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## Senate

The Senate met at 3 p.m. and was called to order by the Honorable JONI ERNST, a Senator from the State of Iowa.

### PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord of life, hear our prayers. Fill us with Your Spirit so that we may please You. Empower our lawmakers. Help them not to have an excessive focus on temporary things while ignoring an eternal perspective. May their lives bring glory and honor to Your Name, as You create in them humble and contrite hearts that are willing to serve You and humanity.

And Lord, as our Nation prepares to elect a new President, may Your providence, not our wisdom, prevail. Demonstrate Your power so that we may remember that nothing is too difficult for You.

We pray in Your merciful Name. Amen.

### PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

### APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The senior assistant legislative clerk read the following letter:

U.S. SENATE,  
PRESIDENT PRO TEMPORE,  
Washington, DC, February 29, 2016.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable JONI ERNST, a Senator from the State of Iowa, to perform the duties of the Chair.

ORRIN G. HATCH,  
President pro tempore.

Mrs. ERNST thereupon assumed the Chair as Acting President pro tempore.

### RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

### PRESCRIPTION DRUG ABUSE

Mr. MCCONNELL. Madam President, there is an epidemic sweeping across our Nation, ripping through communities, tearing families apart, striking at the vulnerable—even babies who have yet to take their first breath. The prescription opioid and heroin epidemic does not discriminate by demographic or socioeconomic status, by age or by gender. It touches parents and children, neighbors and coworkers in all 50 States. It is ending lives at recordbreaking rates, and it is getting worse. Deaths from opioids have surged by 200 percent over the last decade and a half alone. In my home State of Kentucky, drug overdoses continue to outpace the number of fatalities from traffic accidents.

This is an issue we have been combating for some time, and we have made some important strides along the way, but there is a lot more to do. This week we have an opportunity to take an important step forward. One of the most painful aspects of this epidemic, as I mentioned, is the increasing number of infants who are born dependent on opioids such as prescription pain killers and heroin. These children start their lives suffering from drug dependence, which is nearly as hard to imagine as it is heartbreaking.

Last year, I sponsored a bipartisan measure designed to help address this

specific issue. I appreciate the senior Senator from Pennsylvania, Mr. CASEY, for working across the aisle with me to advance the Protecting Our Infants Act through Congress, and I am proud to say it was signed into law just a few months ago. It is an example of one of the many steps we have already begun to take as we address this epidemic.

We took another step forward last week when the Senate voted to confirm a new FDA Commissioner. I have been very clear that the FDA must take a stronger approach in regard to this epidemic and its prevention efforts, which is why I appreciated Dr. Califf's expressed vision for positive change at the agency. I voted for his nomination last week, but as I told him, he should know that we will continue to ensure oversight over his agency's response going forward.

This week, we have another opportunity to take a step forward—an important step forward. Before us today is bipartisan legislation that would help combat the prescription opioid and heroin epidemic at every level. The Comprehensive Addiction and Recovery Act, or CARA, is the product of a lot of hard work and bipartisan work by a number of Senators.

I would like to recognize the chairman of the Judiciary Committee, the Senator from Iowa, and the ranking member, the Senator from Vermont, for acting swiftly to pass this bill through committee on a voice vote. I appreciate the assistance and cooperation of other leaders on this important issue, such as the chairman of the Committee on Health, Education, Labor, and Pensions and the ranking member from the State of Washington.

I also want to thank the sponsors of this bill, the junior Senators from Ohio, New Hampshire, and Rhode Island, and the senior Senator from Minnesota. These leaders understand the toll this epidemic is taking on our communities. They have studied the issue closely in their home States, and

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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they have worked with Senators from across the aisle to advance this legislation through the legislative process. It is thanks to their hard work that we are debating this bipartisan bill today.

The junior Senator from Ohio has called CARA the only bipartisan legislation that includes a comprehensive and evidence-based approach to help communities combat this epidemic. It would strengthen prescription drug monitoring programs, it would improve treatment initiatives, it would expand prevention and education, and it would give law enforcement more of the tools it needs to fight back against this epidemic.

It is no wonder this bipartisan legislation is supported by more than 130 national anti-drug groups. In a recent letter, they noted the only way to “stop and reverse current trends” was with a comprehensive approach, such as that included in the Comprehensive Addiction and Recovery Act of 2015, that leverages evidence-based law enforcement and health care services, including treatment.

So this bill takes the kind of comprehensive approach that is needed and at the same time, as these groups also noted in their letter, “the cost of the bill is kept low” with “no impact on mandatory spending.”

I ask colleagues to join with us in working to pass this bipartisan authorization bill. We will also have opportunities through the appropriations process this spring to continue important funding, just as we did last year. Indeed, just a few months ago we appropriated \$400 million to opioid-specific programs—nearly one-third more than what the Senate appropriated the preceding year—and we understand that all \$400 million of those funds still remains available to be spent today. That is right. All \$400 million remains available to be spent.

I sincerely hope our friends across the aisle will join us in supporting this legislation to address our national crisis. This is an important bill for each of us in this Chamber, and I look forward to taking action today to get us closer to seeing it become law. I have talked about the urgency and the multifaceted complexity associated with this epidemic, and I want to underline the hard work being done in the Senate to address it.

The chairs of the Judiciary Committee and the Health, Education, Labor, and Pensions Committee, whom I recognized earlier, have been looking at ways to both improve law enforcement tools and increase education and awareness respectively. The chair of the Committee on Finance has, as his committee explored in a hearing last week, been focused on how this issue affects our child welfare system. And of course, we again recognize the cooperation of Members of both parties—chairs and ranking members and a bipartisan list of sponsors on both sides of the aisle.

Working together across the aisle—with State and local governments,

agencies and law enforcement—we can help end this crisis once and for all. I look forward to taking the next step toward that objective later today.

#### RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

#### FILLING THE SUPREME COURT VACANCY

Mr. REID. Madam President, “History won’t forget this misstep by Grassley,” this poster says. “History won’t forget this misstep by Grassley.” That is from the Burlington Hawk Eye, Iowa’s oldest newspaper. That is what they said. It is the headline from the oldest newspaper, as I indicated—the Burlington Hawk Eye.

The misstep referenced here is the unprecedented statement by the senior Senator from Iowa and the Republican leader to deny the President the right to fill the current Supreme Court vacancy. The article ends with this declaration:

A few weeks back, when the longest-tenured U.S. Senator from Iowa passed a vote that gave him the record of most consecutive votes in the Senate, we lauded his service to us. We noted in casting votes on matters before the Senate, he was doing what Iowans elected him to do. We gave Grassley an attorney for that. We take it back.

“We take it back.” That is a blistering statement, a revealing statement, a substantive statement. “We take it back.”

There is a lesson that Senator GRASSLEY and my Republican colleagues should learn from this editorial. By refusing to give President Obama’s Supreme Court nominee a meeting, a hearing or a vote, they are abandoning the oath of office they swore when they became Senators. This abdication of their constitutional responsibilities will epitomize their work as Senators. Whatever they may have accomplished during their careers will be secondary to their decision to place electoral politics over their job.

Remember that our job here is to vote. That is what we swore to do—to follow the Constitution. And the Constitution couldn’t be clearer on this issue. So the stakes should even be higher for Senator GRASSLEY and the other Republican Senators. Why? Because as chairman of the Judiciary Committee, Senator GRASSLEY presides over one of the most important and prestigious committees in the entire Senate. This has been the case for 200 years—200 years.

The Senate Judiciary Committee was established 200 years ago. In 1816, it was one of the original 11 standing committees. Twenty decades have passed. That is how long the committee has been in operation. Throughout history, Judiciary Committee

chairs have traditionally wielded immense power—from President Martin Van Buren, when he was in the Senate, to Senator Ted Kennedy, Senator Arlen Specter, and Senator JOE BIDEN.

Judiciary Committee chairmen have historically prized their independence and guarded it at all costs from being manhandled for partisan purposes. It was so independent, in fact, that past chairmen have stood firm in the face of opposition from Presidents and Senate leadership.

At crucial times in American history, the Senate and the Nation have looked to the Judiciary Committee to do the right thing. During the Civil War, Chairman Lyman Trumbull of Illinois and his committee authored the Thirteenth Amendment. The Thirteenth Amendment abolished slavery during the Civil War. We know that during that period of time there was great consternation as to what should be done. Even the great President Lincoln had trouble deciding what should be done during the early days of the Civil War.

In 1889, Chairman George Hoar of Massachusetts and his committee drafted the Sherman Antitrust Act, refusing to give in to the special interests of Carnegie, Vanderbilt, and the Rockefeller monopolies. That was big-time independence.

In 1937, Chairman Henry Ashurst from Arizona, who was born in Winnemucca, NV, led his committee in standing firm against President Franklin D. Roosevelt’s attempt to pack the Supreme Court. Chairman Ashurst was a Democrat, just like President Roosevelt. Yet Ashurst and his committee maintained their independence, even against the wishes of Senate Majority Leader Alben Barkley, a longtime Senator who became Vice President later. Imagine that. He was the Senate majority leader. He was from Kentucky. Imagine that Judiciary Committee chair standing up to a majority leader from Kentucky.

The accomplishments of these powerful chairmen and many others are the historic models against which the senior Senator from Iowa will be measured. If he keeps his current obstruction, history will not be kind to his tenure as chairman of the committee. As of today, the chairman has yielded his committee’s long-held authority and independence to the Republican leader for the sole purpose of weakening President Obama, of weakening the Presidency of the United States, and obstructing the Senate’s work.

The chairman has turned the impartial reputation of the Judiciary Committee into an extension of the Trump campaign. Just last month Chairman GRASSLEY spoke at a rally for Donald Trump in Iowa. At that rally, the chairman said:

We’ve had this trend going this way, away from the basic principles that established our government. And so we have an opportunity, once again, to make America great again.

Before I close, let's remember what he said: "We've had this trend going this way, away from the basic principles that established our government."

My friend from Iowa would do well to look at his own committee as it trends away from—again, the quote, "away from the basic principles that established our government." That is what the Senator from Iowa said at the Trump rally.

Even now, he and his committee are wasting millions in taxpayer dollars developing partisan opposition research on Secretary Clinton. It has been going on for many months, more than a year, including asking for maternity leave records for staffers and time sheets from her office—just basic staff people. For months, Senator GRASSLEY blocked the confirmation of vital State Department officials, even career Foreign Service officers who are here, so we could give them a raise after their valiant service all around the world. He held that up, and people couldn't understand it. It had nothing to do with Secretary Clinton. He did it as a way to weaken the Presidency of President Obama. What he has done is damage U.S. diplomacy worldwide.

Election day is more than 8 months away, but it is affecting nearly every action taken by the Grassley Judiciary Committee. There is much more at stake than Senator GRASSLEY's reputation. When the committee's independence is threatened by partisan politics, the future of this institution hangs in the balance, and when the Senate is undermined, our democracy is undermined. Future generations will suffer irreparably if the Senator from Iowa continues to do the bidding of the Republican leader and the Donald Trumps of the new Republican Party.

Senator GRASSLEY and I have worked together for three decades. I served a couple terms in the House. Then I came here. My seat was way back there. When I gave my maiden speech, my first speech, I talked about the Taxpayer Bill of Rights, an idea I had in the House and I couldn't get past first base.

Presiding in the Senate that day was Senator David Pryor from Arkansas, who was chairman of the subcommittee on the Internal Revenue Service. Senator GRASSLEY was also listening. They both contacted me. In fact, I received a note from Senator Pryor and a call from Senator GRASSLEY saying: I like that legislation. I will work to help you. And they did, and we got that passed. So I have nothing personal against Senator GRASSLEY. I like him. He helped me pass something that was landmark legislation as a brandnew freshman Senator, but today, as a U.S. Senator, I have a duty to speak when the Republican Senate refuses to follow its constitutional obligations to provide advice and consent on the President's Supreme Court nomination.

As a Senator, I have a duty to demand that the Judiciary Committee

considers important judicial nominees, especially—especially—someone to fill a vacancy on the Supreme Court. As Senate Judiciary chair, the senior Senator from Iowa has a job to do. I repeat, my criticism is not personal. It is professional and it is substantive.

The senior Senator from Iowa outlined that job himself when he assumed the chairmanship of the Judiciary Committee. When he took over as chairman, he promised Republicans would "restore the Senate to the deliberative body that the founders intended." Listen to that. That is what he said, to "restore the Senate to the deliberative body that the founders intended." That is a quote.

Another quote. He said he took the responsibility of "vetting of nominees for lifetime appointments to the federal judiciary very seriously."

The senior Senator from Iowa is failing this commitment that he made to himself. He made it. He made the commitment to "restore the Senate to the deliberative body that the founders intended." The Founders are the people who wrote the Constitution. He is the first chair of this important committee to take the unprecedented step of refusing to meet, conduct hearings or hold a vote on a Supreme Court nomination. He is following the Republican leader's call to refuse the President's nominee a meeting, a hearing or a vote. The senior Senator from Iowa, of all people, should know how important a vote is.

My friend has a lot of rollcall votes, 7,545 consecutive votes as of today, but what good are 7,500 consecutive votes if you simply sweep the votes you don't like to take under the rug? It taints this achievement. If he doesn't like President Obama's nominee, then he doesn't have to vote for the nominee, but don't run from a hard vote. Don't hide. What good is a chairmanship if it is just a rubberstamp for partisan politics? What good is a chairmanship if it is used to weaken the Senate and disrupt our Constitution's system of checks and balances? And that is what it does.

Last week the Des Moines Register published an open letter from one of Senator GRASSLEY's former employees. It was stunning. He worked in the Senate. This man's words capture what is at stake:

The institution of the Senate has managed to perform its constitutional obligations for well over 200 years. Every single nominee for the Supreme Court that has not withdrawn from consideration has received a vote within 125 days. Today, I feel nothing but shame for the fact that my senator, my former friend, will be bringing that unbroken history to an end.

That was the headline last week in the Des Moines Register, Iowa's largest newspaper.

I hope the chairman of the Judiciary Committee doesn't continue down this path. It will not benefit him, his committee, the Senate, the State of Iowa or this great country. Instead, he should follow the examples of his pred-

ecessors and give President Obama's Supreme Court nominee a meeting, a hearing, and a vote. He simply should do his job. If he doesn't, history will never forget this unprecedented misstep. History will never forget this misstep by Senator GRASSLEY.

I yield the floor.

Madam President, I ask the Chair to announce the business for the day.

#### RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

#### MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will be in a period of morning business until 5 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from West Virginia.

#### COMPREHENSIVE ADDICTION AND RECOVERY BILL

Mrs. CAPITO. Madam President, as we are all sadly aware, the United States is experiencing an epidemic of drug overdose deaths. The statistics are just startling. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200-percent increase in overdose deaths attributed to the use of opioids.

West Virginia has the unfortunate distinction of leading the Nation in drug-related overdose deaths—more than twice the national average. As I travel across the State, I hear constantly about the devastation caused by this epidemic. West Virginia communities are grappling with the seriousness and pain of addiction. No family or community—mine included—is immune from this pain.

As one of my constituents put it, "We must give our young people a reason not to start using something that robs them of everything they have."

Other West Virginians have bravely shared their family's stories of addiction's pain with me. In the powerful words of one of my constituents, "It only takes a few seconds to use drugs—but a lifetime to fight."

Drug addiction is a disease that knows no boundaries, and West Virginia is certainly not alone in this fight. My colleagues in the Senate—including, I am sure, the Acting President pro tempore—return each week with similar stories. No matter our political party, we should all agree on one thing, we must act to change these horrifying statistics and to save lives.

Some steps have already been taken to address this drug epidemic. The appropriations bill we passed last December included funding to expand prevention efforts. It included improved data collection and new treatment services, training for our servicemembers who

are battling addiction, and training for the first responders who are responding to these drug overdoses.

Today we hope to begin debate on the Comprehensive Addiction and Recovery Act. I thank my colleagues Senator PORTMAN, Senator AYOTTE, and Senator WHITEHOUSE for their leadership on this important legislation.

This bipartisan bill, known as CARA, addresses the opioid epidemic by expanding prevention and education. It also promotes the resources needed for treatment and recovery. It includes reforms to help law enforcement respond to the drug epidemic, and it supports long-term recovery efforts—which, as we see in my State of West Virginia, we don't have enough treatment options, particularly in the long-term recovery area.

The legislation also expands the availability of naloxone, a lifesaving drug that helps to reverse the effects of an overdose, and we are also creating disposal sites for unwanted prescriptions.

CARA provides resources for treatment alternatives to incarceration, such as the successful and expanding drug court programs that operate in West Virginia and many other States. We just had a graduation the other day with some great success stories included in that from the drug court. According to the Beckley Register Herald, counties with drug courts have already seen cost savings and deep declines of recidivism rates among graduates.

CARA also provides a provision to improve treatment programs for pregnant women and mothers who have substance abuse disorder. Another startling statistic is the number of babies born with neonatal abstinence syndrome that has increased fivefold from the years 2000 to the year 2012.

Last fall, I introduced the Improving Treatment for Pregnant and Postpartum Women Act, with Senators AYOTTE, WHITEHOUSE, and KLOBUCHAR. The CARA act provides a provision that could play a critical role in preventing neonatal abstinence syndrome and getting treatment to pregnant women and new mothers.

Also, last fall I worked with Senator MARKEY and others to help restore drug take-back days and keep medications out of the wrong hands. We all probably have some medication in our own medicine chests that are no longer necessary and that we don't need to have. It might have been for a family member. It is time to clean out those medicine chests. I participated in last year's program in Charleston, WV, and was pleased to see the overwhelming response. CARA focuses on the programs that work and will streamline efforts across multiple Federal agencies.

In order to further address the needs of our communities, I am working on several bipartisan amendments on this bill. These amendments include solutions to improve prescribing practices

and prevent overprescribing. Too many stories of addiction start with patients taking painkillers after a minor surgery or a minor injury.

That is why I am pleased to be working with Senator GILLIBRAND on an effort that would require clear CDC guidelines for prescribing opioids for acute pain—a tooth extraction, maybe a broken arm, something that doesn't last forever, but the pain is acute in the beginning but fades rather quickly.

I also am pleased to be working with Senator WARREN on an amendment that allows doctors to partially fill certain opioid prescriptions. These will reduce the number of unused painkillers sitting in our medicine cabinets and help to prevent future cases of drug abuse and addiction.

In order to reduce the number of overdose deaths, I am working with Senator KAINE to allow doctors to co-prescribe the lifesaving drug naloxone when they prescribe an opioid. This would make naloxone more widely available in Federal health care settings, such as community health centers, VA clinics, and DOD facilities. I am also focused on tackling one of the saddest realities of this epidemic.

In my State of West Virginia, babies born exposed to opioids during pregnancy are approximately three times the national average. Every 25 minutes in this country a baby is born with addiction. Nationwide, this condition has increased fivefold from the years 2000 to 2012.

This amendment will provide clear guidelines to encourage the creation of residential pediatric recovery centers, like the wonderful Lily's Place in Huntington, WV. I am pleased to be working with Senator KING from Maine and Congressman EVAN JENKINS from West Virginia on this effort.

CARA represents a positive step forward in addressing the opioid crisis. The four amendments that I have outlined, I believe, will strengthen the bill. They would prevent addiction, promote recovery, and curb the scourge of drug addiction in my State and in others across this country. There is much work ahead for all of us in this area. The actions we are hopefully taking here this week in Washington are simply first steps.

This bill builds on the tireless work being done at the State and local levels by communities, law enforcement, and health professionals all across this country. They are working together. By working together, we can change these statistics and stop more tragedies from occurring—stop the human tragedy of losing a loved one, of losing a mother or father.

I urge my colleagues to begin debate on CARA this evening and to support this important legislation. I am concerned we are in jeopardy of losing the next generation. So we have much work to do.

The ACTING PRESIDENT pro tempore. The Senator from Texas.

Mr. CORNYN. Madam President, as we have heard from the Senator from

West Virginia, this week the Senate will begin consideration of a bipartisan bill that targets an epidemic that is raging across the country, but apparently it is especially hard-hitting in places such as West Virginia, Ohio, Pennsylvania, and the like. But this abuse of prescription painkillers and heroin is not just isolated to those areas, even though the leaders of this particular legislation come from places such as Minnesota, Rhode Island, Ohio, and New Hampshire. Sadly, Texas has been no exception.

The Centers for Disease Control and Prevention found that in Texas opioid-related drug deaths have increased by 30 percent since 2002. Houston is widely recognized by the DEA and law enforcement officials as a key hub for the trafficking of illicit prescription drugs. In South Texas, right next to the U.S.-Mexico border, the transnational criminal organizations are exploiting our porous border to import increasingly large amounts of hard narcotics like heroin, which ultimately wreaks havoc in towns and cities across America.

In 2014 alone, drug cartels successfully smuggled more than 250,000 pounds of heroin across our borders and into the United States at a street value of approximately \$25 billion. These are the same criminals who traffic in human beings, including young girls and boys. These are the same people who traffic in illegal immigrants. These are the same people who traffic in illegal drugs. Indeed, this has become such big business and the network so large that these transnational criminal organizations are basically in on everything and anything that will make them money, including transporting these terrible drugs like heroin across the border.

As we all know and have heard, this epidemic destroys families, it increases the crime rate, and it robs millions of Americans of their future. As I mentioned a moment ago, thousands are dying every year. That is why the bill we are voting on this afternoon, called the Comprehensive Addiction and Recovery Act, is so important. It will help give families and law enforcement additional resources to beat drug addiction through proven treatment programs. I am proud to cosponsor the legislation.

The reason we have been able to move this bill forward so far—and it passed unanimously out of the Senate Judiciary Committee 2 weeks ago—is because it reflects bipartisan input as well as bipartisan concern with this epidemic.

As I mentioned earlier, I wish to particularly recognize the junior Senators from Rhode Island, New Hampshire, and Ohio—Senators WHITEHOUSE, PORTMAN, and AYOTTE—for their laserlike focus on this legislation and making sure that it is at the top of our list of things we need to do this legislative session. By highlighting how bad the problem is in our country and providing legislation to address it, they

are helping us attack this epidemic head-on.

I must say that while so far this legislation has moved forward on a strong bipartisan basis, there are some signals on the horizon that indicate some potential trouble. At a press conference after the Judiciary Committee unanimously passed the bill, several of our friends on the other side of the aisle were explicit. They said that if the Senate did not add hundreds of millions of dollars in duplicative funding, they might withhold their support.

This legislation is an authorization bill, and it does not appropriate funds. Our friends across the aisle know that if an appropriation is added to this legislation, particularly if it is duplicative, it causes a number of problems. First of all, a spending bill can't originate here in the Senate. So it raises a so-called blue-slip problem. But perhaps just as importantly, this is not an orderly process by which we determine what is actually needed and to make sure that we are appropriating money in a fiscally responsible sort of way.

I don't have to remind the Acting President pro tempore or anybody else who is listening that we have a \$19 trillion debt in our country, and recklessly throwing money at a problem rather than carefully targeting it in a fiscally responsible way is simply irresponsible.

It seems to be part of the message: Give us what we want or we might hijack a bipartisan bill that would literally save lives. I hope I am wrong, and I hope the signals on the horizon don't prove to ultimately be true. But it does seem like this is part of a new political strategy.

Earlier this month, we know that our Democrat colleagues blocked a bipartisan Energy bill from moving forward on an unrelated issue—something on which Senator MURKOWSKI has shown the patience of Job, trying to work through this process so we can get back on the Energy bill rather than having it hijacked by an extraneous subject that could well and should well be handled in a different way, certainly separately.

This is not the way the Senate gets anything accomplished. As I have said before, playing political games with important issues like fighting drug addiction is what lost our friends the majority in 2014. I urge the Democratic leadership to listen to those in their own caucus who have worked alongside Republicans in a responsible fashion to draft and put forward this bill that is so clearly needed in this country.

This afternoon I hope we will move forward on the Comprehensive Addiction and Recovery Act. I hope we will consider it and consider amendments that are being offered in good faith on both sides to try to improve the legislation. But what we should not do is allow anyone to hijack this important legislation for partisan purposes. I think we should restrain ourselves from any impulse to do so. It happened, unfortunately, on the bipartisan En-

ergy bill. It has been threatened on this legislation. But my hope is that cooler heads will prevail.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MANCHIN. Madam President, I rise today to speak in support of the Comprehensive Addiction and Recovery Act of 2015, also known as the CARA Act. Our country is facing a prescription drug epidemic, and today is a good step toward addressing this crisis. This is a crisis I have been dealing with since my days as Governor of the great State of West Virginia.

Opioid abuse is not only ravaging my State, it is ravaging the country. Drug overdose deaths have soared by more than 700 percent since 1999. We lost 600 West Virginians to opioids last year alone. But our State is not unique; every day in our country, 51 Americans die from opioid abuse, and since 1999 we have lost almost 200,000 Americans to prescription opioid abuse. Think about that. That is more people than we have in any city in the State of West Virginia.

This bill is an important first step. First of all, it will authorize \$77.9 million in grant funding for prevention and recovery efforts. It will expand prevention and educational efforts—particularly aimed at teens, parents and other caretakers, and aging populations—to prevent the abuse of opioids and heroin and to promote treatment and recovery. It will expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives. It will expand disposable sites for unwanted prescription medications to keep them out of the hands of our children and adolescents. It will launch an evidence-based opioid and heroin treatment and intervention program to expand best practices throughout the country. It will also strengthen prescription drug monitoring programs to help States monitor and track prescription drug diversion.

While this bill is a good start and addresses critical problems, there is more that needs to be done. I will be offering several amendments to improve the bill by changing the FDA's mission, providing grants for consumer education, and requiring prescriber training.

I firmly believe we need cultural change at the FDA, and that is why I introduced Changing the Culture of the FDA Act. It simply does exactly what it says—it changes that culture. My amendment to CARA, based on the Changing the Culture of the FDA Act, would amend the FDA's mission state-

ment to include language that will require the agency to take into account the public health impact of the Nation's opioid epidemic when approving and regulating opioid medications and will hold the agency responsible for addressing the opioid epidemic. It is hard to believe that right now as all of these new drugs are coming to the market and all of these pharmaceutical manufacturers are producing this new product, basically the mission statement has never taken into account the impact of the opioid epidemic on the public's health in this Nation. Now that we see it is truly an epidemic, we think this is a much needed change, and hopefully it will be approved.

This builds on and solidifies the FDA's recently stated goal to fundamentally reexamine the risk-benefit calculations for opioids and ensures that the agency considers the wider public health effects. We need a change in the culture of the FDA, but we also need to make sure the advocacy groups that fight this battle every day are armed with the resources they need to stem this tide.

I am also submitting an amendment that will establish consumer education grants through the Substance Abuse and Mental Health Services Administration to raise awareness about the risk of opioid addiction and overdose.

This epidemic is one that needs to be fought on all fronts, but most importantly, we need to fight it on the frontlines with the prescribers, those people whom we trust to get the training they need. That is why I will also submit an amendment that will require that medical practitioners receive the needed training on the safe prescribing of opioids prior to renewing their DEA registration to prescribe controlled substances. If you talk to any of our medical physicians throughout the country, they get very little training as far as the effects of these drugs, and we think it is well past time that they get the needed education, as well as continuing education, so that we can keep ahead of the prescriptions they are putting on the markets and basically keep them from harming people every day.

According to the National Institutes of Health, in 2012, more than 250 million prescriptions were written in the United States for opioid painkillers. That equals one bottle of pain pills for every U.S. adult. Can you imagine one bottle of pain pills for every U.S. adult in this country? It is unbelievable. We are the most addictive Nation on Earth. Five percent of the population in the United States of America—there are 330 million of us and 700 billion humans on the planet Earth—consumes 80 percent of the opioids in the world. It is just unheard of.

Until we ensure that every prescriber has a strong understanding of safe opioid prescribing practices and the very great risk of opioid addiction, abuse, and overdose deaths, we will continue to see too many people prescribed too many of these dangerous

drugs which can lead them down a tragic path, and that is why we need to educate people.

There is one other subject I wanted to address, and I hope the FDA and this administration will look at it very seriously, and that is the professionals on advisory committees. When an opioid is coming to market, I believe and I believe a lot of Americans believe that this goes through a review process. These professionals basically are looking at this, and they make a recommendation as to whether this drug should be on the market, the need for this drug, and the effect this drug will have on people's lives. If they rule against this drug—and let's say they have an 11-to-2 ruling, such as Zohydro did—then the request for that drug to come to market should have to come before Congress. The FDA—the director and the staff—needs to basically come and explain to Congress why this potent drug needs to come on the market when basically their advisory committee and those people who are the professionals basically agree not to let it come to market.

This is a conversation that has to be had. We have to make sure we understand why we are putting all of these products on the market and the effect they are going to have on the public. That is another topic we hope to address also as this bill comes to the floor.

The bottom line is that I am pleased the Senate is working in a bipartisan manner. This is how we need to work to solve the major challenges our country faces. By working in a bipartisan way, we will have, as I understand, an open amendment process which is so needed and critical to move this legislation through. I appreciate that.

I believe my amendments will strengthen this bill, but I also believe more needs to be done. We must provide the critical resources needed to stem this tide. I look forward to working with my colleagues to strengthen this bill and to begin to address this crisis head-on.

This country has faced every crisis we have ever had, and we have overcome it. This is one we haven't attempted. For some reason, it is a silent killer—out of sight, out of mind. It will take all of us being Americans and basically using our faith that we have that we can fix these problems, to save Democrats, save Republicans, save Independents, and save everybody. This cannot be a partisan issue because I can tell my colleagues that opiates and the addiction of opiates have no partisan home. It is truly bipartisan. It attacks us all.

I appreciate my colleagues, and I look forward to working with them to work through this important piece of legislation.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### WOMEN'S RIGHT TO HEALTH CARE

Mr. BROWN. Madam President, this week the Supreme Court—which is lacking a ninth Justice for the foreseeable future for reasons that most of the American public doesn't understand since my fellow Senators—my Republican colleagues—simply refuse to do their job—will hear arguments on yet another case that threatens women's right to health care. The case the Supreme Court will hear on Wednesday—*Whole Women's Health v. Hellerstedt*—originated in Texas, but, as all Supreme Court cases do, this case has implications for the entire country. It is part of a sustained, coordinated attack on women's right to make personal, private health care decisions for themselves. It is Big Government reaching into women's homes and bedrooms, getting between the women and their health care providers, between the women and their religious counselors; it is reaching into women's homes, telling women that they no longer have the right to make personal, private health care decisions for themselves and to access safe and affordable care.

If the Court rules in favor of the Texas law, which has closed health clinics across the State—imagine that. You are a legislator taking an oath of office in Austin, TX, to do the best you can for your State, and you pass legislation that closes health clinics not for financial reasons but for ideological reasons. So if the Court rules in favor of this Texas law, which, as I said, closes health clinics across the State, it will set a dangerous precedent that could lead to more clinic closures across this country. My interest is especially Ohio. Ohio will be weakened by this too.

These clinics are often the only place women and men have to turn for their basic health services. Most of the health care women are getting at these clinics has nothing to do with abortions, but it is the kind of care that women need in these clinics. Millions of women rely on Planned Parenthood and other clinics like it for lifesaving screenings, for testing, for preventive care, and for treatment.

In Ohio, Planned Parenthood centers provide health care services to 100,000 men and women each year. Many of them have nowhere else to turn. Many of them are moderate-income women. Many of them are women working two jobs. Many of them go to Planned Parenthood because, first, it gives good care; second, it takes care of them in kind, decent, empathetic ways; and third, it is what they can afford. They either cannot afford health care elsewhere or they live too far away to have access to health care.

A new law in Ohio threatens that access. The bill was passed by the Ohio Legislature and signed by Governor Kasich—that is Governor Kasich of Presidential primary fame, Presidential Republican debate fame. The bill, which was signed by Governor Kasich a week ago, will strip Federal funding not only from Planned Parenthood—why they would want to do that is all about ideology and playing to their far-right political base—will strip Federal funding not only from Planned Parenthood but any health care facility that could be perceived as “promoting” safe and legal abortion. But these health care clinics are mostly not about abortion; they are about providing health care to women—mostly to women. This includes health clinics that simply work with other providers to refer women to other facilities so that women can make decisions that should be between them and their doctors.

Now, I repeat, so many of my colleagues love to talk about Big Government, but when Big Government—mostly a bunch of privileged—if I may, privileged, White men on the other side of the aisle, mostly—when they want to inject themselves between women and their doctors, between women and their families, between women and their religious counselors, it strikes me as—let's just say hypocritical.

We are talking about a rule that is far, far more sweeping than just defunding—that is what they like to say, “defunding”—Planned Parenthood.

If you are watching the Republican debates week after week, even when they sound like food fights, which it did last week—when you are watching these debates, you can see that whenever one of these White, privileged men—candidates running for President and one other privileged African-American man running for President on the Republican side—whenever they say “defund Planned Parenthood,” the crowd goes wild. They play to that base to defund Planned Parenthood, that base that for whatever reason, with their ideological agenda, doesn't seem to care much about women's health.

Let's be clear. This isn't about defunding abortion. The Federal Government doesn't provide funding for abortion, period. I will say that again. The Federal Government does not provide funding for abortion, period.

Health officials in Ohio—health officials that play it straight, which is 99-point-something percent of providers—real doctors, real health providers, real health care officials are scared that the new law could take funding away from local health departments, if we can imagine that. The director of public health policy in Columbus—the State's capital—told the Columbus Dispatch that the law would have a “significant impact” on their department's ability to coordinate with hospitals and insurance companies.



So stand back for a second and see what they are doing. A bunch of right-wing, privileged, mostly White men in the legislature have decided that their political agenda trumps everything else, and they are willing to follow their—so that they can play to their far-right base, they are willing to jeopardize women's health. They are willing to go right up against what the Columbus Dispatch says—few papers in America are more conservative—when they talk about a significant impact on the department's ability to coordinate with hospitals and insurance companies. Why would they do that? They do it because they are playing to this far-right base who votes overwhelmingly in primaries.

The director said that because the bill is so broadly written, "we wouldn't be able to work with any hospital in our jurisdiction."

This Ohio law explicitly targets critical health and health education services for women. Don't take my word for it; all you have to do is read the bill. This chart shows that it prohibits Ohio clinics and hospitals from using Federal dollars—and I am quoting directly from the bill—for any of the programs established by the Violence Against Women Act, the Minority HIV/AIDS Initiative, the Infertility Prevention Project, the Personal Responsibility Education Program, and the Breast and Cervical Cancer Mortality Prevention Act. Think about that—the Mortality Prevention Act. This bill prohibits Ohio clinics and hospitals from using Federal dollars to implement these laws.

It means no Federal dollars for the program administered by the Administration for Children and Families in the Department of Health and Human Services to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted diseases. So this legislation that Governor Kasich signed that these privileged, mostly White men in the State legislature—politically far to the right, the majority of the State legislature—the bill they passed and Governor Kasich signed would mean that we wouldn't be able to use the Federal dollars we have to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections.

So what are they doing? The extremists on the other side are saying no Federal dollars for abortion. There aren't Federal dollars for abortion. But they are saying no Federal dollars to preach abstinence and to educate young people about abstinence and sexually transmitted diseases. So what are they doing and why are they doing this to the women in Ohio?

This law bars women from accessing cancer screenings, fertility services, AIDS prevention, and help coping with abuse and violence. Do these far-right members of the legislature know no low-income or moderate-income young women? Do they know no teenagers, no

female teenagers and young male teenagers, too, who maybe could benefit from some of these programs, including abstinence education, learning about contraceptives, and learning about how sexually transmitted diseases are in fact transmitted?

I support a woman's right to make personal, private health care decisions for herself with her doctor. But no matter your personal feelings about abortion, surely we can agree—although the legislature can't in my State—surely we can agree that cancer screenings and programs that have helped bring Ohio's teen pregnancy and STD rates down are a good thing.

I would say that Ohio right now—and this is embarrassing for me to say on the Senate floor in front of colleagues—my State is 50th for Black babies and infant mortality and 47th overall in infant mortality. We are 47th overall, 50th for Black infant mortality.

The legislature underfunds public health, and they then undercut—because of this legislature's action with Governor Kasich's signature—they undercut the Violence Against Women Act, they undercut minority HIV and AIDS education, they undercut the personal responsibility education program, they undercut breast and cervical cancer mortality prevention, and they undercut infertility prevention projects. I just don't get it.

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. BROWN. Madam President, I ask unanimous consent for an additional 5 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BROWN. A woman in New Carlisle wrote to me saying:

There was a time when I could not find full-time employment, I did not have health insurance, and I also was not eligible for any assistance from the government. My husband and I were newly married and trying to build a responsible life together.

I was 21. I had a family history of breast cancer and ovarian cancer, so access to healthcare was crucial for me. Planned Parenthood was the only place that would help me look after my health and plan my own family and lifestyle in a way that I could afford.

Another woman went on to say: "Planned Parenthood made an impoverished young woman feel safe and comfortable and valued."

Another woman in Boardman, OH, wrote: "Along with many other women, I was treated at Planned Parenthood, and I received a referral to a specialist, which saved my reproduction."

Another woman wrote saying that she had a child at 13 and gave up the child for adoption. After that she made the choice to get educated about family planning and birth control. She couldn't afford to go to a family doctor, so Planned Parenthood was where she turned to make sure she never had to go through that experience again.

A young woman from Columbus told the Canton Repository newspaper that

while she was speaking at the statehouse. Half of the lawmakers looked like they were about to fall asleep. Many were looking at their cell phones. They didn't want to listen to a young, low-income woman talk about her personal life and what Planned Parenthood meant to her.

What is happening is not all that different in Ohio than across the country. There is an organized attack on women's rights to make health care decisions for themselves. It is not about health or safety. Look at these examples. It is about politicians thinking they know better than women and their doctors. It is happening as we speak. These so-called TRAP laws in Ohio and in dozens of other States have created gaps in care that threaten women's ability to see the providers of their choice.

Health clinics in Texas have shut their doors. If the Supreme Court upholds the Texas law being challenged, the remaining clinics in the State may be forced to turn their patients away for good.

#### FILLING THE SUPREME COURT VACANCY

Mr. BROWN. Madam President, in the last 2 minutes I would like to say a few more words about the Supreme Court vacancy.

Four former U.S. attorneys from Ohio, Washington State, California, and Virginia published an op-ed that went around the country urging the Senate to promptly consider a Supreme Court nominee to replace Justice Scalia.

I ask unanimous consent to have printed in the RECORD the writings of the former U.S. attorneys.

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

Steve Dettelbach, Jenny Durkan, Melinda Haag and Tim Heaphy are Democratic former U.S. attorneys for, respectively, Northern Ohio, Western Washington, Northern California and Western Virginia. As former U.S. attorneys in diverse districts that are home to more than 20 million Americans, we urge that the president promptly nominate, and the Senate promptly consider, a Supreme Court nominee to replace Justice Antonin Scalia. Both the plain language of the Constitution and plain truths regarding public safety and national security demand that result.

For federal prosecutors, agents and criminal investigations, a year is a lifetime. We have seen real threats, whether it is the heroin epidemic or the threat of ISIS recruitment, facing the people in our communities each day.

While law enforcement stands ready to protect the public from those threats, they need to know the rules of the road. Uncertainty about those rules impedes their efforts. Just as with the economy, uncertainty prevents good agents and prosecutors from deciding on investigative strategies and tactics, and making important charging decisions. The Supreme Court is the ultimate arbiter of the hardest and most important questions facing law enforcement and our nation.

Even as we write today, unsettled legal questions regarding search and seizure, digital privacy and federal sentencing are either pending before the Supreme Court or headed there. It is unfair and unsafe to expect good federal agents, police and prosecutors to spend more than a year guessing whether their actions will hold up in court. And it is just as unfair to expect citizens whose rights and liberties are at stake to wait for answers while their homes, emails, cell phones, records and activities are investigated. Equally important, as lawyers and former public officials committed to the Constitution and the rule of law, it is incredible to us that anyone who claims fidelity to those ideas can argue that either the president or the Senate should not fulfill their duties. And we should be clear on what those duties are. Announcing ahead of time that the Senate will reject any nominee, or refusing to hold fair hearings, does not fulfill the Senate's duty to provide "advice and consent" on court nominees. The "advice" called for in the Constitution does not include, "Just forget it, Mr. President."

It is ironic that the arguments being made by those urging a year-plus delay are precisely the types of arguments that Scalia abhorred. They are based on politics and some vague notions of Senate "interpretations" of the Constitution. As U.S. attorneys we were constantly assessing the strength of constitutional and other legal arguments. And there was no more demanding jurist than Scalia when it came to supporting those arguments with written law.

One argument is based on the "Thurmond rule," named for the former senator from South Carolina, which calls for no confirmations in the final months of a president's term. But this "rule" has never been applied to the Supreme Court and it finds no home in the text of the Constitution. We would all have bought tickets to see Scalia question a lawyer who dared to raise an argument like that. Few things in the Constitution seem as unambiguous as term length. The president is elected for four years under Article II. There is no clause diminishing the president's duties in the last year, and as even Jeb Bush acknowledged, such notions are dangerous.

Should the president stop fighting ISIS in his last year? Should senators facing an election year not be allowed to vote on judicial nominees so that the "people can decide?" Certainly not. The people already did decide what would happen from January 2013 to January 2017. They elected President Obama. In both our communities and court system, we don't have more than a year to blithely waste for political reasons. The safety concerns and dangers are pressing, and our leaders in the White House and the Senate do not have built-in vacation time on our dime.

Mr. BROWN. I close just begging, urging, imploring, and beseeching my colleagues on the Republican side to move forward on the Supreme Court nominee.

We have not had a Supreme Court vacancy for as long as a year since the Civil War because we were at war in the 1860s. The average nomination process for confirming a Supreme Court nominee when there are 8 members of the Supreme Court is only about 6 weeks. The longest, Justice Thomas, took 99 days. The President of the United States is elected for 4 years—not a 3-year term. A 4-year term has 300-plus days in the term.

This Senator is disappointed—I will leave it at that—to hear that my col-

leagues have said there will not be hearings. Then they said that not only will there not be hearings for the President's nomination, they will not even meet with a nominee. This Senator finds it rather shameful for an institution with this kind of heritage and this kind of reputation that we don't do better than that. I urge my colleagues to do our jobs, do what we were elected to do, what we were sworn in to do, and do what we are paid to do to bring this nominee—vote against them if you like but bring up this nominee for real Senate consideration.

I yield the floor, and I thank Senator GRASSLEY for allowing me more time.

The ACTING PRESIDENT pro tempore. The Senator from Iowa.

Mr. GRASSLEY. Well, Madam President, it is another day and another tantrum from the minority leader, but it doesn't matter how much the minority leader jumps up and down or how much the minority leader stomps his feet, we aren't going to let liberals get away with denying the American people an opportunity to be heard. Letting the American people decide this question is a reasonable approach, it is a fair approach, and it is the historical approach. It is the approach the other side advocated when the shoe was on the other foot, and it is what the American people deserve.

They deserve an opportunity and responsibility that we do it right instead of rushing to judgment. Voters deserve the right to be heard. The American people want a reasonable justice, a person who will make the right decisions.

As the American people continue voting during the Presidential election, they face a choice: Do they want just another Justice who will look to her heart and apply her own ethics and perspective when deciding important constitutional questions that impact every American or do they want a Justice who, like Justice Scalia, adheres to the Constitution and the rule of law and decides cases based on wherever the text takes him or her. We can't overstate how critical it is for the American people to understand what is at stake in this debate.

Today take a little bit of time to discuss the impact that these two different visions would have on everyday Americans. Many leading Court observers believe that adding yet another liberal Justice to the Court whose decisions are unmoored from the constitutional text would lead to major changes in the Court's jurisprudence. As a recent New York Times article put it, adding another liberal to the Supreme Court "would be the most consequential ideological shift on the Court . . . creating a liberal majority that would almost certainly reshape American law and American life."

So it will impact all of us. According to the same article, a host of Supreme Court precedents on free speech, freedom of religion, the right to keep and bear arms, the death penalty, and abortion would be overturned. The article

speculates that "abortion rights would become more secure, and gun rights less so. . . . First Amendment arguments in cases on campaign finance, public unions, and commercial speech would meet a more skeptical reception."

In that same article, one law school dean noted that with another liberal on the Court, "the judicial debate over the fundamental possibility of ObamaCare would likely draw to an end." So let's consider just a few of the Supreme Court precedents that would likely be overturned with another liberal Justice on the Court.

First and foremost, it is our Second Amendment rights that would fall squarely within the liberals' sights. The Heller decision, authored by Justice Scalia, recognized, based on the intent of the Framers, that the Second Amendment guarantees an individual constitutional right to gun ownership.

Again, as one law professor noted in the New York Times, with another liberal in the Court, "The five would narrow Heller to the point of irrelevancy." Another said: "If we got a fifth liberal on the court, the pendulum would swing pretty quickly on gun control. . . . I expect that we'd see a major shift in the kind of gun control laws that get approved by the court."

In other words, Heller and the individual constitutional rights it guarantees would be turned into a relic. It would be an ornament without any practical limiting effect on the government's infringement upon the constitutional right of an individual to have gun ownership. Once this happens, all bets are off on the right to keep and bear arms.

Next, the First Amendment right of the American people to make their voices heard would be drastically curtailed if the Court overturns *Citizens United*. In fact, as a University of Chicago Law School professor said in the New York Times, "*Citizens United* is on every liberal's list of opinions that ought to go."

Freedom of religion protections under the First Amendment wouldn't be far behind. Another liberal Justice could allow the government to force Americans to comply with laws that violate their deeply held religious views. For example, a new Justice could provide the fifth vote to overturn the Hobby Lobby decision, which recognized the right of the owners of a closely held corporation to resist laws on religious grounds, such as ObamaCare's contraception mandate.

Of course, we all know free speech protections are being eroded and diluted in this country. On college campuses across the country, speech isn't being protected because of the speaker's viewpoint. Rather than debate openly with opponents as Justice Scalia did, too many people today want to shut down debate and muzzle anybody who disagrees with them.



What other rights are at stake in this election? Incredibly important precedents under the First Amendment's establishment clause would be at risk. Of course, I am talking about Supreme Court cases allowing prayer at town-hall meetings or permitting low-income parents to receive public school vouchers to defray the cost of the child's private school, including religious schools. Of course, while yet another liberal Justice could read narrowly the First and Second Amendments that are in the Constitution, he or she could read broadly those rights that are not in the Constitution at all.

If yet another liberal is nominated to the Court, even reasonable restrictions on abortion enacted into law through the democratic process would be swept away. Just a few years ago the Court upheld the ban on partial birth abortion by a 5-to-4 vote in the case of *Carhart*. Partial birth abortion is a horrific practice that crushes an unborn baby's skull, killing it while its head is still in the womb. It is one very small step short of infanticide. If the American people elect a liberal during this Presidential election, and that President nominates another liberal to replace Justice Scalia, we can all expect a constitutional right to abortion on demand without limitation. In the words of one law professor, "At-risk precedents run from campaign finance to commerce, from race to religion, and they include some signature Scalia projects, such as the Second Amendment. . . . Some would go quickly, like *Citizens United*, and some would go slower . . . but they'll go."

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. GRASSLEY. I ask unanimous consent for 4 more minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. GRASSLEY. That leads me to a broader point. There is more at stake than the results of any particular case as important as those cases are. The American people need to consider whether they want their next Justice to decide cases based on the text of the Constitution as it was understood at the time it was adopted or whether Justices are free to update the Constitution according to their own moral and political philosophies. Should Justices apply accepted legal principles through sound reasoning of new facts or should they do legal back flips to reach their desired public policy goals?

Of course, this second approach is not law. Instead, it is what Justice Scalia called "legalistic argle-bargle" and "jiggery-pokery." Justice Scalia knew the rule of law was a law of rules. The rule of law is not a law of whatever is in the Justice's heart. When a Justice believes, as President Obama does, that any time he views the Constitution as unclear, he can apply his own life experience and empathy for his or her favorite causes. The Justice has a clear incentive to think the Constitution is

unclear, but a Justice isn't entitled to read those views into the Constitution and impose them on the American people. Our Constitution sets up a Republic, not a government by judiciary.

Unless the Constitution specifically prohibits the democratic process from reflecting the will of the people, the decisions are made by elected individuals who are accountable to the voters. The Supreme Court plays a very important role in keeping the branches of the Federal Government within constitutional powers, keeping the Federal and State governments within their constitutional sphere, and it ensures the government complies with the Bill of Rights. That is the basis for its legitimacy.

When the Court reads the Constitution in ways that reflect the Justice's personal policy views rather than the text, it does not act legitimately. Instead, it denies the people the legal right to govern themselves. Justice Scalia understood this better than anyone. The more the Court reaches out and grabs power it is not entitled to hold, the more it legislates from the bench, the more decisions it robs from the American people.

As a direct result, step-by-step and inch-by-inch, liberty is lost. As John Adams observed, "Liberty, once lost, is lost forever."

Since the days of the Warren Court, this is what liberal Justices have done. Under the guise of constitutional interpretation, they have imposed liberalism on the American people. They have done it on issues and in ways they couldn't achieve through the ballot box.

This is the decision facing the American people during this Presidential election. If the American people elect a liberal as their next President, and he or she nominates a like-minded judge to replace Justice Scalia, liberalism will be imposed on the American people to a degree this country has never before witnessed. I hope anyone who cares about these important issues will take very serious note.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

#### BEEF AGREEMENT WITH ISRAEL

Mrs. FISCHER. Madam President, I rise to congratulate Nebraska's beef producers for continuing to reach new areas of the world with our very high-quality American beef. Earlier this month it was announced that WR Reserve, a beef-processing plant in Hastings, NE, will have the honor of delivering the first U.S. shipments to Israel in nearly 13 years. In December 2003, Israel was one of many countries to suspend imports of U.S. beef, following a confirmed case of BSE in the United States. Because of this, America's beef producers have been unable to ship their products to this close friend and ally. However, during my visit to Israel last fall, U.S. Ambassador to Israel

Dan Shapiro asked me to begin a dialogue with the U.S. Department of Agriculture and find a way to bring Nebraska beef to Israel. The Ambassador was especially interested in serving that Nebraska beef at the Embassy's annual 4th of July celebration.

Over the last few months, I have worked with the USDA's Food Safety and Inspection Service and with officials at the Nebraska Department of Agriculture in a concerted effort to find a solution. I am extremely pleased to inform this body that an agreement was achieved, the ban was lifted, and Nebraska will supply the first shipments of beef to Israel in over a decade.

Ambassador Shapiro was quick to praise this breakthrough, noting:

This agreement gives Israeli consumers access to the world's highest-quality beef. At the same time, it creates and supports jobs in the great state of Nebraska.

I couldn't agree with the Ambassador more. Israel is a critical ally of the United States, and I was pleased to work with the USDA and the Israeli Government to supply the first American beef shipments to Israel in over a decade.

Nebraska's beef producers are the best in the world, and this agreement is a testament to their tireless commitment to delivering safe and high-quality beef to millions of dinner tables around the world. In Nebraska, cattle outnumber people more than 3 to 1. With nearly \$7.2 billion in annual cash receipts, our beef production is the largest sector of the State's economy, and Nebraska leads the Nation in every aspect of beef production. I would also like to note that this agreement shows that science-based trade can overcome myth and misinformation.

By ending this ban, Israel becomes one of the last countries to reopen its market to U.S. beef and abide by international trade regulations. In doing so, this agreement reinforces the progress made by the U.S. beef industry to eliminate BSE-related trade restrictions.

I also join the Nebraska Agriculture Department director, Greg Ibach, in congratulating WR Reserve. Their hard work made this agreement possible after complying with a rigorous inspection process that included regular visits from the Israeli Government.

Prior to this agreement, according to the USDA, Israel imported beef products from other nations worth \$405 million in 2014. Ninety-five percent of these imports originated in Latin America with smaller volumes coming from Australia and the European Union.

Now the United States will have the opportunity to showcase our world-famous beef to a new global market, and Nebraska is very proud to lead that charge. I was honored to work collaboratively with State, Federal, and international officials to ensure that Nebraska's beef producers achieved those necessary approvals.

I am proud to represent the people of Nebraska. Through this agreement, new markets are now open to Nebraska's producers, businesses, and to the communities that rely on them for economic progress. I will continue to work to ensure Nebraska's beef producers have the opportunity to do what they do best—feed the world.

Madam President, I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

#### TRIBUTE TO FEDERAL EMPLOYEES

PHIL NOWAK

Mr. CARPER. Madam President, last month I came to the floor—in fact, I come to the floor just about every month—to highlight the great work being done by the men and women of the Department of Homeland Security.

Last month I focused on the folks who work at FEMA, which is one of 22 agencies that collectively make up the Department of Homeland Security—the newest, youngest Department in the Federal Government.

Just a few days before my speech, much of the east coast was inundated, as you may recall, by one of the largest snowstorms we have had in a long time, and on that day FEMA was working around the clock to prepare for and respond to what could have been a much more devastating storm. We were hit hard, but we would have been a lot worse off if not for the preparation and the training FEMA had done in not just the days, weeks, and months, but literally years ahead leading up to the storm in order to make us better prepared.

For more than a year now, I have come to the floor and I have focused on a different agency within the Department of Homeland Security. It will take about 2 years to knock them all out, but we are making some progress, and I have done so to highlight the exemplary and important work done by more than some 200,000 people who comprise the Department of Homeland Security. They work around the country, and they work outside our country—in Mexico, Central America, South America, Europe, and all over the place in order to make us safer in this country.

These men and women perform a wide range of vitally important work, and they do it every day. They inspect the fruit and vegetables that arrive at our ports of entry, much like the Port of Wilmington in my State. It is the top banana port in the country. They patrol our borders, like the Border Patrol agents dealing with increased mi-

gration from Central America. They defend our computer networks in cyber space, responding to a new and growing 21st-century threat. They keep our Presidents and Vice Presidents and their families and former Presidents and their families, as well as candidates for those positions, along with visiting foreign dignitaries, safe from harm. They have a lot of work to do.

The work of these DHS personnel deployed at the frontlines is made possible in part because of the dedicated work of the men and women behind the scenes at the Department of Homeland Security's Management Directorate. As my colleagues have often heard me say, management really does matter. I will say it again: Management really does matter. And there are few places where that is more true than at the Department of Homeland Security.

The Management Directorate works to support the missions and employees of all 22 component agencies which together comprise the Department of Homeland Security. They rent field offices, they buy essential equipment and vehicles, and they help to ensure that Department employees receive the paychecks and benefits they have worked for and earned. Within the Management Directorate, the Office of the Chief Human Capital Officer works to ensure that the Department is doing what is best for its employees, while providing the Department managers with the guidance and resources they need to help DHS take care of their own.

One member of the Management Directorate is an especially committed fellow whose name is Phil Nowak. He is committed to DHS employees—his fellow colleagues. He is the Chief of Staff in the Office of the Chief Human Capital Officer.

Phil grew up not in Iowa or Delaware, he grew up in San Francisco, not far from where I served in the Navy for a while. He joined the U.S. Coast Guard right after college. After serving in the Coast Guard for 20 years, he retired as a commander. I was once a commander—my favorite rank. Both of us served and exchange salutes all the time, Madam President. But Phil retired as a commander in 2007 and joined the Federal Emergency Management Agency to help coordinate disaster response. In 2010 Phil moved to the Office of the Chief Human Capital Officer, and in 2013 he took over as Chief of Staff.

As Chief of Staff, Phil supports the work of the Chief Human Capital Officer in managing the workforce of the third largest Cabinet agency in our Federal Government—the third largest. With 22 component agencies and DHS employees stationed literally around the world, Phil and his team of 200 men and women certainly have their work cut out for them. Supporting the Department employees and providing them with the resources they need to excel and grow in their work is critical to maintaining a motivated, effective, and capable Department.

With some notable exceptions, we know many of the components of this relatively young Department have struggled with employee morale almost from its inception. Each year the Partnership for Public Service releases its “Best Places to Work in the Federal Government” survey, and each year the Department of Homeland Security ranks at or near the bottom of all the agencies when it comes to overall employee morale.

With Congress imposing shortsighted budget cuts across government, imposing pay freezes, and just last week threatening a shutdown of the Department of Homeland Security in the middle of our fight against ISIS, it is no wonder that sometimes DHS employees feel unappreciated. We probably would too. Despite these setbacks, leaders such as Phil Nowak are working every day and every night to right the ship and improve morale at DHS. And a bunch of us here in the Senate, Democrats and Republicans, are trying to be helpful in that regard.

In providing leadership and direction for human capital management for the Department, Phil Nowak makes sure that the Department's efforts to improve morale translate to each of the 22 different component agencies of the Department of Homeland Security and are felt by each of its 240,000 employees. To help do this, Secretary Jeh Johnson has created what he calls a Unity of Effort Initiative to bring the Department of Homeland Security components together and make the Department greater than the sum of its parts. Phil leads one of the Unity of Effort Initiatives. It is called the Human Capital Leadership Council, which brings together human resources managers from across the Department. Through this coordination and other Unity of Effort Initiatives, Phil's team works hard to better ensure that the Department's 240,000 employees feel like part of a larger DHS family.

In such a large agency, with so many people with diverse talents and backgrounds spread around the world, it is easy to focus on the broader mission and lose sight of the individuals who help the Department achieve its many missions, but Phil, I am happy to say, hasn't lost sight of them. Phil and his team do yeomen's work, and they focus on the value that each and every employee adds to the Department's mission. It is fitting, then, that Phil's colleagues describe him as caring deeply for them and for other employees throughout the Department. His commitment to them is clear, it is welcome, and it is unwavering.

In his own life, Phil values professional resilience, and in a job that is sometimes overlooked, yet incredibly important, I think that is a necessary trait. It is also a fitting quality for a runner, and Phil is an avid runner. I like to run, but this man, Madam President is the real deal. He has completed both the Marine Corps Marathon and the JFK 50 Mile ultra-marathon

twice. I am not fit to carry his running shoes. When he isn't running, Phil is building or fixing something around the house, cheering on those San Francisco 49ers and the San Francisco Giants—I hope it is not when they are playing my Detroit Tigers—and spending time with his wife of 26 years, Cristy, and their three children, Sam, Elizabeth, and Andrew. We are grateful to them for sharing their husband and their dad.

Phil Nowak is just one example of the thousands of men and women at the Department of Homeland Security who work behind the scenes every day to support their colleagues and make our country safer for all of us. Phil and his team focus on individuals, they bring together components through a unity of effort, and they work tirelessly to improve employee morale. Management really does matter, and without Phil and his colleagues at the Management Directorate, the Department's mission to protect our homeland would suffer.

To Phil Nowak and to his team in the Office of the Chief Human Capital Officer, to every other hard-working employee at the Department of Homeland Security and at the Directorate for Management, I want to say a couple of words: Thank you. Let me say them again: Thank you.

This past week I was doing some traveling and going through some airports. We usually try to use the TSA precheck, which goes a little more smoothly because people have been prescreened. At one place we were flying out of, they advertised TSA precheck was open, but it wasn't, so we had to be regular, ordinary people. At each of those places, the folks at TSA—right there at the frontline trying to protect us as we fly around the country, around the world in these airplanes—they were doing their job. It is a hard job, and I would say probably a thankless job. Everyone wants to get through. They do not want to take their shoes off or their belts off or have to take their toiletries out. They want to get through there, get on the plane, and go someplace, but not get harmed and arrive safely.

When I fly, a lot of times I will tell the folks at TSA who I am and the committee I serve on just to let them know we appreciate the work they do for all of us. Every now and then—including over the weekend—a TSA officer will say to me: Nobody has ever thanked me before. How about that. Nobody has ever thanked me before.

So I say: Well, let me thank you again. And keep doing your job well, and hopefully you will get a lot of thanks.

But to all the folks at DHS who are taking on a hard job and doing it well, we thank you for what you do every day to protect our country, the land of the free and the home of the brave. And may God bless you.

#### FILLING THE SUPREME COURT VACANCY

Mr. CARPER. Madam President, this is a day-night double header. That was the day game, and what I want to do now is focus on the second half of the story as long as time will allow me to do that.

As the Presiding Officer knows, I come from the State of Delaware. Delaware is noted for a number of things, and one of the things we are noted for is that before any other State ratified the Constitution, we did it. For 1 whole week, Delaware was the entire United States of America. We opened it up and we let in Maryland and New Jersey and Pennsylvania, ultimately Iowa and other States, and I think it has turned out pretty well most days. But we were the first to ratify the Constitution.

My family and I live in northern Delaware, and just up the road from us is Philadelphia. That is where the Constitution was first debated, and folks from throughout the 13 Colonies came and argued for and against different provisions and how we should set up the structure of our government. One of the hardest provisions they argued on and debated was whether there should be a legislative branch at all, and if there should be, should it just be unicameral—just one entity, one body within that legislative branch—or should there be two. Should the number of votes and the power that States have be in accordance with the size of their State, how many people they have, or how would they balance things out.

Some of them worked out the Connecticut Compromise that said that every State will have two Senators—the same number—and they will be part of the U.S. Senate, and the House of Representatives would be comprised such that the more people who live in a State, the more Representatives they would have. That was the Connecticut Compromise. It was worked out. It was maybe not a perfect compromise in the eyes of some, but it enabled them to move forward, and most people think it is fair and reasonable.

Another really tough issue they wrestled with in those days was with respect to the third branch of government. We have the executive and the legislative and the judicial branch. The question was, What are the judges going to do, these Federal judges? How are they going to be appointed? Who is going to pick them? And if it is the Chief Executive Officer, should the President be able to name by himself or herself who the judges are going to be, the Federal judges and the Supreme Court Justices? Should it be left up to the Senate? Should it be left up to the House of Representatives? Should it be a joint effort by the House and the Senate? Should there be some role for the President, the Chief Executive, to play? How should it work out?

Time and again they voted on this issue at the Constitutional Convention in Philadelphia. Finally, after a num-

ber of votes that were just not successful—they couldn't come to a successful conclusion—they actually called out for clergy to come in and called on Divine intervention to get over this issue on how to pick, how to select Federal judges. I don't know if it was Divine intervention, but at the end of the day the deal said: The President shall nominate—not appoint, not name, but shall nominate—folks to serve as Federal judges, including the Supreme Court, and the Senate would have an opportunity to provide advice and consent to the President.

We have argued a lot over the years about what advice and consent should be, but it makes very clear that the President has a job to do with respect to the naming of judges. I believe we have a job to do as well.

About 300 yards from the tavern where the Constitution was first ratified on December 1787 in Delaware, with one hand on the Bible I raised my other hand and took an oath to defend the Constitution as Governor of Delaware. I had never thought very much about what kind of qualities I would look for in a judge.

With my Republican opponent in the Governor's race, a wonderful guy named B. Gary Scott, in 1992, we had 35 joint appearances together, debates. In all those forums, no one ever asked: What quality would you look for in the people you would nominate to be a supreme court justice for the State of Delaware or a member of the court of chancery, which is a court that has a national and international role to play?

The superior court also hears not just Delaware cases but national cases as well. In all those forums, nobody ever asked me: What would you consider? As it turned out, that was a very important part of my job. I am proud to say the Delaware judiciary is one of the highest regarded of any State judiciaries that we have. We have a very unusual system where there has to be an equal balance between Democrats and Republicans on the judiciary. It is not a spoils system. If there is one more Republican than a Democrat and there is a vacancy, you have to name a Democrat. That is the way the system works.

When I was Governor, we had a person who had been chancellor of the court of chancery, which is a high honor. He decided he was going to leave. So we had a vacancy to fill. I named a Republican. In that case, I actually had the flexibility to name a Democrat or Republican. I wanted to name the best person that I thought was interested in serving. The criteria I used in nominating people to serve on the judiciary in Delaware was that I wanted people who were really smart. I wanted to nominate folks who knew the law. I sought to nominate people who embraced the Golden Rule, who treat other people the way they want to be treated, so that folks who came before them in a courtroom received

fair and equal treatment. I wanted to nominate people who worked hard. I wanted to nominate people who had good judgment. I sought to nominate people who were able to make a decision. Sometimes people can have a lot of those qualities but have a hard time making a decision. I didn't want to do that. I wanted to have people who could do all those things.

My hope is that this President will look at Democrats, Republicans, and Independents and find among them the man or woman who meets all that criteria and more. That is the President's job.

I was up at the Detroit Auto Show. I know the Presiding Officer has a lot of assembly and supply operations in his State. Delaware used to, until fairly recently, build more cars and trucks per capita than any other State. So I care a lot about who is running GM and Chrysler. We lost both plants a few years ago when they went into bankruptcy. But I still go back to the Detroit Auto Show most years to keep in touch with the industry.

This last January, a month ago, I was in Detroit. It was the opening day of the Detroit Auto Show, with tens of thousands of people converging on the Detroit Auto Show, going this way and that way to see the different reviews and different vehicles, concept cars or new production vehicles that are going to be launched maybe later this year.

During the afternoon, I was looking for a restroom. I found one and so did hundreds of other people—in and out of this one restroom. I noticed an older gentleman who was a custodian standing with his cart, his mop and bucket, and his broom, outside of the mass of humanity. I walked in. In spite of all of those people, the place was remarkably clean.

I figured he was the janitor who had responsibility for this restroom. When I came out, I said to him: I just want to say, sir, that this is a really clean restroom. With all the different kinds of people you have coming in and out of here, I don't know how you do it. I just want to say thank you for doing your job really well.

He looked me in the eye and said: That is my job. He said: This is my job. And he said: I try to do my job well. He said: Everybody has a job, and everybody should try to do their job well.

I thought to myself: Wow, wow, what insight, what a message.

Under the Constitution, the President has a job. Apparently he is moving—not with haste, but I think with dispatch—to try to meet his responsibilities. I know we have had any number of times when Presidents have nominated Supreme Court Justices in a Presidential election year. I know a dozen or more times it has happened. I think every single time we had hearings for that nominee. There has been the opportunity to debate the nominee, question the nominee, meet with the nominee, debate here on the floor, and vote on the nomination up or down. I

don't know of any time when we have not done that, even when a nominee came to us during a Presidential election year.

I know we are in a crazy election season. It is still 8 months, 9 months before the election. But I hope that, at the end of the day, just like that janitor at the Detroit Auto Show intent on doing his job, the rest of us have the feeling that we have a job to do and that we should be in town doing our job. We have that need. We have that responsibility. I hope we will fulfill it. (Mr. COATS assumed the Chair.)

Mr. President, the other thing I want to say is "baseball." When the Presiding Officer and I were House Members together, we used to play baseball. We played in the congressional baseball game maybe 10 years ago—me on the Democratic side, him on the Republican side. For a year or two, I was almost selected as the most valuable Republican player—and I am a Democrat. So I wasn't always a great player, but I gave it my best.

I was in Florida for an event over the weekend, and last week in Florida and Arizona something wonderful happened. What happened was that spring training camps opened. Pitchers and catchers reported, and then the full teams started to report. When they start the spring training games in a day or two—maybe tomorrow—teams will take the field and they will take the field with nine players.

When Justice Roberts was going through his confirmation hearing before the Judiciary Committee, he was asked: What is the job of the Supreme Court? How would you describe it, in a simple way?

He said: Our job basically is to call balls and strikes.

When baseball teams take the field, they have nine players in nine positions. When the Supreme Court is in session, they have nine justices—or at least they did until the death of Justice Scalia. Just like you can't have a baseball team take the field without the shortstop or without the catcher or even without the second baseman or the center fielder and play well and do their job, at the end of the day, the Supreme Court is a team. They need nine—not players but nine justices—to be able to do their job well. Let's keep that in mind.

The last thing I would say is that the American people are frustrated with us and our inability to get things done. Sometimes I can understand why they would feel that way. We have a great opportunity to get something done. I hope the President will nominate a terrific candidate, and I hope our Republican friends will at least have the courtesy of meeting with that man or woman, give him or her a chance to present themselves and explain what they are about, have a hearing on that person, and then give them the honor of a vote. I think they deserve that.

Mr. President, I yield the floor for my friend from Vermont, the senior

Democrat on the Senate Judiciary Committee, Mr. LEAHY.

## CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

## COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2015—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 524, which the clerk will report.

The bill clerk read as follows:

Motion to proceed to Calendar No. 369, S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

The PRESIDING OFFICER. Under the previous order, the time until 5:30 p.m. will be equally divided between the two managers or their designees.

The Senator from Vermont.

### FILLING THE SUPREME COURT VACANCY

Mr. LEAHY. Mr. President, I appreciate the comments of the senior Senator from Delaware. We have plenty of time to get a nomination to the Supreme Court from the President and to confirm a Justice, just as this body has done 12 times in Presidential election years. I think probably the most recent, of course, was when Democrats controlled the Senate and we confirmed unanimously President Reagan's nomination in an election year, his final year in office. So it can easily be done. Besides, let us just do our job. We get paid to be here and to do our job. We ought to do it.

We also have the matter that each one of us has taken a very solemn oath before God to uphold the Constitution. The Constitution says the President shall nominate and the Senate shall advise and consent. We ought to do just what we all have solemnly sworn to do. I take my oath very seriously. I hope other Senators do too.

Now, Mr. President, today the full Senate is going to begin a discussion about one of the most challenging public health crises of our time—addiction to prescription painkillers and other opioids. In my home State of Vermont, there are few issues more pressing than opioid addiction. It is tearing apart families and communities—families and communities I have known all my life.

In March 2008, nearly 8 years ago, when I was chairman of the Judiciary Committee, I first held a hearing in Rutland, VT, about the challenges this epidemic presents in rural parts of our country. In subsequent field hearings, we learned about how communities like Rutland, VT—a beautiful community—were constructively seeking ways to get ahead of addiction. But we also learned—and I think we knew

this—that there are no easy answers, and we need a comprehensive approach. Education, prevention, and treatment are essential if we are to reverse the tide in this fight.

Vermont's all-hands-on-deck example serves as a model for other States and communities across the Nation. In fact, just last week an article in the *Christian Science Monitor* detailed how Vermont's pioneering approach has been embraced well beyond Vermont's borders.

So, Mr. President, I ask unanimous consent that the *Christian Science Monitor* article entitled "How one state turned its 'heroin crisis' into a national lesson" be printed in the *RECORD* at the conclusion of my remarks.

Opioid addiction is not a new issue. It is not new to me, and it is not new to Vermont. But it is about time that the full Congress gave this public health crisis the attention it deserves. The bill we begin to consider today, the Comprehensive Addiction and Recovery Act, or CARA, represents a positive step forward, and I am proud to be a cosponsor of it.

For decades, the knee-jerk response in Congress to those who struggled with addiction was misguided. We embraced harsh and arbitrary mandatory minimums, we ignored effective treatment options, and we pushed addicts further underground and away from recovery. Such policies reflect a complete misunderstanding of the problem of addiction.

At my hearings and everywhere I went, we saw police officers, faith communities, educators, medical professionals, parents, and addicts coming together, saying that no one group had the answer but the community had to come together. Because we know addiction is a disease, we know our tools for combating addiction must be the same as other disease—a commitment to evidence-based education and proven techniques for prevention, treatment, and recovery programs.

As one who has served in law enforcement, I know that law enforcement is an important element in a comprehensive approach. That is why I worked to include in this bill an authorization for funding to expand State-led anti-heroin task forces. But this legislation is important because it treats addiction as the public health crisis that it is. The bill authorizes a crucial program that I helped create that expands access to medication-assisted treatment programs—programs that have been plagued by massive waiting lists. The clinic in Chittenden County, VT—that is the largest of our 14 counties—has seen its wait list lengthened to nearly a year. What happens when that wait list is long? Several people have overdosed and died while waiting for treatment. Those deaths were probably preventable. We shouldn't die waiting for treatment. We have to do better.

The bill also recognizes the devastating impact that opioid abuse has

on rural communities. Just as in your State and every other State, we have rural communities. Vermont is predominantly rural communities. My home where my wife and I have lived since we got married is on a dirt road. We know rural America. We know it has been hit hard by addiction. Emergency medical services in rural communities are often limited. I am glad that the bill we reported out of committee includes my provision to support our rural communities for the overdose reversal drug naloxone.

Over the last decade, death rates from opioid overdoses have steadily climbed across the country. But there is a real disparity between rural communities and major cities. We found the more rural a location, the higher the death rate. Getting lifesaving drugs into more hands will save lives across the country, especially in our rural communities that are among the hardest hit.

This is not a partisan issue. I thank Senator WHITEHOUSE and Senator GRASSLEY for working with me on this legislation in our Judiciary Committee. I hope we will soon see its passage here in the Senate. But one authorization bill by itself is not going to end addiction. It is not going to end the deaths that we are seeing in rural America and in urban America.

We need a significant commitment of targeted funding to implement this bill. Senator SHAHEEN's \$600 million emergency supplemental appropriations bill provides those resources, and I am proud to be a cosponsor of that legislation, as well.

In your State, my State, and the other 48 States right now, we passed larger emergency supplemental bills that addressed swine flu and Ebola. We do not have Ebola in our country, but we passed an emergency supplemental bill to address that. We need to address what we have right here within our country today. Swine flu and Ebola presented far, far fewer dramatic health risks to our communities. We need to take this challenge just as seriously.

The bill we are considering today has received strong bipartisan support and deservedly so. But I hope all the Senators supporting CARA today will also support Senator SHAHEEN's legislation. One goes hand in hand with the other. We need to authorize these advances in dealing with the opioid crisis, but then we actually need to fund them.

We cannot pretend that solving a problem as large as opioid addiction costs nothing. We have an opportunity to equip our communities with the support and resources they need to finally get ahead of addiction. Programs will save lives. That is a worthy investment.

It is very easy to say we will pass a law to stop opioid addiction. We can all feel good about voting for that. Who is going to vote for legislation to say "let us continue opioid addiction"? But if we do not put the money in it, then,

basically, we are saying we want to feel good but we are not going to do anything for you.

We spend money worldwide. Some of it is for good causes, and some of it is totally wasted. Here we have a problem in the United States of America, where our priorities are first and foremost to our country. If you saw some of the people I heard in these hearings all over our beautiful State, some of the families with whom I have talked across their kitchen tables, and a young woman who had been addicted and is now helping to counsel others and the story she told, or if you saw a movie or TV program, you would say it couldn't be that grim. Well, it was. It is.

These people go across all income brackets, all brackets of education. It is tearing apart parts of our communities across the country. Fortunately, we have had some very brave people stand up. I hope Senator SHAHEEN's appropriation goes through because, if it does not, we are saying all the right things, as we should, except for one thing: We are not going to pay for it. This is too important to say the check is in the mail; just wait and wait. We can do better. We can do better.

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

[From The *Christian Science Monitor*, Feb. 23, 2016]

HOW ONE STATE TURNED ITS 'HEROIN CRISIS' INTO A NATIONAL LESSON  
(By Gail Russell Chaddock)

Paths to Progress: Vermont's pioneering focus on treatment amid an opioid crisis is being embraced by politicians of both parties—well beyond the state.

America's opioid addiction crisis, now claiming 78 lives a day, is sweeping aside party lines both at the state level and even in famously gridlocked Washington.

The nation's governors, from deep-red Alabama to bluest-of-the-blue Vermont, are moving rapidly to a strategy of treating illegal drug users rather than jailing them.

It's a shift that runs deep in public opinion, as well. Some two-thirds of Americans now typically say that they prefer providing treatment to long prison sentences.

"This is an area where I can get agreement from Bernie Sanders and Mitch McConnell," President Obama said at a White House meeting with governors on Monday. "That doesn't happen that often, but this is one. And it indicates the severity of the issue."

But the governors are, in fact, well ahead of Washington on this issue—as they were on welfare reform in the 1990s and, more recently, sentencing reform.

Gov. Peter Shumlin (D) of Vermont, a leader in the pivot from prisons to treatment, says he got into the addiction fight after talking to people in his state.

"I found we were doing almost everything wrong," he told a forum on opioid and heroin addiction at The Pew Charitable Trusts in Washington on Friday.

The best hope is to get more people into treatment, he said. And the best time to do that is "when the blue lights are flashing and the handcuffs are on."

Vermont, like other states in the Northeast, is facing severe opioid challenges. In 2014, Governor Shumlin devoted his annual State of the State address entirely to

Vermont's "full-blown heroin crisis." Annual overdose deaths from opioids had nearly doubled since 2004. The number of people seeking treatment for opioid addiction had spiked 770 percent since 2000.

#### WHAT VERMONT HAS DONE

And so Vermont has taken a hard look at its approach. Instead of jail, nonviolent offenders are given the option of going into treatment. They start in one of the state's new central clinics (hubs) and move on to a family doctor, counselor, or therapist closer to home (spokes).

Vermont law also shields people seeking medical help for an overdose from prosecution for manufacturing or selling drugs, not just for minor crimes. It also was the first state to legalize the sale of naloxone over the counter in pharmacies—a drug aimed at reversing overdoses and saving lives.

Other states have moved toward treatment instead of incarceration, but Vermont has done it on a grander scale, experts say.

"You've seen some elected officials support legalizing marijuana, some want to reform sentencing, some talk about overdoses, but very few have tied all these together in a comprehensive narrative," says Bill Piper, senior director of national affairs for the Drug Policy Alliance in Washington.

"Vermont's governor is at the forefront, and what makes him unique is that he's one of the few elected officials that has connected the dots on the various issues," he adds.

As a pioneer state, Vermont has also identified some of the limits of a treatment-centric strategy.

"As you build out treatment, and particularly in rural America, we can't get enough docs who are able to meet the demand of our waiting lists," Shumlin told the president at the White House meeting Monday.

But the most important issue, he told Mr. Obama, is to "come up with a more rational approach to prescribing prescription drugs."

#### A BID TO REIN IN PRESCRIPTIONS

Governors see legal prescriptions for drugs like OxyContin as the gateway to heroin. "Overprescribing of opioid painkillers has fueled the nation's addiction crisis," according to a report from the National Governors Association's Health and Human Services Committee. In a bid to rein in prescriptions, governors on that committee plan to develop a list of protocols to present to the full membership at the next NGA meeting in August.

"The United States represents 5 percent of the world's population and consumes 80 percent of the world's opioids," said Gov. Charlie Baker (R) of Massachusetts, who chairs the NGA's Health and Human Services Committee, on Saturday. That's "fundamentally flawed."

When prescriptions are too hard to get—or too expensive—addicts switch to heroin. "Most of the heroin addicts we treat started by using prescription opiates," says Brian McAlister, author of "Full Recovery" and CEO of the Full Recovery Wellness Center in Fairfield, N.J.

"Some were prescribed by a doctor or dentist, others were stolen from family or friends' medicine cabinets, and others were purchased illegally just to party—but the party ends very quickly. These drugs are highly addictive, and when the supply runs out, the problems get worse."

#### AT THE NATIONAL LEVEL

The prospect of politicians reining in pharmaceutical sales is a stretch in the halls of Congress. In 1993, the GOP-controlled Congress explicitly barred government from negotiating lower drug prices with drug companies. Last year, Big Pharma spent more than \$235 million to influence policy outcomes in

Washington—the largest budget of any lobby group in Washington.

Governors could set protocols on prescribing practices for painkillers on their own, Shumlin told the president. "But it takes time," and "it doesn't apply to all 50 states." Instead, he asked Obama to "consider a national approach which simply says, for minor procedures, we're going to limit this to 10 pills and after that you've got to come back for more."

"To be candid, the docs, the AMA [American Medical Association] are resistant to listening to politicians like us talking about how many pills to prescribe. But is there something you could do on a national level that would help us get out of this tragic mess?" he added. Obama answered, at length, but in the end deferred to the states. "A very specific approach to working with the docs, the hospitals, the providers so that they are not overprescribing" can be done at the national level, he said. "But it is most profitably done, I think, if we have bipartisan support from the governors so that by the time it gets to the national level, there is consensus and there's not a lot of politics involved in it."

In a recent blog, AMA president Steven Stack called the opioid epidemic a "defining moment" for the profession. "Our nation is needlessly losing thousands of people to a preventable epidemic, and we must take action for our patients."

Mr. LEAHY. I see nobody else seeking recognition, so I suggest the absence of a quorum, and I ask the time be equally divided.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

#### CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

#### CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the motion to proceed to Calendar No. 369, S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

Mitch McConnell, Daniel Coats, Dan Sullivan, Orrin G. Hatch, Shelley Moore Capito, John Cornyn, Lindsey Graham, Roy Blunt, Ron Johnson, Chuck Grassley, Rob Portman, Susan M. Collins, Jeff Flake, Cory Gardner, Lamar Alexander, John Barrasso, John McCain.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the motion to proceed to S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Tennessee (Mr. ALEXANDER), the Senator from Missouri (Mr. BLUNT), the Senator from Arkansas (Mr. BOOZMAN), the Senator from Texas (Mr. CRUZ), the Senator from Florida (Mr. RUBIO), the Senator from Alabama (Mr. SHELBY), the Senator from Alaska (Mr. SULLIVAN), the Senator from Pennsylvania (Mr. TOOMEY), and the Senator from Louisiana (Mr. VITTER).

Further, if present and voting, the Senator from Tennessee (Mr. ALEXANDER) would have voted "yea", the Senator from Alaska (Mr. SULLIVAN) would have voted "yea", and the Senator from Pennsylvania (Mr. TOOMEY) would have voted "yea."

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCASKILL) and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

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

The yeas and nays resulted—yeas 89, nays 0, as follows:

[Rollcall Vote No. 27 Leg.]

#### YEAS—89

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

#### NOT VOTING—11

Alexander	McCaskill	Sullivan
Blunt	Rubio	Toomey
Boozman	Sanders	Vitter
Cruz	Shelby	

The PRESIDING OFFICER. On this vote, the yeas are 89, the nays are 0.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The Senator from Iowa.

Mr. GRASSLEY. Mr. President, an historic epidemic of drug overdose deaths is gripping our country. Over 47,000 Americans died from overdoses in 2014, an alltime high. Incredibly, that is more deaths than resulted from either car crashes or gun violence.

Addiction to opioids, primarily prescription painkillers and heroin, is driving this epidemic. It is destroying lives, families, and communities. It is a crisis. And it demands action.



Thankfully, the Senate can act this week, when we consider S. 524, the Comprehensive Addiction and Recovery Act, or CARA.

CARA is a bipartisan bill authored by two Democrats and two Republicans—Senators WHITEHOUSE, PORTMAN, KLOBUCHAR, and AYOTTE.

These Senators have shown extraordinary leadership on this issue. They deserve credit for crafting a bill that addresses many of the different aspects of this epidemic, through evidence-based solutions and best practices. This is a complex crisis that requires a multifaceted solution.

Over the past few months, I have worked hard with the bill's authors to refine it and move it through the Judiciary Committee. I am proud to say that a few weeks ago it passed the committee on a voice vote, with no opposition.

CARA is only the latest bipartisan legislative accomplishment by the Judiciary Committee this Congress. We have had 21 bills pass the Committee this Congress, all with bipartisan support. But there are a few major bills that stand out.

Last April, the committee passed the Justice for Victims of Trafficking Act unanimously, 19-0. The bill enhances penalties for human trafficking and equips law enforcement with new tools to target predators who traffic innocent young people. The bill passed the Senate 99-0 and was signed into law by the President.

In October, the committee passed the landmark Sentencing Reform and Corrections Act with a strong 15-5 bipartisan vote. My bill would recalibrate prison sentences for certain drug offenders, target violent criminals, and grant judges greater discretion at sentencing for lower-level drug crimes. I am working hard to build additional support for the bill so that it can be taken up by the full Senate soon.

Then in December, the committee passed my Juvenile Justice and Delinquency Prevention Reauthorization Act, again without opposition. The bill will ensure that at-risk youth are fairly and effectively served by juvenile justice grant programs. Again, we are working hard to move this bill through the full Senate.

The bipartisan reforms enacted by each of these bills address real problems that affect the lives of many people across the nation and in my home state of Iowa. I am proud of the work we have done so far—but there is a lot more to do.

And that brings me back to the heroin and prescription drug epidemic. It isn't as bad in Iowa as it is in many areas of the country, but the eastern part of my State has been hit hard recently.

The human cost of what is happening across so many of these communities is incalculable. Every life that is lost or changed forever by this epidemic is precious. Especially for many young people who fall victim to addiction

early in their lives, there is so much human potential at stake.

Many Iowans have heard the story of Kim Brown, a nurse from Davenport, and her son Andy. Andy was prescribed pain pills when he had surgery at age 14. Whether it was connected to abuse of those pain pills or not, he developed a drug problem as a teenager that he couldn't shake. He overdosed on heroin at age 33, he died of an overdose, tragically leaving behind two young sons. Ms. Brown now speaks out around the State about the heroin epidemic.

Her story reflects a larger pattern. Over the last 20 years or so, doctors have increasingly prescribed opioids to help their patients manage pain. For many, these medicines have been the answer to their prayers. But for others, they have led to a nightmare of addiction.

According to numerous studies, prescription opioid addiction is a strong risk factor for heroin addiction. In some cases, those addicted to painkillers turn to heroin to get a similar high, because recently, it has become cheaper and more easily available.

And as Ms. Brown's story reflects, this epidemic is a matter of life and death. In fact, nationally, heroin overdose deaths more than tripled from 2010 to 2014.

But Iowans are fighting back. Last year, with the assistance of a new Federal grant, the U.S. Attorney's office and the Cedar Rapids Police Department formed the Eastern Iowa Heroin Initiative.

This partnership is focused on stemming the tide of heroin abuse through enforcement, prevention and treatment. I have been invited to participate in a townhall with them to discuss the epidemic, and I plan to do so soon.

When I do, I want to tell them that the Senate has acted on this crisis by passing CARA. CARA supports so many of the efforts to help stem the tide of addiction that are underway in Iowa and across the country.

As its name reflects, the bill addresses the epidemic comprehensively, supporting prevention, education, treatment, recovery, and law enforcement.

CARA starts with prevention and education. It authorizes awareness and education campaigns, so that the public understands the dangers of becoming addicted to prescription painkillers.

It creates a national task force to develop best prescribing practices, so that doctors don't expose their patients to unnecessary risks of addiction.

The bill encourages the use of prescription drug monitoring programs like Iowa's, which helps detect and deter "doctor shopping" behavior by addicts.

And the bill authorizes an expansion of the Federal initiative that allows patients to safely dispose of old or unused medications, so that these drugs don't fall into the hands of young people, potentially leading to addiction.

In fact, along with a few other committee members, I helped start this "take back" program in 2010 through the Secure and Responsible Drug Disposal Act. It has been a highly successful effort. Since 2010, over 2,700 tons of drugs have been collected from medicine cabinets and disposed of safely. Iowa also has a similar "take back" program that's expanding rapidly.

CARA also focuses on treatment and recovery. The bill authorizes programs to provide first responders with training to use Naloxone, a drug that can reverse the effects of an opioid overdose and directly save lives. Naloxone was used hundreds of times by first responders in Iowa in 2014.

Importantly, the bill provides that a set portion of Naloxone funding go to rural areas, like much of Iowa that is being affected most acutely. This is critical when someone overdoses and isn't near a hospital.

The bill also authorizes an expansion of Drug Free Communities Act grants to those areas that are most dramatically affected by the opioid epidemic. And it also authorizes funds for programs that encourage the use of medication assisted treatment, provide community-based support for those in recovery, and address the unique needs of pregnant and postpartum women who are addicted to opioids.

Finally, the bill also bolsters law enforcement efforts as well. Amazingly, in 2007, only 8 percent of State and local law enforcement officials across the country identified heroin as the greatest drug threat in their area. But by 2015, that number rose to 38 percent, more than any other drug.

So the bill reauthorizes Federal funding for State task forces that specifically address heroin trafficking.

I am also pleased that I was able to include in the bill a reauthorization of the funding for the methamphetamine law enforcement task forces as well.

I held a Judiciary Committee field hearing in Des Moines last fall about the ongoing meth problem across Iowa. And one thing the hearing made clear is that our friends in State law enforcement need all the help we can give them on that front, too.

All in all, the bill authorizes about \$78 million per year to address this crisis.

It is no wonder that the bill is supported by a diverse range of stakeholders, including the Community Anti-Drug Coalitions of America, the Partnership for Drug-Free Kids, the National District Attorneys Association, the Major County Sheriffs' Association, the National Association of Attorneys General, and so many organizations in the treatment and recovery communities.

I urge my colleagues to support it this week, when the Senate has the opportunity to act to address this epidemic. We owe it to those, like Kim Brown, who have lost sons and daughters, brothers and sisters, coworkers and friends to act now.

I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, first I thank my colleague and chairman of the Judiciary Committee, CHUCK GRASSLEY.

Many years ago I went to Iowa with Senator GRASSLEY to set up an anti-drug coalition. We had done one in Ohio. I was the chair of that, and CHUCK GRASSLEY asked if I would come. This was probably 20 years ago that Senator GRASSLEY—and I was in the House.

We had a great visit. We had a couple of townhall meetings. CHUCK GRASSLEY is a guy who understands the issue, cares about it, and has devoted a lot of time and resources to it in Iowa. The people of Iowa know he is sincere about it because he has been on the ground setting up these coalitions and dealing with this issue.

Frankly, it is a little disappointing—probably to him and to me—to see that some 20 years later we are still facing this issue now and even different issues. He mentioned methamphetamines. He mentioned, of course, the heroin and opiate addiction problems with prescription drugs.

Twenty years ago it was more marijuana and cocaine, but I think the lesson we have all learned is these drugs will come and go in terms of their severity and their impact on our communities and our families, but it is always going to be there, and we need to keep up the fight.

Right now we have an urgent problem. That urgent problem was outlined by Senator GRASSLEY, but it is this growing use of opiates that leads to a horrible addiction. It has a grip on so many of our constituents, so many of our loved ones.

Over the weekend I had a townhall meeting. I asked—after we had talked about taxes, trade, energy, and other issues—if people would just raise their hands if they had been affected by the heroin and prescription drug addiction problem. I said: Has anybody in your family and friends been affected? Half of the hands in the room went up.

Unfortunately, that is the reality of this situation. In Ohio last year we lost almost 2,400 just to overdose deaths. That doesn't account for the fact that so many people are being saved now by naloxone—which is something that is encouraged by our legislation and we will talk about it in a second. Narcan is being used, but even those who survive the overdoses, of course, are seeing their families broken apart, their communities devastated.

I talked to a prosecutor over the weekend in one of our more rural counties, and he said: ROB, over 80 percent of our crime is directly related to this issue now, heroin and prescription drugs. Often it is people committing crimes to pay for their habit.

The people who are the purveyors of these drugs have a business plan; that is, to get you hooked with a relatively

low cost at first and then you need more and more to be able to feel the same high. It gets more expensive to the point that it might go from \$50 to \$100 the first time to \$1,000 or \$1,500 a day by the end of your addiction. This is how horrible it is and it leads to so many collateral consequences.

I am very pleased the Senate voted tonight to proceed to this legislation called CARA, the Comprehensive Addiction and Recovery Act. CARA is a Federal response to this issue. It is attempting to make the Federal Government a better partner with State and local governments, with nonprofits, to be able to help to reverse this tide to deal with this urgent problem in our communities. I would call it an epidemic. It certainly is at epidemic levels in my State of Ohio. Sadly, we are the top five in the country in terms of overdose deaths, but again it goes well beyond just those deaths. There are so many people who are affected by it negatively and so many who have not been able to fulfill their God-given purpose because of this horrible addiction.

This legislation called CARA is bipartisan. It is comprehensive. As Senator GRASSLEY said, he got it through the Judiciary Committee. I appreciate that. He got it through with something very extraordinary around here, which is a unanimous vote—meaning nobody objected. That never happens around here. It just means that every Senator is addressing this issue back home, understands it, and wants to do something about it. This legislation is built on common sense, research, and experts from around the country who have come in.

I thank Senator SHELDON WHITEHOUSE, who is the lead Democrat on this legislation and my lead cosponsor. He and I are the coauthors of this legislation. I also thank Senators KELLY AYOTTE and AMY KLOBUCHAR, who have been terrific partners. Then there are 34 other bipartisan cosponsors. I thank them all for their support.

I am excited that if this bill can pass, it will pass in the House as well because there is companion legislation. In fact, the House bill has 88 cosponsors right now—also bipartisan. So the idea is to get this bill passed, get it through the House, and have it signed into law by the President of the United States. It is urgent we do it.

This is a bill that not only has a lot of support on both sides of the aisle, but—much more importantly to me—it has the support of people all over the country who are experts in this field: doctors; those in recovery; experts in prevention, treatment, and recovery; and law enforcement.

The legislation actually comes—I hope you can see on this chart, the words are kind of small—but it comes from the last few years, putting together these experts from all around the country. We had five different summit meetings in Washington, DC.

One was with the criminal justice system. We brought in experts from all

around the country to talk about treatment and alternatives to incarceration. As you will see in this legislation, we have ways to divert people from incarceration into treatment programs, which we think is part of the way to solve this problem.

We then had one that focused on women, the special interests and needs of women who are facing addiction and how to ensure they get into treatment. As we will talk about later, this has a lot to do with one of the problems that is out there right now, which is more and more babies who are born with addiction and having to take those babies through withdrawal. The care and compassion involved in that is truly impressive, but that was a good forum for us. We had one on the science of addiction and addressing the consequences of addiction. There are a lot of good people around the country who understand the science of this and what medication might work and what future medication might be better to deal with it.

We talked about youth drug prevention and developing communities of recovery. This is a very important aspect of our legislation. We don't just talk about treatment, as important as that is, we talked about how you divert people from getting into it in the first place through better prevention and education.

Finally, we had a forum on veterans focusing on substance abuse and PTSD and other issues. I recently visited one of our veterans courts in Columbus, OH, and saw the good work they are doing. Most people going through that court have mental health issues. Most also now have, sadly, opioid addiction issues, usually starting with prescription drugs and moving to heroin.

As I said, there is strong bipartisan support for this legislation in the House and the Senate. It is endorsed by more than 130 groups nationwide. By the way, those groups include some groups you might not expect normally to be together on something such as this—the Fraternal Order of Police, the American Society of Addiction Medicine, the Faces and Voices of Recovery, the Coalition for a Drug Free America, the Children's Hospital Association, the National Association of Addiction Treatment Providers, the Partnership for Drug Free Kids, the American Society of Addiction Medicine, the National Association of State Alcohol and Drug Abuse Directors, groups who are in all of our States, the National Council for Behavioral Health, and, of course, the Major County Sheriffs' Association. So law enforcement, treatment, recovery, education—everybody is coming together on this because we realize this is going to take that kind of comprehensive approach with all sectors of our community being involved and engaged.

CARA now has support not only of a lot of these groups from around the country, but because of these groups—they helped us write a better bill.

What does the bill do? Here are the basic elements of CARA:

First, with regard to prevention and education, it does establish new task forces to develop better practices for prescribers simply because there has been overprescribing, particularly of prescription drugs. These narcotics have been overprescribed to the point that many people end up on heroin as a less expensive alternative to the prescription drugs to which they have become addicted. The task force is an interagency task force that is reporting back to the Congress on how to develop these best practices for the medical community.

The bill also establishes a national awareness campaign with regard to prevention and education. That is critical for us to get the word out. It has grants to local coalitions. This is in the Drug-Free Communities Act area. The Drug-Free Communities Act goes back to the 1990s. Since 1998 there has been \$1.3 billion spent under the Drug-Free Communities Act. I was the author of that in the House. It is good legislation that helped create over 2,000 community coalitions around America. I chaired ours in Cincinnati, OH, for 9 years and am still very involved with it, and they do great work. But, again, we now have this new issue, this new threat we must address. This helps with regard to specific grants where there is a high degree of opioid addiction and the negative consequences of it, to be able to blend with the drug-free community program.

Law enforcement. The bill provides for training for Narcan—what is known as naloxone—for first responders to prevent overdoses. I think everybody in this Chamber has run into this back home. I went to a firehouse recently because we had lost a brave firefighter in a house fire, and I went to talk to his shift about him and to thank them for their service. After talking to them about their fallen comrade, they wanted to talk about this issue. They told me: ROB, we are spending more time administering Narcan than we are fighting fires these days. In other words, they are going out and helping people who are having overdoses and are saving their lives.

A friend of mine who is a firefighter in Cincinnati told me just a couple of weeks ago that he was responding to an overdose, saving someone in front of a house, when, in an entirely different group in the back of the house, an overdose occurred.

In Toledo last week, there was a response by emergency medical services to somebody who had hit a telephone pole. They found him with a syringe in his arm. He had overdosed. While they were responding to him, there were two other overdose calls in Toledo—one city in Ohio. There were three at the same time. Two of the three were saved by Narcan. The third died.

Our folks in law enforcement and our first responders, our firefighters, are doing a terrific job. They need help.

They need more Narcan and more training to be sure they can continue to do what they are doing to prevent these overdoses. It is not the answer. Of course, the answer is prevention, education, and better treatment. But in the meantime, we have to provide them the help they need.

The law enforcement side also expands these drug prescription take-back programs. They work very well, as Senator GRASSLEY said, in some of our States. We need to do more to expand those, and that is usually done through our law enforcement communities.

It also authorizes a task force to combat heroin and methamphetamines. These are the law enforcement task forces we talked about earlier, which will help to coordinate Federal, State, and local law enforcement to deal with this issue.

On the treatment and recovery side, it expands medication assisted treatment for opioid and heroin addiction. It creates diversion, education, and treatment programs in the criminal justice system. We talked about that earlier. That is so important.

I have been at roundtable discussions all around my State and at a number of treatment centers talking to recovering addicts about how they got into the situation they are in and what advice they have. A young man told me a classic story. He had an injury. He started using prescription drugs. He got addicted. He needed money to buy these expensive pain pills. He actually stole from a family member, and he ended up in the law enforcement system and in jail. It was in jail that he was told for the first time that it was actually cheaper to buy heroin. He got out and bought heroin and became a heroin addict. He is now in treatment. He hit rock bottom, as he said, and I think it was because he had an overdose.

This is something where we need to figure out a better way to get people diverted and use the criminal justice system to provide the incentive to get them into the right treatment program.

It also supports recovery for youth and building communities of recovery, again focusing on our youth to get them to make the right decisions but also steering our youth who are addicted into the recovery they need. Sadly, this is now necessary in many of our high schools and in our colleges and universities.

It also establishes a task force to review some of the recovery and collateral consequences. This is an interagency task force that is going to report back to us on what is truly working and what is not working in order to do a deeper dive to ensure we are using this money most effectively in order to make a difference.

It has treatment services for women and veterans included. This is a special interest of ours in this legislation—expanding treatment for pregnant women

who are struggling with addiction, again to avoid this horrible situation where babies are born with an addiction.

It also supports care for our veterans. Our veterans right now can enter treatment, of course, following discharge with this legislation. This is important. Our veterans have some special needs and special circumstances—often trauma, PTSD, and other things related to their addiction. We find these veterans courts are incredibly helpful, to be able to have them surrounded by fellow veterans in order to make more progress. That is in here as well.

Finally, the legislation incentivizes the States themselves to enact comprehensive initiatives to address the opioid and heroin abuse problem—the prescription drug monitoring program, for instance. This is very important. The Federal Government has a big role to play here. Think about it. If you are in one State and you are monitoring someone's prescription drug medications, knowing where they are going and how much they are getting to avoid overprescribing, if that person crosses State lines, it is very difficult. So our legislation expands on what can be done there to ensure that, for instance, my State of Ohio knows whether someone has gone to Kentucky, West Virginia, Pennsylvania, Indiana, or Michigan to get prescription drugs. So the prescription drug monitoring program will work better for every State.

Prevention and education on heroin abuses—this is to incentivize States to do a better job on the prevention and education side and, of course, to prevent overdose and to improve drug treatment.

These are all aspects of this legislation. It is comprehensive because the problem is complex and requires a comprehensive approach.

Here are some statistics—we have already talked about some this evening—that are shocking. We know that 28,647 Americans died in the last year for which we had data, which is 2014, from a drug overdose. The 2015 numbers will be higher than that. That is roughly 120 Americans dying every day.

There were 27,000 diagnosed cases of neonatal abstinence syndrome in 2013, the last numbers we have. It is even worse this year. This means babies were born with an addiction. A baby is born dependent on opioids every 19 minutes in America. So while I am speaking today, there will be another baby born who is addicted.

I have gone to hospitals in Cincinnati; in Lima, OH, to St. Rita's; to Rainbow Babies Children's Hospital in Cleveland, OH. They are incredible caregivers. My wife Jane was at Nationwide Children's Hospital today, actually, on this very issue. These are babies who are so tiny, you can almost hold them in the palm of your hand. They need caregivers to take them through a process where they go through withdrawal. And we are not

sure what the long-term consequences are because we don't have the data yet because this is such a new issue. There has been a substantial increase over the last several years. In Ohio, the same thing I said earlier—750 percent increase in the number of babies diagnosed with neonatal abstinence syndrome since 2004. There has been a 750-percent increase in babies born addicted.

These are the issues this legislation gets at. Again, it does so in a way that is not just bipartisan, which is important, and not just House and Senate, which is important—the House has its own companion bill, one the President will be able to sign into law—but most importantly, it is because of the input of people from all over this country, the experts, people who are recovering themselves, and those who are most affected by this, that this legislation makes sense, and not just for my State but for our country.

The Judiciary Committee had a number of good witnesses. One was a woman named Tonda DaRe. Tonda DaRe is from Ohio. She had a daughter named Holly. On her 21st birthday, Holly, who had a bright future ahead of her—she was engaged to be married, and she had been very involved in her high school and active in sports—tried heroin for the first time. She became addicted. She went into recovery, and unfortunately, as in many cases, she had a relapse. At age 23 her young life ended in an overdose.

Her mom, Tonda DaRe, set up an organization called Holly's Song of Hope. She testified before the Judiciary Committee about the importance of her work—talking to other mothers and fathers and sons and daughters about the devastating consequences of this heroin and prescription drug addiction. This legislation needs to be passed so that we can help Tonda. She testified on behalf of this legislation because she has looked at it and knows it will make a difference in her life and her community.

This is an urgent problem, as I said earlier. It is also one we have a lot of bipartisan consensus around. There will be opportunities during this debate to hear from a lot of different people on a lot of different ideas on amendments to the legislation. That is good. It is good to have a debate. But I hope my colleagues on both sides of the aisle will keep focused on the importance of getting this done. It is important to get it done in terms of providing immediate help to our communities and also providing a structure to more effectively spend funds this year—and yes, we have funds to spend this year that have been appropriated consistent with CARRA—but also next year and the year after and the year after. Some will support more resources, and that is fine. We need to have that debate. I myself think it is a priority, and we should be providing the resources to be able to deal with this issue.

I would also urge my colleagues to ensure that we get this over the finish

line. It is too important. We can't play politics with it. This is one of those issues, again, like so few around here, that got out of the committee without a single dissenting vote. We have done the right thing on a bipartisan basis to bring in the experts. We have a good solution to an urgent problem we all face.

I am pleased with the vote tonight, and I urge my colleagues to have a good debate on the floor. Let's get this done for the sake of Tonda DaRe and so many other mothers, fathers, and others out there who deserve to have a little help in their fight against opioid addiction.

I yield the floor.

The PRESIDING OFFICER. The Senate majority leader.

Mr. McCONNELL. Mr. President, I just want to congratulate the Senator from Ohio for his extraordinary leadership on this issue. This is an epidemic that affects us all, and he has definitely been at the fore in providing exceptional leadership on this, and I want to commend him for that.

#### MORNING BUSINESS

##### BLACK HISTORY MONTH AND THE PULLMAN PORTERS

Mr. DURBIN. Mr. President, this year marks the 90th anniversary of historian and scholar Dr. Carter G. Woodson's launch of Negro History Week—and is the 40th anniversary of the inaugural Black History Month. This year, as Black History Month is coming to a close, I want to celebrate by paying tribute to a Chicago neighborhood that has played a significant part in our country's African-American and labor history—the Pullman Historical District.

One year ago this month, President Obama designated the South Side Chicago's Pullman Historic District as the Nation's 406th national park. The Pullman National Historical Park has a special place in our Nation's history. It has been the site of some major historical events. The men and women of the Pullman community—the birthplace of the Nation's first Black labor union—the Brotherhood of Sleeping Car Porters—helped shape our country as we know it today. By fighting for fair labor conditions in the 19th century, the Pullman workers advanced America's civil rights movement.

In the 1890s, the Pullman community was the catalyst for the first industry-wide strike during one of the worst economic depressions our Nation ever faced—and led to the creation of Labor Day as a national holiday. These railroad workers aren't always mentioned in the history books or picked to join the parades during Black History Month—but they made history and deserve to be honored. One hundred and one years ago, fearing that the history of African Americans was fading into obscurity, Dr. Carter G. Woodson

founded the Association for the Study of Afro-American Life and History. His goal was to raise awareness of African Americans' contributions to civilization. He believed that truth could not be denied—and realized that past contributions by African Americans needed to be documented and taught. He once said, "if a race had no recorded history, its achievements would be forgotten and, in time, claimed by other groups." I agree with Dr. Woodson—and so does the A. Philip Randolph Pullman Porter Museum in Chicago.

Earlier this month, with the help of DePaul University, the A. Philip Randolph Pullman Porter Museum launched a new online registry that gives voice to the stories of Black railroad workers. By capturing stories from scholars and the relatives of these workers, we will preserve oral histories that otherwise might be lost to history. If you listen to the oral histories, you will hear stories from people like Theodore Berrien, who worked as a Pullman porter from 1940 to 1969. Berrien worked on President Franklin Delano Roosevelt's funeral train from Georgia to Washington, DC. On the registry, Berrien's grandson says: "He spoke of how kind Mrs. Roosevelt was and thanked him for his services during the trip."

Or take Blaine McKinley Fitzgerald, who worked as a Pullman porter on the Illinois Central and Louisville and Nashville railroads from 1920 to 1946—his relatives wrote: "Blaine's major route was from Birmingham to New York. He also worked the Rose Bowl trips to California when Alabama was a major contingent." You will hear how Blaine raised a family of six children on his salary as a Pullman porter—all college educated—who became teachers, lawyers, and engineers. Blaine's story is just one of many examples of how the Pullman porters helped build the African-American middle class in Chicago.

But even as the African-American middle class expanded in Chicago and across the country, the struggle for justice, equality, and equal opportunities for African Americans in this country has continued.

And the State of Illinois has played a significant role in that struggle. Springfield, IL native President Abraham Lincoln led our Nation through a war to save the Union, abolished slavery, and began the work we continue today to end discrimination. In 1909, the centennial of Lincoln's birth, 2,000 people gathered at a dazzling gala to honor the centennial of Lincoln's birth. Even though this was an event celebrating the centennial of the President that helped abolish slavery—like most in America at that time, it was segregated.

The Chicago Tribune reported, that it "is to be a lily white affair from start to finish." But across town, the Black community organized its own Lincoln centennial at the African

Methodist Episcopal Church. The Reverend L.H. Magee spoke at that gathering and noted the widespread feeling of hurt over the exclusion of people of color from the main Lincoln banquet. Reverend Magee made a prediction about the bicentennial of Lincoln's birth in 2009—100 years in the future: "prejudice shall have been banished as a myth and relegated to the dark days of Salem witchcraft."

In many ways, his prediction was correct. We have come a long way to banish discrimination in our communities—our legal system recognizes that all men and women are created equal and should be free from discrimination in schools, housing, and employment. And in 2009, President Barack Obama, a former Illinois Senator, was sworn in as the first African-American President of the United States of America.

Pastor Magee had a vision of a new America, but he may not have imagined that bricks laid by the hands of slaves would make a home in our White House for a family of color. But, while progress has been made, we cannot ignore that we still have more to do. When one in three African-American men will go to prison in their lifetime, we have more to do. When the unemployment rate for African Americans are more than double the rate for Whites, we have more to do. And when efforts exist across the country to make it harder to vote, rather than easier, we have more to do. But it is when the climb is the steepest that we can come together as Americans, to take the mountaintop once and for all.

This month, let's celebrate these achievements and honor Dr. Carter G. Woodson's legacy by remembering all the contributions of the extraordinary men and women of the civil rights movement—including the Pullman porters. We have come a long way, but we still have work to do to fulfill the promise to make our Nation fairer and more equal and to do what Lincoln called on us to do: "nobly save . . . the last best hope of earth."

(At the request of Mr. REID, the following statement was ordered to be printed in the RECORD.)

#### VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote on the motion to invoke cloture on the motion to proceed to S. 524, the Comprehensive Addiction and Recovery Act of 2015. I would have voted yea. •

#### ARMS SALES NOTIFICATION

Mr. CORKER. Mr. President, section 36(b) of the Arms Export Control Act requires that Congress receive prior notification of certain proposed arms sales as defined by that statute. Upon such notification, the Congress has 30 calendar days during which the sale may be reviewed. The provision stipulates that, in the Senate, the notification of proposed sales shall be sent to the chairman of the Senate Foreign Relations Committee.

In keeping with the committee's intention to see that relevant information is available to the full Senate, I ask unanimous consent to have printed in the RECORD the notifications which have been received. If the cover letter references a classified annex, then such annex is available to all Senators in the office of the Foreign Relations Committee, room SD-423.

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

DEFENSE SECURITY  
COOPERATION AGENCY,  
Arlington, VA.

Hon. BOB CORKER,  
Chairman, Committee on Foreign Relations,  
U.S. Senate, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, we are forwarding herewith Transmittal No. 15-75, concerning the Department of the Air Force's proposed Letter(s) of Offer and Acceptance to the Government of Jordan for defense articles and services estimated to cost \$115.1 million. After this letter is delivered to your office, we plan to issue a news release to notify the public of this proposed sale.

Sincerely,

J.W. RIXEY,  
Vice Admiral, USN, Director.

TRANSMITTAL No. 15-75

NOTICE OF PROPOSED ISSUANCE OF LETTER OF OFFER PURSUANT TO SECTION 36(B)(1) OF THE ARMS EXPORT CONTROL ACT, AS AMENDED

- (i) Prospective Purchaser: Jordan.
- (ii) Total Estimated Value:  
Major Defense Equipment: \$0 million  
Other: \$115.1 million  
TOTAL: \$115.1 million
- (iii) Description and Quantity or Quantities of Articles or Services under Consideration for Purchase:  
Scheduled and unscheduled depot module maintenance, in addition to Augmenter Module support, for fifty-two (52) F100-PW-220E F-16 A/B (Block 15) Engines.
- (iv) Military Department: USAF (QCC).
- (v) Prior Related Cases, if any: FMS Case: JO-D-QAW-17 APR 12-\$14M.
- (vi) Sales Commission, Fee, etc., Paid, Offered, or Agreed to be Paid: None.
- (vii) Sensitivity of Technology Contained in the Defense Article or Defense Services Proposed to be Sold: None.
- (viii) Date Report Delivered to Congress: FEB 25 2016.

\*as defined in Section 47(6) of the Arms Export Control Act.

#### POLICY JUSTIFICATION

JORDAN-REPAIR AND RETURN OF F-16 ENGINES, SUSTAINMENT AND SUPPORT

The Government of Jordan has requested approval to amend its F-16 engine program for repair and return of its F100-PW-220E engine modules. This effort is in support of the Royal Jordanian Air Force's ongoing scheduled maintenance activities for its 52 F100-PW-220E engines. Services requested under this proposed sale include contract support for parts, components, accessories, and labor to remanufacture the current propulsion fleet at scheduled maintenance intervals. There is no Major Defense Equipment associated with this case. The overall total estimated value is \$115.1 million.

The proposed sale will contribute to the foreign policy and national security of the

United States by helping to improve the security of a friendly country which has been, and continues to be, an important force for political stability and economic progress in the Middle East. Jordan is a key partner in the coalition working together to defeat Islamic State in Iraq and Levant (ISIL) forces. This engine and sustainment program will maintain Jordan's fighter aircraft capabilities and support its national defense. Jordan will have no difficulty absorbing this support.

The proposed sale of this equipment, services, and support will not alter the basic military balance in the region.

Jordan has accounted for the cost of engine sustainment in its budget over the course of multiple years.

The prime contractor will be Pratt and Whitney, East Hartford, Connecticut. There are no known offset agreements proposed in connection with this potential sale.

Implementation of this proposed sale will entail periodic Program Management Reviews in the United States or Jordan. There are no additional U.S. Government or contractor representatives anticipated to be stationed in Jordan as a result of this potential sale.

There will be no adverse impact on U.S. defense readiness as a result of this proposed sale.

#### ANNIVERSARY OF PROTESTS IN BAHRAIN

Mr. WYDEN. Mr. President, this month marks 5 years since Bahrainis of all backgrounds took to the streets in Manama in peaceful protest, calling for reform in their country. As Senators have heard me recount here before, the Government of Bahrain responded with violence and repression, torture and retaliation. In response, the monarchy set up an independent commission: the so-called Bahrain Independent Commission of Inquiry, or BICI. And I say this is important to recall because many of the BICI's 26 specific, concrete recommendations remain unfulfilled 5 years later.

That certainly isn't what the government of Bahrain wants you to believe. In fact, the regime's representatives continue to insist that they have fully implemented all of the BICI recommendations. As they tell it, they have turned the page on that chapter of Bahrain's history.

But members of Bahrain's peaceful opposition feel trapped in a never-ending story. Nongovernmental organizations like Americans for Democracy and Human Rights in Bahrain, Amnesty International, Human Rights First, Human Rights Watch, and the Project on Middle East Democracy have all documented the regime's ongoing repression. The State Department's most recent annual human rights report for Bahrain states that protestors face "arbitrary deprivation of life," "arrest and detention of protestors . . . occasionally leading to their torture," and "restrictions on civil liberties, including freedom of speech, press, assembly association, and religion." And as some colleagues know, the State Department could last

certify that Bahrain had only fully implemented 5 of the 26 BICI recommendations. That is a pretty far cry from full implementation.

As the son of a journalist, I want to take a minute to highlight one particular aspect of the regime's repression: the crackdown on speech and expression. As recently as this month, a Bahraini court sentenced an internationally known photographer to serve jail time for participating in an unlicensed protest. The regime has similarly targeted bloggers as well as prominent and award-winning photojournalists for merely capturing Bahrain's ongoing unrest. And just this month, a Bahraini court sentenced a Sunni opposition leader to 1 year in prison for giving a political speech.

Despite these concerns, the Obama administration chose last year to resume selling or transferring certain arms to the Government of Bahrain. I was one of the biggest proponents of the arms ban dating back to 2011, and I saw no reason to revisit the policy last year. In fact, I introduced the bipartisan BICI Accountability Act, legislation that would block the administration's decision to overturn the weapons ban until the State Department could certify that all 26 BICI recommendations were fully implemented.

I am not here to make broad pronouncements about what the Government of Bahrain should look like—that is very much a conversation for Bahrain's people and its rulers to have. But as President Obama said in 2011, “you can't have a real dialogue when parts of the peaceful opposition are in jail.” For Bahrain to move forward, the government will need to release the opposition leaders still languishing in its prisons.

The United States and Bahrain have ties that go back decades; our countries are partners and allies. Indeed, I am not disappointed with the Government of Bahrain despite our bilateral relationship; I am disappointed with the Government of Bahrain because of our bilateral relationship. The United States of America has an obligation, it strikes me, to ask more of her friends and allies around the world. And when they falter or fail, the U.S. has a duty to help them live up to their potential. And of course, there is always the real danger that continued unrest or even greater instability could impact the safety of our soldiers in Bahrain or the future of the American presence there.

For these reasons, I speak out today against further oppression, and I call again for reconciliation and reform in Bahrain.

#### HONORING SENIOR DEPUTY PATRICK DAILEY AND SENIOR DEPUTY MARK LOGSDON

Mr. CARDIN. Mr. President, today I wish to recognize the tragic deaths of two fellow Marylanders. Senior Deputy Patrick Dailey and Senior Deputy Mark Logsdon of the Harford County

Sheriff's Office were killed in the line of duty on February 10. I join the people of Maryland and law enforcement communities across the country in mourning the loss of two dedicated public servants. The men and women of law enforcement put themselves at great risk to protect our communities. Law enforcement officers are the embodiment of the rule of law. An attack on them is an attack on the rule of law itself.

The word “hero” does not do justice to the legacies of Senior Deputies Dailey and Logsdon. Both men served the people of Harford County with distinction. On his 16th birthday, Deputy Patrick Dailey began his career in public service by joining the Joppa-Magnolia Volunteer Fire Company. His two sons, Bryan and Tyler, are also members of Joppa-Magnolia Volunteer Fire Company. Deputy Dailey was a member of the U.S. Marine Corps before joining the Harford County Sheriff's Office where he would serve for 30 years.

On Christmas Eve 2002, Deputy Dailey saved the life of a teenager traveling in an SUV that collided head on with a cement mixing truck. Deputy Dailey, a number of fellow sheriffs, and two civilians emptied six fire extinguishers in an attempt to quell a fire that threatened to engulf the vehicle and the unresponsive driver. Using only their bare hands and batons, the group managed to free the driver seconds before the fire consumed the passenger compartment. The teen was able to thank his rescuers 3 months later at the Harford County Sheriff's Office awards banquet.

Deputy Logsdon also served in the military before becoming a Harford County Sheriff. He was a member of the 115th Military Police Battalion and deployed to Iraq in 2003 with the Maryland National Guard.

Exactly 11 years before his death, Deputy Logsdon confronted a suicidal man who was armed with a loaded shotgun. In a display of great bravery and at great risk to himself, Deputy Logsdon managed to talk the man into surrendering his weapon. After the man was disarmed, Deputy Logsdon continued to help the man by transporting him to the hospital where he received medical care.

The deaths of Deputy Dailey and Deputy Logsdon represent a profound loss for the people of Maryland. In the days since the February 10 shooting, Marylanders across the State have responded with a groundswell of support for the Dailey and Logsdon families, as well as the Harford County Sheriff's office. I think that speaks to the character of Marylanders and the esteem in which law enforcement officers are held.

I would like to offer my most sincere thanks to other deputies who responded to the call, the Abingdon and Joppa Magnolia Volunteer Fire Departments, the University of Maryland Shock Trauma Center, and University

of Maryland Upper Chesapeake Medical Center, all of whom administered aide to both deputies. On behalf of my fellow U.S. Senators, I offer my deepest condolences to the Dailey and Logsdon families as they navigate this difficult time.

#### BLACK HISTORY MONTH

Mr. CASEY. Mr. President, I rise today, as I have every year since I came to the Senate, in commemoration of Black History Month, to recognize an individual who has made a considerable contribution to society and the African-American community.

Today, we honor the Reverend Dr. W. Wilson Goode, Sr., a trailblazing figure whose public service and private works have touched lives in Pennsylvania and around the country. Dr. Goode was born to tenant farmers in North Carolina, rose to become the first African-American mayor of Philadelphia, and now runs a nationally renowned organization called Amachi that mentors children whose parents have been incarcerated. Wilson Goode's story is a story of faith and perseverance and also provides an appropriate backdrop this Black History Month to talk about some of the barriers standing in the way of young people in this country today.

Dr. Goode has dedicated his life after leaving elected public office to Amachi because, in his words, in these communities, “the children were invisible.” This ethos—a commitment to serving those whom the Bible calls “the least of these”—has guided Dr. Goode's life and career since long before he helped organize Amachi. Empowering young people to achieve their potential is personal for Dr. Goode, who had to overcome a series of roadblocks himself growing up in the Jim Crow South.

Dr. Goode went to segregated lower schools in Northampton County, NC, and Greensville County, VA, before moving to Philadelphia at the age of 16. He arrived in Philadelphia on the first Monday in January in 1954. That same Monday 30 years later, this sharecroppers' son, who grew up drinking from separate fountains and eating at separate counters, was sworn in as the first African-American mayor of Philadelphia. In the intervening years, Dr. Goode's career proved a testament to all that can go right when young people are allowed a fair chance to succeed based purely, as a great man once said, on the “content of their character.”

Dr. Goode graduated from John Bartram High School in Philadelphia in 1957 and went on to earn a bachelor's degree from Morgan State University, a master's degree from the University of Pennsylvania, and a doctorate of ministry from Palmer Theological Seminary. He also served as an officer in the U.S. Army for 2 years.

Along the way, Wilson Goode helped found the Black Political Forum, a Philadelphia-based group that brought



together a coalition of Black community and business leaders to elect African Americans to public office. The forum transformed the political landscape in the city and Dr. Goode's career along with it.

Dr. Goode was later chosen as Pennsylvania's first Black member of the Public Utilities Commission. In less than 6 months, he rose to become the first Black chairman of the PUC and soon thereafter was recruited to become the managing director of the city of Philadelphia under Mayor Bill Green in 1980. When Mayor Green did not seek reelection in 1983, Wilson Goode ran, won the election, and was sworn in as the first African-American mayor of Philadelphia on January 2, 1984, exactly 30 years after he first set foot in the city.

During his two terms in office, Dr. Goode accomplished a great deal. He worked to transform the city's skyline, helping businesses to grow and create jobs. He helped to level the playing field for minorities to work in city government and minority-run businesses to win government contracts. He created the Mayor's Commission on Literacy, which has now helped over 550,000 Philadelphians get the skills they need to live productive lives. He created the Philadelphia Anti-Graffiti Network, PAGN, and the Mural Arts Program, two pioneering programs to make Philadelphia a nicer place to live and work.

And he always looked to help those who needed it most, whether through his consistent advocacy for AIDS support programming or through his tireless efforts to reduce the number of homeless people living on the streets. The latter goal still animates him today—he is the chairman and CEO of Self, Inc., a nonprofit dedicated to serving homeless men and women.

Dr. Goode left the mayor's office after two terms in 1992, but his commitment to public service remained. He went on to work as a Deputy Assistant Secretary of Education in the Clinton Administration. There, he devoted himself to the task of improving our education system for 7 years until a unique opportunity presented itself. John J. DiIulio, Jr., President Bush's first director of the White House Office of Faith-Based and Community Initiatives, invited Dr. Goode to lead a mentoring organization that would later be called Amachi.

Amachi's model, which is based on DiIulio's research, is quite simple: identify neighborhoods disproportionately impacted by incarceration and seek out children living in those neighborhoods to mentor. Amachi matches one mentor and one child for at least 1 hour, at least once a week, for at least 1 year. The goals are equally simple: it is a success if, after a year, the kids improve their school attendance, their grades, their behavior, and their relationships with the adults in their lives.

Part of the reason for Amachi's success is its simplicity. It makes sense.

The real power of the Amachi philosophy comes from its inherent recognition of how much young people can achieve with a consistently positive and loving mentoring presence in their lives. And young people growing up in communities impacted by over-incarceration, the invisible children that Dr. Goode takes the time to see, stand to benefit most.

Amachi now receives Federal, State, and private funding, but it has modest roots. To find the first mentors, Dr. Goode walked around throughout Philadelphia, neighborhood by neighborhood, to community churches where he would recite neighborhood statistics on incarceration to local pastors. The terrible reality was that one in nine Black children has a parent in prison, compared to 1 in 57 white children—one in nine. People of faith were interested in mentoring because two out of three families with an incarcerated member are unable to meet their basic needs and since 50 percent of the over 2.5 million children with an incarcerated parent in this country are age 9 or younger.

These numbers motivated Wilson Goode to recruit his mentors and to travel to prisons seeking parents whose kids he could help. This is what he means when he says he is "on a rescue mission." Standing in front of these prisoners, his message was simple: "I am here on behalf of your children."

And they believed him. He recruited 500 children his first year. Maybe they believed him in part because he could relate to these challenges—his own father was sent to prison when he was a teenager. His mother worked hard to make ends meet while Wilson Goode sought refuge in his church and in God. He found it, and now he works to provide the same refuge to young people in need.

Doctor Goode's story perfectly embodies the idea of Amachi. Amachi is a West African word that means: "who knows but what God has brought us through this child." Who knew that Dr. Goode, who grew up without electricity, who saw his father imprisoned in his adolescence, who gazed up at the leadership in his city and saw no one who looked like him, would be elected mayor of one of America's largest cities. "Who knows but what God has brought us through this child." I have often said that every child is born with a light inside them, and it is our obligation to make sure that that light burns as brightly as the full measure of his or her potential. Dr. Goode's work with Amachi is a testament to this idea.

But as we commemorate Black History Month, we must acknowledge that reality is unkind to this worthy aspiration for all our children: in this country, nearly half of Black men are arrested by the time they hit their mid-20s, and Black men are six times more likely to be incarcerated than White men, a worse disparity than in the 1960s. This means that the bright shin-

ing light of potential for an African-American child is too often extinguished by the darkness of a jail cell.

Looking at the system can be abstract and overwhelming—it is hard to see a child's potential from 30,000 feet. So Dr. Goode works on the ground—because he knows we have to break this cycle. Today Amachi-modeled programs have helped over 300,000 children in more than 250 cities nationwide. Maybe this is what Dr. King meant when he talked about "dangerous unselfishness." Dr. Goode is up against an abstract and overwhelming system, but wields from the goodness of his heart the power to disrupt the status quo.

Dr. Goode has faith that, in the months and years to come, we will see our criminal justice system reshaped to be fairer and more effective in targeting the people who pose the most danger to society. He has faith that we will make progress in helping those released from prison more easily reintegrate into their communities. But as he often says, "no entry is the best reentry plan." So his work continues.

Every day Amachi-trained mentors work to help thousands of children overcome the wide variety of challenges related to having a parent in prison or living in an area with a high rate of incarceration. In addition to the common financial struggles, these kids need help navigating the relationship changes that often take place when a loved one is sent to or returns from prison; or channeling powerful and confusing emotions into constructive activities; or overcoming the stigma that comes with having an incarcerated parent. What began as a local partnership between faith-based organizations has expanded to include volunteer mentors from a variety of sources on a national scale.

All of this can be traced to Dr. Goode's deeply held belief that God has a very special interest in how we treat our children and that helping the children who need it most is God's work. His conviction has earned him great acclaim, whether through receiving the Civic Ventures Purpose Prize, the Philadelphia Inquirer's Citizen of the Year Award, or being honored by the White House as a Champion of Change.

But I imagine the biggest reward for Dr. Goode is knowing he has created something lasting that will benefit generations to come. There are more than 81,000 children with a parent in prison in Pennsylvania. How many future doctors, lawyers or CEOs, preachers, teachers or Presidents may be among these children? They have infinite potential, and with God in his heart, the Reverend Dr. W. Wilson Goode, Sr., has stood alongside them.

On the Senate floor today, we express our profound gratitude for his service on behalf of the children of Philadelphia, our Commonwealth and our country.

Thank you.

## 50TH ANNIVERSARY OF NCIS

Mr. KING. Mr. President, today I ask the Senate to join me in honoring the Naval Criminal Investigative Service, or NCIS, as it celebrates 50 years of service in support of the Department of the Navy, its military and civilian personnel, their families, and the communities in which they live. I am proud to add my voice to those who applaud the consistent and effectual work of this elite organization.

NCIS has deep roots in our military history, dating back to 1882, when Secretary of the Navy William H. Hunt established the Office of Naval Intelligence, or ONI, to collect technical information on the world's major naval powers. Since that time, as the United States' role in the world evolved, the need for an elite and specialized investigative branch of ONI became apparent. The Naval Investigative Service, now called NCIS, was born and has fulfilled a vital role in mitigating threats and protecting our Nation.

Since then, NCIS has played a vital role in investigating and defeating threats to safety of our Navy and Marine Corps. The organization has grown to employ approximately 2,000 elite personnel and deploys to more than 150 locations around the globe. As such, the organization's broad, yet agile scope has enabled it to ensure the safety of our brave men and women, wherever they are stationed. Their missions have had such broad scope as deployment of special agents to Vietnam, response to the USS Cole and the September 11 terror attacks, and establishment of the Multiple Threat Alert Center for the Department of the Navy. NCIS has executed their duties with distinction and poise under the most strenuous circumstances.

I congratulate NCIS on 50 years of success as a premier Federal law enforcement agency. We owe them a debt of gratitude for the elite work they perform in service to our Nation, and I wish them continued success for years to come.

## ADDITIONAL STATEMENTS

## RECOGNIZING THE NATIONAL FOOD AND BEVERAGE FOUNDATION

• Mr. CASSIDY. Mr. President, today I am honored to acknowledge the National Food and Beverage Foundation, an institute based in New Orleans and one that portrays the distinctive culture of Louisiana through its food and drink.

Louisiana is known for many things: its bald cypress swamps, Mardi Gras, and its delicious food. Louisiana's cuisine is as unique as the people who make it. From beignets to etouffee and jambalaya to gumbo, food is one of the many characteristics that make Louisiana culture so remarkable. The New Orleans branch of the National Food and Beverage Foundation, or NFBF

celebrates that culture through education and is home to the Southern Food and Beverage Museum, praised by CNN as one of the top 11 food museums in the entire world.

The National Food and Beverage Foundation is a tremendous example of a group of people using culinary practices to highlight Louisiana's culture while simultaneously enhancing the lives of the people around them. The NFBF has dedicated \$5 million for a project to develop one of New Orleans' communities. The project is designed to reestablish sections of New Orleans as a hub of culinary commerce and aid the community in reaching their economic potential. NFBF is also dedicated to education, as evidenced by the John & Bonnie Hospitality and Culinary Library, and to providing free cooking classes for children. The library contains over 17,000 volumes and houses culinary and mixology literature from across the globe. The foundation's Culinary Entrepreneurship Program, a program that aids small businesses, restaurant startups, and product manufacturers, helps young businesses get off the ground. This program and programs like them are invaluable to small businesses throughout Louisiana.

The National Food and Beverage Foundation celebrates and encourages Louisiana culture, but it also celebrates cultures through cuisine nationwide. The NFBF is rapidly expanding across the country; Pacific Food and Beverage is based in Los Angeles and celebrates the culture of food and drink of the Pacific coast and the American West. Specifically, Pacific Food and Beverage focuses on contributions made by immigrants who have shaped our Nation's cuisine. Knowing firsthand how important food is to our culture, the preservation of culinary practices and history throughout our country is a crucial endeavor.

I want to thank the National Food and Beverage Foundation for all the work it has done with communities in my State and throughout the Nation to preserve and enhance the idea of culture through culinary means. From free children's cooking classes that teach the heritage and nutritional aspects of healthy food, to the Culinary Entrepreneurship Program, NFBF has made a tremendous contribution to Louisiana and the culture loved by so many. I am proud to have such a tremendous initiative in my State, one that explores something so embedded in the Louisiana culture and gives back to the community while doing so. I wish the National Food and Beverage Foundation nothing but successes now and in the future.●

## TRIBUTE TO DR. CONNIE ADLER AND ELIZABETH WARD SAXL

• Mr. KING. Mr. President, I wish to honor two remarkable women, Dr. Connie Adler and Elizabeth Ward Saxl, who are new inductees to the Maine

Women's Hall of Fame. Through their induction, we celebrate the tremendous impact that these women have on their communities and on women throughout the State of Maine.

Dr. Connie Adler, from Woolwich, ME, currently serves as secretary of the board of directors of Franklin Memorial Hospital in Farmington, as well as on the boards of the Maine Health Access Foundation and Maine Family Planning. During her illustrious career, she has played a leading role in the pursuit of reproductive rights and the prevention of domestic violence. She has also established programs to increase access to health care for women living in rural and impoverished areas. Connie's work has been integral to keeping our communities healthy and safe.

Elizabeth Ward Saxl, from Vassalboro, ME, has served as the executive director of the Maine Coalition Against Sexual Assault for the last 16 years. She is a passionate advocate for joining public policy solutions with community-based approaches that address the complex problems impacting Maine's women and girls. Undertaking daunting projects like eliminating statute of limitations on child sexual abuse and creating housing protections for victims of sexual assault, Elizabeth has been a champion of abuse victims across the State. Her work also extends to immigrant, refugee, elder, and native populations, making her a valuable asset to all of Maine's marginalized populations.

Congratulations to both Connie and Elizabeth for their induction into the Maine Women's Hall of Fame. With this well-deserved honor, they join the likes of Senator Margaret Chase Smith as shining examples of character and fortitude. I thank Connie and Elizabeth for all that they have done for Maine women and for our State as a whole. Maine is fortunate to have such tireless advocates fighting for health, safety, and prosperity.●

## 75TH ANNIVERSARY OF ATLANTIC REGIONAL FEDERAL CREDIT UNION

• Mr. KING. Mr. President, today I wish to commemorate the 75th anniversary of Atlantic Regional Federal Credit Union. This nonprofit institution has a long history of serving the people of Maine, and I am proud to add my voice to those in our grateful State in recognizing this milestone.

In 1941, Atlantic Regional Federal Credit Union began as St. John's FCU, with just 37 members, in the town of Brunswick. Strong leadership and steadfast dedication to community service has enabled it to become one of the largest credit unions in our State and a bedrock of a thriving Maine midcoast. This truly impressive and steady growth was only possible through a tireless commitment to good service and sound business ethics.

Through fundraising, scholarships, donations, and volunteering, Atlantic

Regional has promoted the education, health, and wellness of the communities in which it serves. Perhaps most notably, they have undertaken a campaign against hunger by raising funds to donate to local hunger prevention programs. Through the Atlantic Regional Ending Hunger Campaign and Maine CU's Ending Hunger initiative, Atlantic Regional has been at the forefront of an effort that has raised over \$5.3 million to help end hunger in Maine. It is through actions like these that Atlantic Regional Federal Credit Union has developed a meaningful connection with its members and the greater community.

I extend my congratulations to the Atlantic Regional Federal Credit Union, its employees, its members, and I wish them many years of success to come.●

#### TRIBUTE TO LACHLAN FORRESTER

● Mr. THUNE. Mr. President, today I recognize the hard work of my Commerce Committee intern Lachlan Forrester. Lachlan hails from Yarrawonga, Australia, where he is a student at the Australian National University, studying law, political science, and Spanish.

While interning on the Commerce Committee, Lachlan has assisted the Oceans, Atmosphere, Fisheries, and Coast Guard Subcommittee, as well as the Surface Transportation and Merchant Marine Infrastructure Subcommittee. In addition to being a dedicated intern, Lachlan was also fortunate enough to see falling snow for the first time while here in the Nation's Capital. I again would like to thank Lachlan and wish him the best of luck in his future endeavors.●

#### MESSAGE FROM THE HOUSE RECEIVED DURING ADJOURNMENT

##### ENROLLED BILL SIGNED

Under the order of the Senate of January 6, 2015, the Secretary of the Senate, on February 26, 2016, during the adjournment of the Senate, received a message from the House of Representatives announcing that the Speaker had signed the following enrolled bill:

S. 238. An act to amend title 18, United States Code, to authorize the Director of the Bureau of Prisons to issue oleoresin capicum spray to officers and employees of the Bureau of Prisons.

#### MESSAGE FROM THE HOUSE

At 3:03 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 2406. An act to protect and enhance opportunities for recreational hunting, fishing, and shooting, and for other purposes.

H.R. 3624. An act to amend title 28, United States Code, to prevent fraudulent joinder.

##### ENROLLED BILL SIGNED

The President pro tempore (Mr. HATCH) announced that on today, February 29, 2016, he has signed the following enrolled bill, which was previously signed by the Speaker of the House:

S. 238. An act to amend title 18, United States Code, to authorize the Director of the Bureau of Prisons to issue oleoresin capicum spray to officers and employees of the Bureau of Prisons.

#### MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 3624. An act to amend title 28, United States Code, to prevent fraudulent joinder; to the Committee on the Judiciary.

#### REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. JOHNSON, from the Committee on Homeland Security and Governmental Affairs, without amendment with a preamble:

S. Res. 377. An original resolution directing the Senate Legal Counsel to bring a civil action to enforce a subpoena of the Permanent Subcommittee on Investigations (Rept. No. 114-214).

By Mr. BARRASSO, from the Committee on Indian Affairs, with an amendment in the nature of a substitute:

S. 1419. A bill to promote the academic achievement of American Indian, Alaska Native, and Native Hawaiian children with the establishment of a Native American language grant program (Rept. No. 114-215).

S. 1436. A bill to require the Secretary of the Interior to take land into trust for certain Indian tribes, and for other purposes (Rept. No. 114-216).

S. 1776. A bill to enhance tribal road safety, and for other purposes (Rept. No. 114-217).

#### INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. WARNER (for himself, Mr. GARDNER, Mr. SCHATZ, Ms. COLLINS, Mr. KING, Mrs. CAPITO, Mr. BENNET, and Mr. HELLER):

S. 2604. A bill to establish in the legislative branch the National Commission on Security and Technology Challenges; to the Committee on Homeland Security and Governmental Affairs.

By Mr. DURBIN (for himself and Mr. KING):

S. 2605. A bill to amend title XIX of the Social Security Act to provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance use disorders at certain facilities, and for other purposes; to the Committee on Finance.

By Mr. MENENDEZ (for himself and Mr. CRAPO):

S. 2606. A bill to amend the Internal Revenue Code of 1986 to provide that the volume cap for private activity bonds shall not apply to bonds for facilities for the furnishing of water and sewage facilities; to the Committee on Finance.

#### SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. JOHNSON:

S. Res. 377. An original resolution directing the Senate Legal Counsel to bring a civil action to enforce a subpoena of the Permanent Subcommittee on Investigations; from the Committee on Homeland Security and Governmental Affairs; placed on the calendar.

By Mr. JOHNSON (for himself, Mr. CARDIN, Mr. RUBIO, Mrs. SHAHEEN, Mr. MCCAIN, Mr. MENENDEZ, and Mr. Kaine):

S. Res. 378. A resolution expressing the sense of the Senate regarding the courageous work and life of Russian opposition leader Boris Yefimovich Nemtsov and renewing the call for a full and transparent investigation into the tragic murder of Boris Yefimovich Nemtsov in Moscow on February 27, 2015; to the Committee on Foreign Relations.

By Mrs. GILLIBRAND (for herself, Mr. COCHRAN, Mr. REID, Mr. BROWN, Mrs. MCCASKILL, Mrs. MURRAY, Mr. CASEY, Mr. WYDEN, Mr. COONS, Mr. PORTMAN, Mr. WICKER, Ms. KLOBUCHAR, Mr. WARNER, Mr. BOOKER, Mr. CARPER, Mrs. SHAHEEN, Mr. SANDERS, Mr. DURBIN, Mr. REED, Mrs. FEINSTEIN, Mr. FRANKEN, Mr. MERKLEY, Mr. NELSON, Mr. KAINE, Ms. WARREN, Mrs. BOXER, Mr. CARDIN, Mr. BENNET, Ms. STABENOW, Mr. MARKEY, Ms. AYOTTE, Mr. PERDUE, Mr. BURR, Mr. MORAN, Ms. MURKOWSKI, Mr. PAUL, Mr. SCHUMER, Mr. PETERS, Mr. SCOTT, Mr. TILLIS, Mr. MURPHY, Mr. SESSIONS, Mr. ISAKSON, Mr. MENENDEZ, Mr. GRASSLEY, and Mr. LEAHY):

S. Res. 379. A resolution celebrating Black History Month; considered and agreed to.

By Mr. BROWN (for himself, Mr. BARRASSO, Mr. WICKER, Mr. WHITEHOUSE, Ms. WARREN, Mr. COONS, and Mr. HATCH):

S. Res. 380. A resolution designating February 29, 2016 as "Rare Disease Day"; to the Committee on the Judiciary.

#### ADDITIONAL COSPONSORS

S. 524

At the request of Mr. WHITEHOUSE, the names of the Senator from Michigan (Ms. STABENOW), the Senator from Vermont (Mr. SANDERS) and the Senator from Hawaii (Ms. HIRONO) were added as cosponsors of S. 524, a bill to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use.

At the request of Ms. AYOTTE, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 524, *supra*.

S. 553

At the request of Mr. CORKER, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 553, a bill to marshal resources to undertake a concerted, transformative effort that seeks to bring an end to modern slavery, and for other purposes.

S. 968

At the request of Mrs. GILLIBRAND, the name of the Senator from California (Mrs. FEINSTEIN) was added as a

cosponsor of S. 968, a bill to require the Commissioner of Social Security to revise the medical and evaluation criteria for determining disability in a person diagnosed with Huntington's Disease and to waive the 24-month waiting period for Medicare eligibility for individuals disabled by Huntington's Disease.

S. 1555

At the request of Ms. HIRONO, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1555, a bill to award a Congressional Gold Medal, collectively, to the Filipino veterans of World War II, in recognition of the dedicated service of the veterans during World War II.

S. 1597

At the request of Mr. WICKER, the name of the Senator from Arkansas (Mr. COTTON) was added as a cosponsor of S. 1597, a bill to enhance patient engagement in the medical product development process, and for other purposes.

S. 1641

At the request of Ms. BALDWIN, the name of the Senator from Illinois (Mr. KIRK) was added as a cosponsor of S. 1641, a bill to improve the use by the Department of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Department, and to expand availability of complementary and integrative health, and for other purposes.

S. 1651

At the request of Mr. BROWN, the name of the Senator from Maine (Mr. KING) was added as a cosponsor of S. 1651, a bill to amend title II of the Social Security Act to repeal the Government pension offset and windfall elimination provisions.

S. 1775

At the request of Ms. AYOTTE, her name was added as a cosponsor of S. 1775, a bill to direct the Secretary of Homeland Security to accept additional documentation when considering the application for veterans status of an individual who performed service as a coastwise merchant seaman during World War II, and for other purposes.

S. 1890

At the request of Mr. HATCH, the name of the Senator from West Virginia (Mrs. CAPITO) was added as a cosponsor of S. 1890, a bill to amend chapter 90 of title 18, United States Code, to provide Federal jurisdiction for the theft of trade secrets, and for other purposes.

S. 2236

At the request of Mr. CRAPO, the name of the Senator from Kentucky (Mr. PAUL) was added as a cosponsor of S. 2236, a bill to provide that silencers be treated the same as long guns.

S. 2344

At the request of Mr. COTTON, the name of the Senator from Nebraska (Mr. SASSE) was added as a cosponsor of S. 2344, a bill to provide authority for access to certain business records

collected under the Foreign Intelligence Surveillance Act of 1978 prior to November 29, 2015, to make the authority for roving surveillance, the authority to treat individual terrorists as agents of foreign powers, and title VII of the Foreign Intelligence Surveillance Act of 1978 permanent, and to modify the certification requirements for access to telephone toll and transactional records by the Federal Bureau of Investigation, and for other purposes.

S. 2390

At the request of Mr. GRASSLEY, the names of the Senator from Missouri (Mrs. MCCASKILL), the Senator from Oregon (Mr. WYDEN), the Senator from Wisconsin (Mr. JOHNSON), the Senator from North Carolina (Mr. TILLIS) and the Senator from Illinois (Mr. KIRK) were added as cosponsors of S. 2390, a bill to provide adequate protections for whistleblowers at the Federal Bureau of Investigation.

S. 2408

At the request of Mr. FRANKEN, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of S. 2408, a bill to direct the Secretary of Labor to issue an occupational safety and health standard to reduce injuries to patients, nurses, and all other health care workers by establishing a safe patient handling, mobility, and injury prevention standard, and for other purposes.

S. 2423

At the request of Mrs. SHAHEEN, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from New Mexico (Mr. UDALL) were added as cosponsors of S. 2423, a bill making appropriations to address the heroin and opioid drug abuse epidemic for the fiscal year ending September 30, 2016, and for other purposes.

S. 2426

At the request of Mr. CARDIN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 2426, a bill to direct the Secretary of State to develop a strategy to obtain observer status for Taiwan in the International Criminal Police Organization, and for other purposes.

At the request of Mr. GARDNER, the names of the Senator from Mississippi (Mr. WICKER) and the Senator from Alaska (Ms. MURKOWSKI) were added as cosponsors of S. 2426, *supra*.

S. 2437

At the request of Ms. MIKULSKI, the name of the Senator from Georgia (Mr. PERDUE) was added as a cosponsor of S. 2437, a bill to amend title 38, United States Code, to provide for the burial of the cremated remains of persons who served as Women's Air Forces Service Pilots in Arlington National Cemetery, and for other purposes.

S. 2454

At the request of Mr. PAUL, the name of the Senator from Nebraska (Mrs. FISCHER) was added as a cosponsor of S. 2454, a bill to limit the period of authorization of new budget authority

provided in appropriation Acts, to require analysis, appraisal, and evaluation of existing programs for which continued new budget authority is proposed to be authorized by committees of Congress, and for other purposes.

S. 2487

At the request of Mrs. BOXER, the name of the Senator from Alaska (Ms. MURKOWSKI) was added as a cosponsor of S. 2487, a bill to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, and for other purposes.

S. 2540

At the request of Mr. REID, the name of the Senator from Massachusetts (Mr. MARKEY) was added as a cosponsor of S. 2540, a bill to provide access to counsel for unaccompanied children and other vulnerable populations.

S. 2549

At the request of Mr. MERKLEY, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of S. 2549, a bill to require the Transportation Security Administration to conduct security screening at certain airports, and for other purposes.

S. 2602

At the request of Mr. LEE, the name of the Senator from Kentucky (Mr. MCCONNELL) was added as a cosponsor of S. 2602, a bill to prohibit the Federal Communications Commission from reclassifying broadband Internet access service as a telecommunications service and from imposing certain regulations on providers of such service.

S. RES. 372

At the request of Mrs. GILLIBRAND, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. Res. 372, a resolution celebrating Black History Month.

AMENDMENT NO. 3324

At the request of Mr. CRAPO, the name of the Senator from Kansas (Mr. ROBERTS) was added as a cosponsor of amendment No. 3324 intended to be proposed to S. 2012, an original bill to provide for the modernization of the energy policy of the United States, and for other purposes.

#### STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN (for himself and Mr. KING):

S. 2605. A bill to amend title XIX of the Social Security Act to provide States with an option to provide medical assistance to individuals between the ages of 22 and 64 for inpatient services to treat substance use disorders at certain facilities, and for other purposes; to the Committee on Finance.

Mr. DURBIN. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

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

S. 2605

*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 “Medicaid Coverage for Addiction Recovery Expansion Act”.

**SEC. 2. STATE OPTION TO PROVIDE MEDICAL ASSISTANCE FOR RESIDENTIAL ADDICTION TREATMENT FACILITY SERVICES; MODIFICATION OF THE IMD EXCLUSION.**

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (a)(16)—

(A) by striking “effective” and inserting “(A) effective”; and

(B) by inserting “, and (B) effective January 1, 2018, residential addiction treatment facility services (as defined in subsection (h)(3)) for individuals over 21 years of age and under 65 years of age” before the semicolon; and

(2) in subsection (h)—

(A) in paragraph (1), by striking “paragraph (16) of subsection (a)” and inserting “subsection (a)(16)(A)”; and

(B) by adding at the end the following new paragraph:

“(3)(A) For purposes of subsection (a)(16)(B), the term ‘residential addiction treatment facility services’ means inpatient services provided—

“(i) to an individual for the purpose of treating a substance use disorder that are furnished to an individual for not more than 2 consecutive periods of 30 consecutive days, provided that upon completion of the first 30-day period, the individual is assessed by the facility and determined to have progressed through the clinical continuum of care, in accordance with criteria established by the Secretary, in consultation with the American Society of Addiction Medicine, and requires continued medically necessary treatment and social support services to promote recovery, stable transition, and discharge; and

“(ii) in a facility that—

“(I) does not have more than 40 beds; and

“(II) is accredited for the treatment of substance use disorders by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other nationwide accrediting agency that the Secretary deems appropriate.

“(B) The provision of medical assistance for residential addiction treatment facility services to an individual shall not prohibit Federal financial participation for medical assistance for items or services that are provided to the individual in or away from the residential addiction treatment facility during any 30-day period in which the individual is receiving residential addiction treatment facility services.

“(C) A woman who is eligible for medical assistance on the basis of being pregnant and who is furnished residential addiction treatment facility services during any 30-day period may remain eligible for, and continue to be furnished with, such services for additional 30-day periods without regard to any eligibility limit that would otherwise apply to the woman as a result of her pregnancy ending, subject to assessment by the facility and a determination based on medical necessity related to substance use disorder and the impact of substance use disorder on birth outcomes.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2018.

**SEC. 3. GRANT PROGRAM TO EXPAND YOUTH ADDICTION TREATMENT FACILITIES UNDER MEDICAID AND CHIP.**

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary shall establish a program under which the Secretary shall award grants to States for the purpose of expanding the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of eligible youth addiction treatment facilities that provide addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and are in communities with high numbers of medically underserved populations of at-risk youth.

(2) USE OF FUNDS.—Grant funds awarded under this section may be used to expand the infrastructure and treatment capabilities of an existing facility (including through construction) but shall not be used for the construction of any new facility or for the provision of medical assistance or child health assistance under Medicaid or CHIP.

(3) TIMETABLE FOR IMPLEMENTATION; DURATION.—

(A) IMPLEMENTATION.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall award grants under the grant program.

(B) DURATION.—The Secretary shall award grants under the grant program for a period not to exceed 5 years.

(b) APPLICATION.—A State seeking to participate in the grant program shall submit to the Secretary, at such time and in such manner as the Secretary shall require, an application that includes—

(1) detailed information on the types of additional infrastructure and treatment capacity of eligible youth addiction treatment facilities that the State proposes to fund under the grant program;

(2) a description of the communities in which the eligible youth addiction treatment facilities funded under the grant program operate;

(3) an assurance that the eligible youth addiction treatment facilities that the State proposes to fund under the grant program shall give priority to providing addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and are in communities with high numbers of medically underserved populations of at-risk youth; and

(4) such additional information and assurances as the Secretary shall require.

(c) RURAL AREAS.—Not less than 15 percent of the amount of a grant awarded to a State under this section shall be used for making payments to eligible youth addiction treatment facilities that are located in rural areas or that target the provision of addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and reside in rural areas.

(d) DEFINITIONS.—For purposes of this section:

(1) ADDICTION TREATMENT SERVICES.—The term “addiction treatment services” means services provided to an individual for the purpose of treating a substance use disorder.

(2) CHIP.—The term “CHIP” means the State children’s health insurance program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(3) ELIGIBLE YOUTH ADDICTION TREATMENT FACILITY.—The term “eligible youth addiction treatment facility” means a facility that is a participating provider under the State Medicaid or CHIP programs for purposes of providing medical assistance or child health assistance to Medicaid or CHIP beneficiaries for youth addiction treatment services on an inpatient or outpatient basis (or both).

(4) MEDICAID.—The term “Medicaid” means the medical assistance program established

under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(5) MEDICAID OR CHIP BENEFICIARY.—The term “Medicaid or CHIP beneficiary” means an individual who is enrolled in the State Medicaid plan, the State child health plan under CHIP, or under a waiver of either such plan.

(6) MEDICALLY UNDERSERVED POPULATIONS.—The term “medically underserved populations” has the meaning given that term in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)).

(7) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$50,000,000 to carry out the provisions of this section. Funds appropriated under this subsection shall remain available until expended.

**SUBMITTED RESOLUTIONS****SENATE RESOLUTION 377—DIRECTING THE SENATE LEGAL COUNSEL TO BRING A CIVIL ACTION TO ENFORCE A SUBPOENA OF THE PERMANENT SUBCOMMITTEE ON INVESTIGATIONS**

Mr. JOHNSON submitted the following resolution; from the Committee on Homeland Security and Governmental Affairs; which was placed on the calendar:

S. RES 377

Whereas the Senate Permanent Subcommittee on Investigations (in this preamble referred to as the “Subcommittee”) is currently conducting a duly authorized investigation of human trafficking on the Internet pursuant to section 12(e)(3) of Senate Resolution 73, 114th Congress, agreed to February 12, 2015, which authorizes the Subcommittee to issue subpoenas for the production of documents;

Whereas on October 1, 2015, the Subcommittee issued a duly authorized subpoena to Carl Ferrer, Chief Executive Officer of Backpage.com, LLC, directing him to produce certain documents to the Subcommittee by 10:00 a.m. on October 23, 2015;

Whereas on October 23, 2015, counsel for Mr. Ferrer and Backpage.com, LLC submitted to the Subcommittee legal objections to the compelled production of documents under the subpoena issued by the Subcommittee and declined to comply with the subpoena;

Whereas, having considered the legal objections that had been submitted by counsel for Mr. Ferrer and Backpage.com, LLC, on November 3, 2015, the Subcommittee overruled those objections in their entirety and ordered and directed that Mr. Ferrer comply with the subpoena issued by the Subcommittee by 10:00 a.m. on November 12, 2015;

Whereas Mr. Ferrer has refused to comply with the subpoena issued by the Subcommittee as ordered and directed by the Subcommittee; and

Whereas under sections 703(b) and 705 of the Ethics in Government Act of 1978 (2 U.S.C. 288b(b) and 288d), the Senate Legal Counsel shall bring a civil action under section 1365 of title 28, United States Code, to enforce a subpoena of a Senate subcommittee when directed to do so by the adoption of a resolution by the Senate: Now, therefore, be it

*Resolved*, That the Senate Legal Counsel shall bring a civil action in the name of the

Senate Permanent Subcommittee on Investigations to enforce the subpoena issued by the Subcommittee to Carl Ferrer, Chief Executive Officer of Backpage.com, LLC, and that the Senate Legal Counsel shall conduct all related civil contempt proceedings.

**SENATE RESOLUTION 378—EXPRESSING THE SENSE OF THE SENATE REGARDING THE COURAGEOUS WORK AND LIFE OF RUSSIAN OPPOSITION LEADER BORIS YEFIMOVICH NEMTSOV AND RENEWING THE CALL FOR A FULL AND TRANSPARENT INVESTIGATION INTO THE TRAGIC MURDER OF BORIS YEFIMOVICH NEMTSOV IN MOSCOW ON FEBRUARY 27, 2015**

Mr. JOHNSON (for himself, Mr. CARDIN, Mr. RUBIO, Mrs. SHAHEEN, Mr. MCCAIN, Mr. MENENDEZ, and Mr. KAINE) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 378

Whereas February 27, 2016, marks the first anniversary of the murder of former Russian Deputy Prime Minister, Boris Yefimovich Nemtsov (referred to in this preamble as “Dr. Nemtsov”);

Whereas Dr. Nemtsov dedicated his life to the causes of freedom and human rights for the Russian people and sought to reduce the corruption in the government of Russia;

Whereas on February 27, 2015—

(1) Dr. Nemtsov was murdered on the Bolshoi Moskvoretsky Bridge in Moscow in view of the Kremlin; and

(2) President Obama called for a “prompt, impartial, and transparent” investigation into the murder of Dr. Nemtsov;

Whereas on March 1, 2015, tens of thousands of people marched through central Moscow in remembrance of Dr. Nemtsov;

Whereas the Russian courts and the Investigative Committee of the Russian Federation have consistently rejected requests to qualify the murder of Dr. Nemtsov under Article 277 of the Russian Criminal Code as “an attempt on the life of a public statesman”;

Whereas within 10 days of the murder of Dr. Nemtsov, Chechen suspect Zaur Dadayev admitted to killing Dr. Nemtsov at the behest of Ruslan Geremeyev, a senior officer in the Sever Battalion of Chechnya;

Whereas on March 8, 2015, Chechen leader Ramzan Kadyrov called Zaur Dadayev a “true patriot”;

Whereas on March 9, 2015, Mr. Kadyrov was awarded the Order of Honor by Russian President Vladimir Putin;

Whereas on January 20, 2016, Aleksandr Bastrykin, the chief of the Investigative Committee of the Russian Federation responsible for investigating the murder of Dr. Nemtsov, declared that the case had been fully solved;

Whereas the Investigative Committee of the Russian Federation charged only Ruslan Muhudinov, the driver of Ruslan Geremeyev, with organizing the murder of Dr. Nemtsov;

Whereas on May 26, 2015, Russian opposition activist Vladimir Kara-Murza, a close friend and colleague of Dr. Nemtsov, was severely poisoned by an unknown assailant, resulting in multiple organ failures and a coma;

Whereas on January 25, 2016, the daughter of Dr. Nemtsov, Zhanna Nemtsova, appealed to the Parliamentary Assembly of the Council of Europe to investigate the murder of her father;

Whereas on February 1, 2016, Chechen leader Ramzan Kadyrov posted a video on Instagram that shows Russian opposition leaders Mikhail Kasyanov and Vladimir Kara-Murza through the crosshairs of a sniper rifle accompanied by the comment, “Those who did not understand, will understand”; and

Whereas the Russian Federation is a member of the Organization for Security and Cooperation in Europe and the Council of Europe, which have the capacity to conduct a more credible investigation: Now, therefore, be it

*Resolved*, That the Senate—

(1) recognizes the legacy of courageous Russian opposition leader Boris Yefimovich Nemtsov, who dedicated his life to fighting corruption and promoting the principles of democracy, rule of law, and the inherent dignity of human beings;

(2) encourages the public release of all surveillance tapes in the area surrounding the crime scene to aid in the investigation;

(3) urges the United States Government, in official contacts with representatives of the Russian government, to emphasize the importance of bringing to justice all of the conspirators in the murder of Boris Yefimovich Nemtsov; and

(4) calls on the President to significantly increase United States Government support for the causes for which Boris Yefimovich Nemstov gave his life.

**SENATE RESOLUTION 379—CELEBRATING BLACK HISTORY MONTH**

Mrs. GILLIBRAND (for herself, Mr. COCHRAN, Mr. REID of Nevada, Mr. BROWN, Mrs. McCASKILL, Mrs. MURRAY, Mr. CASEY, Mr. WYDEN, Mr. COONS, Mr. PORTMAN, Mr. WICKER, Mrs. KLOBUCHAR, Mr. WARNER, Mr. BOOKER, Mr. CARPER, Mrs. SHAHEEN, Mr. SANDERS, Mr. DURBIN, Mr. REED of Rhode Island, Mrs. FEINSTEIN, Mr. FRANKEN, Mr. MERKLEY, Mr. NELSON, Mr. KAINE, Ms. WARREN, Mrs. BOXER, Mr. CARDIN, Mr. BENNET, Ms. STABENOW, Mr. MARKEY, Ms. AYOTTE, Mr. PERDUE, Mr. BURR, Mr. MORAN, Ms. MURKOWSKI, Mr. PAUL, Mr. SCHUMER, Mr. PETERS, Mr. SCOTT, Mr. TILLIS, Mr. MURPHY, Mr. SESSIONS, Mr. ISAKSON, Mr. MENENDEZ, Mr. GRASSLEY, and Mr. LEAHY) submitted the following resolution; which was considered and agreed to:

S. RES. 379

Whereas in 1776, people envisioned the United States as a new nation dedicated to the proposition stated in the Declaration of Independence that “all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness . . .”;

Whereas Africans were first brought involuntarily to the shores of America as early as the 17th century;

Whereas African Americans suffered enslavement and subsequently faced the injustices of lynch mobs, segregation, and denial of the basic and fundamental rights of citizenship;

Whereas in 2016, the vestiges of those injustices and inequalities remain evident in the society of the United States;

Whereas in the face of injustices, people of good will and of all races in the United States have distinguished themselves with a commitment to the noble ideals on which the United States was founded and have

fought courageously for the rights and freedom of African Americans and others;

Whereas African Americans, such as Lieutenant Colonel Allen Allensworth, Maya Angelou, Arthur Ashe Jr., James Baldwin, James Beckwourth, Clara Brown, Blanche Bruce, Ralph Bunche, Shirley Chisholm, Holt Collier, Frederick Douglass, W. E. B. Du Bois, Ralph Ellison, Medgar Evers, Alex Haley, Dorothy Height, Lena Horne, Charles Hamilton Houston, Mahalia Jackson, Stephanie Tubbs Jones, B.B. King, Martin Luther King, Jr., Thurgood Marshall, Constance Baker Motley, Rosa Parks, Walter Payton, Bill Pickett, Homer Plessy, Bass Reeves, Hiram Revels, Amelia Platts Boynton Robinson, Jackie Robinson, Aaron Shirley, Sojourner Truth, Harriet Tubman, Booker T. Washington, the Greensboro Four, and the Tuskegee Airmen, along with many others, worked against racism to achieve success and to make significant contributions to the economic, educational, political, artistic, athletic, literary, scientific, and technological advancements of the United States;

Whereas the contributions of African Americans from all walks of life throughout the history of the United States reflect the greatness of the United States;

Whereas many African Americans lived, toiled, and died in obscurity, never achieving the recognition they deserved, and yet paved the way for future generations to succeed;

Whereas African Americans continue to serve the United States at the highest levels of business, government, and the military;

Whereas the birthdays of Abraham Lincoln and Frederick Douglass inspired the creation of Negro History Week, the precursor to Black History Month;

Whereas Negro History Week represented the culmination of the efforts of Dr. Carter G. Woodson, the “Father of Black History”, to enhance knowledge of Black history through the Journal of Negro History, published by the Association for the Study of African American Life and History, which was founded by Dr. Carter G. Woodson and Jesse E. Moorland;

Whereas Black History Month, celebrated during the month of February, originated in 1926 when Dr. Carter G. Woodson set aside a special period in February to recognize the heritage and achievement of Black people of the United States;

Whereas Dr. Carter G. Woodson stated: “We have a wonderful history behind us. . . . If you are unable to demonstrate to the world that you have this record, the world will say to you, ‘You are not worthy to enjoy the blessings of democracy or anything else.’”;

Whereas since the founding of the United States, the Nation has imperfectly progressed toward noble goals;

Whereas the history of the United States is the story of people regularly affirming high ideals, striving to reach those ideals but often failing, and then struggling to come to terms with the disappointment of that failure, before committing to trying again;

Whereas on November 4, 2008, the people of the United States elected Barack Obama, an African-American man, as President of the United States; and

Whereas on February 22, 2012, people across the United States celebrated the groundbreaking of the National Museum of African American History and Culture on the National Mall in Washington, District of Columbia, which will open to the public in the fall of 2016: Now, therefore, be it

*Resolved*, That the Senate—

(1) acknowledges that all people of the United States are the recipients of the wealth of history provided by Black culture;

(2) recognizes the importance of Black History Month as an opportunity to reflect on



the complex history of the United States, while remaining hopeful and confident about the path ahead;

(3) acknowledges the significance of Black History Month as an important opportunity to commemorate the tremendous contributions of African Americans to the history of the United States;

(4) encourages the celebration of Black History Month to provide a continuing opportunity for all people in the United States to learn from the past and understand the experiences that have shaped the United States; and

(5) agrees that, while the United States began as a divided country, the United States must—

(A) honor the contribution of all pioneers in the United States who have helped to ensure the legacy of the great United States; and

(B) move forward with purpose, united tirelessly as a nation “indivisible, with liberty and justice for all.”

#### SENATE RESOLUTION 380—DESIGNATING FEBRUARY 29, 2016 AS “RARE DISEASE DAY”

Mr. BROWN (for himself, Mr. BARASSO, Mr. WICKER, Mr. WHITEHOUSE, Ms. WARREN, Mr. COONS, and Mr. HATCH) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 380

Whereas a rare disease or disorder is one that affects a small number of patients and, in the United States, typically fewer than 200,000 individuals annually are affected by a rare disease or disorder;

Whereas, as of the date of approval of this resolution, nearly 7,000 rare diseases affect approximately 30,000,000 people in the United States and their families;

Whereas children with rare genetic diseases account for about 1/2 of the population affected by rare diseases in the United States;

Whereas many rare diseases are serious and life-threatening and lack an effective treatment;

Whereas, as a result of the Orphan Drug Act (Public Law 97-414; 96 Stat. 2049), there have been important advances made in the research of and treatment for rare diseases;

Whereas the Food and Drug Administration (in this preamble referred to as the “FDA”) has made great strides in involving the patient in the drug review process as part of the Patient-Focused Drug Development program, an initiative that originated in the Food and Drug Administration Safety and Innovation Act (Public Law 112-144; 126 Stat. 993);

Whereas, although approximately 500 drugs and biological products for the treatment of rare diseases have been approved by the FDA, millions of people in the United States have a rare disease for which there is no such approved treatment;

Whereas lack of access to effective treatments and difficulty in obtaining reimbursement for life-altering, and even life-saving, treatments still exist and remain significant challenges for people with rare diseases and their families;

Whereas rare diseases and conditions include epidermolysis bullosa, progeria, sickle cell anemia, spinal muscular atrophy, Duchenne muscular dystrophy, Tay-Sachs disease, cystic fibrosis, pulmonary fibrosis, many childhood cancers, fibrodysplasia ossificans progressiva, Smith-Magenis syndrome, Batten disease, and hemophilia;

Whereas people with rare diseases experience challenges that include difficulty in obtaining accurate diagnoses, limited treatment options, and difficulty finding physicians or treatment centers with expertise in the rare diseases;

Whereas the rare disease community made significant progress during the 113th Congress, including the passage of the National Pediatric Research Network Act of 2013 (Public Law 113-55; 127 Stat. 644), which calls special attention to rare diseases and directs the National Institutes of Health (in this preamble referred to as the “NIH”) to facilitate greater collaboration among researchers;

Whereas the rare disease community continued this progress through the first session of the 114th Congress, including the passage of the Ensuring Access to Clinical Trials Act of 2015 (Public Law 114-63; 129 Stat. 549) and through increased funding for orphan products and rare disease research;

Whereas both the FDA and the NIH have established special offices to advocate for rare disease research and treatments;

Whereas the National Organization for Rare Disorders (in this preamble referred to as “NORD”), a nonprofit organization established in 1983 to provide services to and advocate on behalf of patients with rare diseases, remains a critical public voice for people with rare diseases;

Whereas 2016 marks the 33rd anniversary of the enactment of the Orphan Drug Act and the establishment of NORD;

Whereas NORD sponsors Rare Disease Day in the United States and partners with many other major rare disease organizations to increase public awareness of rare diseases;

Whereas Rare Disease Day is observed each year on the last day of February;

Whereas Rare Disease Day is a global event, first observed in the United States on February 28, 2009 and observed in more than 80 countries in 2015; and

Whereas Rare Disease Day is expected to be observed globally for years to come, providing hope and information for rare disease patients around the world: Now, therefore, be it

*Resolved*, That the Senate—

(1) designates February 29, 2016 as “Rare Disease Day”;

(2) recognizes the importance of improving awareness and encouraging accurate and early diagnosis of rare diseases and disorders; and

(3) supports a national and global commitment to improving access to and developing new treatments, diagnostics, and cures for rare diseases and disorders.

#### AMENDMENTS SUBMITTED AND PROPOSED

SA 3326. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table.

SA 3327. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3328. Mr. REED (for himself and Mr. DURBIN) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3329. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3330. Mr. DURBIN (for himself and Mr. KING) submitted an amendment intended to

be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3331. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3332. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3333. Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3334. Mr. KIRK submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3335. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3336. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3337. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3338. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3339. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3340. Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3341. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3342. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3343. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3344. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3345. Mrs. SHAHEEN (for herself and Mr. WHITEHOUSE) submitted an amendment intended to be proposed by her to the bill S. 524, supra; which was ordered to lie on the table.

SA 3346. Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3347. Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3348. Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3349. Mr. BOOKER (for himself, Mr. JOHNSON, Mrs. ERNST, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

SA 3350. Mr. SCHATZ (for himself and Mr. HATCH) submitted an amendment intended to be proposed by him to the bill S. 524, supra; which was ordered to lie on the table.

#### TEXT OF AMENDMENTS

SA 3326. Mr. BLUMENTHAL submitted an amendment intended to be

proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**LIMITATION ON COPAYMENTS FOR NALOXONE.**—Section 2713(a) of the Public Health Service Act (42 U.S.C. 300gg-13) is amended—

(1) in paragraph (2), by striking “and” at the end;

(2) in paragraphs (3) and (4), by striking the period and inserting a semicolon;

(3) in paragraph (5), by striking the period and inserting “; and”; and

(4) by adding at the end the following:

“(6) the prescription of naloxone or any opioid overdose anecdote drug.”.

**SA 3327.** Mr. BLUMENTHAL submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 65, after line 23, insert the following:

**SEC. 504. ELIMINATION OF COPAYMENT REQUIREMENT FOR VETERANS RECEIVING OPIOID ANTAGONISTS OR EDUCATION ON USE OF OPIOID ANTAGONISTS.**

(a) COPAYMENT FOR OPIOID ANTAGONISTS.—Section 1722A(a) of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(4) Paragraph (1) does not apply to opioid antagonists furnished under this chapter to a veteran who is at high risk for overdose of a specific medication or substance in order to reverse the effect of such an overdose.”.

(b) COPAYMENT FOR EDUCATION ON USE OF OPIOID ANTAGONISTS.—Section 1710(g)(3) of such title is amended—

(1) by striking “with respect to home health services” and inserting “with respect to the following:

“(A) Home health services”; and

(2) by adding at the end the following new subparagraph:

“(B) Education on the use of opioid antagonists to reverse the effects of overdoses of specific medications or substances.”.

**SA 3328.** Mr. REED (for himself and Mr. DURBIN) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

#### **TITLE —OVERDOSE PREVENTION**

##### **SEC. 01. SHORT TITLE.**

This title may be cited as the “Overdose Prevention Act”.

##### **SEC. 02. FINDINGS.**

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention, each day in the United States, more than 100 people die from a drug overdose. Among people 25 to 64 years old, drug overdose causes more deaths than motor vehicle accidents.

(2) The Centers for Disease Control and Prevention reports that nearly 44,000 people in the United States died from a drug over-

dose in 2013 alone. More than 80 percent of those deaths were due to unintentional drug overdoses, and many could have been prevented.

(3) Deaths resulting from unintentional drug overdoses increased more than 300 percent between 1980 and 1998, and more than tripled between 1999 and 2013.

(4) Nearly 92 percent of all unintentional poisoning deaths are due to drugs. Since 1999, in the United States the population of non-Hispanic Whites and the population of Indians (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) have seen the highest rates of unintentional drug poisoning deaths.

(5) Opioid medications such as oxycodone and hydrocodone were involved in nearly 46 percent of all unintentional drug poisoning deaths in 2013.

(6) Unintentional drug poisoning deaths involving heroin nearly tripled between 2010 and 2013 and were 23 percent of all unintentional drug poisoning deaths in 2013.

(7) Between 1999 and 2010, opioid medication overdose fatalities increased by more than 400 percent among women and 265 percent among men.

(8) Military veterans are at elevated risk of experiencing a drug overdose. Veterans who served in Vietnam, Iraq, or Afghanistan and who have combat injuries, posttraumatic stress disorder, and other co-occurring mental health diagnoses are at elevated risk of fatal drug overdose from opioid medications.

(9) Rural and suburban regions are disproportionately affected by opioid medication and heroin overdoses. From 2000 through 2013, the age-adjusted rate for drug poisoning deaths involving heroin has increased nearly 11-fold in the Midwest region and more than 3-fold in the South region.

(10) Urban centers also continue to struggle with overdose, which is the leading cause of death among homeless adults.

(11) In 2009 alone, estimated lost productivity and direct medical costs from opioid medication poisonings exceeded \$20,000,000,000.

(12) Opioid medication poisonings cost health insurers an estimated \$72,000,000,000 annually in medical costs.

(13) Both fatal and nonfatal overdoses place a heavy burden on public health and public safety resources, yet there is no coordinated cross-Federal agency response to prevent overdose fatalities.

(14) Naloxone is a medication that rapidly reverses overdose from heroin and opioid medications.

(15) Naloxone has no pharmacological effect if administered to a person who has not taken opioids and has no potential for abuse. Naloxone provides additional time to obtain necessary medical assistance during an overdose.

(16) Lawmakers in Arkansas, California, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and the District of Columbia have removed legal impediments to increasing naloxone prescription and its use by bystanders who are in a position to respond to an overdose.

(17) The American Medical Association and the American Public Health Association support further implementation of community-based programs that offer naloxone and other opioid overdose prevention services.

(18) Community-based overdose prevention programs have successfully prevented deaths

from opioid overdoses by making rescue training and naloxone available to first responders, parents, and other bystanders who may encounter an overdose. A study funded by the Centers for Disease Control and Prevention of community-based overdose prevention programs provided by the Massachusetts Department of Public Health found that communities with access to overdose prevention programs experienced lower mortality rates from opioid overdoses than communities that did not have access to overdose prevention programs during the study period.

(19) Over 150,000 potential bystanders have been trained by overdose prevention programs in the United States. A Centers for Disease Control and Prevention report credits overdose prevention programs with reversing more than 26,000 overdoses since 1996.

(20) At least 188 local overdose prevention programs are operating in the United States, including in major cities such as Baltimore, Chicago, Los Angeles, New York City, Boston, San Francisco, and Philadelphia, and statewide in New Mexico, Massachusetts, and New York. Between December 2007 and March 2014, overdose prevention programs facilitated by the Massachusetts Department of Public Health trained more than 22,500 people who reported more than 2,655 rescues. Since 2004, a program administered by the Baltimore City Health Department has trained more than 11,000 people who reported more than 220 rescues. Project Lazarus, an overdose prevention program in Wilkes County, North Carolina, reduced overdose deaths 69 percent between 2009 and 2011.

(21) In Illinois, the Department of Human Services, Division of Alcoholism and Substance Abuse has enrolled over 20 drug overdose prevention programs with over 100 designated sites across Illinois targeting multiple service populations. These enrollees include police departments, county health departments, medical facilities, licensed substance abuse treatment programs, and community organizations. Statewide, over 2,000 police officers and more than 600 others have been trained thus far. The DuPage County Illinois Health Department has trained over 1,200 police officers and has reported 34 overdose reversals in 2014 alone.

(22) The Office of National Drug Control Policy supports equipping first responders to help reverse overdoses. Police officers on patrol in Quincy, Massachusetts, have conducted 300 overdose rescues with naloxone since 2011. The police department has reported a 95-percent success rate with overdose rescue attempts by police officers. In Suffolk County, New York, police officers have saved more than 563 lives with naloxone in 2013 alone.

(23) Research shows that the cost per year of life gained by making naloxone available to reverse overdoses is within the range of what people in the United States usually pay for health treatments.

(24) Prompt administration of naloxone and provision of emergency care by a bystander can reduce health complications and health care costs that arise when a person is deprived of oxygen for an extended period of time.

(25) Overdose prevention programs are needed in correctional facilities, addiction treatment programs, and other places where people are at higher risk of overdosing after a period of abstinence.

(26) Timely, drug-specific fatal and nonfatal surveillance data at the local, State, and regional level is critically needed to target prevention efforts.

(27) People affected by drug overdose gather on August 31 of each year in communities nationwide for Overdose Awareness Day, to mourn and pay tribute to loved ones and

raise awareness about overdose risk and prevention.

#### SEC. 03. OVERDOSE PREVENTION PROGRAMS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

##### **“PART W—OVERDOSE PREVENTION PROGRAMS**

#### **“SEC. 3990O. COOPERATIVE AGREEMENT PROGRAM TO REDUCE DRUG OVERDOSE DEATHS.**

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration, shall enter into cooperative agreements with eligible entities to enable the eligible entities to reduce deaths occurring from overdoses of drugs.

“(b) ELIGIBLE ENTITIES.—To be eligible to receive a cooperative agreement under this section, an entity shall be a State, local, or tribal government, a correctional institution, a law enforcement agency, a community agency, a professional organization in the field of poison control and surveillance, or a private nonprofit organization.

“(c) APPLICATION.—

“(1) IN GENERAL.—An eligible entity desiring a cooperative agreement under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(2) CONTENTS.—An application under paragraph (1) shall include—

“(A) a description of the activities to be funded through the cooperative agreement; and

“(B) evidence that the eligible entity has the capacity to carry out such activities.

“(d) PRIORITY.—In entering into cooperative agreements under subsection (a), the Secretary shall give priority to eligible entities that—

“(1) are a public health agency or community-based organization; and

“(2) have expertise in preventing deaths occurring from overdoses of drugs in populations at high risk of such deaths.

“(e) ELIGIBLE ACTIVITIES.—As a condition of receipt of a cooperative agreement under this section, an eligible entity shall agree to use the cooperative agreement to do each of the following:

“(1) Purchase and distribute the drug naloxone or a similarly effective medication.

“(2) Carry out one or more of the following activities:

“(A) Educating prescribers and pharmacists about overdose prevention and naloxone prescription, or prescriptions of a similarly effective medication.

“(B) Training first responders, other individuals in a position to respond to an overdose, and law enforcement and corrections officials on the effective response to individuals who have overdosed on drugs. Training pursuant to this subparagraph may include any activity that is educational, instructional, or consultative in nature, and may include volunteer training, awareness building exercises, outreach to individuals who are at risk of a drug overdose, and distribution of educational materials.

“(C) Implementing and enhancing programs to provide overdose prevention, recognition, treatment, and response to individuals in need of such services.

“(D) Educating the public and providing outreach to the public about overdose prevention and naloxone prescriptions, or prescriptions of other similarly effective medications.

“(f) COORDINATING CENTER.—

“(1) ESTABLISHMENT.—The Secretary shall establish and provide for the operation of a coordinating center responsible for—

“(A) collecting, compiling, and disseminating data on the programs and activities under this section, including tracking and evaluating the distribution and use of naloxone and other similarly effective medication;

“(B) evaluating such data and, based on such evaluation, developing best practices for preventing deaths occurring from drug overdoses;

“(C) making such best practices specific to the type of community involved;

“(D) coordinating and harmonizing data collection measures;

“(E) evaluating the effects of the program on overdose rates; and

“(F) education and outreach to the public about overdose prevention and prescription of naloxone and other similarly effective medication.

“(2) REPORTS TO CENTER.—As a condition on receipt of a cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the cooperative agreement period, a report to such coordinating center and the Secretary describing the results of the activities supported through the cooperative agreement.

“(g) DURATION.—The period of a cooperative agreement under this section shall be 4 years.

“(h) DEFINITION.—In this part, the term ‘drug’—

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

“(2) includes controlled substances, as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802).

“(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated \$20,000,000 to carry out this section for each of the fiscal years 2016 through 2020.

#### **“SEC. 3990O-1. SURVEILLANCE CAPACITY BUILDING.**

“(a) PROGRAM AUTHORIZED.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award cooperative agreements to eligible entities to improve fatal and nonfatal drug overdose surveillance and reporting capabilities, including—

“(1) providing training to improve identification of drug overdose as the cause of death by coroners and medical examiners;

“(2) establishing, in cooperation with the National Poison Data System, coroners, and medical examiners, a comprehensive national program for surveillance of, and reporting to an electronic database on, drug overdose deaths in the United States; and

“(3) establishing, in cooperation with the National Poison Data System, a comprehensive national program for surveillance of, and reporting to an electronic database on, fatal and nonfatal drug overdose occurrences, including epidemiological and toxicologic analysis and trends.

“(b) ELIGIBLE ENTITY.—To be eligible to receive a cooperative agreement under this section, an entity shall be—

“(1) a State, local, or tribal government; or

“(2) the National Poison Data System working in conjunction with a State, local, or tribal government.

“(c) APPLICATION.—

“(1) IN GENERAL.—An eligible entity desiring a cooperative agreement under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(2) CONTENTS.—The application described in paragraph (1) shall include—

“(A) a description of the activities to be funded through the cooperative agreement; and

“(B) evidence that the eligible entity has the capacity to carry out such activities.

“(d) REPORT.—As a condition of receipt of a cooperative agreement under this section, an eligible entity shall agree to prepare and submit, not later than 90 days after the end of the cooperative agreement period, a report to the Secretary describing the results of the activities supported through the cooperative agreement.

“(e) NATIONAL POISON DATA SYSTEM.—In this section, the term ‘National Poison Data System’ means the system operated by the American Association of Poison Control Centers, in partnership with the Centers for Disease Control and Prevention, for real-time local, State, and national electronic reporting, and the corresponding database network.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2016 through 2020.

#### **“SEC. 3990O-2. REDUCING OVERDOSE DEATHS.**

“(a) PREVENTION OF DRUG OVERDOSE.—Not later than 180 days after the date of the enactment of this section, the Secretary, in consultation with a task force comprised of stakeholders, shall develop a plan to reduce the number of deaths occurring from overdoses of drugs and shall submit the plan to Congress. The plan shall include—

“(1) a plan for implementation of a public health campaign to educate prescribers and the public about overdose prevention and prescription of naloxone and other similarly effective medication;

“(2) recommendations for improving and expanding overdose prevention programming; and

“(3) recommendations for such legislative or administrative action as the Secretary determines appropriate.

“(b) TASK FORCE REPRESENTATION.—

“(1) REQUIRED MEMBERS.—The task force under subsection (a) shall include at least one representative of each of the following:

“(A) Individuals directly impacted by drug overdose.

“(B) Direct service providers who engage individuals at risk of a drug overdose.

“(C) Drug overdose prevention advocates.

“(D) The National Institute on Drug Abuse.

“(E) The Center for Substance Abuse Treatment.

“(F) The Centers for Disease Control and Prevention.

“(G) The Health Resources and Services Administration.

“(H) The Food and Drug Administration.

“(I) The Office of National Drug Control Policy.

“(J) The American Medical Association.

“(K) The American Association of Poison Control Centers.

“(L) The Federal Bureau of Prisons.

“(M) The Centers for Medicare & Medicaid Services.

“(N) The Department of Justice.

“(O) The Department of Defense.

“(P) The Department of Veterans Affairs.

“(Q) First responders.

“(R) Law enforcement.

“(S) State agencies responsible for drug overdose prevention.

“(2) ADDITIONAL MEMBERS.—In addition to the representatives required by paragraph (1), the task force under subsection (a) may include other individuals with expertise relating to drug overdoses or representatives of entities with expertise relating to drug overdoses, as the Secretary determines appropriate.”

#### **SEC. 04. OVERDOSE PREVENTION RESEARCH.**

Subpart 15 of part C of title IV of the Public Health Service Act (42 U.S.C. 285o et seq.)

is amended by adding at the end the following:

**“SEC. 464Q. OVERDOSE PREVENTION RESEARCH.**

“(a) OVERDOSE RESEARCH.—The Director of the Institute shall prioritize and conduct or support research on drug overdose and overdose prevention. The primary aims of this research shall include—

“(1) an examination of circumstances that contribute to drug overdose and identification of drugs associated with fatal overdose;

“(2) an evaluation of existing overdose prevention methods;

“(3) pilot programs or research trials on new overdose prevention strategies or programs that have not been studied in the United States;

“(4) scientific research concerning the effectiveness of overdose prevention programs, including how to effectively implement and sustain such programs;

“(5) comparative effectiveness research of model programs; and

“(6) implementation of science research concerning effective overdose prevention programming examining how to implement and sustain overdose prevention programming.

“(b) FORMULATIONS OF NALOXONE.—The Director of the Institute shall support research on the development of formulations of naloxone, and other similarly effective medications, and dosage delivery devices specifically intended to be used by lay persons or first responders for the prehospital treatment of unintentional drug overdose.

“(c) DEFINITION.—In this section, the term ‘drug’ has the meaning given such term in section 3990O.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2016 through 2020.”.

**SA 3329.** Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I, add the following:

**SEC. 104. OPIOID ACTION PLAN.**

(a) ADVISORY COMMITTEE.—

(1) NEW DRUG APPLICATION.—Except as provided in paragraph (4), prior to the approval of a new drug that is an opioid under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), the Commissioner of Food and Drugs shall refer such drug to an advisory committee of the Food and Drug Administration to seek recommendations from such Committee.

(2) PEDIATRIC OPIOID LABELING.—The Commissioner of Food and Drugs shall convene the Pediatric Advisory Committee of the Food and Drug Administration to seek recommendations from such Committee regarding a framework for the inclusion of information in the labeling of drugs that are opioids relating to the use of such drugs in pediatric populations before such Commissioner approves any labeling changes for drugs that are opioids intended for use in pediatric populations.

(3) PUBLIC HEALTH EXEMPTION.—If the Commissioner of Food and Drugs finds that referring a new opioid drug or drugs to an advisory committee of the Food and Drug Administration as required under paragraph (1) is not in the interest of protecting and promoting public health, and has submitted a notice containing the rationale for such a finding to the Committee on Health, Education, Labor, and Pensions of the Senate

and the Committee on Energy and Commerce of the House of Representatives, or if the matter that would be considered by such advisory committee with respect to any such drug or drugs concerns bioequivalence or sameness of active ingredients, the Commissioner shall not be required to refer such drug or drugs to an advisory committee as required under paragraph (1).

(4) SUNSET.—Unless Congress reauthorizes paragraphs (1) and (2), the requirements of such paragraphs shall cease to be effective on October 1, 2022.

(b) CONTINUING MEDICAL EDUCATION FOR PRESCRIBERS OF OPIOIDS.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, in consultation with the Director of the Centers for Disease Control and Prevention, the Director of the National Institutes of Health, the Administrator of the Agency for Healthcare Research and Quality, the Administrator of the Drug Enforcement Administration, and relevant stakeholders, shall develop recommendations regarding continuing medical education programs for prescribers of opioids required to be disseminated under section 505–1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355–1), including recommendations for which prescribers should participate in such programs and how often participation in such programs is necessary.

(c) GUIDANCE.—Not later than 1 year after the date of enactment of this Act, the Commissioner of Food and Drugs shall issue guidance on if and how the approved labeling of a drug that is an opioid and is the subject of an application under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) may include statements that such drug deters abuse.

**SA 3330.** Mr. DURBIN (for himself and Mr. KING) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

**SEC. \_\_\_\_ . EXPANDING OPTIONS FOR ADDICTION TREATMENT UNDER MEDICAID AND CHIP.**

(a) STATE OPTION TO PROVIDE MEDICAL ASSISTANCE FOR RESIDENTIAL ADDICTION TREATMENT FACILITY SERVICES; MODIFICATION OF THE IMD EXCLUSION.—

(1) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(A) in subsection (a)(16)—

(i) by striking “effective” and inserting “(A) effective”; and

(ii) by inserting “, and (B) effective January 1, 2018, residential addiction treatment facility services (as defined in subsection (h)(3)) for individuals over 21 years of age and under 65 years of age” before the semicolon; and

(B) in subsection (h)—

(i) in paragraph (1), by striking “paragraph (16) of subsection (a)” and inserting “subsection (a)(16)(A)”; and

(ii) by adding at the end the following new paragraph:

“(3)(A) For purposes of subsection (a)(16)(B), the term ‘residential addiction treatment facility services’ means inpatient services provided—

“(i) to an individual for the purpose of treating a substance use disorder that are furnished to an individual for not more than 2 consecutive periods of 30 consecutive days,

provided that upon completion of the first 30-day period, the individual is assessed by the facility and determined to have progressed through the clinical continuum of care, in accordance with criteria established by the Secretary, in consultation with the American Society of Addiction Medicine, and requires continued medically necessary treatment and social support services to promote recovery, stable transition, and discharge; and

“(ii) in a facility that—

“(I) does not have more than 40 beds; and

“(II) is accredited for the treatment of substance use disorders by the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, or any other nationwide accrediting agency that the Secretary deems appropriate.

“(B) The provision of medical assistance for residential addiction treatment facility services to an individual shall not prohibit Federal financial participation for medical assistance for items or services that are provided to the individual in or away from the residential addiction treatment facility during any 30-day period in which the individual is receiving residential addiction treatment facility services.

“(C) A woman who is eligible for medical assistance on the basis of being pregnant and who is furnished residential addiction treatment facility services during any 30-day period may remain eligible for, and continue to be furnished with, such services for additional 30-day periods without regard to any eligibility limit that would otherwise apply to the woman as a result of her pregnancy ending, subject to assessment by the facility and a determination based on medical necessity related to substance use disorder and the impact of substance use disorder on birth outcomes.”.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply to items and services furnished on or after January 1, 2018.

(b) GRANT PROGRAM TO EXPAND YOUTH ADDICTION TREATMENT FACILITIES UNDER MEDICAID AND CHIP.—

(1) ESTABLISHMENT.—

(A) IN GENERAL.—The Secretary shall establish a program under which the Secretary shall award grants to States for the purpose of expanding the infrastructure and treatment capabilities, including augmenting equipment and bed capacity, of eligible youth addiction treatment facilities that provide addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and are in communities with high numbers of medically underserved populations of at-risk youth.

(B) USE OF FUNDS.—Grant funds awarded under this subsection may be used to expand the infrastructure and treatment capabilities of an existing facility (including through construction) but shall not be used for the construction of any new facility or for the provision of medical assistance or child health assistance under Medicaid or CHIP.

(C) TIMETABLE FOR IMPLEMENTATION; DURATION.—

(i) IMPLEMENTATION.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall award grants under the grant program.

(ii) DURATION.—The Secretary shall award grants under the grant program for a period not to exceed 5 years.

(2) APPLICATION.—A State seeking to participate in the grant program shall submit to the Secretary, at such time and in such manner as the Secretary shall require, an application that includes—

(A) detailed information on the types of additional infrastructure and treatment capacity of eligible youth addiction treatment facilities that the State proposes to fund under the grant program;

(B) a description of the communities in which the eligible youth addiction treatment facilities funded under the grant program operate;

(C) an assurance that the eligible youth addiction treatment facilities that the State proposes to fund under the grant program shall give priority to providing addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and are in communities with high numbers of medically underserved populations of at-risk youth; and

(D) such additional information and assurances as the Secretary shall require.

(3) **RURAL AREAS.**—Not less than 15 percent of the amount of a grant awarded to a State under this subsection shall be used for making payments to eligible youth addiction treatment facilities that are located in rural areas or that target the provision of addiction treatment services to Medicaid or CHIP beneficiaries who have not attained the age of 21 and reside in rural areas.

(4) **DEFINITIONS.**—For purposes of this subsection:

(A) **ADDICTION TREATMENT SERVICES.**—The term “addiction treatment services” means services provided to an individual for the purpose of treating a substance use disorder.

(B) **CHIP.**—The term “CHIP” means the State children’s health insurance program established under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(C) **ELIGIBLE YOUTH ADDICTION TREATMENT FACILITY.**—The term “eligible youth addiction treatment facility” means a facility that is a participating provider under the State Medicaid or CHIP programs for purposes of providing medical assistance or child health assistance to Medicaid or CHIP beneficiaries for youth addiction treatment services on an inpatient or outpatient basis (or both).

(D) **MEDICAID.**—The term “Medicaid” means the medical assistance program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(E) **MEDICAID OR CHIP BENEFICIARY.**—The term “Medicaid or CHIP beneficiary” means an individual who is enrolled in the State Medicaid plan, the State child health plan under CHIP, or under a waiver of either such plan.

(F) **MEDICALLY UNDERSERVED POPULATIONS.**—The term “medically underserved populations” has the meaning given that term in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)).

(G) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(5) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated \$50,000,000 to carry out the provisions of this subsection. Funds appropriated under this paragraph shall remain available until expended.

**SA 3331.** Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title VI, insert the following:  
**SEC. 602. PRIORITY CONSIDERATION.**

(a) **DEFINITIONS.**—The definitions in section 601(a) shall apply to this section.

(b) **PRIORITY CONSIDERATION.**—In awarding Federal funds under a program of the Department of Justice or the Department of Health and Human Services to be used for prescription drug monitoring programs of the States, the Attorney General or the Secretary of Health and Human Services, as the case may be, shall give priority consideration to an application from a State that—

(1) requires a prescriber of a schedule II, III, or IV controlled substance to, prior to the issuance of a prescription for a schedule II, III, or IV controlled substance, consult the prescription drug monitoring database of the State;

(2) requires a dispenser of a schedule II, III, or IV controlled substance to, for the dispensing of each prescription of a schedule II, III, or IV controlled substance, input data to the prescription drug monitoring database of the State, within 24 hours of the dispensing, which shall include—

(A) a patient identifier;

(B) the national drug code of the dispensed drug;

(C) the date of dispensing;

(D) the quantity of the drug dispensed;

(E) the Drug Enforcement Administration registration number of the prescriber; and

(F) the Drug Enforcement Administration registration number of the dispenser;

(3) authorizes access to a State board responsible for the licensure, regulation, or discipline of practitioners, pharmacists, or other person who is authorized to prescribe, administer, or dispense controlled substances; and

(4) requires that, not fewer than 4 times a year, the State agency that administers the prescription drug monitoring program of the State prepare and provide to—

(A) the State board described in paragraph (3), an informational report concerning the prescribing patterns of prescribers within the State, which shall include data on aggregate trends and individual outliers that indicate a substantial likelihood that inappropriate prescribing may be occurring; and

(B) each prescriber of a schedule II, III, or IV controlled substance, an information report that shows how the prescribing patterns of the prescriber compare to the prescribing practices of the peers of the prescriber and expected norms.

**SA 3332.** Mr. DURBIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . PUBLIC DISCLOSURE OF OPIOID MANUFACTURING QUOTAS.**

Section 306 of the Controlled Substances Act (21 U.S.C. 826) is amended by adding at the end the following:

“(i) **DISCLOSURE TO PUBLIC.**—The Attorney General shall make available to the public, and accessible through the website of the Drug Enforcement Administration, each manufacturing quota fixed or adjusted by the Attorney General under this section for each registered manufacturer for each of the following controlled substances:

“(1) Fentanyl.

“(2) Hydrocodone.

“(3) Hydromorphone.

“(4) Oxycodone.

“(5) Oxycodone.”.

**SA 3333.** Mr. BLUMENTHAL submitted an amendment intended to be

proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**SEC. 705. REMS FOR IMMEDIATE RELEASE OPIOID ANALGESICS.**

Not later than 120 days after the date of enactment of this Act, the Secretary of Health and Human Services shall require a risk evaluation and mitigation strategy under section 505-1 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355-1) to be submitted for drugs that are immediate release opioid analgesics, including for such drugs for which there is an approved covered application (as defined in such section) and for such drugs for which a covered application has been submitted but not yet approved.

**SA 3334.** Mr. KIRK submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 65, after line 23, insert the following:

**SEC. 504. MANDATORY DISCLOSURE OF CERTAIN VETERAN INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.**

Section 5701(1) of title 38, United States Code, is amended by striking “may” and inserting “shall”.

**SA 3335.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_ . REMOVING CONSIDERATION OF CERTAIN PAIN-RELATED ISSUES FROM CALCULATIONS UNDER THE MEDICARE HOSPITAL VALUE-BASED PURCHASING PROGRAM.**

Section 1886(o)(2)(B) of the Social Security Act (42 U.S.C. 1395ww(o)(2)(B)) is amended—

(1) in clause (i)(II), by inserting “, subject to clause (iii),” after “shall”; and

(2) by adding at the end the following new clause:

“(iii) **EXCLUSION OF CERTAIN PAIN-RELATED MEASURES.**—For value-based incentive payments made with respect to discharges occurring during fiscal year 2017 or a subsequent fiscal year, the Secretary shall ensure that measures selected under subparagraph (A) do not include measures based on any assessments by patients, with respect to hospital stays of such patients, of—

“(I) the need of such patients, during such stay, for medicine for pain;

“(II) how often, during such stay, the pain of such patients was well controlled; or

“(III) how often, during such stay, the staff of the hospital in which such stay occurred did everything they could to help the patient with the pain experienced by the patient.”.

**SA 3336.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use;

which was ordered to lie on the table; as follows:

On page 10, beginning on line 18, strike “and” and all that follows through “(I)” on line 19 and insert the following:

- (I) the Indian Health Service; and
- (J)

**SA 3337.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 12, beginning on line 11, strike “and” and all that follows through “(E)” on line 12 and insert the following:

- (E) the management of populations who have both a pain and a mental health diagnosis, including post-traumatic stress disorder and acute stress disorder; and
- (F)

**SA 3338.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of the bill, add the following:

**SEC. \_\_\_\_ . FDA STATUS REPORT.**

Not later than 45 days after the date of enactment of this Act, the Commissioner of Food and Drugs shall submit to Congress a report on the status of draft guidance for industry entitled “Individual Patient Expanded Access Applications: Form FDA 3926” that was published in February of 2015.

**SA 3339.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of the amendment, add the following:

**TITLE VIII—BORDER SECURITY METRICS**

**SEC. 801. SHORT TITLE.**

This title may be cited as the “Department of Homeland Security Border Security Metrics Act of 2016”.

**SEC. 802. DEFINITIONS.**

In this title:

(1) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term “appropriate congressional committees” means—

- (A) the Committee on Homeland Security and Governmental Affairs of the Senate;
- (B) the Committee on Homeland Security of the House of Representatives;
- (C) the Committee on the Judiciary of the Senate; and
- (D) the Committee on the Judiciary of the House of Representatives.

(2) **CONSEQUENCE DELIVERY SYSTEM.**—The term “Consequence Delivery System” means the series of consequences applied by the Border Patrol to persons unlawfully entering the United States to prevent unlawful border crossing recidivism.

(3) **GOT AWAY.**—The term “got away” means an unlawful border crosser who—

- (A) is directly or indirectly observed making an unlawful entry into the United States;
- (B) is not a turn back; and

(C) is not apprehended.

(4) **KNOWN MIGRANT FLOW.**—The term “known migrant flow” means the sum of the number of undocumented migrants—

- (A) interdicted at sea;
- (B) identified at sea, but not interdicted;
- (C) that successfully entered the United States through the maritime border; or
- (D) not described in subparagraph (A), (B), or (C), which were otherwise reported, with a significant degree of certainty, as having entered, or attempted to enter, the United States through the maritime border.

(5) **MAJOR VIOLATOR.**—The term “major violator” means a person or entity that has engaged in serious criminal activities at any land, air, or sea port of entry, including—

- (A) possession of illicit drugs;
- (B) smuggling of prohibited products;
- (C) human smuggling;
- (D) weapons possession;
- (E) use of fraudulent United States documents; or
- (F) other offenses that are serious enough to result in arrest.

(6) **SECRETARY.**—The term “Secretary” means the Secretary of Homeland Security.

(7) **SITUATIONAL AWARENESS.**—The term “situational awareness” means knowledge and unified understanding of current unlawful cross-border activity, including—

- (A) threats and trends concerning illicit trafficking and unlawful crossings;
- (B) the ability to forecast future shifts in such threats and trends;
- (C) the ability to evaluate such threats and trends at a level sufficient to create actionable plans; and
- (D) the operational capability to conduct persistent and integrated surveillance of the international borders of the United States.

(8) **TRANSIT ZONE.**—The term “transit zone” means the sea corridors of the western Atlantic Ocean, the Gulf of Mexico, the Caribbean Sea, and the eastern Pacific Ocean through which undocumented migrants and illicit drugs transit, either directly or indirectly, to the United States.

(9) **TURN BACK.**—The term “turn back” means an unlawful border crosser who, after making an unlawful entry into the United States, promptly returns to the country from which such crosser entered.

(10) **UNLAWFUL BORDER CROSSING EFFECTIVENESS RATE.**—The term “unlawful border crossing effectiveness rate” means the percentage that results from dividing—

- (A) the number of apprehensions and turn backs; and
- (B) the number of apprehensions, estimated unlawful entries, turn backs, and got aways.

(11) **UNLAWFUL ENTRY.**—The term “unlawful entry” means an unlawful border crosser who enters the United States and is not apprehended by a border security component of the Department of Homeland Security.

**SEC. 803. METRICS FOR SECURING THE BORDER BETWEEN PORTS OF ENTRY.**

(a) **IN GENERAL.**—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security between ports of entry. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

- (1) estimates, using alternative methodologies, including recidivism data, survey data, known-flow data, and technologically measured data, of—
  - (A) total attempted unlawful border crossings;
  - (B) the rate of apprehension of attempted unlawful border crossers; and
  - (C) the number of unlawful entries;

(2) a situational awareness achievement metric, which measures situational awareness achieved in each Border Patrol sector;

(3) an unlawful border crossing effectiveness rate;

(4) a probability of detection, which compares the estimated total unlawful border crossing attempts not detected by the Border Patrol to the unlawful border crossing effectiveness rate, as informed by paragraph (1);

(5) an illicit drugs seizure rate for drugs seized by the Border Patrol, which compares the ratio of the amount and type of illicit drugs seized by the Border Patrol in any fiscal year to the average of the amount and type of illicit drugs seized by the Border Patrol in the immediately preceding 5 fiscal years;

(6) a weight-to-frequency rate, which compares the average weight of marijuana seized per seizure by the Border Patrol in any fiscal year to such weight-to-frequency rate for the immediately preceding 5 fiscal years;

(7) estimates of the impact of the Consequence Delivery System on the rate of recidivism of unlawful border crossers over multiple fiscal years; and

(8) an examination of each consequence referred to in paragraph (7), including—

- (A) voluntary return;
- (B) warrant of arrest or notice to appear;
- (C) expedited removal;
- (D) reinstatement of removal;
- (E) alien transfer exit program;
- (F) Operation Streamline;
- (G) standard prosecution; and
- (H) Operation Against Smugglers Initiative on Safety and Security.

(b) **METRICS CONSULTATION.**—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) work with other agencies, as appropriate, including the Office of Refugee Resettlement of the Department of Health and Human Services and the Executive Office for Immigration Review of the Department of Justice, to ensure that authoritative data sources are utilized.

(c) **MANNER OF COLLECTION.**—The data used by the Secretary shall be collected and reported in a consistent and standardized manner across all Border Patrol sectors, informed by situational awareness.

**SEC. 804. METRICS FOR SECURING THE BORDER AT PORTS OF ENTRY.**

(a) **IN GENERAL.**—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security at ports of entry. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) estimates, using alternative methodologies, including survey data and randomized secondary screening data, of—

- (A) total attempted inadmissible border crossings;
- (B) the rate of apprehension of attempted inadmissible border crossings; and
- (C) the number of unlawful entries;
- (2) the amount and type of illicit drugs seized by the Office of Field Operations of U.S. Customs and Border Protection at United States land, air, and sea ports during the previous fiscal year;

(3) an illicit drugs seizure rate for drugs seized by the Office of Field Operations, which compares the ratio of the amount and type of illicit drugs seized by the Office of Field Operations in any fiscal year to the average of the amount and type of illicit drugs seized by the Office of Field Operations in the immediately preceding 5 fiscal years;



(4) in consultation with the Office of National Drug Control Policy and the United States Southern Command, a cocaine seizure effectiveness rate, which is the percentage resulting from dividing—

(A) the amount of cocaine seized by the Office of Field Operations; and

(B) the total estimated cocaine flow rate at ports of entry along the land border;

(5) the number of infractions related to travelers and cargo committed by major violators who are apprehended by the Office of Field Operations at ports of entry, and the estimated number of such infractions committed by major violators who are not apprehended;

(6) a measurement of how border security operations affect crossing times, including—

(A) a wait time ratio that compares the average wait times to total commercial and private vehicular traffic volumes at each port of entry;

(B) an infrastructure capacity utilization rate that measures traffic volume against the physical and staffing capacity at each port of entry;

(C) a secondary examination rate that measures the frequency of secondary examinations at each port of entry; and

(D) an enforcement rate that measures the effectiveness of secondary examinations at detecting major violators; and

(7) a cargo scanning rate that includes—

(A) a comparison of the number of high-risk cargo containers scanned by the Office of Field Operations at each United States seaport during the fiscal year to the total number of high-risk cargo containers entering the United States at each seaport during the previous fiscal year;

(B) the percentage of all cargo that is considered “high-risk” cargo; and

(C) the percentage of high-risk cargo scanned—

(i) upon arrival at a United States seaport before entering United States commerce; and

(ii) before being laden on a vessel destined for the United States.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Office of Refugee Resettlement of the Department of Health and Human Services and the Executive Office for Immigration Review of the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner across all field offices, informed by situational awareness.

#### **SEC. 805. METRICS FOR SECURING THE MARITIME BORDER.**

(a) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of security in the maritime environment. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) situational awareness achieved in the maritime environment;

(2) an undocumented migrant interdiction rate, which compares the migrants interdicted at sea to the total known migrant flow;

(3) an illicit drugs removal rate, for drugs removed inside and outside of a transit zone, which compares the amount and type of illicit drugs removed, including drugs abandoned at sea, by the Department of Homeland Security’s maritime security compo-

nents in any fiscal year to the average of the amount and type of illicit drugs removed by the Department of Homeland Security’s maritime components for the immediately preceding 5 fiscal years;

(4) in consultation with the Office of National Drug Control Policy and the United States Southern Command, a cocaine removal effectiveness rate, for cocaine removed inside a transit zone and outside a transit zone; which compares the amount of cocaine removed by the Department of Homeland Security’s maritime security components by the total documented cocaine flow rate, as contained in Federal drug databases;

(5) a response rate, which compares the ability of the maritime security components of the Department of Homeland Security to respond to and resolve known maritime threats, whether inside and outside a transit zone, by placing assets on-scene, to the total number of events with respect to which the Department has known threat information; and

(6) an intergovernmental response rate, which compares the ability of the maritime security components of the Department of Homeland Security or other United States Government entities to respond to and resolve actionable maritime threats, whether inside or outside the Western Hemisphere transit zone, by targeting maritime threats in order to detect them, and of those threats detected, the total number of maritime threats interdicted or disrupted.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Drug Enforcement Agency, the Department of Defense, and the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner, informed by situational awareness.

#### **SEC. 806. AIR AND MARINE SECURITY METRICS IN THE LAND DOMAIN.**

(a) IN GENERAL.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall develop metrics, informed by situational awareness, to measure the effectiveness of the aviation assets and operations of the Office of Air and Marine of U.S. Customs and Border Enforcement. The Secretary shall annually implement the metrics developed under this subsection, which shall include—

(1) an effectiveness rate, which compares Office of Air and Marine flight hours requirements to the number of flight hours flown by such Office;

(2) a funded flight hour effectiveness rate, which compares the number of funded flight hours appropriated to the Office of Air and Marine to the number of actual flight hours flown by such Office;

(3) a readiness rate, which compares the number of aviation missions flown by the Office of Air and Marine to the number of aviation missions cancelled by such Office due to maintenance, operations, or other causes;

(4) the number of missions cancelled by such Office due to weather compared to the total planned missions;

(5) the number of subjects detected by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts;

(6) the number of apprehensions assisted by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts;

(7) the number and quantity of illicit drug seizures assisted by the Office of Air and Marine through the use of unmanned aerial systems and manned aircrafts; and

(8) the number of times that usable intelligence related to border security was obtained through the use of unmanned aerial systems and manned aircraft.

(b) METRICS CONSULTATION.—In developing the metrics required under subsection (a), the Secretary shall—

(1) consult with the appropriate components of the Department of Homeland Security; and

(2) as appropriate, work with other agencies, including the Department of Justice, to ensure that authoritative data sources are utilized.

(c) MANNER OF COLLECTION.—The data used by the Secretary shall be collected and reported in a consistent and standardized manner, informed by situational awareness.

#### **SEC. 807. DATA TRANSPARENCY.**

The Secretary shall—

(1) in accordance with applicable privacy laws, make data related to apprehensions, inadmissible aliens, drug seizures, and other enforcement actions available to the public, academic research, and law enforcement communities; and

(2) provide the Office of Immigration Statistics of the Department of Homeland Security with unfettered access to the data described in paragraph (1).

#### **SEC. 808. EVALUATION BY THE GOVERNMENT ACCOUNTABILITY OFFICE AND THE SECRETARY OF HOMELAND SECURITY.**

(a) METRICS REPORT.—

(1) MANDATORY DISCLOSURES.—The Secretary shall submit an annual report containing the metrics required under sections 803 through 806 and the data and methodology used to develop such metrics to—

(A) the appropriate congressional committees; and

(B) the Comptroller General of the United States.

(2) PERMISSIBLE DISCLOSURES.—The Secretary, for the purpose of validation and verification, may submit the annual report described in paragraph (1) to—

(A) the National Center for Border Security and Immigration;

(B) the head of a national laboratory within the Department of Homeland Security laboratory network with prior expertise in border security; and

(C) a Federally Funded Research and Development Center sponsored by the Department of Homeland Security.

(b) GAO REPORT.—Not later than 270 days after receiving the first report under subsection (a)(1), and biennially thereafter for the following 10 years, the Comptroller General of the United States, shall submit a report to the appropriate congressional committees that—

(1) analyzes the suitability and statistical validity of the data and methodology contained in such report; and

(2) includes recommendations to Congress on—

(A) the feasibility of other suitable metrics that may be used to measure the effectiveness of border security; and

(B) improvements that need to be made to the metrics being used to measure the effectiveness of border security.

(c) STATE OF THE BORDER REPORT.—Not later than 60 days after the end of each fiscal year through fiscal year 2025, the Secretary shall submit a “State of the Border” report to the appropriate congressional committees that—

(1) provides trends for each metric under sections 803 through 806 for the last 10 years, to the extent possible;

(2) provides selected analysis into related aspects of illegal flow rates, including legal flows and stock estimation techniques; and

(3) includes any other information that the Secretary determines appropriate.

(d) METRICS UPDATE.—

(1) IN GENERAL.—After submitting the final report to the Comptroller General under subsection (a), the Secretary may reevaluate and update any of the metrics required under sections 803 through 806 to ensure that such metrics—

(A) meet the Department of Homeland Security's performance management needs; and

(B) are suitable to measure the effectiveness of border security.

(2) CONGRESSIONAL NOTIFICATION.—Not later than 30 days before updating the metrics under paragraph (1), the Secretary shall notify the appropriate congressional committees of such updates.

**SA 3340.** Mr. JOHNSON submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 17, line 14, insert “and to describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity” before the period.

On page 23, line 21, strike “and”.

On page 23, line 25, strike the period and insert “; and”.

On page 23, after line 25, add the following:

(F) describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 39, between lines 3 and 4, insert the following:

“(3) APPLICATION.—

“(A) IN GENERAL.—A State substance abuse agency, unit of local government, nonprofit organization, or Indian tribe or tribal organization desiring a grant under this section shall submit an application at such time, in such manner, and accompanied by such information as the Secretary may require.

“(B) CONTENTS.—As part of an application for a grant under this section, a State substance abuse agency, unit of local government, nonprofit organization, or Indian tribe or tribal organization shall describe the evidence-based methodology and outcome measurements that will be used to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 41, line 14, strike “and”.

On page 41, line 17, strike the period and insert “; and”.

On page 41, between lines 17 and 18, insert the following:

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

On page 46, between lines 17 and 18, insert the following:

“(c) APPLICATION.—

“(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit

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

“(2) CONTENTS.—As part of an application for a grant under this section, an eligible entity shall describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 46, line 18, strike “(c)” and insert “(d)”.

On page 48, between lines 23 and 24, insert the following:

“(d) APPLICATION.—

“(1) IN GENERAL.—A recovery community organization desiring a grant under this section shall submit an application at such time, in such manner, and accompanied by such information as the Secretary of Health and Human Services may require.

“(2) CONTENTS.—As part of an application for a grant under this section, a recovery community organization shall describe the evidence-based methodology and outcome measurements that will be used by the recovery community organization to evaluate an activity funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.

On page 48, line 24, strike “(d)” and insert “(e)”.

On page 53, line 7, insert “The application shall describe the evidence-based methodology and outcome measurements that will be used by the eligible entity to evaluate each program funded with a grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the program.” after the period.

On page 55, line 2, strike “shall—” and all that follows through “paragraph (1)” on line 10 and insert “shall describe how each program funded with a grant under this section”.

On page 70, strike lines 17 through 20 and insert the following:

(III) a description of the evidence-based methodology and outcome measurements that will be used by the State to evaluate an activity funded with a planning grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity; and

On page 71, line 15 insert “The application shall describe the evidence-based methodology and outcome measurements that will be used by the State to evaluate an activity funded with an implementation grant under this section, and specifically explain how such measurements will provide valid measures of the impact of the activity.” after the period.

**SA 3341.** Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, insert the following:

**SEC. 705. EXCISE TAX ON OPIOID PAIN RELIEVERS.**

(a) IN GENERAL.—Subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

“**SEC. 4192. OPIOID PAIN RELIEVERS.**

“(a) IN GENERAL.—There is hereby imposed on the sale of any taxable active opioid by

the manufacturer, producer, or importer a tax equal to 1 cent per milligram so sold.

“(b) TAXABLE ACTIVE OPIOID.—For purposes of this section—

“(1) IN GENERAL.—The term ‘taxable active opioid’ means any controlled substance (as defined in section 102 of the Controlled Substances Act, as in effect on the date of the enactment of this section) which is opium, an opiate, or any derivative thereof.

“(2) EXCLUSION FOR CERTAIN PRESCRIPTION MEDICATIONS.—Such term shall not include any prescribed drug which is used exclusively for the treatment of opioid addiction as part of a medically assisted treatment effort.

“(3) EXCLUSION OF OTHER INGREDIENTS.—In the case of a product that includes a taxable active opioid and another ingredient, subsection (a) shall apply only to the portion of such product that is a taxable active opioid.”.

(b) CLERICAL AMENDMENTS.—

(1) The heading of subchapter E of chapter 32 of the Internal Revenue Code of 1986 is amended by striking “Medical Devices” and inserting “Other Medical Products”.

(2) The table of subchapters for chapter 32 of such Code is amended by striking the item relating to subchapter E and inserting the following new item:

“SUBCHAPTER E. OTHER MEDICAL PRODUCTS”.

(3) The table of sections for subchapter E of chapter 32 of such Code is amended by adding at the end the following new item:

“Sec. 4192. Opioid pain relievers.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to sales on or after the date that is 1 year after the date of the enactment of this Act.

(d) REBATE PROGRAM FOR CERTAIN CANCER AND HOSPICE PATIENTS.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in consultation with patient advocacy groups and other relevant stakeholders as determined by such Secretary, shall establish a mechanism by which any amount paid by an eligible patient in connection with the tax under section 4192 of the Internal Revenue Code of 1986 (as added by this section) shall be rebated to such patient in as timely a manner as possible with as little burden on the patient as possible.

(2) ELIGIBLE PATIENT.—For purposes of this section, the term “eligible patient” means—

(A) a patient for whom any taxable active opioid (as defined in section 4192(b) of such Code) is prescribed to treat pain relating to cancer or cancer treatment;

(B) a patient participating in hospice care; and

(C) in the case of the death or incapacity of a patient described in subparagraph (A) or (B) or any similar situation as determined by the Secretary of Health and Human Services, the appropriate family member, medical proxy, or similar representative or the estate of such patient.

**SEC. 706. BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUSE.**

(a) GRANTS TO STATES.—Section 1921(b) of the Public Health Service Act (42 U.S.C. 300x-21(b)) is amended by inserting “, and, as applicable, for carrying out section 1923A” before the period.

(b) NONAPPLICABILITY OF PREVENTION PROGRAM PROVISION.—Section 1922(a)(1) of the Public Health Service Act (42 U.S.C. 300x-22(a)(1)) is amended by inserting “except with respect to amounts made available as described in section 1923A,” before “will expend”.

(c) OPIOID TREATMENT PROGRAMS.—Subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x-21 et seq.) is amended by inserting after section 1923 the following:

**“SEC. 1923A. ADDITIONAL SUBSTANCE ABUSE TREATMENT PROGRAMS.**

“A funding agreement for a grant under section 1921 is that the State involved shall provide that any amounts made available by any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4192 of the Internal Revenue Code of 1986, reduced by any amounts rebated under section 705(e) of the Comprehensive Addiction and Recovery Act of 2016 (as described in section 1933(a)(1)(B)(i)) be used exclusively for substance abuse (including opioid abuse) treatment efforts in the State, including treatment programs—

“(1) establishing new addiction treatment facilities, residential and outpatient, including covering capital costs;

“(2) establishing sober living facilities;

“(3) recruiting and increasing reimbursement for certified mental health providers providing substance abuse treatment in medically underserved communities or communities with high rates of prescription drug abuse;

“(4) expanding access to long-term, residential treatment programs for opioid addicts (including 30-, 60-, and 90-day programs);

“(5) establishing or operating support programs that offer employment services, housing, and other support services to help recovering addicts transition back into society;

“(6) establishing or operating housing for children whose parents are participating in substance abuse treatment programs, including capital costs;

“(7) establishing or operating facilities to provide care for babies born with neonatal abstinence syndrome, including capital costs;

“(8) establishing or operating substance abuse treatment programs in conjunction with Adult and Family Treatment Drug Courts; and

“(9) other treatment programs, as the Secretary determines appropriate.”.

(d) **ADDITIONAL FUNDING.**—Section 1933(a)(1)(B)(i) of the Public Health Service Act (42 U.S.C. 300x–33(a)(1)(B)(i)) is amended by inserting “, plus any increase in revenues to the Treasury in the previous fiscal year resulting from the enactment of section 4192 of the Internal Revenue Code of 1986, reduced by any amounts rebated under section 705(e) of the Comprehensive Addiction and Recovery Act of 2016” before the period.

**SA 3342.** Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**SEC. 705. MISSION STATEMENT OF THE FOOD AND DRUG ADMINISTRATION.**

The Secretary of Health and Human Services, acting through the Commissioner of Food and Drugs, is directed to amend the mission statement of the Food and Drug Administration to include the following statement: “The FDA is also responsible for protecting the public health by strongly considering the danger of addiction and overdose death associated with prescription opioid medications when approving these medications and when regulating the manufacturing, marketing, and distribution of opioid medications.”

**SA 3343.** Mr. MANCHIN submitted an amendment intended to be proposed by

him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**SEC. 705. APPROVAL OF OPIOID DRUGS.**

(a) **IN GENERAL.**—Notwithstanding any other provision of law, the Commissioner of Food and Drugs (referred to in this section as “the Commissioner”) shall ensure that, with respect to each application for an opioid drug submitted under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355)—

(1) an advisory committee of the Center for Drug Evaluation and Research of the Food and Drug Administration evaluates the application and issues a recommendation regarding approval of such drug prior to a final decision to approve such drug; and

(2) if a final decision to approve such drug is inconsistent with the recommendation under paragraph (1), such final decision shall be made by the Commissioner and shall not be delegated.

(b) **REPORTS TO CONGRESS.**—If the advisory committee recommends under subsection (a)(1) that the Commissioner not approve an opioid drug under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and the Commissioner approves that drug under subsection (a)(2), the Commissioner shall—

(1) submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and to any member of Congress that requests the report, that includes—

(A) medical and scientific evidence regarding patient safety that clearly supports the Commissioner’s decision to approve the opioid drug against the recommendation of the advisory committee; and

(B) a disclosure of any potential conflicts of interest that may exist regarding any official of the Food and Drug Administration who was involved in the decision to approve the drug prior to the Commissioner’s final decision under subsection (a)(2); and

(2) at the request of the Committee on Health, Education, Labor, and Pensions of the Senate or the Committee on Energy and Commerce of the House of Representatives, testify before that committee regarding the Commissioner’s decision to approve the opioid drug against the recommendation of the advisory committee.

(c) **PROHIBITION ON MARKETING.**—A drug described in subsection (b) shall not be introduced or delivered for introduction into interstate commerce until the report described in subsection (b)(1) has been submitted to Congress.

**SA 3344.** Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**SEC. \_\_\_\_ . CONSUMER EDUCATION CAMPAIGN.**

Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.) is amended by adding at the end the following:

**“SEC. 506C. CONSUMER EDUCATION CAMPAIGN.**

“(a) **IN GENERAL.**—The Administrator shall award grants to States and nonprofit entities for the purpose of conducting culturally sensitive consumer education about opioid

abuse, including methadone abuse. Such education shall include information on the dangers of opioid abuse, how to prevent opioid abuse including through safe disposal of prescription medications and other safety precautions, and detection of early warning signs of addiction.

“(b) **ELIGIBILITY.**—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) be a State or nonprofit entity; and

“(2) submit to the Administrator an application at such time, in such manner, and containing such information as the Administrator may require.

“(c) **PRIORITY.**—In awarding grants under this section, the Administrator shall give priority to applicants that are States or communities with a high incidence of abuse of methadone and other opioids, and opioid-related deaths.

“(d) **EVALUATIONS.**—The Administrator shall develop a process to evaluate the effectiveness of activities carried out by grantees under this section at reducing abuse of methadone and other opioids.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section \$15,000,000 for each of fiscal years 2017 through 2021.”.

**SA 3345.** Mrs. SHAHEEN (for herself and Mr. WHITEHOUSE) submitted an amendment intended to be proposed by her to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

**TITLE VIII—ADDITIONAL APPROPRIATIONS FOR FISCAL YEAR 2016  
SEC. 801. DEPARTMENT OF JUSTICE.**

(a) **STATE AND LOCAL LAW ENFORCEMENT ASSISTANCE.**—

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

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

(b) **HEROIN AND METHAMPHETAMINE TASK FORCES.**—

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

levels of opioid and heroin use, targeting resources to support law enforcement operations on the ground.

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

## **SEC. 802. DEPARTMENT OF HEALTH AND HUMAN SERVICES.**

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

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

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

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

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

(b) **CENTERS FOR DISEASE CONTROL AND PREVENTION.**—

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

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

**SA 3346.** Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, beginning on line 7, strike “and” and all that follows through “(E)” on line 8 and insert the following:

(E) organizations recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code (commonly referred to as “veterans service organizations”); and

(F)

**SA 3347.** Mr. HELLER submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

On page 11, beginning on line 7, strike “and” and all that follows through “(E)” on line 8 and insert the following:

(E) veterans nonprofit organizations; and

(F)

**SA 3348.** Mr. MANCHIN submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

### **SEC. \_\_\_\_\_. PRACTITIONER EDUCATION.**

Section 303 of the Controlled Substances Act (21 U.S.C. 823) is amended by adding at the end the following:

“(j)(1) The Attorney General shall not register, or renew the registration of, a practitioner under subsection (f), unless the practitioner submits to the Attorney General, for each such registration or renewal request, a written certification that the practitioner has completed a training program described in paragraph (2).

“(2) A training program described in this paragraph is a training program that—

“(A) includes information on—

“(i) safe opioid prescribing guidelines;

“(ii) the risks of over-prescribing opioid medications;

“(iii) pain management;

“(iv) early detection of opioid addiction; and

“(v) the treatment of opioid-dependent patients; and

“(B) is approved by the Secretary of Health and Human Services.”.

**SA 3349.** Mr. BOOKER (for himself, Mr. JOHNSON, Mrs. ERNST, and Mr. BROWN) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end, add the following:

### **TITLE VIII—FAIR CHANCE ACT**

#### **SEC. 801. SHORT TITLE.**

This title may be cited as the “Fair Chance to Compete for Jobs Act of 2016” or the “Fair Chance Act”.

#### **SEC. 802. PROHIBITION ON CRIMINAL HISTORY INQUIRIES PRIOR TO CONDITIONAL OFFER FOR FEDERAL EMPLOYMENT.**

(a) **IN GENERAL.**—Subpart H of part III of title 5, United States Code, is amended by adding at the end the following:

#### **“CHAPTER 92—PROHIBITION ON CRIMINAL HISTORY INQUIRIES PRIOR TO CONDITIONAL OFFER**

“Sec.

“9201. Definitions.

“9202. Limitations on requests for criminal history record information.

“9203. Agency policies; whistleblower complaint procedures.

“9204. Adverse action.

“9205. Procedures.

“9206. Rules of construction.

#### **“§ 9201. Definitions**

“In this chapter—

“(1) the term ‘agency’ means ‘Executive agency’ as such term is defined in section 105 and includes—

“(A) the United States Postal Service and the Postal Regulatory Commission; and

“(B) the Executive Office of the President;

“(2) the term ‘appointing authority’ means an employee in the executive branch of the Government of the United States that has authority to make appointments to positions in the civil service;

“(3) the term ‘conditional offer’ means an offer of employment in a position in the civil service that is conditioned upon the results of a criminal history inquiry;

“(4) the term ‘criminal history record information’—

“(A) except as provided in subparagraph (B), has the meaning given the term in section 9101(a);

“(B) includes any information described in the first sentence of section 9101(a)(2) that has been sealed or expunged pursuant to law, regardless of whether the information is accessible by State and local criminal justice agencies for the purpose of conducting background checks; and

“(C) includes information collected by a criminal justice agency, relating to an act or alleged act of juvenile delinquency, that is analogous to criminal history record information (including such information that has been sealed or expunged pursuant to law); and

“(5) the term ‘suspension’ has the meaning given the term in section 7501.

#### **“§ 9202. Limitations on requests for criminal history record information**

“(a) **INQUIRIES PRIOR TO CONDITIONAL OFFER.**—Except as provided in subsections (b) and (c), an employee of an agency may not request, in oral or written form (including through the Declaration for Federal Employment (Office of Personnel Management Optional Form 306), or any similar successor form), including through the USAJOBS Internet Web site or any other electronic means, that an applicant for an appointment to a position in the civil service disclose criminal history record information regarding the applicant before the appointing authority extends a conditional offer to the applicant.

“(b) **OTHERWISE REQUIRED BY LAW.**—The prohibition under subsection (a) shall not apply with respect to an applicant for a position in the civil service if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(c) **EXCEPTION FOR CERTAIN POSITIONS.**—

“(1) **IN GENERAL.**—The prohibition under subsection (a) shall not apply with respect to an applicant for an appointment to a position—

“(A) that requires a determination of eligibility described in clause (i), (ii), or (iii) of section 9101(b)(1)(A);

“(B) as a Federal law enforcement officer (as defined in section 115(c) of title 18); or

“(C) identified by the Director of the Office of Personnel Management in the regulations issued under paragraph (2).

“(2) **REGULATIONS.**—

“(A) **ISSUANCE.**—The Director of the Office of Personnel Management shall issue regulations identifying additional positions with respect to which the prohibition under subsection (a) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(B) **COMPLIANCE WITH CIVIL RIGHTS LAWS.**—The regulations issued under subparagraph (A) shall—

“(i) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(ii) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

#### “§ 9203. Agency policies; complaint procedures

“The Director of the Office of Personnel Management shall—

“(1) develop, implement, and publish a policy to assist employees of agencies in complying with section 9202 and the regulations issued pursuant to such section; and

“(2) establish and publish procedures under which an applicant for an appointment to a position in the civil service may submit a complaint, or any other information, relating to compliance by an employee of an agency with section 9202.

#### “§ 9204. Adverse action

“(a) FIRST VIOLATION.—If the Director of the Office of Personnel Management determines, after notice and an opportunity for a hearing on the record, that an employee of an agency has violated section 9202, the Director shall—

“(1) issue to the employee a written warning that includes a description of the violation and the additional penalties that may apply for subsequent violations; and

“(2) file such warning in the employee's official personnel record file.

“(b) SUBSEQUENT VIOLATIONS.—If the Director of the Office of Personnel Management determines, after notice and an opportunity for a hearing on the record, that an employee that was subject to subsection (a) has committed a subsequent violation of section 9202, the Director may take the following action:

“(1) For a second violation, suspension of the employee for a period of not more than 7 days.

“(2) For a third violation, suspension of the employee for a period of more than 7 days.

“(3) For a fourth violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$250.

“(4) For a fifth violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$500.

“(5) For any subsequent violation—

“(A) suspension of the employee for a period of more than 7 days; and

“(B) a civil penalty against the employee in an amount that is not more than \$1,000.

#### “§ 9205. Procedures

“(a) APPEALS.—The Director of the Office of Personnel Management shall by rule establish procedures providing for an appeal from any adverse action taken under section 9204 by not later than 30 days after the date of the action.

“(b) APPLICABILITY OF OTHER LAWS.—An adverse action taken under section 9204 (including a determination in an appeal from such an action under subsection (a) of this section) shall not be subject to—

“(1) the procedures under chapter 75; or

“(2) except as provided in subsection (a) of this section, appeal or judicial review.

#### “§ 9206. Rules of construction

“Nothing in this chapter may be construed to—

“(1) authorize any officer or employee of an agency to request the disclosure of information described under subparagraphs (B) and (C) of section 9201(4); or

“(2) create a private right of action for any person.”

(b) REGULATIONS; EFFECTIVE DATE.—

(1) REGULATIONS.—Not later than 1 year after the date of enactment of this Act, the Director of the Office of Personnel Management shall issue such regulations as are necessary to carry out chapter 92 of title 5, United States Code (as added by this title).

(2) EFFECTIVE DATE.—Section 9202 of title 5, United States Code (as added by this title), shall take effect on the date that is 2 years after the date of enactment of this Act.

(c) TECHNICAL AND CONFORMING AMENDMENT.—The table of chapters for part III of title 5, United States Code, is amended by inserting after the item relating to chapter 91 the following:

“92. Prohibition on criminal history inquiries prior to conditional offer ..... 9201”.

(d) APPLICATION TO LEGISLATIVE BRANCH.—(1) IN GENERAL.—The Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.) is amended—

(A) in section 102(a) (2 U.S.C. 1302(a)), by adding at the end the following:

“(12) Section 9202 of title 5, United States Code.”;

(B) by redesignating section 207 (2 U.S.C. 1317) as section 208; and

(C) by inserting after section 206 (2 U.S.C. 1316) the following new section:

“SEC. 207. RIGHTS AND PROTECTIONS RELATING TO CRIMINAL HISTORY INQUIRIES.

“(a) DEFINITIONS.—In this section, the terms ‘agency’, ‘criminal history record information’, and ‘suspension’ have the meanings given the terms in section 9201 of title 5, United States Code, except as otherwise modified by this section.

“(b) RESTRICTIONS ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), an employee of an employing office may not request that an applicant for employment as a covered employee disclose criminal history record information if the request would be prohibited under section 9202 of title 5, United States Code, if made by an employee of an agency.

“(B) CONDITIONAL OFFER.—For purposes of applying that section 9202 under subparagraph (A), a reference in that section 9202 to a conditional offer shall be considered to be an offer of employment as a covered employee that is conditioned upon the results of a criminal history inquiry.

“(2) RULES OF CONSTRUCTION.—The provisions of section 9206 of title 5, United States Code, shall apply to employing offices, consistent with regulations issued under subsection (d).

“(c) REMEDY.—

“(1) IN GENERAL.—The remedy for a violation of subsection (b)(1) shall be such remedy as would be appropriate if awarded under section 9204 of title 5, United States Code, if the violation had been committed by an employee of an agency, consistent with regulations issued under subsection (d), except that the reference in that section to a suspension shall be considered to be a suspension with the level of compensation provided for a covered employee who is taking unpaid leave under section 202.

“(2) PROCESS FOR OBTAINING RELIEF.—An applicant for employment as a covered employee who alleges a violation of subsection (b)(1) may rely on the provisions of title IV (other than sections 404(2), 407, and 408), consistent with regulations issued under subsection (d).

“(d) REGULATIONS TO IMPLEMENT SECTION.—

“(1) IN GENERAL.—Not later than 18 months after the date of enactment of the Fair

Chance to Compete for Jobs Act of 2016, the Board shall, pursuant to section 304, issue regulations to implement this section.

“(2) PARALLEL WITH AGENCY REGULATIONS.—The regulations issued under paragraph (1) shall be the same as substantive regulations issued by the Director of the Office of Personnel Management under section 802(b)(1) of the Fair Chance to Compete for Jobs Act of 2016 to implement the statutory provisions referred to in subsections (a) through (c) except to the extent that the Board may determine, for good cause shown and stated together with the regulation, that a modification of such regulations would be more effective for the implementation of the rights and protections under this section.

“(e) EFFECTIVE DATE.—Section 102(a)(12) and subsections (a) through (c) shall take effect on the date on which section 9202 of title 5, United States Code, applies with respect to agencies.”.

(2) CLERICAL AMENDMENT.—The table of contents of such Act is amended—

(A) by redesignating the item relating to section 207 as the item relating to section 208; and

(B) by inserting after the item relating to section 206 the following new item:

“Sec. 207. Rights and protections relating to criminal history inquiries.”.

(e) APPLICATION TO JUDICIAL BRANCH.—

(1) IN GENERAL.—Section 604 of title 28, United States Code, is amended by adding at the end the following:

“(i) RESTRICTIONS ON CRIMINAL HISTORY INQUIRIES.—

“(1) DEFINITIONS.—In this subsection—

“(A) the terms ‘agency’ and ‘criminal history record information’ have the meanings given those terms in section 9201 of title 5;

“(B) the term ‘covered employee’ means an employee of the judicial branch of the United States Government, other than—

“(i) any judge or justice who is entitled to hold office during good behavior;

“(ii) a United States magistrate judge; or

“(iii) a bankruptcy judge; and

“(C) the term ‘employing office’ means any office or entity of the judicial branch of the United States Government that employs covered employees.

“(2) RESTRICTION.—A covered employee may not request that an applicant for employment as a covered employee disclose criminal history record information if the request would be prohibited under section 9202 of title 5 if made by an employee of an agency.

“(3) EMPLOYING OFFICE POLICIES; COMPLAINT PROCEDURE.—The provisions of sections 9203 and 9206 of title 5 shall apply to employing offices and to applicants for employment as covered employees, consistent with regulations issued by the Director to implement this subsection.

“(4) ADVERSE ACTION.—

“(A) ADVERSE ACTION.—The Director may take such adverse action with respect to a covered employee who violates paragraph (2) as would be appropriate under section 9204 of title 5 if the violation had been committed by an employee of an agency.

“(B) APPEALS.—The Director shall by rule establish procedures providing for an appeal from any adverse action taken under subparagraph (A) by not later than 30 days after the date of the action.

“(C) APPLICABILITY OF OTHER LAWS.—Except as provided in subparagraph (B), an adverse action taken under subparagraph (A) (including a determination in an appeal from such an action under subparagraph (B)) shall not be subject to appeal or judicial review.

“(5) REGULATIONS TO BE ISSUED.—

“(A) IN GENERAL.—Not later than 18 months after the date of enactment of the

Fair Chance to Compete for Jobs Act of 2016, the Director shall issue regulations to implement this subsection.

“(B) PARALLEL WITH AGENCY REGULATIONS.—The regulations issued under subparagraph (A) shall be the same as substantive regulations promulgated by the Director of the Office of Personnel Management under section 802(b)(1) of the Fair Chance to Compete for Jobs Act of 2016 except to the extent that the Director of the Administrative Office of the United States Courts may determine, for good cause shown and stated together with the regulation, that a modification of such regulations would be more effective for the implementation of the rights and protections under this subsection.

“(6) EFFECTIVE DATE.—Paragraphs (1) through (4) shall take effect on the date on which section 9202 of title 5 applies with respect to agencies.”.

**SEC. 803. PROHIBITION ON CRIMINAL HISTORY INQUIRIES BY CONTRACTORS PRIOR TO CONDITIONAL OFFER.**

(a) CIVILIAN AGENCY CONTRACTS.—

(1) IN GENERAL.—Division C of subtitle I of title 41, United States Code, is amended by adding at the end the following new section:

**“§ 4713. Prohibition on criminal history inquiries by contractors prior to conditional offer**

“(a) LIMITATION ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), an executive agency—

“(A) may not require that an individual or sole proprietor who submits a bid for a contract to disclose criminal history record information regarding that individual or sole proprietor before determining the apparent awardee; and

“(B) shall require, as a condition of receiving a Federal contract and receiving payments under such contract that the contractor may not verbally, or through written form, request the disclosure of criminal history record information regarding an applicant for a position related to work under such contract before the contractor extends a conditional offer to the applicant.

“(2) OTHERWISE REQUIRED BY LAW.—The prohibition under paragraph (1) does not apply with respect to a contract if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(3) EXCEPTION FOR CERTAIN POSITIONS.—

“(A) IN GENERAL.—The prohibition under paragraph (1) does not apply with respect to—

“(i) a contract that requires an individual hired under the contract to access classified information or to have sensitive law enforcement or national security duties; or

“(ii) a position that the Administrator of General Services identifies under the regulations issued under subparagraph (B).

“(B) REGULATIONS.—

“(i) ISSUANCE.—Not later than 16 months after the date of enactment of the Fair Chance to Compete for Jobs Act of 2016, the Administrator of General Services, in consultation with the Secretary of Defense, shall issue regulations identifying additional positions with respect to which the prohibition under paragraph (1) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(ii) COMPLIANCE WITH CIVIL RIGHTS LAWS.—The regulations issued under clause (i) shall—

“(I) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(II) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

“(b) COMPLAINT PROCEDURES.—The Administrator of General Services shall establish and publish procedures under which an applicant for a position with a Federal contractor may submit to the Administrator a complaint, or any other information, relating to compliance by the contractor with subsection (a)(1)(B).

“(c) ACTION FOR VIOLATIONS OF PROHIBITION ON CRIMINAL HISTORY INQUIRIES.—

“(1) FIRST VIOLATION.—If the head of an executive agency determines that a contractor has violated subsection (a)(1)(B), such head shall—

“(A) notify the contractor;

“(B) provide 30 days after such notification for the contractor to appeal the determination; and

“(C) issue a written warning to the contractor that includes a description of the violation and the additional remedies that may apply for subsequent violations.

“(2) SUBSEQUENT VIOLATION.—If the head of an executive agency determines that a contractor that was subject to paragraph (1) has committed a subsequent violation of subsection (a)(1)(B), such head shall notify the contractor, shall provide 30 days after such notification for the contractor to appeal the determination, and, in consultation with the relevant Federal agencies, may take actions, depending on the severity of the infraction and the contractor's history of violations, including—

“(A) providing written guidance to the contractor that the contractor's eligibility for contracts requires compliance with this section;

“(B) requiring that the contractor respond within 30 days affirming that the contractor is taking steps to comply with this section; and

“(C) suspending payment under the contract for which the applicant was being considered until the contractor demonstrates compliance with this section.

“(d) DEFINITIONS.—In this section:

“(1) CONDITIONAL OFFER.—The term ‘conditional offer’ means an offer of employment for a position related to work under a contract that is conditioned upon the results of a criminal history inquiry.

“(2) CRIMINAL HISTORY RECORD INFORMATION.—The term ‘criminal history record information’ has the meaning given that term in section 9201 of title 5.”.

(2) CLERICAL AMENDMENT.—The table of sections for division C of subtitle I of title 41, United States Code, is amended by inserting after the item relating to section 4712 the following new item:

“4713. Prohibition on criminal history inquiries by contractors prior to conditional offer.”.

(3) EFFECTIVE DATE.—Section 4713(a) of title 41, United States Code, as added by paragraph (1), shall apply with respect to contracts awarded pursuant to solicitations issued after the effective date described in section 802(b)(2) of this title.

(b) DEFENSE CONTRACTS.—

(1) IN GENERAL.—Chapter 137 of title 10, United States Code, is amended by adding at the end the following new section:

**“§ 2338. Prohibition on criminal history inquiries by contractors prior to conditional offer**

“(a) LIMITATION ON CRIMINAL HISTORY INQUIRIES.—

“(1) IN GENERAL.—Except as provided in paragraphs (2) and (3), the head of an agency—

“(A) may not require that an individual or sole proprietor who submits a bid for a con-

tract to disclose criminal history record information regarding that individual or sole proprietor before determining the apparent awardee; and

“(B) shall require as a condition of receiving a Federal contract and receiving payments under such contract that the contractor may not verbally or through written form request the disclosure of criminal history record information regarding an applicant for a position related to work under such contract before such contractor extends a conditional offer to the applicant.

“(2) OTHERWISE REQUIRED BY LAW.—The prohibition under paragraph (1) does not apply with respect to a contract if consideration of criminal history record information prior to a conditional offer with respect to the position is otherwise required by law.

“(3) EXCEPTION FOR CERTAIN POSITIONS.—

“(A) IN GENERAL.—The prohibition under paragraph (1) does not apply with respect to—

“(i) a contract that requires an individual hired under the contract to access classified information or to have sensitive law enforcement or national security duties; or

“(ii) a position that the Secretary of Defense identifies under the regulations issued under subparagraph (B).

“(B) REGULATIONS.—

“(i) ISSUANCE.—Not later than 16 months after the date of enactment of the Fair Chance to Compete for Jobs Act of 2016, the Secretary of Defense, in consultation with the Administrator of General Services, shall issue regulations identifying additional positions with respect to which the prohibition under paragraph (1) shall not apply, giving due consideration to positions that involve interaction with minors, access to sensitive information, or managing financial transactions.

“(ii) COMPLIANCE WITH CIVIL RIGHTS LAWS.—The regulations issued under clause (i) shall—

“(I) be consistent with, and in no way supersede, restrict, or limit the application of title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.) or other relevant Federal civil rights laws; and

“(II) ensure that all hiring activities conducted pursuant to the regulations are conducted in a manner consistent with relevant Federal civil rights laws.

“(b) COMPLAINT PROCEDURES.—The Secretary of Defense shall establish and publish procedures under which an applicant for a position with a Department of Defense contractor may submit a complaint, or any other information, relating to compliance by the contractor with subsection (a)(1)(B).

“(c) ACTION FOR VIOLATIONS OF PROHIBITION ON CRIMINAL HISTORY INQUIRIES.—

“(1) FIRST VIOLATION.—If the Secretary of Defense determines that a contractor has violated subsection (a)(1)(B), the Secretary shall—

“(A) notify the contractor;

“(B) provide 30 days after such notification for the contractor to appeal the determination; and

“(C) issue a written warning to the contractor that includes a description of the violation and the additional remedies that may apply for subsequent violations.

“(2) SUBSEQUENT VIOLATIONS.—If the Secretary of Defense determines that a contractor that was subject to paragraph (1) has committed a subsequent violation of subsection (a)(1)(B), the Secretary shall notify the contractor, shall provide 30 days after such notification for the contractor to appeal the determination, and, in consultation with the relevant Federal agencies, may take actions, depending on the severity of the infraction and the contractor's history of violations, including—



“(A) providing written guidance to the contractor that the contractor’s eligibility for contracts requires compliance with this section;

“(B) requiring that the contractor respond within 30 days affirming that the contractor is taking steps to comply with this section; and

“(C) suspending payment under the contract for which the applicant was being considered until the contractor demonstrates compliance with this section.

“(d) DEFINITIONS.—In this section:

“(1) **CONDITIONAL OFFER.**—The term ‘conditional offer’ means an offer of employment for a position related to work under a contract that is conditioned upon the results of a criminal history inquiry.

“(2) **CRIMINAL HISTORY RECORD INFORMATION.**—The term ‘criminal history record information’ has the meaning given that term in section 9201 of title 5.”

(2) **EFFECTIVE DATE.**—Section 2338(a) of title 10, United States Code, as added by paragraph (1), shall apply with respect to contracts awarded pursuant to solicitations issued after the effective date described in section 802(b)(2) of this title.

(3) **CLERICAL AMENDMENT.**—The table of sections for chapter 137 of title 10, United States Code, is amended by inserting after the item relating to section 2337 the following new item:

“2338. Prohibition on criminal history inquiries by contractors prior to conditional offer.”

(C) **REVISIONS TO FEDERAL ACQUISITION REGULATION.**—

(1) **IN GENERAL.**—Not later than 18 months after the date of enactment of this Act, the Federal Acquisition Regulatory Council shall revise the Federal Acquisition Regulation to implement section 4713 of title 41, United States Code, and section 2338 of title 10, United States Code, as added by this section.

(2) **CONSISTENCY WITH OFFICE OF PERSONNEL MANAGEMENT REGULATIONS.**—The Federal Acquisition Regulatory Council shall revise the Federal Acquisition Regulation under paragraph (1) to be consistent with the regulations issued by the Director of the Office of Personnel Management under section 2(b)(1) to the maximum extent practicable. The Council shall include together with such revision an explanation of any substantive modification of the Office of Personnel Management regulations, including an explanation of how such modification will more effectively implement the rights and protections under this section.

#### **SEC. 804. REPORT ON EMPLOYMENT OF INDIVIDUALS FORMERLY INCARCERATED IN FEDERAL PRISONS.**

(a) **DEFINITION.**—In this section, the term “covered individual”—

(1) means an individual who has completed a term of imprisonment in a Federal prison for a Federal criminal offense; and

(2) does not include an alien who is or will be removed from the United States for a violation of the immigration laws (as such term is defined in section 101 of the Immigration and Nationality Act (8 U.S.C. 1101)).

(b) **STUDY AND REPORT REQUIRED.**—The Director of the Bureau of Justice Statistics, in coordination with the Director of the Bureau of the Census, shall—

(1) not later than 6 months after the date of enactment of this Act, design and initiate a study on the employment of covered individuals after their release from Federal prison, including by collecting—

(A) demographic data on covered individuals, including race, age, and sex; and

(B) data on employment and earnings of covered individuals who are denied employ-

ment, including the reasons for the denials; and

(2) not later than 2 years after the date of enactment of this Act, and every 5 years thereafter, submit a report that does not include any personally identifiable information on the study conducted under paragraph (1) to—

(A) the Committee on Homeland Security and Governmental Affairs of the Senate;

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

(C) the Committee on Oversight and Government Reform of the House of Representatives; and

(D) the Committee on Education and the Workforce of the House of Representatives.

**SA 3350.** Mr. SCHATZ (for himself and Mr. HATCH) submitted an amendment intended to be proposed by him to the bill S. 524, to authorize the Attorney General to award grants to address the national epidemics of prescription opioid abuse and heroin use; which was ordered to lie on the table; as follows:

At the end of title I of the bill, add the following:

#### **SEC. 104. ENHANCING BASIC AND APPLIED RESEARCH ON PAIN TO DISCOVER THERAPIES TO REDUCE THE CURRENT OVER-PRESCRIBING OF OPIOIDS.**

(a) **IN GENERAL.**—The Director of the National Institutes of Health may intensify and coordinate fundamental, translational, and clinical research of the National Institutes of Health (referred to in this section as the “NIH”) with respect to the understanding of pain and the discovery and development of therapies for chronic pain.

(b) **PRIORITY AND DIRECTION.**—The prioritization and direction of the Federally funded portfolio of pain research studies shall consider recommendations made by the Interagency Pain Research Coordinating Committee in concert with the Pain Management Best Practices Inter-Agency Task Force, and in accordance with the National Pain Strategy, the Federal Pain Research Strategy, and the NIH-Wide Strategic Plan for Fiscal Years 2016–2020, the latter which calls for the relative burdens of individual diseases and medical disorders to be regarded as crucial considerations in balancing the priorities of the Federal research portfolio.

(c) **FUNDING.**—Funds shall be available to carry out this section from funds otherwise available to the NIH.

#### **AMERICAN HEART MONTH AND NATIONAL WEAR RED DAY**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Health, Education, Labor, and Pensions Committee be discharged from further consideration of S. Res. 365 and the Senate proceed to its immediate consideration.

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

The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 365) designating February 2016 as “American Heart Month” and February 5, 2016, as “National Wear Red Day.”

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I further ask unanimous consent that

the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 365) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in the RECORD of February 8, 2016, under “Submitted Resolutions.”)

#### **CELEBRATING BLACK HISTORY MONTH**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 379, submitted earlier today.

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

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 379) celebrating Black History Month.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The resolution (S. Res. 379) was agreed to.

The preamble was agreed to.

(The resolution, with its preamble, is printed in today’s RECORD under “Submitted Resolutions.”)

#### **EXECUTIVE SESSION**

#### **EXECUTIVE CALENDAR**

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to executive session for the en bloc consideration of Calendar Nos. 468 through 471 and all nominations on the Secretary’s desk; that the nominations be confirmed en bloc and the motions to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order; that any statements related to the nominations be printed in the RECORD; that the President be immediately notified of the Senate’s action and the Senate then resume legislative session.

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

The nominations considered and confirmed en bloc are as follows:

#### **IN THE AIR FORCE**

The following named Air National Guard of the United States officer for appointment in the Reserve of the Air Force to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

*To be lieutenant general*

Maj. Gen. Robert S. Williams

The following named officer for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

*To be brigadier general*

Col. Brook J. Leonard

The following named officer for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

*To be brigadier general*

Col. Michael A. Guetlein

The following named officers for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

*To be major general*

Brig. Gen. Steven L. Basham  
 Brig. Gen. Carl A. Buhler  
 Brig. Gen. James C. Dawkins, Jr.  
 Brig. Gen. Dawn M. Dunlop  
 Brig. Gen. Albert M. Elton, II  
 Brig. Gen. Michael A. Fantini  
 Brig. Gen. Cedric D. George  
 Brig. Gen. Patrick C. Higby  
 Brig. Gen. Mark K. Johnson  
 Brig. Gen. Brian T. Kelly  
 Brig. Gen. Brian M. Killough  
 Brig. Gen. Scott A. Kindsvater  
 Brig. Gen. Donald E. Kirkland  
 Brig. Gen. Robert D. LaBrutta  
 Brig. Gen. Russell A. Mack  
 Brig. Gen. Charles L. Moore, Jr.  
 Brig. Gen. Mary F. O'Brien  
 Brig. Gen. John T. Quintas  
 Brig. Gen. Duke Z. Richardson  
 Brig. Gen. Robert J. Skinner  
 Brig. Gen. Bradley D. Spacy  
 Brig. Gen. Ferdinand B. Stoss  
 Brig. Gen. Jeffrey B. Taliaferro  
 Brig. Gen. Christopher P. Weggeman  
 Brig. Gen. Stephen N. Whiting  
 Brig. Gen. John M. Wood

NOMINATIONS PLACED ON THE SECRETARY'S  
 DESK

## IN THE AIR FORCE

PN1065 AIR FORCE nominations (19) beginning ERIC R. BAUGH, JR., and ending JEANLUC G. C. NIEL, which nominations were received by the Senate and appeared in the Congressional Record of January 11, 2016.

PN1066 AIR FORCE nominations (25) beginning BRIAN J. ALENT, and ending BRYAN A. WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of January 11, 2016.

PN1096 AIR FORCE nomination of Khurram A. Khan, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1097 AIR FORCE nominations (2) beginning BRUCE E. STERNKE, and ending JEFFREY S. WOOLFORD, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1098 AIR FORCE nominations (7) beginning MARY E. CLARK, and ending JAMES A. JERNIGAN, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1099 AIR FORCE nomination of Margaret C. Martin, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1100 AIR FORCE nominations (2) beginning GREGORY J. MALONE, and ending GREGORY K. RICHERT, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

## IN THE ARMY

PN1073 ARMY nomination of Ricardo O. Morales, which was received by the Senate

and appeared in the Congressional Record of January 11, 2016.

PN1101 ARMY nomination of Christopher W. Wendland, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1103 ARMY nomination of Michael J. Mulcahy, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1104 ARMY nomination of Kelly K. Greenhaw, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1106 ARMY nominations (4) beginning GEORGE L. BARTON, and ending RICHARD A. WHOLEY, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1108 ARMY nomination of Nicholas H. Gist, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1110 ARMY nominations (86) beginning MATTHEW J. AIESI, and ending JASON D. YOUNG, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1140 ARMY nomination of D012199, which was received by the Senate and appeared in the Congressional Record of February 1, 2016.

PN1142 ARMY nomination of James C. Sullivan, which was received by the Senate and appeared in the Congressional Record of February 1, 2016.

PN1143 ARMY nomination of Mark R. Biehl, which was received by the Senate and appeared in the Congressional Record of February 1, 2016.

PN1144 ARMY nominations (5) beginning RYAN P. BRENNAN, and ending PAUL E. PATTERSON, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2016.

PN1145 ARMY nominations (26) beginning SCOTT F. BARTLETT, and ending KENNETH G. VERBONCOEUR, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2016.

## IN THE MARINE CORPS

PN1115 MARINE CORPS nomination of Lucas M. Chesla, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1116 MARINE CORPS nomination of Jaime A. Ibarra, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1118 MARINE CORPS nominations (2) beginning CURTIS J. SMITH, and ending BRYAN E. STOTTS, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1119 MARINE CORPS nominations (2) beginning ALLEN L. LEWIS, and ending DAVID STEVENS, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1120 MARINE CORPS nominations (2) beginning MICHAEL J. MALONE, and ending MICHAEL C. ROGERS, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1121 MARINE CORPS nomination of Conrad G. Alston, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1122 MARINE CORPS nomination of James C. Rose, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1124 MARINE CORPS nomination of Shawn A. Harris, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1125 MARINE CORPS nominations (2) beginning DAVID F. HUNLEY, and ending ARLIE L. MILLER, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1127 MARINE CORPS nominations (5) beginning MICHAEL J. BARRIBALL, and ending JOHN V. RUSSELL, IV, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1128 MARINE CORPS nominations (3) beginning JAMEEL A. ALI, and ending AMBROSIO V. PANTOJA, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1131 MARINE CORPS nominations (3) beginning ISAAC RODRIGUEZ, and ending BRIAN G. WISNESKI, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1132 MARINE CORPS nominations (2) beginning KEITH D. BURGESS, and ending KEITH J. LUZBETAK, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1133 MARINE CORPS nominations (2) beginning CHRISTOPHER W. BENSON, and ending SHELTON WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1134 MARINE CORPS nominations (3) beginning KEVIN L. FREIBURGER, and ending JASON H. PERRY, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1135 MARINE CORPS nominations (5) beginning CHARLES W. DEMLING, III, and ending GLEN F. TEDTAOTAO, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

## IN THE NAVY

PN1112 NAVY nomination of Kielly A. Andrews, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1113 NAVY nominations (2) beginning JEFFREY C. CHAO, and ending JOSEPH A. MOORE, which nominations were received by the Senate and appeared in the Congressional Record of January 28, 2016.

PN1114 NAVY nomination of Erik J. Kjellgren, which was received by the Senate and appeared in the Congressional Record of January 28, 2016.

## LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

ORDERS FOR TUESDAY, MARCH 1,  
 2016

Mr. MCCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10:30 a.m., Tuesday, March 1; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; further, that following leader remarks, the Senate resume consideration of the motion to proceed to S. 524, postcloture; further, that the Senate recess from 12:30 p.m. to 2:15 p.m. to allow for the weekly conference meetings; finally, that all time during recess or adjournment of the Senate

count postcloture on the motion to proceed to S. 524.

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

#### ORDER FOR ADJOURNMENT

Mr. MCCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senator WYDEN.

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

The Senator from Oregon.

#### OPIOID ADDICTION

Mr. WYDEN. Mr. President, tonight the Senate voted to turn its attention to the issue of opioid addiction. Clearly, what we know now is that opioid addiction has carved a path of destruction across America—a path of destruction from Medford, OR, to Manchester, NH.

During a number of community forums I held across my State just a few days ago, we talked about how we are going to grapple with this great challenge and what it is going to take to really turn the problem around.

My home State has the dubious distinction of ranking fourth worst for abuse and misuse of opioids in America. In my State, citizens made it very clear: They are not going to accept being fourth worst.

I know from talking with many of my colleagues that a whole host of States are dealing with this challenge, and what I have been struck by is how opioid addiction keeps manifesting itself in ways we certainly wouldn't have known about even 10 or 15 years ago.

At home in Oregon, I was particularly struck with parents who told me about high school athletes struggling with addiction to opioids. When I played basketball, dreaming of playing in the NBA, there was never any talk in the locker room about opioids. Now the next generation of young athletes seems to be getting caught up in this. If they have an injury, young people get down when they are not able to play sports. They get depressed. Maybe they go to a party. Maybe it starts with some alcohol. Maybe it starts with a prescription. But all of a sudden, it mushrooms and grows. This is what parents were telling me at home, and it is clear that Congress cannot sit on the side lines while the opioid addiction problem continues to mushroom.

In the coming years, Medicare and Medicaid are expected to account for over a third of substance abuse-related spending. We are talking about billions of dollars each year. As the ranking member of the Senate Finance Committee, which is required to pay for these bedrock health programs, I want to talk just for a little bit tonight about the critical role these programs are going to play in stemming the tide of opioid abuse.

I would like to begin by saying that it is my view that the American people are paying for a distorted set of priorities. Our people are getting hooked on opioids, there is not enough treatment, and vigorous enforcement is falling short. That, in my view, is a trifecta of misplaced priorities. And while it is not all going to be done this week, beginning this week the Congress has the opportunity to develop fresh policies that will begin to right the ship.

Last week the Senate Finance Committee held a hearing to discuss the opioid crisis. As I listened to the debate, there was a sense that policymakers are sort of lined up to choose between two sides. One is tough enforcement, which means cracking down on pill mills, fraudsters bilking Medicare and Medicaid with unneeded prescriptions, and unscrupulous abusers who doctor shop for their next bottle of pills. Then there is another side that believes there should be more focus on social services. My own view is that what is needed is a better approach that includes three priorities: more prevention, better treatment, and, yes, tougher enforcement. True success is going to require that all three work in tandem.

When it comes to preventing addiction, any discussion has to include how these drugs are prescribed in the first place. I have come to feel, as I got around Oregon and I listened to the testimony in the Finance Committee here recently, what has happened is America, for the last 15 or so years, has been on a prescription pendulum, where doctors were once criticized for not treating pain aggressively enough, today they seem to be criticized for prescribing too many opioids to manage pain.

In my view, our challenge is to work on a bipartisan basis to get this balance right. Of course we want our people to have an opportunity for science-based pain management, and we also don't want indiscriminate prescribing of opioids. It is about getting the balance right with respect to this prescription pendulum that our country has been on for the last 15 or 20 years.

I am pleased the Centers for Disease Control and Prevention is breaking new ground with their guidelines for prescribing opioids. If successful, I believe they could provide a meaningful reduction in overprescribing. I have also been concerned about the influence opioid manufacturers have on prescribing practices. So I have sent to the ranking Democrat on the Finance Committee an inquiry to Secretary Burwell to ensure that any potential conflicts of interest have been properly disclosed for members of government panels who are evaluating the Centers for Disease Control guidelines as a result of funding they receive from drug manufacturers.

Our physicians ought to have the best information on prescribing these powerful drugs without undue influence from the companies that are man-

ufacturing. In my view, a key piece of solving the opioid addiction puzzle has to be prompt and effective treatment of those who are dealing with an addiction to opioids.

The Finance Committee had three witnesses last week: a witness who was chosen by our distinguished chairman, Senator HATCH, a witness I chose, and an expert who was well thought of by all sides. The question was, How do you solve this opioid addiction challenge if you just restrict access to opioids?

I personally believe that kind of enforcement regime should be part of a solution, and I support that, but if all you do is restrict access to opioids, each of these experts—the one chosen by Chairman HATCH, the one I chose, independent expert, all of them said if all you do is restrict access to opioids, the addiction does not go away. The addiction doesn't just magically disappear.

I hope we can emphasize this as the Senate begins our debate. Any lasting solution is going to have to have enforcement, which this bill focuses on, but it is also going to have to have treatment and prevention. We are going to have to improve access to addiction treatment and mental health services.

I know the distinguished President of the Senate, like my State, has a lot of rural communities, and it is going to be particularly important to ensure that they are served. I think the distinguished President of the Senate knows it is not a surprise that some of the rural communities have some of the highest rates of abuse and opiate overdose in the country.

Mental health treatment for addiction certainly has gotten short shrift for too long. It is too important to have that kind of policy, and it is high time for a change. For example, Congress ought to also be taking a look at what is called the IMD exclusion, an out-of-date policy from the 1960s that says services like rehab or some emergency mental health stay in an inpatient setting can't be covered by Medicaid. That is a big policy change. I think it is important that we debate it, and I think we all understand finding the vast sums needed for those services would be a unique challenge.

Like so many other important issues, at the end of the day, this requires that our Congress make some tough choices. Yet if prevention and treatment are not locked in upfront, we ought to realize that if those are our choices, to not give adequate emphasis to prevention and treatment, the overall bill is going to come in even higher—pregnant mothers giving birth to opioid-dependent babies, EMTs and emergency rooms dealing with overdose calls every night, county jails taking the place of needed substance abuse treatment, able-bodied adults in the streets instead of working in the private sector at a family wage job. America's tax dollars ought to be spent more wisely. So as we begin this debate, we begin

the debate by tackling the opioid scourge that has carved the path of destruction, a path of destruction from one end of the country to another.

The Senate has to find the right mix between prevention, treatment, and enforcement. It is going to be that kind of strategy, a fresh strategy where prevention, treatment, and enforcement work in tandem. That is going to make a real difference for our families and our communities struggling to heal.

I hope those who may have followed this speech will recognize that I haven't talked about Democrats and Republicans. I have been talking about a set of approaches we can all work on together. In fact, all three of the witnesses who were before the Finance Committee made it clear that you had to have those three approaches—prevention, treatment, and enforcement—work in tandem if you want to solve the problem.

I think it is important Democrats and Republicans recognize what those experts and others have said is going to be necessary to help our families and communities across this country heal. We can do it in a bipartisan fashion. I am committed to working in just that manner.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. Will the Senator withhold his request?

Mr. WYDEN. Yes.

ADJOURNMENT UNTIL 10:30 A.M.  
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10:30 a.m. tomorrow.

Thereupon, the Senate, at 6:59 p.m., adjourned until Tuesday, March 1, 2016, at 10:30 a.m.

### CONFIRMATIONS

Executive nominations confirmed by the Senate February 29, 2016:

#### IN THE AIR FORCE

THE FOLLOWING NAMED AIR NATIONAL GUARD OF THE UNITED STATES OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

#### *To be lieutenant general*

MAJ. GEN. ROBERT S. WILLIAMS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be brigadier general*

COL. BROOK J. LEONARD

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be brigadier general*

COL. MICHAEL A. GUETLEIN

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

#### *To be major general*

BRIG. GEN. STEVEN L. BASHAM  
BRIG. GEN. CARL A. BUHLER  
BRIG. GEN. JAMES C. DAWKINS, JR.  
BRIG. GEN. DAWN M. DUNLOP  
BRIG. GEN. ALBERT M. ELTON II  
BRIG. GEN. MICHAEL A. PANTINI  
BRIG. GEN. CEDRIC D. GEORGE  
BRIG. GEN. PATRICK C. HIGBY  
BRIG. GEN. MARK K. JOHNSON  
BRIG. GEN. BRIAN T. KELLY  
BRIG. GEN. BRIAN M. KILLOUGH  
BRIG. GEN. SCOTT A. KINDSVATER  
BRIG. GEN. DONALD E. KIRKLAND  
BRIG. GEN. ROBERT D. LABRUTTA  
BRIG. GEN. RUSSELL A. MACK  
BRIG. GEN. CHARLES L. MOORE, JR.  
BRIG. GEN. MARY F. O'BRIEN  
BRIG. GEN. JOHN T. QUINTAS  
BRIG. GEN. DUKE Z. RICHARDSON  
BRIG. GEN. ROBERT J. SKINNER  
BRIG. GEN. BRADLEY D. SPACY  
BRIG. GEN. FERDINAND B. STOSS  
BRIG. GEN. JEFFREY B. TALIAPFERRO  
BRIG. GEN. CHRISTOPHER P. WEGGEMAN  
BRIG. GEN. STEPHEN N. WHITING  
BRIG. GEN. JOHN M. WOOD

AIR FORCE NOMINATIONS BEGINNING WITH ERIC R. BAUGH, JR. AND ENDING WITH JEANLUC G. C. NIEL, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 11, 2016.

AIR FORCE NOMINATIONS BEGINNING WITH BRIAN J. ALENT AND ENDING WITH BRYAN A. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 11, 2016.

AIR FORCE NOMINATION OF KHURRAM A. KHAN, TO BE MAJOR.

AIR FORCE NOMINATIONS BEGINNING WITH BRUCE E. STERNKE AND ENDING WITH JEFFREY S. WOOLFORD, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

AIR FORCE NOMINATIONS BEGINNING WITH MARY E. CLARK AND ENDING WITH JAMES A. JERNIGAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

AIR FORCE NOMINATION OF MARGARET C. MARTIN, TO BE COLONEL.

AIR FORCE NOMINATIONS BEGINNING WITH GREGORY J. MALONE AND ENDING WITH GREGORY K. RICHERT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

#### IN THE ARMY

ARMY NOMINATION OF RICARDO O. MORALES, TO BE COLONEL.

ARMY NOMINATION OF CHRISTOPHER W. WENDLAND, TO BE COLONEL.

ARMY NOMINATION OF MICHAEL J. MULCAHY, TO BE LIEUTENANT COLONEL.

ARMY NOMINATION OF KELLY K. GREENHAW, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH GEORGE L. BARTON AND ENDING WITH RICHARD A. WHOLEY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

ARMY NOMINATION OF NICHOLAS H. GIST, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH MATTHEW J. AIESI AND ENDING WITH JASON D. YOUNG, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

ARMY NOMINATION OF D012199, TO BE MAJOR.

ARMY NOMINATION OF JAMES C. SULLIVAN, TO BE LIEUTENANT COLONEL.

ARMY NOMINATION OF MARK R. BIEHL, TO BE COLONEL.

ARMY NOMINATIONS BEGINNING WITH RYAN P. BRENNAN AND ENDING WITH PAUL E. PATTERSON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2016.

ARMY NOMINATIONS BEGINNING WITH SCOTT F. BARTLETT AND ENDING WITH KENNETH G. VERBONCOEUR, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2016.

#### IN THE MARINE CORPS

MARINE CORPS NOMINATION OF LUCAS M. CHESLA, TO BE MAJOR.

MARINE CORPS NOMINATION OF JAIME A. IBARRA, TO BE LIEUTENANT COLONEL.

MARINE CORPS NOMINATIONS BEGINNING WITH CURTIS J. SMITH AND ENDING WITH BRYAN E. STOTTS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH ALLEN L. LEWIS AND ENDING WITH DAVID STEVENS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH MICHAEL J. MALONE AND ENDING WITH MICHAEL C. ROGERS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATION OF CONRAD G. ALSTON, TO BE LIEUTENANT COLONEL.

MARINE CORPS NOMINATION OF JAMES C. ROSE, TO BE LIEUTENANT COLONEL.

MARINE CORPS NOMINATION OF SHAWN A. HARRIS, TO BE LIEUTENANT COLONEL.

MARINE CORPS NOMINATIONS BEGINNING WITH DAVID F. HUNLEY AND ENDING WITH ARLIE L. MILLER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH MICHAEL J. BARRIBALL AND ENDING WITH JOHN V. RUSSELL IV, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH JAMEEL A. ALI AND ENDING WITH AMBROSIO V. PANTOJA, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH ISAAC RODRIGUEZ AND ENDING WITH BRIAN G. WISNESKI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH KEITH D. BURGESS AND ENDING WITH KEITH J. LUZBETAK, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH CHRISTOPHER W. BENSON AND ENDING WITH SHELTON WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH KEVIN L. FREIBURGER AND ENDING WITH JASON H. PERRY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

MARINE CORPS NOMINATIONS BEGINNING WITH CHARLES W. DEMLING III AND ENDING WITH GLEN F. TEDTAOTAO, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

#### IN THE NAVY

NAVY NOMINATION OF KIELLY A. ANDREWS, TO BE LIEUTENANT COMMANDER.

NAVY NOMINATIONS BEGINNING WITH JEFFREY C. CHAO AND ENDING WITH JOSEPH A. MOORE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON JANUARY 28, 2016.

NAVY NOMINATION OF ERIK J. KJELLGREN, TO BE COMMANDER.