHAIR. The time of the gentleman has expired.

Mr. GOODLATTE. Mr. Chairman, it is my pleasure to yield an additional 1 minute to Mr. LAHOOD.

Mr. LAHOOD. Mr. Chairman, this funding includes treatment for law enforcement and first responders, and criminal investigations for the unlawful distribution of these opioids.

Opioid addiction transcends socioeconomic boundaries, racial, gender, regional, and educational boundaries. We need to address this crisis now.

I thank my colleague, Mr. SENSENBRENNER, and Chairman GOODLATTE, for bringing this legislation forth. This is a problem that is preventable, and we are doing something about it this week in the Congress.

I am proud to support this legislation. I look forward to supporting it.

Mr. CONYERS. Mr. Chairman, I am pleased now to yield as much time as she may consume to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chairman, it has been refreshing and important to listen to the many Members from all over the country discussing this important initiative and, more proudly, it is from the Judiciary Committee, which is the holder of the laws and the Constitution of this land. We are here indicating an admittance and a recognition that addiction, and opioids, and all kinds of addictions are not necessarily a crime, and that we do not come to this floor, in this bill, with mandatory minimums.

So I want to follow up on some statements that I made on the floor yesterday and also in the Rules Committee concerning the contrast in the way we are dealing with the opioid crisis and the way we addressed crack cocaine in the 1980s.

Many of those individuals from neighborhoods like mine, many of them still are incarcerated. And at that time, we—I was not here—Congress took action that we are still trying to rectify.

At one point, more than 80 percent of the defendants sentenced for crack cocaine offenses were African Americans, despite the fact that more than 66 percent of crack users were either White or Hispanic.

As we work on other legislation to address the enforcement and sentencing disparities related to crack issues, we must reexamine our approach to that and other drug issues. I think we are on the right track. I think we are being fair.

This week, the House has been engaged in a comprehensive approach to addressing a serious public health crisis involving heroin and other opioids.

In my earlier statement, I complimented my chairman of the full committee and my chairman of the subcommittee because we are working together.

Overdoses and deaths involving heroin are on the rise. While law enforcement has an appropriate role, the bills, including H.R. 5046 before us now, reflect a broader strategy that reflects the fact that this is an addiction issue.

I know that Mr. CONYERS and many others who are on this floor, Mr. DAVIS, we come from inner-city communities, and we have watched the young people of our community die and lose their future life through crack cocaine.

Accordingly, we are not raising sentences or impacting mandatory minimums, but we are funding anti-addiction mechanisms such as treatment alternatives to incarceration, and we are bringing in the police persons, the police departments. What a great idea: criminal justice and substance abuse and police persons dealing with this issue in a non-incarceration mode.

We are not adding to mass incarceration with all of the related and devastating collateral consequences but,

instead, we are incentivizing State and local governments to prevent, treat, and heal. That is what we should be doing, and that is what we should have done for crack and cocaine addicts.

We are learning. We understand now that we have a different pathway, but it is not too late. So I am saying to my colleagues here as we are working together, we should find a way before Congress has completed its work on this legislation and send a bill to the President that applies a more comprehensive approach, or a comprehensive approach that adds to this very strong foundation, including treatment alternatives for those who may still be suffering from crack and cocaine addiction.

I remember signing the sentencing, the reduction bill that we had in 2009 dealing with the crack cocaine disparities. We came together as a bipartisan group. So I know that these are things that we can do.

I have had this issue and discussed it with the gentleman from Michigan (Mr. CONYERS), and I hope that we can work together as we move forward and that our colleagues can work together as we move forward to look at these issues because if we walk our neighborhoods today, from one inner city to the next, and maybe our rural communities, we will find those crack cocaine addicts.

Mr. CONYERS. Will the gentlewoman yield?

Ms. JACKSON LEE. I yield to the gentleman from Michigan.

Mr. CONYERS. I just want the gentlewoman to know that her recollection of the years before, where we have come from a more narrow focus, more punitive, and we now are seeing a newer strategy that is far more useful, far more successful than before. And I want to congratulate her for her perseverance and determination that we will still get it even better under control through our looking carefully at the results of our activities.

I thank the gentlewoman.

Ms. JACKSON LEE. I thank the gentleman. I look forward to working with all of my colleagues.

As I finish, let me just say that today, again, I will be introducing the recidivism—to End Infant Mortality and Reduce Recidivism bill dealing with incarcerated women. Many of those women are incarcerated because of drug addiction issues that involve the possession or sale of narcotics.

What we are attempting to do, if a baby is born in prison, we are attempting to recognize that they should not be separated from that mother, and to have some postnatal nursery situation in a pilot program to examine how that works, because we know that addiction, in many instances, has caused women to be incarcerated.

There are many issues that we can look at, and I hope, as we work our way through this, we will find some solutions for those who are still addicted to crack cocaine and need some of the

same or similar services that this underlying legislation has.

Mr. Speaker, I rise in support of H.R. 5046, the Comprehensive Opioid Abuse Reduction Act of 2016, of which I am an original cosponsor.

I commend the Chairman of the Subcommittee on Crime, JIM SENSENBRENNER, for his work on this bill and I also commend Chairman GOODLATTE and Ranking Member CONYERS for their ability to find common ground on this very important issue.

I also note that I was a cosponsor of a similar bill that was the predecessor to this one, the Comprehensive Addiction and Recovery Act.

I would have been happy to see the Committee pass that bill, but I am pleased that we have been able to work together to produce an alternative bill that will help address issues related to opioid abuse.

I look forward to continued collaboration with my colleagues to find additional solutions to the drug crisis America now faces.

We must take action because today a leading killer of Americans is drug overdose.

Between 2000 and 2014, almost half a million people died from drug overdoses.

Many of these deaths were preventable.

In 2014 alone, more than 47,000 people died of drug overdoses.

The largest percentage of overdose deaths in 2014 was attributed to opioids—like prescription painkillers, methadone, morphine, and heroin.

Specifically, 28,647 people overdosed and died because of an opioid in 2014.

We are experiencing an emergency that impacts citizens in every state, city, and town in this country—that is prescription painkiller and opioid abuse.

This emergency is compounded due to the perilous connection between prescription painkillers and heroin.

Prescription painkiller abuse is the strongest risk factor for future heroin use.

Approximately three out of four new heroin users report that their use began with their abuse of prescription painkillers.

Heroin use becomes appealing to those addicted to prescription painkillers because it is cheaper and easier to obtain.

Due to its potency, heroin use tends to lead to addiction.

Heroin addiction is often deadly, leading to overdose or other chronic diseases.

The rate at which the occurrence of heroin overdose deaths increased is cause for alarm.

In the four years between 2010 and 2014, heroin overdoses more than tripled.

More than 10,500 people died from heroin overdoses in 2014.

In 2013, more than 8,200 people died from heroin overdoses.

In that same year, 11 million people admitted to improper use of prescription of painkillers.

Not only were 11 million people at risk of overdosing due to their abuse of prescription painkillers, 11 million people were also at high risk of becoming addicted to heroin—with its attendant risks and dangers.

This current crisis requires an immediate and comprehensive response and the bill before us today is one element of a broader strategy.

This bill will establish a grant program, to be administered by the Department of Justice, to

assist states and local governments, particularly by helping criminal justice agencies to tackle the opioid problem from a variety of angles.

This bill encourages the development of alternatives to incarceration that provide treatment as a solution to the underlying motivation for criminal behavior or conduct associated with mental disorders.

We must make our best efforts to prevent individuals from moving from painkillers to heroin by making treatment for addicts more accessible by encouraging the use of evidence-based programs, such as medication-assisted treatment.

Life-saving overdose reversal drugs, like naloxone, are most valuable in the hands of trained individuals who regularly come in contact with individuals who are prone to drug overdoses.

This bill will increase the use and availability of naloxone and other overdose reversal drugs to first responders.

Addiction is a disease that affects the brain and eventually changes the behavior of addicts, causing them to experience mental health issues and encounter legal problems.

Treatment is the most reasonable and effective approach to diverting these individuals away from homelessness and prison.

There are also specific provisions in this bill that allow for a wide range of services to be offered to our veterans who tend to suffer from mental health issues and addiction.

I support this bill because I believe that it will help save lives and prevent and treat opioid addiction.

The approach Congress is taking with the crisis of heroin and other opioids is thoughtful and comprehensive.

I hope it signals a departure from some of the failed approaches concerning other drug crises in the past.

For instance, our response to the surge in crack cocaine in the 1980s was to enact draconian mandatory minimum penalties with vastly disparate treatment for crack and powder cocaine.

Unfortunately, that exacerbated the disproportionate minority impact of our drug laws and their enforcement.

Today, no matter who is suffering from the effects of illegal drugs, we must learn from the past and embrace new ways of addressing the problem.

The bill before us today, and the approaches contained in other legislation passed by the Senate and introduced in the House, reflect our experience in dealing with drug prevention, addiction, treatment, and recovery.

While there is still work to do in Congress to address the mistakes of the past with respect to mandatory minimum sentences that are unjust, unwise and financially unsustainable, I commend my colleagues for embracing drug treatment, alternatives to incarceration, and improved training to first responders and the criminal justice system on how to put substance abusers on a better path.

With those considerations in mind, and a hopeful note about the progress we are making in our approach to these issues, I ask that my colleagues join me in voting in favor of this important bill.

I want to follow up on my earlier statement concerning the contrast in the way we are dealing with the opioid crisis and the way we addressed crack cocaine in the 1980s.

At that time, we Congress took action that we are still trying to rectify.

At one point, more than 80% of the defendants sentenced for crack offenses were African American, despite the fact that more than 66% of crack users are white or Hispanic.

As we work on other legislation to address the enforcement and sentencing disparities related to the crack issue, we must re-examine our approach to that and other drug issues.

This week, the House has been engaged in a comprehensive approach to addressing a serious public health crisis involving heroin and other opioids.

Overdoses and deaths involving heroin are on the rise.

While law enforcement has an appropriate role and the bills recognize that, the bills—including H.R. 5046 before us now—reflect a broader strategy that reflects the fact that this is an addiction issue.

Accordingly, we are not raising sentences or impacting mandatory minimums but we are funding anti-addiction mechanisms such as treatment alternatives to incarceration.

We are not adding to mass incarceration—with all of the related and devastating collateral consequences—but instead we are incentivizing state and local governments to prevent, treat, and heal.

That is what we should be doing, and that is what we should have done for crack and cocaine addicts.

But it is not too late—we should find a way, before Congress has completed its work on this legislation and sends a bill to the President, to apply this more comprehensive approach, including treatment alternatives, to those suffering from crack and cocaine addiction.

I urge my colleagues to work with me to do this.

Mr. SENSENBRENNER. Mr. Chairman, I am prepared to yield back after the gentleman from Michigan yields back.

I reserve the balance of my time.

□ 1330

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

Members of the Committee, we have had a very interesting and important discussion. As an original cosponsor of H.R. 5046, we see more clearly how it will provide critical grants to prevent and treat opioid abuse and addictions, and, most importantly, because it will help save lives.

So, in closing, I want to commend my colleagues on the Judiciary Committee in particular for their work on this measure, starting with our chairman, Mr. GOODLATTE, and our subcommittee chairman, JIM SENSENBRENNER, for his extraordinary leadership in crafting this important bill, and, of course, our gentlewoman from Texas (Ms. JACKSON LEE) for her continuing vigilance to improve our approaches towards dealing with this opioid abuse and addiction challenge.

This bill before us has the power to fortify America's fight against the opioid epidemic. I am extremely proud to not only support it, but I urge all of my colleagues to join with me.

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

Mr. SENSENBRENNER. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, let me say I appreciate the huge, bipartisan support that this legislation has attracted.

I have been working on legislation to deal with Department of Justice grants in the opioid addiction area for over 2 years. It took a while, and, unfortunately, it took the expansion of a problem into an epidemic to show this Congress that we have to act, we have to act comprehensively, and we have to act in a manner that actually goes down to our communities to help out those communities and, more importantly, the people who are addicted and their families.

The package of bills that the House has debated yesterday and is debating today does exactly that. For those who criticize Congress for not doing anything, this is something that is probably going to have a very, very meaningful impact on the lives and livelihoods of people who have gotten hooked on something, and it gives them a way out in a compassionate and effective manner.

Let me say I am not sure that the American public is going to realize the importance of what we are doing today, because I see the wide-open spaces in the press gallery above the Speaker's rostrum. I think that is unfortunate because this is something, number one, that is important; number two, it will help people; number three, it is bipartisan, which shows very clearly that we don't spend all of our time here arguing and fighting amongst ourselves; and number four, it is bicameral. This is Congress the way it should work and the way it is working in a lot more cases than many in the American public think it is.

So I guess my message to everybody today is, number one, we are doing our job, and we are doing our job with this legislation in a vitally important manner to help turn some lives around and to prevent tragedy; and number two, the fact that we can get together to deal with a national problem in a bipartisan manner shows that we take our job seriously, whether we sit on the Democratic side of the aisle or the Republican side of our aisle, and we are rising to the occasion.

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

The Acting CHAIR (Mr. THOMPSON of Pennsylvania). All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

It shall be in order to consider as an original bill for the purpose of amendment under the 5-minute rule an amendment in the nature of a substitute consisting of the text of Rules Committee Print 114-52. That amendment in the nature of a substitute shall be considered as read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 5046

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 "Comprehensive Opioid Abuse Reduction Act of 2016".

SEC. 2. COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM.

(a) IN GENERAL.—Title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3711 et seq.) is amended by adding at the end the following:

"PART LL—COMPREHENSIVE OPIOID ABUSE GRANT PROGRAM

"SEC. 3021. DESCRIPTION.

"(a) GRANTS AUTHORIZED.—From amounts made available to carry out this part, the Attorney General may make grants to States, units of local government, and Indian tribes, for use by the State, unit of local government, or Indian tribe to provide services primarily relating to opioid abuse, including for any one or more of the following:

"(1) Developing, implementing, or expanding a treatment alternative to incarceration program, which may include—

"(A) pre-booking or post-booking components, which may include the activities described in part HH of this title;

"(B) training for criminal justice agency personnel on substance use disorders and co-occurring mental illness and substance use disorders;

"(C) a mental health court, including the activities described in part V of this title;

"(D) a drug court, including the activities described in part EE of this title; and

"(E) a veterans treatment court program, including the activities described in subsection (i) of section 2991 of this title.

"(2) In the case of a State, facilitating or enhancing planning and collaboration between State criminal justice agencies and State substance abuse systems in order to more efficiently and effectively carry out programs described in paragraph (1) that address problems related to opioid abuse.

"(3) Providing training and resources for first responders on carrying and administering an opioid overdose reversal drug or device approved by the Food and Drug Administration, and purchasing such a drug or device for first responders who have received such training to carry and administer.

"(4) Investigative purposes to locate or investigate illicit activities related to the unlawful distribution of opioids.

"(5) Developing, implementing, or expanding a medication-assisted treatment program used or operated by a criminal justice agency, which may include training criminal justice agency personnel on medication-assisted treatment, and carrying out the activities described in part S of this title.

"(6) In the case of a State, developing, implementing, or expanding a prescription drug monitoring program to collect and analyze data related to the prescribing of schedule II, III, and IV controlled substances through a centralized database administered by an authorized State agency, which includes tracking the dispensation of such substances, and providing for data sharing with other States.

"(7) Developing, implementing, or expanding a program to prevent and address opioid abuse by juveniles.

"(8) Developing, implementing, or expanding an integrated and comprehensive opioid abuse response program.

"(b) CONTRACTS AND SUBAWARDS.—A State, unit of local government, or Indian tribe may, in using a grant under this subpart for purposes authorized by subsection (a), use all or a portion of that grant to contract with or make one or more subawards to one or more—

"(1) local or regional organizations that are private and nonprofit, including faith-based organizations;

"(2) units of local government; or

"(3) tribal organizations.

"(c) PROGRAM ASSESSMENT COMPONENT; WAIVER.—

"(1) PROGRAM ASSESSMENT COMPONENT.—Each program funded under this subpart shall contain a program assessment component, developed pursuant to guidelines established by the Attorney General, in coordination with the National Institute of Justice.

"(2) WAIVER.—The Attorney General may waive the requirement of paragraph (1) with respect to a program if, in the opinion of the Attorney General, the program is not of sufficient size to justify a full program assessment.

"(d) ADMINISTRATIVE COSTS.—Not more than 10 percent of a grant made under this subpart may be used for costs incurred to administer such grant.

"(e) PERIOD.—The period of a grant made under this part may not be longer than 4 years, except that renewals and extensions beyond that period may be granted at the discretion of the Attorney General.

"SEC. 3022. APPLICATIONS.

"To request a grant under this part, the chief executive officer of a State, unit of local government, or Indian tribe shall submit an application to the Attorney General at such time and in such form as the Attorney General may require. Such application shall include the following:

"(1) A certification that Federal funds made available under this subpart will not be used to supplant State, local, or tribal funds, but will be used to increase the amounts of such funds that would, in the absence of Federal funds, be made available for the activities described in section 3021(a).

"(2) An assurance that, for each fiscal year covered by an application, the applicant shall maintain and report such data, records, and information (programmatic and financial) as the Attorney General may reasonably require.

"(3) A certification, made in a form acceptable to the Attorney General and executed by the chief executive officer of the applicant (or by another officer of the applicant, if qualified under regulations promulgated by the Attorney General), that—

"(A) the programs to be funded by the grant meet all the requirements of this part;

"(B) all the information contained in the application is correct;

"(C) there has been appropriate coordination with affected agencies; and

"(D) the applicant will comply with all provisions of this part and all other applicable Federal laws.

"(4) An assurance that the applicant will work with the Drug Enforcement Administration to develop an integrated and comprehensive strategy to address opioid abuse.

"SEC. 3023. REVIEW OF APPLICATIONS.

"The Attorney General shall not finally disapprove any application (or any amendment to that application) submitted under this part without first affording the applicant reasonable notice of any deficiencies in the application and opportunity for correction and reconsideration.

"SEC. 3024. GEOGRAPHIC DIVERSITY.

"The Attorney General shall ensure equitable geographic distribution of grants under this part and take into consideration the needs of underserved populations, including rural and tribal communities.

"SEC. 3025. DEFINITIONS.

"In this part:

"(1) 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.

"(2) The term 'medication-assisted treatment' means the use of medications approved by the

Food and Drug Administration for the treatment of opioid abuse.

“(3) The term ‘opioid’ means any drug, including heroin, 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.

“(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)).

“(5) 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).

“(6) The term ‘criminal justice agency’ means a State, local, or tribal—

“(A) court;

“(B) prison;

“(C) jail;

“(D) law enforcement agency; or

“(E) other agency that performs the administration of criminal justice, including prosecution, pretrial services, and community supervision.

“(7) The term ‘tribal organization’ has the meaning given that term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).”.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—Section 1001(a) of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3793(a)) is amended by inserting after paragraph (26) the following:

“(27) There are authorized to be appropriated to carry out part LL \$103,000,000 for each of fiscal years 2017 through 2021.”.

SEC. 3. AUDIT AND ACCOUNTABILITY OF GRANTEES.

(a) **DEFINITIONS.**—In this section—

(1) the term “covered grant program” means a grant program operated by the Department of Justice;

(2) the term “covered grantee” means a recipient of a grant from a covered grant program;

(3) the term “nonprofit”, when used with respect to an 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; and

(4) the term “unresolved audit finding” means an audit report finding in a final audit report of the Inspector General of the Department of Justice that a covered grantee has used grant funds awarded to that grantee under a covered grant program for an unauthorized expenditure or otherwise unallowable cost that is not closed or resolved during a 12-month period prior to the date on which the final audit report is issued.

(b) **AUDIT REQUIREMENT.**—Beginning in fiscal year 2016, and annually thereafter, the Inspector General of the Department of Justice shall conduct audits of covered grantees to prevent waste, fraud, and abuse of funds awarded under covered grant programs. The Inspector General shall determine the appropriate number of covered grantees to be audited each year.

(c) **MANDATORY EXCLUSION.**—A grantee that is found to have an unresolved audit finding under an audit conducted under subsection (b) may not receive grant funds under a covered grant program in the fiscal year following the fiscal year to which the finding relates.

(d) **REIMBURSEMENT.**—If a covered grantee is awarded funds under the covered grant program from which it received a grant award during the 1-fiscal-year period during which the covered grantee is ineligible for an allocation of grant funds under subsection (c), the Attorney General shall—

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

(2) seek to recoup the costs of the repayment to the Fund from the covered grantee that was improperly awarded the grant funds.

(e) **PRIORITY OF GRANT AWARDS.**—The Attorney General, in awarding grants under a covered grant program shall give priority to eligible entities that during the 2-year period preceding the application for a grant have not been found to have an unresolved audit finding.

(f) **NONPROFIT REQUIREMENTS.**—

(1) **PROHIBITION.**—A nonprofit organization that holds money in offshore accounts for the purpose of avoiding the tax described in section 511(a) of the Internal Revenue Code of 1986, shall not be eligible to receive, directly or indirectly, any funds from a covered grant program.

(2) **DISCLOSURE.**—Each nonprofit organization that is a covered grantee shall disclose in its application for such a grant, as a condition of receipt of such a grant, the compensation of its officers, directors, and trustees. Such disclosure shall include a description of the criteria relied on to determine such compensation.

SEC. 4. VETERANS TREATMENT COURTS.

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

(1) by redesignating subsection (i) as subsection (j); and

(2) by inserting after subsection (h) the following:

“(i) **ASSISTING VETERANS.**—

“(1) **DEFINITIONS.**—In this subsection:

“(A) **PEER TO PEER SERVICES OR PROGRAMS.**—The term ‘peer to peer services or programs’ means services or programs that connect qualified veterans with other veterans for the purpose of providing support and mentorship to assist qualified veterans in obtaining treatment, recovery, stabilization, or rehabilitation.

“(B) **QUALIFIED VETERAN.**—The term ‘qualified veteran’ means a preliminarily qualified funder who—

“(i) served on active duty in any branch of the Armed Forces, including the National Guard or Reserves; and

“(ii) was discharged or released from such service under conditions other than dishonorable.

“(C) **VETERANS TREATMENT COURT PROGRAM.**—The term ‘veterans treatment court program’ means a court program involving collaboration among criminal justice, veterans, and mental health and substance abuse agencies that provides qualified veterans with—

“(i) intensive judicial supervision and case management, which may include random and frequent drug testing where appropriate;

“(ii) a full continuum of treatment services, including mental health services, substance abuse services, medical services, and services to address trauma;

“(iii) alternatives to incarceration; or

“(iv) other appropriate services, including housing, transportation, mentoring, employment, job training, education, or assistance in applying for and obtaining available benefits.

“(2) **VETERANS ASSISTANCE PROGRAM.**—

“(A) **IN GENERAL.**—The Attorney General, in consultation with the Secretary of Veterans Affairs, may award grants under this subsection to applicants to establish or expand—

“(i) veterans treatment court programs;

“(ii) peer to peer services or programs for qualified veterans;

“(iii) practices that identify and provide treatment, rehabilitation, legal, transitional, and other appropriate services to qualified veterans who have been incarcerated; or

“(iv) training programs to teach criminal justice, law enforcement, corrections, mental health, and substance abuse personnel how to identify and appropriately respond to incidents involving qualified veterans.

“(B) **PRIORITY.**—In awarding grants under this subsection, the Attorney General shall give priority to applications that—

“(i) demonstrate collaboration between and joint investments by criminal justice, mental health, substance abuse, and veterans service agencies;

“(ii) promote effective strategies to identify and reduce the risk of harm to qualified veterans and public safety; and

“(iii) propose interventions with empirical support to improve outcomes for qualified veterans.”.

SEC. 5. EMERGENCY FEDERAL LAW ENFORCEMENT ASSISTANCE.

Section 609Y(a) of the Justice Assistance Act of 1984 (42 U.S.C. 10513(a)) is amended by striking “September 30, 1984” and inserting “September 30, 2021”.

The Acting CHAIR. No amendment to that amendment in the nature of a substitute shall be in order except those printed in part B of House Report 114-551. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the report, equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. DONOVAN

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in part B of House Report 114-551.

Mr. DONOVAN. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 6, strike “part HH” and insert “part DD or HH”.

Add at the end of the bill the following:

SEC. 6. INCLUSION OF SERVICES FOR PREGNANT WOMEN UNDER FAMILY-BASED SUBSTANCE ABUSE GRANTS.

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

(1) in section 2921(2), by inserting before the period at the end “or pregnant women”; and

(2) in section 2927—

(A) in paragraph (1)(A), by inserting “pregnant or” before “a parent”; and

(B) in paragraph (3), by inserting “or pregnant women” after “incarcerated parents”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from New York (Mr. DONOVAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. DONOVAN. Mr. Chairman, I rise today in support of the amendment offered by myself and Mr. TURNER. This amendment expands eligibility for existing family-based substance abuse treatment grants to include pregnant women.

In New York State alone, over 1,700 pregnant women pass through our corrections system each year. On any given day, there are 12 to 15 pregnant women in New York State prisons and 110 in local jails, and many of these women are coming in with drug addictions that pose harm to not only themselves, but to their unborn children.

States across the country have passed laws and implemented programs to provide community and family-based alternatives to incarceration for

nonviolent parent offenders. However, State programs targeting offenders who are parents-to-be are not currently eligible for grants. This peculiarity makes it difficult for States to develop programs addressing the particularly vulnerable population of nonviolent pregnant offenders. This amendment would make clear that such funding could be provided to States to develop and expand family-based substance abuse treatment programs that focus on expectant mothers.

When a drug-addicted pregnant woman comes through the criminal justice system, we make every effort to help that expectant mother beat her drug addiction both for herself and for her child.

Mr. Chairman, I yield 2 minutes to the gentleman from Ohio (Mr. TURNER), my friend and cosponsor of this amendment.

Mr. TURNER. Mr. Chairman, I would like to thank my colleague from New York (Mr. DONOVAN) for yielding and for his work on this amendment, which I am proud to cosponsor.

Mr. Chairman, the purpose of this amendment is simple: increase access to substance abuse treatment for pregnant women. We accomplish this by making clear that States receiving grants from an existing Department of Justice program may use them to provide family-based treatment.

Currently, nonviolent mothers and fathers have access to family- and community-based substance abuse treatment options that help keep their families together, and that should be true for expectant mothers as well. Our amendment would help provide this access to the 60 pregnant women in Ohio State prisons last month and countless others across the country, all of whom are ineligible for it today.

I have met with doctors, nurses, hospitals, law enforcement, and treatment professionals, and have seen firsthand the devastating effects that heroin and opioid abuse have inflicted on pregnant women and newborns in my own southwest Ohio community. In December of 2013, I toured Soin Medical Center in Beavercreek, Ohio, and discussed the concerning trend the hospital was observing: increasing numbers of infants born addicted to opiates.

At the Dayton Children's Hospital neonatal intensive care unit, I witnessed the hardship that heroin and opioid addiction inflicts on both women and their babies. I met with mothers struggling with substance abuse who had given birth to infants who had become addicted in the womb. I watched newborns just starting their lives suffering through the painful symptoms of neonatal abstinence syndrome.

At the Women's Recovery Center in Xenia, Ohio, I spoke to young women participating in opiate abuse intervention and treatment programs. One former heroin user I spoke to shared with me her story about how the intervention and treatment she received at

the center allowed her to overcome her addiction before giving birth to her son.

It is vital that we provide women access to this treatment—for their own health and for the health of the children that they will bring into the world.

Mr. Chairman, I urge adoption of this amendment.

Ms. JACKSON LEE. Mr. Chairman, I claim the time in opposition, although I do not oppose the amendment.

The Acting CHAIR. Without objection, the gentlewoman from Texas is recognized for 5 minutes.

There was no objection.

Ms. JACKSON LEE. Mr. Chairman, let me congratulate the proponents of the amendment and indicate to the gentleman from New York (Mr. DONOVAN) that I think many of us are on the same page.

The Omnibus Crime Control and Safe Streets Act authorizes the Attorney General to make grants to State and local governments for prison-based family substance abuse treatment programs for the incarcerated parents of minor children.

These programs can provide a comprehensive response to the needs of incarcerated parents of minor children, not only substance abuse treatment, but also a range of family-related services. These can include child early intervention services, family counseling, medical care, mental health services, parental skills training, pediatric care, physical therapy, and prenatal care.

The importance of the value of these programs to pregnant women who find themselves incarcerated as well as to women who are already mothers is beyond dispute. We want to give our children—no matter who they are and where they are born in this country—a great and wonderful pathway to success. This amendment makes pregnant women equally eligible to participate in such programs.

As indicated earlier on the floor today, I am planning to introduce the Stop Infant Mortality and Recidivism Reduction Act of 2016, which is to respond to women who have children while they are incarcerated, to provide them with some sort of support system where their babies are not separated from them. Those babies may be born addicted. I think it is important that this amendment looks at those pregnant women who may be incarcerated; and in this instance, this looks at pregnant women to provide them alternatives. It can be of tremendous benefit to these mothers-to-be as well as their children and families.

This effort has my wholehearted support, and I strongly urge my colleagues to support this amendment to the underlying bill.

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

Mr. DONOVAN. Mr. Chairman, I yield such time as he may consume to the distinguished gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentleman for yielding and commend him for offering this amendment.

The amendment makes reasonable and appropriate changes to the Justice Department's Family-Based Substance Abuse Treatment Program, a program authorized under the Second Chance Act. The program supports State and local government agencies and federally recognized Indian tribes in establishing or enhancing residential substance abuse treatment programs in correctional facilities that include recovery of family supportive services. This amendment ensures that the program's definition of an incarcerated parent with minor children includes pregnant women.

As a person who believes life begins at conception, I believe it is entirely appropriate for this program to provide services to pregnant women to meet their unique needs and those of their unborn children.

Mr. Chairman, I urge my colleagues to support the amendment.

Mr. DONOVAN. Mr. Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. DONOVAN).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MR. DANNY K. DAVIS OF ILLINOIS

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in part B of House Report 114-551.

Mr. DANNY K. DAVIS of Illinois. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 14, strike "and".

Page 2, line 17, strike the period at the end and insert "; and".

Page 2, after line 17, insert the following:

“(F) a focus on parents whose incarceration could result in their children entering the child welfare system.”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Illinois (Mr. DANNY K. DAVIS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

Mr. DANNY K. DAVIS of Illinois. Mr. Chairman, I am pleased to join with my colleague from Indiana, Representative TODD YOUNG, in offering our amendment to strengthen families by addressing parental substance abuse and decreasing the number of children entering foster care.

Our amendment is common sense. It simply allows the CARA substance abuse treatment diversion grants to focus on parents whose incarceration could result in their children entering foster care.

I am deeply troubled that almost 8 percent of children placed into foster care each year enter due to parental incarceration. This is approximately

20,000 young children every year. In some States like Arkansas, Idaho, Indiana, and South Dakota, over 20 percent of children enter foster care due to parent incarceration.

We also know that substance abuse underlies a substantial percentage of child welfare cases.

□ 1345

Aside from neglect, alcohol or other drug use is the number one reason for removal from the home. In 2014, over 77,000 youth were removed from their homes due to drug abuse.

What is exciting is that we have strong, empirical evidence that working with parents experiencing substance abuse significantly helps children and families experience fewer days in foster care, higher reunification rates, less recurrence of child maltreatment, and better permanency over time.

Neither the Senate nor the House CARA bill addresses this critical intersection of criminal justice, substance abuse, and foster care. Yet, this intersection underlies the surging numbers in both the judicial and child welfare systems.

The Annie E. Casey Foundation, an amazing champion for foster youth, just released a report 2 weeks ago that recommended that judges consider the impact on kids and families when making sentencing and confinement decisions.

Our amendment is necessary to demonstrate congressional intent that the Department of Justice improve our judicial system to decrease the horrible family impact of incarceration that swells our child welfare system and undermines child well-being.

That is why over a dozen key child welfare advocates support our amendment, including the American Public Human Services Association, the American Psychological Association, Children's Defense Fund, Children's Home Society of America, Child Welfare League of America, National Association of Counsel for Children, National Foster Family-Based Treatment Association, National Foster Parent Association, North American Council on Adoptable Children, Ray E. Helfer Society, Voice for Adoption, and Zero to Three.

I urge support of our amendment that will do much to strengthen families and improve child welfare.

Mr. SENSENBRENNER. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentleman for offering this amendment, and I support it.

The opioid epidemic has victimized countless Americans, including the

most vulnerable among us—our children. We are all aware of the grim statistics surrounding prescription opioid abuse by teenagers. However, a young child who loses a parent to addiction is also a victim that needs our help.

I support this effort, which will promote family unity while holding certain offenders accountable and ensuring community safety.

I urge my colleagues to support the amendment.

I reserve the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Chairman, I reserve the balance of my time.

Mr. SENSENBRENNER. Mr. Chairman, I yield such time as he may consume to the gentleman from Indiana (Mr. YOUNG).

Mr. YOUNG of Indiana. Mr. Chairman, I thank the gentleman from Illinois for introducing this amendment, shedding light on one of the most vulnerable populations affected by this national opioid epidemic: our children.

As communities, non-profits, and policymakers search for solutions to address this harrowing drug epidemic, it is essential that we not lose sight of the children whose lives have been fundamentally and forever altered by this nationwide crisis.

Kids across the country are having their lives turned upside down. They are watching parents taken into custody. They are forced to leave homes, wondering whether they will ever be able to see their father or mother again. These are things children shouldn't have to worry about and shouldn't have to go through.

The national opioid epidemic has hit my home State of Indiana particularly hard. A small Hoosier community of 4,300 was catapulted into the spotlight last spring. We had over 190 Hoosiers diagnosed with HIV primarily due to intravenous drug use. It is a tragedy the CDC has cited as one of the worst documented HIV outbreaks among users in the past 2 decades.

This localized epidemic, similar to others across the country, is linked to the use of a powerful painkiller, a very highly addictive opiate.

In addressing this nationwide problem, we are going to have to overcome the negative stigmas of drug addiction. We need to treat these individuals—and I say this literally—treat them as patients who need our encouragement and our support to get well.

That is what this amendment accomplishes. Under this amendment, thousands of children who would otherwise see their parent destined for a prison cell will instead see the parent they love and depend on get the treatment they need.

The need for this amendment is urgent. The Indiana Department of Child Services estimates 2,600 children had to be removed from homes due to parental drug abuse in just a 6-month period that ended last March. That is a 71 percent jump from 2 years earlier.

We, as legislators, have a real responsibility to look out for these children.

When States develop a substance abuse treatment program that can be an alternative to incarceration, this amendment allows them to focus on treating parents whose incarceration could result in their children languishing in an overwhelmed child welfare system. More than a dozen child welfare organizations support this bipartisan endeavor.

I want to thank Mr. DAVIS, as I close here, and his staff for collaborating with me and Jaymi Light in my office in order to ensure that we can help this vulnerable population.

I ask my colleagues to support the amendment and help us ensure our most vulnerable children are no longer caught up in this epidemic.

Mr. SENSENBRENNER. Mr. Chairman, I yield back the balance of my time.

Mr. DANNY K. DAVIS of Illinois. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Illinois (Mr. DANNY K. DAVIS).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MS. DELBENE

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in part B of House Report 114–551.

Ms. DELBENE. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 14, strike “and”.

Page 2, line 17, strike the period at the end and insert “; and”.

Page 2, after line 17, insert the following:

“(F) a community-based substance use diversion program sponsored by a law enforcement agency.”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentlewoman from Washington (Ms. DELBENE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Washington.

Ms. DELBENE. Mr. Chairman, I rise today to offer a simple clarifying amendment to ensure that State, local, and tribal governments can develop and implement community-based programs that have demonstrated success in reducing recidivism and getting people the help that they need. I am hopeful everyone in this Chamber can support it.

The growing epidemic of heroin use and prescription drug abuse is having a devastating effect on the health and safety of our families and our communities both in my home State of Washington and across the country.

The problem has become so severe that adults in the United States are now more likely to die from a drug overdose than a car accident. With more than 120 deaths occurring from drug overdoses in this country every day—more than half of which are from prescription drugs—it is clearer than ever that Congress must take action.

That is why I am so pleased to see my colleagues on both sides of the aisle coming together to combat the epidemic of addiction. This legislation represents an important first step. It authorizes much-needed funding for the opioid abuse reduction programs that will expand substance abuse prevention and intervention efforts, boost resources for law enforcement officers and first responders to administer overdose reversal drugs, improve substance abuse treatment for individuals in the criminal justice system, and help prevent the illegal distribution of opioids in our streets.

Among the programs authorized under the bill are treatment alternative to incarceration programs, an important tool for law enforcement agencies in the fight against opioid abuse. My amendment simply clarifies that this provision includes a model with demonstrated success in Seattle and King County.

First launched in 2011, the Law Enforcement Assisted Diversion program, or LEAD, is a community-based pilot program that offers a helping hand rather than jail time for those suffering from substance abuse.

According to an initial study, it successfully reduces recidivism by as much as 60 percent. Other cities have taken notice, with Santa Fe and Albany already working to implement the model in their communities.

Instead of arresting and prosecuting low-level drug offenders, we should be supporting successful programs like LEAD that direct them to the community-based services and help that they need.

My amendment will do just that. It will ensure resources are available to expand successful models that are already working and make a meaningful difference in addressing this crisis.

I urge my colleagues on both sides of the aisle to support it.

I reserve the balance of my time.

Mr. SENSENBRENNER. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentlewoman from Washington for offering this amendment, and I support it.

This amendment clarifies that grant monies authorized by H.R. 5046 can be used to fund community-based substance abuse diversion programs sponsored by law enforcement agencies.

There are a variety of programs across the country administered by State and local law enforcement and prosecuting agencies that offer diversion to drug treatment and other services as an alternative to incarceration.

In my home State of Wisconsin, Treatment Alternatives and Diversion,

or TAD, programs “offer offenders the opportunity to enter and do voluntary substance abuse treatment, case management, and other risk reduction services as a safe alternative to jail or prison confinement. Diverting non-violent offenders into substance abuse treatment keeps them out of jail and correctional facilities, thereby saving bed space and taxpayer dollars, as well as treating the underlying addiction that may have influenced the commission of a crime or may contribute to future criminal behavior.”

These are precisely the types of treatment alternatives to incarceration programs that I believe should be eligible for funding through this new Department of Justice grant.

I thank the gentlewoman from Washington for working with us on drafting the amendment.

I urge my colleagues to join me in support of it.

I reserve the balance of my time.

Ms. DELBENE. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. Mr. Chairman, I thank the gentlewoman. I rise in support of her amendment. I also rise to state my unyielding support for the underlying legislation introduced by my friend, JIM SENSENBRENNER from Wisconsin, literally an institution of statutory production in the halls of this Congress. I appreciate it.

This DelBene amendment would enable States and local governments to use grant monies for treatment alternatives to incarceration programs, including community-based abuse diversion programs sponsored by a law enforcement agency.

H.R. 5046 authorizes the attorney general to make grants to State and local governments for the development, expansion, or implementation of opioid abuse treatment programs as an alternative to incarceration. This amendment would expand eligibility for such grants to community-based substance abuse diversion programs sponsored by a law enforcement agency.

The cooperation and involvement of local law enforcement agencies is an important component in any comprehensive effort to combat opioid abuse. Diversion programs can play a key role in improving outcomes and rehabilitating opioid drug offenders.

Diversion programs also benefit law enforcement by conserving law enforcement resources, judicial and penal resources, while enabling police agencies and courts to focus on drug traffickers and other serious criminals.

Based on those facts, I urge my colleagues to support this amendment.

Mr. SENSENBRENNER. Mr. Chairman, I yield back the balance of my time.

Ms. DELBENE. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gen-

tlewoman from Washington (Ms. DELBENE).

The amendment was agreed to.

AMENDMENT NO. 4 OFFERED BY MR. DESAULNIER

The Acting CHAIR. It is now in order to consider amendment No. 4 printed in part B of House Report 114-551.

Mr. DESAULNIER. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 21, insert after “providing for” the following: “interoperability and”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from California (Mr. DESAULNIER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

□ 1400

Mr. DESAULNIER. Mr. Chairman, let me say how happy I am to be here in a bipartisan spirit on this important issue of the opioid epidemic in this country.

I rise, obviously, to support this particular amendment, and I thank my colleague from Georgia (Mr. CARTER) for being a partner in this effort.

Our amendment simply clarifies that grants authorized under this bill may be used to develop multi-State interoperable Prescription Drug Monitoring Programs. PDMPs are one of the most important tools in the fight against prescription drug abuse.

All of us come here today from separate starting points. For me, like many others, it was because of parents of children who were lost to this epidemic.

Bob and Carmen Pack were constituents in an affluent suburb of San Francisco, which is in my district and is formerly in my State legislative district, who took their two young children, Troy and Alana Pack, out for a walk to the local ice cream shop for a treat on a beautiful Sunday afternoon. Unfortunately, a woman, who was later convicted of abusing and doctor shopping for opioids and also of using alcohol, swerved across the street, killing Troy and Alana and almost killing Carmen Pack, who was expecting at the time. Fortunately, she survived and had a child.

Bob, a software engineer, proceeded to put his energies into updating the California PDMP to make it electronic, to make usable in realtime, and to make it effective in trying to control opioid addictions. He partnered with multiple attorneys general in California to see this effected.

As a State senator, I was able to partner with them to institute a program and fully fund CURES, the California PDMP that allows for the realtime monitoring of prescriptions. It went from 13,000 users in the course of a year to over 200,000 users, and it is now fully implemented.

One of the weak points of the CURE system in California is its inability to

communicate with other systems as they are developed around the country and the ability for people who abuse these products, including organized crimes, to go to other States. So it is important at this point, as States start to develop these sophisticated but very cost-effective systems, that we establish them in such a way that they are interoperable.

While doctors and pharmacies work hard to prevent anyone from filling unneeded orders, it is more difficult to stop doctor shopping by individuals who visit multiple doctors and pharmacists in an attempt to obtain more opioids. Some individuals who are addicted will cross State lines—and, obviously, organized crime will do so—to avoid their States' prescription drug monitoring systems. Unfortunately, many State programs are not interoperable with neighboring States and do not coordinate and share this information effectively.

To improve the success of these programs, our amendment explicitly states that these funds can be used to promote interoperability and data sharing between States. Our amendment is a small step towards improving existing systems, and it will help States better understand patterns of interstate drug trafficking.

I reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not opposed to the amendment.

The Acting CHAIR (Mr. WESTMORELAND). Is there objection to the request of the gentleman from Virginia?

There was no objection.

The Acting CHAIR. The gentleman from Virginia is recognized for 5 minutes.

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

I thank the gentleman from California and the gentleman from Georgia for offering this amendment.

This amendment makes a small but important change to H.R. 5046 to clarify that grants can be used to improve the interoperability of Prescription Drug Monitoring Programs, or PDMPs, which are a valuable tool in combating the opioid epidemic and have been established across the country. This amendment will help medical practitioners see what potentially dangerous medications a patient has received in another State before writing a prescription.

I urge my colleagues to support the amendment.

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

Mr. DESAULNIER. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. I thank the gentleman for yielding, and I thank him for his support of what I consider to be a very important amendment.

Mr. Chairman, I rise in support of this amendment to H.R. 5046 because

Prescription Drug Monitoring Programs and their effectiveness are key to fighting prescription drug abuse in this country.

As a lifelong pharmacist and as the author of the Georgia Prescription Drug Monitoring Program while I was a member of the Georgia General Assembly, I believe PDMPs are one of the most important tools in the fight against prescription drug abuse. To increase the success of these programs throughout the country, interoperability and data sharing between States is paramount.

I commend Chairman GOODLATTE and the Judiciary Committee for their work on this bill; but to continue the growth and the success of PDMPs, interoperability should be included in any discussion to improve these systems so States can better share information about patients and the patterns that occur with interstate prescription drug trafficking.

I thank the gentleman from California for his work on this important issue, and I encourage my colleagues to support this commonsense amendment.

Mr. DESAULNIER. I thank Mr. CARTER and my colleagues on the other side of the aisle for supporting this commonsense amendment.

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

Mr. GOODLATTE. Mr. Chairman, I urge my colleagues to support the amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. DESAULNIER).

The amendment was agreed to.

AMENDMENT NO. 5 OFFERED BY MR. BISHOP OF MICHIGAN

The Acting CHAIR. It is now in order to consider amendment No. 5 printed in part B of House Report 114-551.

Mr. BISHOP of Michigan. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 3, insert the following:
 “(9) Developing, implementing, or expanding a program (which may include demonstration projects) to utilize technology that provides a secure container for prescription drugs that would prevent individuals, particularly adolescents, from gaining access to opioid medications that are lawfully prescribed for other individuals.”

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Michigan (Mr. BISHOP) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. BISHOP of Michigan. I thank the chairman of the Judiciary Committee, Chairman GOODLATTE, and Mr. SENSENBRENNER, the chairman of the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations, for their leadership in bringing this bill to the floor today.

Mr. Chairman, I am also pleased to be here in the spirit of bipartisanship because, as you all know, this problem affects all Members' districts. It is a problem that sheriffs and local law enforcement in my district deal with on a daily basis. Admittedly, my amendment is not the silver bullet that will end this epidemic, but it is a commonsense step in the right direction, something we can take to address the problem at its roots, which is within the home.

The National Institutes of Health estimates that 800,000 children between the ages of 12 and 17 try opioids for the first time each year and that 70 percent of the opioids obtained by kids are from their families, friends, and relatives. It also found that 62 percent of kids say prescription medicines are easy to get from their families' medicine cabinets and that one in two kids, alarmingly, thinks pills are available everywhere.

In response to these statistics, my amendment would allow the State and local governments to invest in programs that utilize secure containers for prescription drugs. It is important to note that this amendment does not mandate such programs; it merely makes available the opportunity should local governments voluntarily choose to take advantage of the program.

While there may not be an easy fix to cure all of the alarming statistics, there are things that we can do and have done. In fact, in the 1960s, children were dying at an alarming rate from ingesting medications that were not meant for them. Congress responded, and it responded by passing the Poisoning Prevention Packaging Act of 1970, which requires child-resistant caps for a number of different medications. That was the last time major changes were made to drug containers.

As we all know, technology has advanced significantly in every category since 1970. Today, new technologies exist that make it harder to steal medications out of the family medicine cabinet, but they are not widely used. Secure containers, clearly, will not fix this problem, but they will act as a deterrent to the source of the problem.

As a father of three, I know that kids face all sorts of pressures at school and in their daily lives. Oftentimes, they don't respond in the appropriate way, and they sometimes give in to those pressures. That doesn't make them bad kids, but we cannot continue to turn a blind eye in denial while it is happening. My amendment would allow for the implementation and the development of a program that utilizes secure containers for prescription drugs.

This is a commonsense solution that addresses a problem at its source. It is a common practice to lock up things that we deem valuable and that could be dangerous to others. We lock up our cars, we lock up our bikes, we lock the doors of our homes; some of us may

even lock the drawers of our desks or lock up valuables and weapons in safe places in our homes. Therefore, it only makes sense when it comes to dangerous pills that are being stolen and that are leading us down dangerous paths to addiction, that we lock up these medicines and deter them from being stolen in the first place.

This is not a mandate and it is not a directive for anyone to do this. My amendment simply allows States and localities to utilize funds or programs that provide for secure containers. Again, it is not to be considered the be-all and end-all solution, but it is a genuine step in the right direction to thwart this tragic epidemic.

I urge all Members to support my amendment.

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

Mr. JOHNSON of Georgia. Mr. Chairman, I rise in opposition to the gentleman's amendment, though I do not oppose the amendment.

The Acting CHAIR. Without objection, the gentleman is recognized for 5 minutes.

There was no objection.

Mr. JOHNSON of Georgia. Mr. Chairman, this amendment authorizes grants for programs to develop secure prescription drug containers to prevent individuals, particularly children, from gaining access to opioid medications that have been lawfully prescribed to others.

This amendment addresses a serious problem—the unauthorized access to or use of lawfully prescribed prescription opioid medications by a person other than the individual for whom the drugs were prescribed.

The use of prescription opioid medications is controlled for a good reason. The misuse of such medications can have serious, even fatal, consequences. Perhaps the most tragic situation is one in which a child finds and, out of innocent curiosity, takes a prescription medication that is in the home, with the drugs having been prescribed for a parent or other family member, and that person then suffers an overdose. This amendment will help prevent this problem by providing funding for programs that utilize technology to help develop secure containers for prescription drugs.

The advancement of such potentially lifesaving technology deserves our full support. For that reason, I urge my colleagues to support this amendment.

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

Mr. BISHOP of Michigan. Mr. Chairman, I yield such time as he may consume to the gentleman from Virginia (Mr. GOODLATTE), the chairman of the Judiciary Committee.

Mr. GOODLATTE. I thank the gentleman for yielding.

Mr. Chairman, I commend the gentleman from Michigan for offering this amendment and for his commitment to combating opioid abuse, including joining as an original cosponsor of H.R. 5046.

In a recent poll, 62 percent of American teenagers stated that prescription drugs are easy to get from the family medicine cabinet. According to the Drug Enforcement Administration, a full 70 percent of prescription drug medications that are obtained by adolescents are acquired from family, relatives, or friends.

According to the National Institute on Drug Abuse, of the 2.4 million people annually who use prescription drugs nonmedically and for the first time, a shocking 800,000 are aged 12 to 17. Often, the drugs are pilfered, which means a child or a visitor takes one or two from a bottle at a time in order to escape detection from a parent or a friend.

I urge my colleagues to support this amendment that addresses this problem.

Mr. BISHOP of Michigan. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Michigan (Mr. BISHOP).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. GUINTA

The Acting CHAIR. It is now in order to consider amendment No. 6 printed in part B of House Report 114-551.

Mr. GUINTA. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, line 3, insert before the period at the end the following: “, including prevention and recovery programs”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from New Hampshire (Mr. GUINTA) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New Hampshire.

Mr. GUINTA. Mr. Chairman, I rise in support of my amendment that I introduced with my colleague, Congresswoman KUSTER.

This amendment would add prevention and recovery programs to the list of allowable uses in this legislation.

While the opioid misuse and overdose epidemic is taking a terrible toll on our Nation, with proper treatment and recovery support systems, individuals can and do recover.

□ 1415

Today, 23 million Americans are in recovery from substance use disorders and are contributing to our society and to our economy.

In my home State of New Hampshire, over 430 people died of opioid overdose just last year. This number, unfortunately, is expected to rise in 2016.

By allowing prevention and recovery programs to receive this important grant money, individuals who need the long-term recovery support have a better chance of surviving and thriving as they beat their addiction.

Beyond the work that we are doing here in Congress, I would like to thank

all of those heroes who are helping our communities to address this widening crisis. Specifically, in New Hampshire, people like my friend, Melissa Cruz, are among the many who are working behind the scenes to end this epidemic. Her work with Hope for New Hampshire Recovery to create another treatment and recovery center in our State's largest city, Manchester, my hometown, is essential to getting addicted Granite Staters back on their feet for long-term success.

I urge my colleagues to support this important amendment.

Mr. SENSENBRENNER. Will the gentleman yield?

Mr. GUINTA. I yield to the gentleman from Wisconsin.

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentleman for offering this amendment.

As the gentleman knows, addiction treatment and recovery in a non-criminal justice context are not within the Judiciary Committee's jurisdiction and, therefore, were not included in H.R. 5046, as reported by the committee, since this bill establishes a grant program in the Department of Justice.

I do not oppose the amendment since I recognize that treatment and recovery are important functions in addressing this epidemic. However, I would like to work with the gentleman in going forward to ensure that treatment and recovery are appropriately tailored to DOJ functions or are otherwise addressed through appropriate grant programs, such as those administered by the Department of Health and Human Services.

We must ensure that the grant programs to address the opioid epidemic are appropriately tailored to and administered by the Federal agencies with expertise in the areas for which they will be awarding funding. Otherwise, we are not fulfilling our duty to use taxpayer dollars efficiently.

With that caveat, I support the amendment and urge my colleagues to do the same.

Mr. GUINTA. Mr. Chairman, I thank the gentleman from Wisconsin (Mr. SENSENBRENNER) for his support in this area and appreciate his willingness to continue to work in this arena. I certainly will continue to do that.

I reserve the balance of my time.

Ms. KUSTER. Mr. Chairman, I claim the time in opposition, although I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentlewoman from New Hampshire is recognized for 5 minutes.

There was no objection.

Ms. KUSTER. Mr. Chairman, I thank Congressman GUINTA for introducing this amendment. As my partner and as co-chair of the Bipartisan Task Force to Combat the Heroin Epidemic, we appreciate his tireless work on this issue. I also want to thank the authors of this important legislation, Congressman SENSENBRENNER and Congressman CONYERS, for bringing forward the bill that

makes such important progress in authorizing \$103 million annually in grants through the Department of Justice.

I am proud of the work that we are accomplishing here together this week. But that being said, we have many areas in which we have an opportunity to improve upon the legislation on the floor. And one of those areas is improved assistance for prevention, treatment, and lifelong recovery programs.

Substance use disorder can be a lifelong challenge, and those struggling with this illness need access to the lifelong support required, just as we assist those with diabetes or heart disease.

This critical amendment makes a simple change that would allow the grants authorized by this legislation to be used for prevention and recovery programs. We must address this crisis in a holistic way that includes efforts to treat addiction and strengthen lifelong recovery.

I urge my colleagues to pass this critical amendment and to pass the underlying legislation.

I yield back the balance of my time.

Mr. GUINTA. Mr. Chairman, I thank Chairman GOODLATTE for his leadership and work in this area.

Prevention and recovery is incredibly important as we try to help those who deal with substance abuse challenges and addiction challenges, not just in New Hampshire, but around the country.

I would urge again support of the amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New Hampshire (Mr. GUINTA).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. ROTHFUS

The Acting CHAIR. It is now in order to consider amendment No. 7 printed in part B of House Report 114–551.

Mr. ROTHFUS. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a program to prevent and address opioid abuse by veterans.”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Pennsylvania (Mr. ROTHFUS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Pennsylvania.

Mr. ROTHFUS. Mr. Chairman, I thank my friend from Wisconsin for his leadership on this very important piece of legislation, and the chairman and ranking member of the Judiciary Committee for working together to bring it to the floor today.

The United States is being ravaged by skyrocketing levels of prescription opioid and heroin abuse. This brutal epidemic accounted for more than

28,000 American deaths in 2014. It is destroying families and devastating our local communities.

Tragically, our Nation’s veteran population has been particularly hard-hit by this crisis. Veterans suffer significantly higher rates of opioid abuse than their civilian counterparts. And according to some estimates, the number of opioid use disorders among veterans has increased 55 percent in the past 5 years. Worst of all, the death rate from opioid overdose among veterans is nearly double the national average. Clearly our veteran population has a unique set of needs when it comes to dealing with addiction that must be addressed through specialized programming. We need meaningful and evidence-based solutions, including treatment for co-occurring illnesses, such as depression and PTSD.

I have been working to help develop those solutions as part of the Bipartisan Task Force to Combat the Heroin Epidemic and by holding a series of roundtables with stakeholders in my district. I strongly believe that the legislation we are considering here today is another step forward in that process.

Specifically, the Comprehensive Opioid Abuse Reduction Act will direct \$103 million in Federal funds toward abuse programs focused squarely on addressing the opioid epidemic. By structuring this funding as a competitive grant program, the bill provides States and localities with maximum flexibility to attack opioid abuse that is unique to their communities.

Among other things, States will be able to use the grant funds for various types of anti-opioid programs, including veteran treatment courts. These specialized courts, which seek to divert veterans away from traditional justice systems and provide them with both treatment and tools for rehabilitation, are certainly worthwhile and should be supported. But it is also my sincere hope that we can reach many veterans who are at risk of opioid or heroin abuse long before they enter our court system in the first place. And that is the goal of my amendment.

Specifically, my amendment would expand the list of permissible uses for funds from the newly created Comprehensive Opioid Abuse Grant Program to include efforts to develop, implement, or expand programs to prevent and address opioid abuse by veterans. As currently drafted, the legislation permits similar funding for efforts to prevent and address opioid abuse by juveniles. My amendment will simply ensure that the same resources are available to treat our veterans.

We have a solemn obligation to stand with our veterans. It is the principle of solidarity. They stood for us; we need to stand for them. Let us keep that commitment today by ensuring that our veterans have the resources and support they need to combat this horrible epidemic.

I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentleman from Pennsylvania (Mr. ROTHFUS) for yielding and for offering this amendment.

The amendment adds a purpose area to the Comprehensive Opioid Abuse Grant Program established under H.R. 5046, which would allow grantees to use funds awarded under the program to develop, implement, or expand the program to prevent and address opioid abuse by veterans.

I strongly support programs to provide services to our Nation’s veterans, who have done so much to protect our freedom and our way of life. As the gentleman is no doubt aware, the underlying bill recognizes that many veterans, particularly those who have been wounded in defense of our Nation, in a tragic irony, have become addicted to the medications they were prescribed to deal with pain from their wounds of war. And the bill includes provisions supporting Veterans Treatment Courts and other mechanisms to provide services to veterans.

I would like to work with the gentleman going forward as we move to conference with the Senate to streamline the provisions in my bill with the gentleman’s amendment and to ensure that the bill contains appropriate, non-redundant provisions to protect our Nation’s veterans.

I support the amendment and urge my colleagues to do the same.

Mr. ROTHFUS. Mr. Chairman, I thank the gentleman from Wisconsin (Mr. SENSENBRENNER) for his work on this important legislation.

To close, I simply urge my colleagues to support this commonsense amendment to ensure that the funds provided in this legislation can be used for programs that will provide direct assistance to our veterans in the fight against opioid and heroin abuse.

I yield back the balance of my time.

Mr. JOHNSON of Georgia. Mr. Chairman, I rise in opposition, although I don’t oppose the underlying amendment.

The Acting CHAIR. Without objection, the gentleman is recognized for 5 minutes.

There was no objection.

Mr. JOHNSON of Georgia. Mr. Chairman, this amendment would expand the list of eligible grant uses for the new program under H.R. 5046 to include efforts to develop, implement, or expand a program to prevent and address opiate abuse by veterans. This amendment would add programs for veterans to prevent and address opiate abuse to the list of grants authorized under H.R. 5046.

The bill creates a grant program geared toward addressing opiate abuse. As currently drafted, the bill defines eight areas of uses for which grants may be awarded.

This amendment makes clear that veterans programs are among the purposes for which the grants may be used. Our veterans have sacrificed for us, and we should take appropriate

steps to assist those veterans who suffer from opiate abuse and heroin abuse.

I support this amendment and I encourage my colleagues to support it.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Pennsylvania (Mr. ROTHFUS).

The amendment was agreed to.

AMENDMENT NO. 8 OFFERED BY MR. KEATING

The Acting CHAIR. It is now in order to consider amendment No. 8 printed in part B of House Report 114–551.

Mr. KEATING. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 3, insert the following:

“(9) Developing, implementing, or expanding a prescription drug take-back program.”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Massachusetts (Mr. KEATING) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mr. KEATING. Mr. Chairman, I rise to offer an amendment to H.R. 5046 to include drug take-back programs in the list of funds made available under the bill’s Comprehensive Opioid Abuse Grant Program.

The Centers for Disease Control reports that healthcare providers in the U.S. write 259 million prescriptions for opioids a year, enough for every American adult to have their own bottle of pills.

In Massachusetts alone, 4.4 million opioid prescriptions, including 240 million pills, capsules, or tablets were dispensed in 2014. Further, nearly half of the people in my State report that it is too easy to get prescription opioids from those who have leftover pills. And the people who share these leftover pills are usually unaware of the significant dangers that they represent.

The National Institute on Drug Abuse reports that nearly 4 in 5 people addicted to heroin say their habit began by misusing prescription medications. Over half of those people report they got their prescription painkillers from a friend or a relative for free. And this includes adolescents.

My amendment would help give these people ways to stop their problem before it starts. More than ever, communities need to supply safe disposal services to their residents to get excess pills out of the hands of people who don’t need them. My amendment would make sure that our communities have access to the resources they need to do so.

The American Medical Association recognizes this point in its strong support of drug take-back programs, and the FDA has published information regarding proper disposal of unused medications as well.

When I was a district attorney, I worked with local and State police to

combat the flow of drugs coming into our neighborhoods. Yet, as the public supported these efforts to keep dangerous drugs off the streets, they didn’t realize that the greatest supply of these dangerous drugs was sitting in their own medicine cabinets.

Mr. Speaker, I thank Chairman GOODLATTE and Chairman SENSENBRENNER. I also thank my colleagues—Mr. ROTHFUS, Mr. BLUMENAUER, Dr. ROE of Tennessee, and Mr. BERA—for cosponsoring this amendment and joining me in this effort to add a common-sense step toward solving this important public health epidemic.

I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

I reserve the balance of my time.

□ 1430

Mr. BLUMENAUER. Mr. Chair, I appreciate the gentleman’s courtesy, and I strongly support everything he just said. We are in a situation today where we have a massive epidemic of opioid abuse. We are prescribing it in unimaginable volumes, and many times people are getting supplies that are far more than they need.

We are finding that young people, in particular, 62 percent of teens who abuse prescription drugs do so because they are easy to get from a parent’s medicine cabinet or from a medicine cabinet of a neighbor or a friend or people who break into homes. We need to have a systematic effort to be able to safely dispose of drugs.

One of the problems in some cases is people are flushing them down the toilet. As a result, we are finding in our water supply traces of these medications. We are slowly medicating the American population. That itself is extraordinarily dangerous, and it is expensive for our water treatment systems.

The Acting CHAIR. The time of the gentleman has expired.

Mr. KEATING. Mr. Chair, I yield an additional 15 seconds to the gentleman.

Mr. BLUMENAUER. Mr. Chair, I hope this is a first step for us to have a systematic effort at the Federal level to be able to support these important programs to keep it out of the medicine cabinets and out of the sewer systems.

I have introduced legislation that would provide a tax credit for providers to be able to provide these services. I hope that we can continue this conversation going forward.

Mr. KEATING. Mr. Chairman, I yield such time as he may consume to the gentleman from California (Mr. BERA).

Mr. BERA. Mr. Chairman, I would like to thank my colleagues. I would also like to thank my colleague and fellow physician, the gentleman from Tennessee (Mr. ROE), for partnering with me on the Dispose Responsibly of your Pills Act, the DROP Act.

As a doctor, I have seen firsthand the devastation that misused prescription drugs can have on families. Deb Simpson, from Sacramento County, shared

her family’s story with me. Her son became addicted to prescription medications he found in the family’s medicine cabinet. By the time Deb realized what was happening, he was already addicted. Thankfully, through help and rehabilitation facilities, her son recovered, but far too many families suffer the tragic loss of a child or a loved one. We can easily prevent this. Let’s make it easier to dispose of medications by supporting this simple amendment.

Mr. GOODLATTE. Mr. Chairman, I ask unanimous consent to claim the time in opposition, although I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Virginia?

There was no objection.

The Acting CHAIR. The gentleman from Virginia is recognized for 5 minutes.

Mr. GOODLATTE. Mr. Chairman, I thank the gentleman from Massachusetts (Mr. KEATING) and the gentleman from Pennsylvania (Mr. ROTHFUS) for offering this amendment, and I support it.

According to the Office of National Drug Control Policy, more Americans are now dying every year from drug overdoses than in car accidents, and a majority of those overdoses involve prescription medications. In 2012, healthcare providers wrote 259 million prescriptions for opioid pain medications, enough for every American adult to have a bottle of pills.

In 2010, the House Committee on the Judiciary and Committee on Energy and Commerce shepherded through Congress the Secure and Responsible Drug Disposal Act, which amended the Controlled Substances Act to allow patients to legally return unused or expired prescription drugs to local pharmacies, police stations, and community drug disposal programs.

That same year, the Drug Enforcement Administration began hosting National Prescription Drug Take-Back events. At the previous 10 take-back day events, over 5.5 million pounds of unwanted, unneeded, or expired medications were surrendered for safe and proper disposal. On April 27, I was pleased to host, along with Committee on Appropriations Chairman ROGERS, a drug take-back event here on Capitol Hill.

At this year’s National Take-Back Day, held on April 30, Americans disposed of more unused prescription drugs than during any of the previous 10 events. The DEA and over 4,200 State, local, and tribal law enforcement agencies collected 893,498 pounds of unwanted medicines, about 447 tons, at almost 5,400 sites spread through all 50 States, surpassing the previous high of 390 tons in the spring of 2014.

This amendment will allow grant funds to be used to sponsor these important drug take-back events. I urge my colleagues to support the amendment.

Mr. Chairman, I yield 1 minute to the gentleman from Pennsylvania (Mr.

ROTHFUS), a lead sponsor of this amendment.

Mr. ROTHFUS. Mr. Chair, I thank the chairman. I also want to thank my colleagues, particularly the gentleman from Massachusetts (Mr. KEATING), my friend, for inviting me to work with him on this important amendment, which adds drug take-back programs to the list of authorized uses under the Comprehensive Opioid Abuse Grant Program created by this legislation.

While prescription drugs can be life-saving when used properly, they can also be harmful and even lethal if they end up in the wrong hands. As recognized by Mr. KEATING, unused prescription medications can pose a real safety concern and public health risk, particularly in homes with children. These unused drugs can be accidentally ingested, stolen, or misused, which is why it is absolutely essential that we take appropriate steps to provide both a safe and responsible means of disposing of them. This amendment ensures that Federal grant funds can be used for that purpose.

I believe this is a positive step and will offer real benefits in reducing accidental overdose deaths. For that reason, I urge my colleagues to support this important amendment.

Mr. GOODLATTE. Mr. Chair, I yield 1 minute to the gentleman from Tennessee (Mr. ROE), a sponsor of the amendment.

Mr. ROE of Tennessee. I thank the chairman for yielding. I rise in support of this amendment.

Prescription drug abuse is a growing problem throughout the United States, particularly in east Tennessee, where I live. There is no question that a significant source of the supply for prescription drug abuse is unused prescriptions. We need to do everything possible to encourage the safe disposal of drugs that may be ripe for abuse.

I worked with the gentleman from California (Mr. BERA), my friend, on a bill to establish a grant program to fund programs to help law enforcement agencies, pharmacies, narcotic treatment programs, hospitals, clinics, and long-term care facilities to properly dispose of outdated or unused prescription medications. I am pleased that the passage of this amendment will create a similar funding stream.

Currently there are no existing grants available for programs to properly dispose of prescription drugs, and I believe this effort could help curb the widespread prescription drug abuse we are seeing throughout the country.

I encourage my colleagues to support this amendment.

Mr. GOODLATTE. Mr. Chairman, I yield back the balance of my time.

Mr. KEATING. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. KEATING).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MR. LYNCH

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in part B of House Report 114-551.

Mr. LYNCH. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 4, after line 3, insert the following:
“(9) Developing, implementing, or expanding a program to ensure the security of opioids in medical facilities.”.

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from Massachusetts (Mr. LYNCH) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Massachusetts.

Mr. LYNCH. Mr. Chairman, first, I would like to commend Chairman BOB GOODLATTE and Mr. SENSENBRENNER, as well as Mr. CONYERS and Mr. JOHNSON, for their effort in bringing this important bill to the floor.

I rise today in support of my amendment to H.R. 5046, the Comprehensive Opioid Abuse Reduction Act of 2016. Mr. Chairman, my amendment, if adopted, will allow grants authorized under the underlying bill to provide for developing, implementing, or expanding programs to ensure security and custody of opioids at medical facilities.

The issue of abuse of prescription painkillers is not a new one, but the rise of this epidemic has really been fueled by the increased strength of and proliferation of these addictive drugs. It is well documented that the road to the use and abuse of an illicit opioid drug like heroin frequently begins with the legitimate use or diverted use of prescription opioid painkillers like OxyContin or Vicodin.

Through a variety of ways, these powerful drugs end up in the hands of individuals struggling with their disease. One of the most frequent ways that these drugs make it to the street is after they have been stolen from a medical facility in which they are stored for legitimate use.

In the wake of our nationwide prescription drug abuse epidemic, these drug diversion crimes have increased across the country. I will give you a few examples, but there are many.

At a Georgia hospital, according to the Georgia Board of Pharmacy consent order, a theft scheme lasted for more than 4 years and diverted more than 1 million doses of controlled drugs.

In my own district at home, two nurses at the Massachusetts General Hospital diverted nearly 16,000 pills, mostly OxyContin, resulting in the hospital paying a \$2.3 million fine.

In New York, a doctor stole 200,000 pills of oxycodone with a \$5.6 million street value.

In Utah, at the Utah VA, a pharmacist there stole 7,000 units of prescription drugs for sale on the street.

I am not criticizing these institutions. I am merely underscoring that

the addictive nature and the power of these drugs is really driving these crimes. I am just trying to underscore that there is a need to address the drug diversion issue.

The Controlled Substances Act requires that registrants notify the Drug Enforcement Agency in writing of a theft or significant loss of any controlled substance, but we need to try to prevent the diversion of these drugs and work together to improve and strengthen the systems in place to deter the thefts that put these addicts in this position and put the addictive drugs on the street.

If adopted, my amendment will help do that. My amendment will give States and local governments the resources to work with their hospitals and community health centers, physician clinics, and treatment facilities to identify areas in which they can improve the security and custody of these prescription drugs. By regularly reviewing best practices and updating protocols and existing systems, we can keep these drugs secure and save some lives in the process.

The Commonwealth of Massachusetts and the cities I represent and others across the country are combating this effort from all sides. My amendment is another tool in the toolbox. Quite simply, we need to do everything we can to keep these drugs off the street.

I urge my colleagues to support my amendment.

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

Mr. GOODLATTE. Mr. Chairman, I claim the time in opposition to the amendment.

The Acting CHAIR. The gentleman from Virginia is recognized for 5 minutes.

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

I first want to commend the gentleman from Massachusetts (Mr. LYNCH) for his support of this underlying bill and for his sincere desire to improve the bill.

While I appreciate that desire to ensure that opioids are secured appropriately in medical facilities, that is the responsibility of the Drug Enforcement Administration, and there are already rigorous standards in place to ensure this. So I must oppose the amendment as being duplicative and causing waste of resources and diverting some of the resources provided under this bill from some of the other good purposes that are already provided for in the bill. The amendment creates a new grant purpose area for developing, implementing, or expanding a program to ensure the security of opioids in medical facilities.

The DEA regulations set forth extensive physical security requirements for the transportation, storage, and dispensing of opioids and other narcotic prescription drugs. The DEA regulations also place tight restrictions on which individuals can access and handle these drugs.

The responsibility for regulating and enforcing the rules governing the distribution and storage of schedule II and schedule III narcotics, including opioids, lies with the DEA, and it is not a task that can be undertaken by a grant recipient through the program created by H.R. 5046.

For these reasons, I must oppose the amendment; although, I would say to the gentleman that, if he would like to withdraw the amendment, as we move to conference with the Senate, I would be happy to undertake his concerns and see if there was some other way to work to incorporate them into the bill that we ultimately send to the President's desk.

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

Mr. LYNCH. Mr. Chairman, I have great respect for the gentleman from Virginia, and I applaud him on the great work he has done here. However, I started up an adolescent rehab center because of the huge problem I have got in my district with young people. I understand this bill is focused on veterans as well. That is another very vulnerable population, with our folks coming back after multiple tours, but I really feel strongly about the need for securing these opioids.

I have got a lot of hospitals in my district. We are having problems with the clinics and hospitals. This is really a problem that we all own and not just the DEA. So I would have to insist on my amendment and ask Members to support it.

Mr. Chairman, may I inquire how much time I have remaining.

The Acting CHAIR. The gentleman from Massachusetts has 2 minutes remaining.

Mr. LYNCH. Mr. Chairman, I reserve the balance of my time.

□ 1445

Mr. GOODLATTE. Mr. Chairman, I reserve the balance of my time.

Mr. LYNCH. Mr. Chairman, I yield such time as he may consume to the gentleman from Georgia (Mr. JOHNSON).

Mr. JOHNSON of Georgia. I thank the gentleman for yielding.

Mr. Chairman, I rise in support of the Lynch amendment. It expands the list of eligible grant uses for the grant program created by H.R. 5046 to include programs that ensure the security of opioids in medical facilities.

This amendment would add programs that ensure the security of opioids in medical facilities to the list of grant uses authorized under H.R. 5046. Maintaining opioids securely in medical facilities protects the public by helping to ensure that the drugs will not fall into the hands of individuals who will use them or sell them improperly or illegally.

If State or local governments wish to take steps to better secure these facilities, grant funding under this program should be available to them.

Therefore, I support the amendment.

Mr. LYNCH. In closing, Mr. Chairman, there is a gap out there in terms of the security and custody of these opioids within medical facilities. I am trying my best, just as the chairman is trying his best, to address the problem that we have in our districts. It is a real problem.

So it is a great bill. There is just this one gap, and I am trying to close that.

I yield back the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I yield myself the balance of my time.

I appreciate the gentleman's dedication to the issue. However, according to the DEA, the vast majority of diversion does not occur because employees are stealing drugs from hospitals or distribution centers. The vast majority of diversion occurs through the over-prescribing of opioid pain medication.

Is this amendment intended to prevent pharmacy robberies? Who is the grantee that the gentleman believes will be able to do what this amendment contemplates?

Given the limited resources available, I very strongly believe grantees must use their money for the most appropriate and efficient purposes available and not for a purpose that is already covered by the strict regulations administered by a Federal agency.

So I oppose the amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mr. LYNCH. Mr. Chairman, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Massachusetts will be postponed.

AMENDMENT NO. 10 OFFERED BY MR. ISRAEL

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in part B of House Report 114-551.

Mr. ISRAEL. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 7, strike lines 3 through 7, and insert the following:

"SEC. 3024. EQUITABLE DISTRIBUTION OF FUNDS.

"In awarding grants under this part, the Attorney General shall ensure equitable distribution of funds based on the following:

"(1) The geographic distribution of grants under this part, taking into consideration the needs of underserved populations, including rural and tribal communities.

"(2) The needs of communities to address the problems related to opioid abuse, taking into consideration the prevalence of opioid abuse and overdose-related death in a community."

The Acting CHAIR. Pursuant to House Resolution 720, the gentleman from New York (Mr. ISRAEL) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. ISRAEL. Mr. Chairman, I rise today to offer a commonsense, bipartisan amendment that I think will have significant impact on the Comprehensive Opioid Abuse Grant Program.

I want to thank the gentleman from West Virginia (Mr. MCKINLEY) and the gentleman from Oklahoma (Mr. MULLIN) for working with me on this.

This amendment basically would direct the Attorney General, when awarding grants, to consider the prevalence of opioid abuse and opioid-related overdoses in a community.

The underlying legislation already properly ensures an equitable geographic distribution of funds. This amendment simply makes sure that the areas hardest hit by the epidemic are getting the resources that they need.

I happen to represent Suffolk County on Long Island in New York. We have suffered with more opioid and related deaths than any other county in my State. Between 2009 and 2013, 334 people lost their lives to heroin or opioids. By comparison, Brooklyn, which has 1 million more residents, had only one-half the number of opioid deaths in the same time.

Treatment admissions for opioid addiction on Long Island rose from 12,887 in 2010 to 16,681 in 2014. That is a 29 percent increase. These are percentages and statistics, Mr. Chairman, and all of us in this body know how this epidemic is affecting real lives.

Just over 2 weeks ago I met with students from Half Hollow Hills High School West's One World Youth Organization. I met with a young woman named Alexa Wasser. She shared with me that her brother, Zachary Wasser, died of an overdose in January at 23 years old.

He was friendly. He was outgoing. He loved to spend time with his family. He was a good kid who got caught up in an epidemic that is impacting way too many Long Island families and way too many American families, so much so that they have nicknamed the Long Island Expressway the "Heroin Highway."

Mr. Chairman, for the sake of the Wassers and for the hundreds of Long Island families whose lives have changed forever, I urge support for my amendment and I urge passage of the underlying bill. I again want to thank my colleagues on both sides of the aisle for their cooperation and support for this amendment.

I reserve the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I claim the time in opposition even though I do not oppose the amendment.

The Acting CHAIR. Without objection, the gentleman from Virginia is recognized for 5 minutes.

There was no objection.

Mr. GOODLATTE. Mr. Chairman, as we have said repeatedly, the opioid epidemic affects every Member's district,

every region of our country, and every socioeconomic level.

In order to ensure these grants are dispensed broadly, as is needed, the underlying bill includes language requiring the Attorney General to also consider the needs of rural and tribal communities in making grants.

This amendment builds upon that requirement by directing the Attorney General to also consider the prevalence of opioid abuse and overdose-related deaths in a community. This is a good amendment which will help ensure these grant funds reach across the Nation and are directed where they will help the most.

I urge my colleagues to support this amendment.

Mr. Chairman, I yield 1 minute to the gentleman from Oklahoma (Mr. MULLIN), a strong supporter of this amendment and the underlying purpose.

Mr. MULLIN. Mr. Chairman, I rise today in support of my colleague's amendment to this important bill.

This amendment would make sure that rural and tribal areas receive the funding they need to combat the growing drug use epidemic.

My district is very rural. My district also has two of the five counties in the entire State that have the highest rates of unintentional painkiller overdoses.

In 2014, Oklahoma had the 10th highest drug overdose rate in the Nation and more people died from unintentional overdoses than in car crashes.

Rural areas have some of the highest overdose death rates in the entire country, and this is a growing epidemic. We must ensure that these rural areas are getting the tools they need.

This is why I am offering this amendment with my colleagues, Mr. ISRAEL and Mr. MCKINLEY, to ensure that rural and tribal areas receive the proper Federal drug abuse prevention efforts they deserve.

I urge all my colleagues to support this amendment.

Mr. ISRAEL. Mr. Chairman, I again want to commend the chairman, the gentleman from Oklahoma, and the gentleman from West Virginia for their cooperation.

I yield back the balance of my time.

Mr. GOODLATTE. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. ISRAEL).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MS. CLARK OF MASSACHUSETTS

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in part B of House Report 114-551.

Ms. CLARK of Massachusetts. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end of the bill the following:

SEC. 6. GAO STUDY AND REPORT ON DEPARTMENT OF JUSTICE PROGRAMS AND RESEARCH RELATIVE TO SUBSTANCE USE AND SUBSTANCE USE DISORDERS AMONG ADOLESCENTS AND YOUNG ADULTS.

(a) STUDY.—The Comptroller General of the United States shall conduct a study on how the Department of Justice, through grant programs, is addressing prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults. Such study shall include an analysis of each of the following:

(1) The research that has been, and is being, conducted or supported pursuant to grant programs operated by the Department of Justice on prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of—

(A) such research relative to any unique circumstances (including social and biological circumstances) of adolescents and young adults that may make adolescent-specific and young adult-specific treatment protocols necessary, including any effects that substance use and substance use disorders may have on brain development and the implications for treatment and recovery; and

(B) areas of such research in which greater investment or focus is necessary relative to other areas of such research.

(2) Department of Justice non-research programs and activities that address prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including an assessment of the effectiveness of such programs and activities in preventing substance use by and substance use disorders among adolescents and young adults, treating such adolescents and young adults in a way that accounts for any unique circumstances faced by adolescents and young adults, and supports long term recovery among adolescents and young adults.

(3) Gaps that have been identified by officials of the Department of Justice or experts in the efforts supported by grant programs operated by the Department of Justice relating to prevention of, treatment for, and recovery from substance use by and substance use disorders among adolescents and young adults, including gaps in research, data collection, and measures to evaluate the effectiveness of such efforts, and the reasons for such gaps.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit to the appropriate committees of the Congress a report containing the results of the study conducted under subsection (a), including—

(1) a summary of the findings of the study; and

(2) recommendations based on the results of the study, including recommendations for such areas of research and legislative and administrative action as the Comptroller General determines appropriate.

The Acting CHAIR. Pursuant to House Resolution 720, the gentlewoman from Massachusetts (Ms. CLARK) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Massachusetts.

Ms. CLARK of Massachusetts. Mr. Chairman, I want to thank the gentleman from Virginia for his work and leadership on the underlying bill.

We know that addiction does not wait until adulthood. A majority of adults in substance use treatment start using before turning 18.

My amendment would direct the GAO to study research and programs carried out by the Department of Justice and its grantees and report on those programs' findings and work regarding substance use and substance use disorders among adolescents and young adults.

The amendment would require GAO to report on any gaps in the research around adolescent and young adult substance use that have been identified by experts or Department of Justice officials.

We need to understand what extended opioid use means for young brains and how it affects development and growth. We also need to understand how early exposure to opioids might change young people's needs with respect to treatment and support on the road to recovery.

I would like to tell you about a constituent of mine named Chip. Chip was an athlete. He excelled at hockey and baseball. Playing sports was extremely important to him. But then, in eighth grade, he started drinking. Shortly after, drugs entered the picture, and Chip stopped caring about everything.

As a young husband and father by the time he was 22, Chip always felt like something was missing. Anytime there was a problem, Chip reached for drugs as a solution. He received two OUIs in 1 year. He lost his license. He lost his family. He overdosed on heroin and became homeless.

The addiction ruined his life and devastated anyone who cared for him. It was only when serving a jail sentence for a third OUI that Chip finally heard a recovering addict who came to speak to inmates, and for some reason he connected.

Chip has been in recovery and has been clean and sober for 7 years. He works today as a recovery coach in my district, walking together with others with substance use disorder on the long road to recovery and a future.

We owe it to young adults like Chip who were successful, ambitious, and energetic before opioids to understand what happened to them and how we can prevent it from happening to other adolescents and young adults. We owe it to them to understand how to help them seek and gain effective treatment.

The more information we can collect about how addiction begins in adolescents and how to treat young adults, the clearer we can see where there are gaps in our understanding and the better chance we have of combating this horrific epidemic.

I urge my colleagues to support this amendment.

I reserve the balance of my time.

Mr. SENSENBRENNER. Mr. Chairman, I ask unanimous consent to claim time in opposition, although I am not opposed to the amendment.

The Acting CHAIR. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

The Acting CHAIR. The gentleman from Wisconsin is recognized for 5 minutes.

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentlewoman for offering this amendment.

The amendment directs the Government Accountability Office to study and report on Justice Department programs and research relative to substance abuse and substance use disorders among adolescents and young adults.

I share the gentlewoman's desire for additional information on the programs available to combat the opioid epidemic. This is an appropriate piece of the legislative package.

Having said that, I am concerned that, as drafted, the amendment requires the GAO to study things DOJ might not be doing and does not have the expertise to do so effectively.

Specifically, the amendment directs the GAO to study and report on DOJ programs relative to substance abuse and substance use disorders by adolescents with no nexus to the criminal justice system.

I do not oppose the amendment, but I would like to work with the gentlewoman going forward to ensure the provisions of the amendment are appropriately tailored to the responsibilities and programs within the Justice Department's jurisdiction.

I urge my colleagues to support the amendment.

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

Ms. CLARK of Massachusetts. Mr. Chairman, I am grateful to the gentleman from Wisconsin not only for the support of this amendment, but for all the work and leadership he has shown around this issue.

We look forward to working with him to make sure this amendment is tailored to meet the needs of the underlying bill and to be in line with the Department of Justice's work and research.

I yield back the balance of my time.

Mr. SENSENBRENNER. Mr. Chairman, I thank the gentlewoman for her offer of working together.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Massachusetts (Ms. CLARK).

The amendment was agreed to.

Mr. GOODLATTE. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. HOLDING) having assumed the chair, Mr. WESTMORELAND, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of

opioid abuse, and for other purposes, had come to no resolution thereon.

□ 1500

COMMUNICATION FROM THE DEMOCRATIC LEADER

The SPEAKER pro tempore laid before the House the following communication from the Honorable NANCY PELOSI, Democratic Leader:

APRIL 21, 2016.

Hon. PAUL D. RYAN, Speaker of the House, Washington, DC.

DEAR SPEAKER RYAN: Pursuant to section 451 of the Workforce Innovation and Opportunity Act (Pub. L. 113-128), I am pleased to appoint Mr. James T. Brett of Massachusetts to the National Council on Disability.

Thank you for your consideration of this appointment.

Sincerely,

NANCY PELOSI, House Democratic Leader.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 1 minute p.m.), the House stood in recess.

□ 1540

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DOLD) at 3 o'clock and 40 minutes p.m.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK, HOUSE OF REPRESENTATIVES, Washington, DC, May 12, 2016.

Hon. PAUL D. RYAN, The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on May 12, 2016 at 3:18 p.m.:

That the Senate passed with an amendment H.R. 2028.

With best wishes, I am Sincerely,

KAREN L. HAAS.

COMPREHENSIVE OPIOID ABUSE REDUCTION ACT OF 2016

The SPEAKER pro tempore. Pursuant to House Resolution 720 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the bill, H.R. 5046.

Will the gentleman from Georgia (Mr. WESTMORELAND) kindly resume the chair.

□ 1541

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the bill (H.R. 5046) to amend the Omnibus Crime Control and Safe Streets Act of 1968 to authorize the Attorney General to make grants to assist State and local governments in addressing the national epidemic of opioid abuse, and for other purposes, with Mr. WESTMORELAND (Acting Chair) in the chair.

The Clerk read the title of the bill.

The SPEAKER pro tempore. When the Committee of the Whole rose earlier today, amendment No. 11 printed in part B of House Report 114-551 offered by the gentlewoman from Massachusetts (Ms. CLARK) had been disposed of.

AMENDMENT NO. 9 OFFERED BY MR. LYNCH

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, the unfinished business is the demand for a recorded vote on the amendment offered by the gentleman from Massachusetts (Mr. LYNCH) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The Acting CHAIR. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 190, noes 225, not voting 18, as follows:

[Roll No. 186] AYES—190

Table listing names of members of the House of Representatives who voted 'AYES' on the amendment. The names are arranged in three columns: Adams, Aguilar, Ashford, Bass, Beatty, Becerra, Bera, Beyer, Bishop (GA), Blumenauer, Bonamici, Boyle, Brendan F., Brady (PA), Brown (FL), Brownley (CA), Bustos, Butterfield, Capps, Capuano, Cárdenas, Carney, Carson (IN), Carter (TX), Cartwright, Castor (FL), Castro (TX), Chu, Judy, Cicilline, Clark (MA), Clarke (NY), Clay, Cleaver, Clyburn, Cohen, Connolly, Conyers, Costa, Courtney, Crowley, Cuellar, Cummings, Davis (CA), Davis, Danny, DeFazio, DeGette, Delaney, DeLauro, DelBene, Denham, Dent, DeSaulnier, Deutch, Dingell, Doyle, Michael F., Duckworth, Edwards, Ellison, Engel, Eshoo, Esty, Farr, Fitzpatrick, Foster, Frankel (FL), Fudge, Gabbard, Gallego, Gibson, Graham, Grayson, Green, Al Green, Gene Grijalva, Gutiérrez, Hahn, Heck (NV), Heck (WA), Higgins, Himes, Hinojosa, Honda, Hoyer, Israel, Jackson Lee, Jeffries, Johnson (GA), Johnson, E. B., Kaptur, Keating, Kelly (IL), Kennedy, Kildee, Kilmer, Kind, Kirkpatrick, Kuster, Langevin, Larsen (WA), Larson (CT), Lawrence, Lee, Levin, Lewis, Lieu, Ted, Lipinski, LoBiondo, Loebsack, Lofgren, Loudermilk, Lowenthal, Lowey, Lujan Grisham (NM), Lujan, Ben Ray (NM), Lynch, Maloney, Carolyn Matsui, McCollum, McDermott.